DISCLAIMER

The International Air Transport Association (IATA) Operational Safety Audit Program (IOSA) is an international evaluation system designed to assess the operational management and control systems of an airline. Under this program, internationally recognized quality audit principles are used to conduct the audit in a standardized and consistent manner.

This IOSA Procedures and Guidance Manual (PGM) is intended to provide airlines with techniques and guidelines for the proper completion of the safety audit carried out on their own organization, in accordance with the procedures and guidance contained in this manual.

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- disclaims any and all liability to any person, in respect of anything done or omitted, and the consequences of such action by any such person reliant on the contents of this publication.

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- is subject to continuous revision resulting from changing government regulations or IOSA Program requirements; and
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IATA Operational Safety Audit – Procedures and Guidance for Airlines
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Montreal – Geneva
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Introduction

The introduction of Enhanced IOSA is a result of industry demand for IATA to identify methods of making IOSA more effective and productive. After an extensive analysis of the options, it was agreed that airlines should incorporate the IOSA process into their internal Quality Assurance programs, with the objective of further strengthening the following four pillars in airline operations:

- Continuous Conformity with IOSA Standards
- Focus on Implementation of IOSA Standards
- Reliability of Airline’s Quality Assurance Functions
- Auditing Standardization

The information from the internal assessments using the ISARPs will be recorded in a Conformance Report and assessed by the Audit Organizations, adding additional depth, accuracy and value to the overall result of the IOSA audit.

Applicability and Purpose of this Manual

This manual has been provided as part of the support being provided to IOSA Registered operators for the introduction and incorporation of Enhanced IOSA.

Most of the procedures and guidance in this manual are specific to the IOSA audit model and are in regular use by the IOSA Audit Organizations. However, it is recognized that many operators have established procedures in place for the conduct of internal audit processes.

The information in this manual is therefore not intended to replace procedures currently being used by operators, but is available to internal auditors who wish to implement the audit methodology developed for IOSA and currently being used by the Audit Organizations.

Recommendations for the implementation of key functionalities in the Enhanced IOSA process are displayed as “Best Practices” throughout the manual.
Description of Manual Sections

1. **IOSA Overview**
   A description of the program documentation and key functionalities of the audit process.

2. **Internal Audit Program Management**
   A description of overall Quality Assurance function essential to the functionality of IOSA.

3. **Audit Methodology**
   The specific audit methodology and techniques used for the IOSA audit model.

4. **Conformance Report**
   Details of the techniques and options for completion of the content of the Conformance Report.

5. **Audit Procedures**
   Once familiar with Sections 1-4 above, this section contains detailed procedures and guidance on how to audit the ISARPs, focusing on audit methodology and functions and program options specific to the IOSA process. Procedures are also included for completing the CR.

How to Use this Manual Effectively

Sections 1, 2, 3, and 4 should be reviewed, to become familiar with the structure, functionality, auditing methodologies and documentation associated with Enhanced IOSA.

Section 5 provides step by step procedures to assist auditors through the entire audit process, supported by additional guidance and background where necessary. Auditors can at any time refer back to the appropriate Sections of the Manual, as needed.

All relevant information on IOSA has been provided and internal auditors can utilize the specific section(s) as needed, to supplement current quality assurance processes and procedures. Certain information from Sections 1, 2, 3, and 4 is repeated in procedural format in Section 5.

Auditors should also review the ISM Introduction, which contains a detailed summary of the IOSA program applicability, structure, rules, terminology, options, etc.

Training Modules

IATA has developed two training modules on the incorporation of Enhanced IOSA into Airline Quality Assurance systems. The modules will assist in the preparation for Enhanced IOSA and the use of this manual and are available by sending a request to the Training Manager at: wardl@iata.org

Feedback to IATA

IATA is committed to provide all possible support to airlines preparing to incorporate Enhanced IOSA in their quality assurance program. Airlines are encouraged to provide feedback on the content, usability, or any other aspect of this manual to the following email address: iosa@IATA.org
Conventions used in this Manual

<table>
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<th>Reference:</th>
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<td>A standalone IOSA standard or recommended practice</td>
<td>ISARP</td>
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<td>which will be upgraded to Standards are repeated.</td>
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<td>Current recommended Practice are presented with an “A” following the ISARP</td>
<td>the suffix “A/B”, representing the current Recommended Practice and the future Standard.</td>
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Section 1 – IOSA Overview

1.1 IOSA Standards Manual (ISM)

1.1.1 Description

   i) The ISM contains the IOSA Standards and Recommended Practices (ISARPs) that provide the basis for audits conducted under IOSA. Most ISARPs also include guidance material.

   ii) A new edition of the ISM is normally published each year in April and is effective on 1 September of the same year, which always allows for a minimum of four months from the time of publication to the effective date.

   iii) Should critical issues arise that affect the content of the ISM, a temporary revision (TR) will be issued. A TR is effective immediately after it is issued.

   iv) Audits under IOSA are conducted using the ISM edition that is effective at the time of the audit. However, an airline may conduct internal audits using an ISM edition that has been published, but is not yet effective.

   v) The effective edition of the ISM, as well as any edition that has been published but is not yet effective, is always available for free download on the IOSA website (http://www.iata.org/iosa).

Abbreviations and Definitions

   vi) Many abbreviations and definitions of terms used in the ISM may be found in the IATA Reference Manual for Audit Programs (IRM), which also is available for download on the IOSA website.

1.2 IOSA Standards and Recommended Practices (ISARPs)

1.2.1 Sources for ISARPs

   i) The safety and security requirements published in the ICAO Annexes (as applicable to operators) are the primary source for specifications contained in the ISARPs.

   ii) FAA and EASA regulations, IATA manuals and industry best practices are also sources for specifications in the ISARPs.

1.2.2 Standards

   i) IOSA Standards contain specifications (e.g. systems, policies, programs, processes, procedures, plans, set of measures, facilities, components, types of equipment and other aspect of operations) that are assessed for conformity during an audit.

   ii) An airline must be in conformity with all Standards in order to maintain IOSA registration.

   iii) Standards always contain the word “shall” (e.g., “The Operator shall have a process…”), in order to indicate that conformance is required.
iv) Non-conformity with a standard will always result in a Finding, which then must be closed with appropriate corrective action in order to achieve or regain conformance.

1.2.3 Recommended Practices

i) IOSA Recommended Practices contain specifications (similar to Standards) that are assessed for conformity during an audit.

ii) It is desirable for an airline to be in conformity with IOSA Recommended Practices; however, conformance is not required in order to maintain IOSA registration.

iii) Recommended practices always contain the italicized word “should” (e.g., “The Operator should have a process…”) in order to indicate that conformance is desired, but not required.

iv) Non-conformity with a recommended practice will always result in an Observation, which may then be closed with appropriate corrective action to achieve or regain conformance.

1.2.4 ISARPs Applicability

i) An Applicability box, which is found at the beginning of each section of the ISM, contains guidance that describes the general applicability of the ISARPs contained in the section.

ii) The applicability of individual ISARPs must be determined by the airline. As a means to assist with the interpretation of individual application, many ISARPs begin with a conditional phrase as described below.

iii) When determining the applicability of individual ISARPs, it is important to include operations that are conducted, not only at the home station, but at all stations and other locations throughout the airline’s entire system.

1.2.5 Conditional Phrases

i) Certain Standards and Recommended Practices, or certain sub-specifications contained within an ISARP, begin with a conditional phrase that states the specific conditions (one or more) that define the applicability to the individual airline.

ii) A conditional phrase always begins with the words “If the Operator…”

iii) To determine the applicability of a standard or recommended practice, the airline first decides whether it meets the condition(s) that are stated in the conditional phrase.

iv) Refer to 3.4.2 for guidance that addresses the use of the conditional phrase during audits.

1.2.6 Parallel Conformity Option (PCO)

i) A Parallel Conformity Option (PCO) is included in certain Standards and provides an optional means for an airline to be in conformity with the standard.

ii) PCOs were introduced to provide an optional means for the Operator to be in conformity with an IOSA provision that contains a basic operational specification which,
due to technical or logistical factors, has been determined to be generally not achievable by the industry. Such additional option(s) are only introduced after completion of a Safety Risk Analysis has confirmed that there is no appreciable degradation of primary safety requirements.

iii) Where a PCO is included in a standard, it will be clearly identified in a following note that includes the PCO expiration date.

Example of PCO Note

Note: Item ii) is a Parallel Conformity Option in effect until 31 December 2016.

i) Standards that contain a PCO will provide one or more primary specifications that are followed by an optional specification (the PCO).

ii) To be in conformity with a standard that contains a PCO, the airline must conform to either the basic specification(s) or the PCO.

iii) Refer to 5.2.2 for procedures for auditing a PCO.

1.2.7 Notes and Symbols

i) An italicized Note: immediately following a standard contains information relevant to the specification(s) in the standard, and is to be considered as part of the provision.

ii) A <PA> symbol in the reference number of a standard or recommended practice indicates that the provision is applicable only to an airline that conducts passenger flights with a cabin crew.

iii) An <AC> symbol in the reference number of a standard or recommended practice indicates that the provision is applicable only to an airline that conducts flights utilizing cargo aircraft.

iv) A standard or recommended practice with neither <PA> nor <AC> in the reference number is applicable to the operations associated with both passenger and cargo aircraft.

v) An [SMS] symbol in bold text immediately following the last sentence of standard or recommended practice indicates the provision addresses one or more of the elements of a safety management system (SMS).

vi) A (GM) symbol in bold text at the end of a standard or recommended practice indicates the existence of explanatory guidance material.

vii) A ▲ symbol at the end of an individual standard or recommended practice in the ORG section indicates the specific provision is repeated almost verbatim in one or more of the other seven sections of the ISM.

viii) A ◀ symbol at the end of a provision in the FLT, DSP, MNT, CAB, GRH, CGO & SEC Sections indicates the standard or recommended practice is also contained in the ORG section and has been repeated almost verbatim.

ix) A ▲ symbol is the identifier for a paragraph that immediately follows a standard or recommended practice and designates the provision as eligible for the application of Active Implementation.
1.2.8 Guidance Material in the ISM

i) Guidance material follows the wording of an ISARP and is preceded by the bold sub-heading Guidance.

ii) Guidance material is informational only and supplements or clarifies the meaning or intent of the standard or recommended practice. Standards and Recommended Practices that are self-explanatory do not have guidance material.

iii) Guidance material is designed to ensure a common interpretation of the standard or recommended practice, and to provide additional detail that assists the airline Audit Organization and airline auditors to understand what is required in order to achieve conformance. Where applicable, guidance material also presents examples of acceptable alternative means of conformance.

iv) Audit specifications are contained only in the standard or recommended practice, and never in the guidance material.

1.3 Conformity with ISARPs

1.3.1 Audit Objective

i) The objective of audits conducted under the IOSA program (by both AOs and airlines) is to determine an airline’s level of conformity with the ISARPs.

ii) Conformity with a standard or recommended practice requires that the applicable specifications contained therein are documented and implemented by the airline.

iii) The function of the auditor is to gather sufficient evidence to indicate whether or not the specifications are, in fact, documented and implemented by the airline.

\[\text{Note: Proper evidence collection is critical to ensuring an accurate conclusion of conformity or non-conformity with IOSA Standards or Recommended Practices.}\]

iv) The requirement for specifications to be documented and implemented applies to all ISARPs unless indicated otherwise.

v) Refer to 3.2 and 3.3 for guidance that addresses evidence collection and the use of Auditor Actions during audits.

1.3.2 Documented and Implemented

\text{Documented}

i) Documented means the specifications contained in the ISARPs are published and accurately represented by the airline in a controlled document.

ii) A controlled document is defined as a document (e.g. a manual) that is subject to oversight in accordance with the airline’s documentation management and control system as specified in ORG 2.1.1 (and repeated in other ISM sections).

\[\text{Note: Key elements of a documentation management and control system include content, revision, publication, distribution, availability and retention.}\]
*Implemented*

iii) *Implemented* means the specifications contained in a standard or recommended practice are established, integrated, deployed, installed and/or carried out within the management system and in day-to-day operations, and are also monitored to ensure continued effectiveness.

*Note:* Implementation is linked to documentation in that specifications (e.g. systems, programs, policies, processes, procedures, plans) must be implemented in a manner that is consistent with way they are published in the airline’s controlled documents.

### 1.4 Outsourced Operational Functions

#### 1.4.1 Overview

i) When operational functions specified in IOSA standard or Recommended Practices are outsourced, conformance will be based on the airline having acceptable processes (i.e. in accordance with IOSA Standards) in place for monitoring the external service providers that conduct such functions for the airline.

ii) Auditing is the recommended method for an airline to effectively monitor the performance of external service providers.

iii) Refer to 3.7 for guidance that addresses the auditing of outsourced functions.

### 1.5 Active Implementation

#### 1.5.1 Description

i) Certain IOSA Standards are designated for the possible application of Active Implementation, which permits an AO to find an airline in conformity with a standard based on execution of an Implementation Action Plan (IAP).

ii) A standard that is designated for application of Active Implementation will be clearly identified (see Notes and Symbols above).

iii) Conformance based on Active Implementation may be determined only by an AO during a renewal audit.

*Note:* Active Implementation is not applicable to internal auditing conducted by the airline.

### 1.6 Repeated ORG ISARPs

#### 1.6.1 Overview

i) Certain ORG ISARPs are repeated in one or more of the other ISM sections.

ii) Certain SMS ORG ISARPs are repeated in all of the other ISM sections (except SEC).
iii) Repeated ORG ISARPs (both SMS and non-SMS) are identified by a right-facing triangle symbol (►) after the provision in the ORG section and a left-facing triangle symbol (◄) after all repetitions in the other sections (see Notes and Symbols above).

Example of an ORG Standard and Repeated CAB Standard

**ORG 1.3.2** The Operator shall have a process for the delegation of duties within the management system that ensures managerial continuity is maintained when operational managers, including nominated post holders, if applicable, are absent from the workplace. (GM) ►

**CAB 1.2.2** If the Operator conducts passenger flights with cabin crew, the Operator shall have a process for the delegation of duties within the cabin operations management system that ensures managerial continuity is maintained when operational managers, including nominated post holders, if applicable, are absent from the workplace. (GM) ◄

iv) Refer to 3.6 for guidance that addresses the auditing of repeated ORG ISARPs.

v) Refer to 5.2.3 for procedures for the auditing of repeated ORG ISARPs.

vi) Refer to IOSA Audit Handbook (IAH) Part 3, Table 2 for a listing of all repeated ORG ISARPs.

### 1.7 ISM Applicability

#### 1.7.1 Description

i) An airline will conduct internal audits using the effective edition of the IOSA Standards Manual (ISM).

ii) If a new edition of the ISM becomes effective during the first 19 months of the 24-month IOSA registration period, the airline will use the new edition to conduct internal audits, and must take into account all changes that might affect previous internal audit results.

iii) If a new ISM edition is issued during the last five months of the 24-month registration period, the airline may elect to submit a Conformance Report that reflects results from auditing against either the new edition or the previous edition.

iv) Refer to 2.1.2 for a description of the IOSA registration period.

### 1.8 Upgrades to Standards

#### 1.8.1 Quality Assurance Recommended Practices

i) The IOSA Standards and Recommended Practices that define an airline’s quality assurance program are found in ORG subsection 3.4, Quality Assurance Program.
ii) Certain ORG quality assurance Standards are repeated in other ISM sections as interlinked ORG ISARPs.

iii) Effective 1 September 2015, all current ORG quality assurance Recommended Practices, as well as those repeated in other sections, will be upgraded to Standards, thus requiring conformance by all IOSA airlines.

1.8.2 SMS Recommended Practices

i) The IOSA Standards and Recommended Practices that define an airline’s safety management system (SMS) are found throughout the ISM ORG section.

ii) Certain ORG SMS Standards and Recommended Practices are repeated in other ISM sections as interlinked ORG ISARPs.

iii) SMS Recommended Practices in the ISM ORG section, as well as those repeated in other sections, will be incrementally upgraded to Standards over a four-year period ending on 1 September 2016.

iv) Effective 1 September 2016, all current SMS Recommended Practices will have been upgraded to Standards, thus requiring conformance by IOSA airlines.

**Best Practice**

The Operator should have a published process that ensures results of internal auditing against the ISARPs are based on the effective edition of ISM (and/or an edition of the ISM that has been published but is not yet effective) and any temporary ISM revisions.

1.8.3 Presentation of ISARPs which will be Upgraded

i) Certain ISARPs in ISM Edition 7 are presented with an A, B or C following the ISARP number.

ii) These ISARPs fall into two groups:

   a) Those applicable to Enhanced IOSA and SMS, currently Recommended Practices, which will be upgraded at future dates. The dates are specified in “Notes” below each ISARP;

   b) Those which have been expanded from a single ISARP to ISARPs with an A, B and/or C identifier, to keep related provisions grouped together. These ISARPs are effective immediately.

   Examples are: ORG 3.4.6A and ORG 3.4.6B (group a) above), DSP 4.6.1A, DSP 4.6.1B and DSP 4.6.1C (group b) above).

iii) It is important to identify the ISARPs in these groups which are applicable. Auditors should check for Notes following any ISARPs with A, B suffixes which specify effective dates, to confirm if they are only applicable at a future date.

   **Note:** Temporary Revision 1 to ISM Edition 7, published on the same IOSA web page as the ISM, contains ISARPs which include the A, B and/or C identifier.
1.9 Interlinked ISARPs

1.9.1 Overview

i) There are many ISARPs in the different IOSA disciplines which have the same or related specifications.

ii) IATA has compiled lists of these Interlinked ISARPs, which can be used by auditors, to harmonized assessments from different disciplines.

iii) The lists have direct, associated and reverse links.

iv) For Operators using the Q5AIMs audit application, the above lists of Interlinked ISARPs have been incorporated in a program mini-application, which provides a direct color coded comparison of all interlinked assessments.

v) Refer to 5.2.5 below for guidance that addresses the auditing of interlinked ISARPs.

Best Practice

The Operator should have published processes that provide for the identification of all interlinked ISARPs and define the coordination necessary to ensure there is consistent applicability of interlinked ISARPs in the internal audit process.
Section 2 – Internal Audit Program Management

2.1 Quality Assurance Program

2.1.1 Program Requirements

i) An IOSA airline will have a quality assurance program that provides for internal auditing of the management system, as well as operations and maintenance functions, as specified in ORG 3.4.1. Such program includes:

   a) A designated program manager as specified in ORG 3.4.2.
   b) A process for addressing program Findings that result from internal audits as specified in ORG 3.4.3.
   c) A process to ensure significant program issues are subject to management review as specified in ORG 3.4.4.
   d) A means for disseminating program information to management and non-management operational personnel as specified in ORG 3.4.5.
   e) A database to ensure an effective management of data derived from the internal audits of ISARPs under the quality assurance program as specified in ORG 3.4.14A/B.

ii) In addition to requirements stated in (i) above, an IOSA airline will ensure the quality assurance program includes internal auditing of the ISARPs and production of a Conformance Report during each IOSA registration period as specified in ORG 3.4.6A/B.

iii) Refer to Section 3, Audit Methodology, and Section 5, Audit Procedures, for procedures and guidance that address auditing of the ISARPs.

Notes:
1. The airline should, to the extent possible, spread out auditing of the ISARPs over the full registration period, rather than waiting to conduct all auditing just prior to the renewal audit.
2. For airlines that volunteer for E-IOSA in 2013, such distribution of audits as described above is not applicable, due to time limitations.

2.1.2 IOSA Registration Period

i) As specified in (ii) above, an IOSA Airline is required to conduct an audit of all applicable ISARPs during each IOSA registration period.

ii) The IOSA registration period is defined as the 24 months during which an IOSA registration is valid.

iii) The registration period is always established through an audit (initial registration audit or registration renewal audit) conducted by an Audit Organization (AO).

iv) The IOSA registration period begins on the registration date when the registration is either first established or is renewed, and expires 24 months later on the expiry date (unless the airline opts to establish a new registration date).
v) For an airline that is on the IOSA Registry and renews its registration, the new registration date will normally be the same as the expiry date of the previous registration.

vi) IOSA registration must be renewed every 24 months through completion of a successful registration renewal audit conducted by an AO.

**Best Practice**
The Operator should have a published process that ensures all ISARPs undergo a full assessment (i.e. audit) under the internal audit program a minimum of once during every IOSA registration period in accordance with ORG 3.4.6A/B.

2.1.3 Alignment of ISARPs with Regulations

(i) Many ISARPs contain specifications that are the same as, or at least consistent with, national regulatory requirements. In such cases, efficiency might be gained by ensuring IOSA and regulatory requirements are audited concurrently (i.e. to avoid duplication of effort).

(ii) As a means of creating such efficiency, an airline might consider creating a cross-reference listing or matrix that links specific ISARPs with relevant regulations.

(iii) To assist in creating such a matrix, airlines should consult with IATA regarding the availability of existing cross-reference comparisons between the ISARPs and ICAO requirements, as well as with FAA and EASA regulations.

2.2 Auditors

2.2.1 Basic Principles

i) Auditors used to conduct audits under the airline’s quality assurance program must be appropriately trained and qualified in order to effectively audit Standards and regulations, including the ISARPs, as specified in ORG 3.4.12 and ORG 3.4.13A/B.

ii) Auditors must be impartial and have an appropriate level of functional independence from areas that are audited in order to ensure objectivity and a lack of bias in the audit process.

iii) Independence should be established by ensuring that audits and inspections are carried out by auditors or inspectors that are not responsible for the function, procedure or products being audited.

2.2.2 Selection

Individuals selected as auditors must have the knowledge, skills and work experience that permits an effective assessment of areas within the organization where the individual will conduct audits.
2.2.3 Training and Qualification

i) To ensure basic and on-going competence, auditors must:
   a) Complete initial and recurrent auditor training (provided either internally or externally) that develops and maintains quality auditing skills and techniques.
   b) Be scheduled and utilized in a manner that maintains an appropriate level of current audit experience.
   c) Be evaluated on a periodic basis.

Note: Guidance may be found in ISO 19011, which provides internationally recognized Standards for auditor training and qualification.

Best Practice

The Operator should establish a comprehensive management program for auditors that includes a policy, Standards and guidelines relevant to auditor selection, training and qualification in accordance with ORG 3.4.12 and ORG 3.4.13A/B.

2.2.4 Record of Internal Auditors

i) The Operator is required to complete the Record of Auditors, a listing of all auditors that performed auditing of the ISARPs.

ii) The Operator is required to submit the Record of Auditors form to the AO a minimum of two weeks prior to the renewal audit (along with the Conformance Report).

iii) The Record of Auditors form is included in the Conformance Report (CR) template, or it can be submitted separately.

2.2.5 Use of External Resources for Internal Audits

i) Airlines may use external resources (e.g. consultants) to conduct internal audits against the ISARPs.

ii) When external resources are used to conduct internal audits, the airline should ensure such auditors meet the following requirements, which are the same as specified for auditors in ORG 3.4.13A/B:
   a) Have the knowledge, skills and work experience needed to effectively assess areas of the management system and operations that will be audited;
   b) Maintain an appropriate level of current audit experience;
   c) Complete initial and continuing auditor training;
   d) Are evaluated on a periodic basis.

iii) In addition to requirements specified in (ii) above, the following should be considered when using external resources to ensure effective auditing against the ISARPs:
   a) The external resource must be provided with the current effective version of the ISM, all supporting IOSA manuals and any internal documentation that is relevant for the internal audit activities.
b) The external auditors might need familiarization and training to effectively conduct audits against the ISARPs.

c) The external resource must have the capability, including being appropriately trained and qualified auditors.

d) The external resource must have familiarity with the airline’s organizational structure and operational processes.

e) The external resource (or any external auditors) must not have a conflict of interest in relation to the airline.

Note: Conflict of interest would include any financial interest in the airline or the provision of recent consulting services to the airline (e.g. training, audit guidance) related to areas or functions within the scope of IOSA.

<table>
<thead>
<tr>
<th>Best Practice</th>
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<tbody>
<tr>
<td>If external resources are used to conduct auditing of the ISARPs, the Operator should have published guidelines that specify appropriate criteria for the selection and use of such external resources.</td>
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</table>
Section 3 – Audit Methodology

3.1 Assessing Conformance

3.1.1 Overview

i) IOSA requires a two stage auditing function to assess conformity with ISARPs.

ii) When auditing any standard or recommended practice, the specification(s) contained in the provision will first be identified in the airlines documentation system (i.e. documented) and then assessed for implementation (i.e. implemented).

iii) The following explanation is contained in the ISM Introduction: “The continuity of implementation is directly linked to documentation. To ensure standardization within the management system and in the conduct of operations, an (airline) must ensure specified systems, programs, policies, processes, procedures and plans are implemented as published in its controlled documents.”

iv) This core IOSA principle ensures that the assessment of implementation is based on standard operating practices and not on undocumented, handed down and traditional operating practices for which standardization cannot be assured.

v) During an audit, the degree to which specifications are documented and implemented by the airline becomes the basis for overall conformity or non-conformity with all IOSA Standards and Recommended Practices. Therefore, it is critical that auditors fully understand the meaning and intent of these terms in the context of the audit process.

3.1.2 Documented

i) To determine conformity with ISARPs as documented, an auditor must be able to find the applicable IOSA specification(s) published in a controlled document (e.g. manual, handbook or other similar publication) that part of the airline’s documentation system.

ii) A controlled document must be subjected to elements of the airlines documentation management and control system as specified in ORG 2.1.1, which is repeated in all other ISM sections.

iii) The following also apply:

   a) Documents in paper or electronic form are acceptable as long as the medium meets the criteria for a controlled document and is traceable;

   b) The content of a document must be written in a style and format that clearly and accurately represents the meaning and intent of the IOSA specification(s), and can be understood by applicable personnel.

   c) Documents of a temporary or transitory nature (e.g. letters, email, memos, flyers, posters, PowerPoint presentations) are not acceptable as controlled documents.
3.1.3 Implemented

i) To determine conformity with ISARPs as implemented, an auditor must be able to determine that applicable IOSA specifications have been established or deployed by the airline as either:
   a) An active and integral part of the organization or operations, or
   b) An outsourced operational function.

ii) The following also apply:
   a) Implementation must be consistent with the way the specification is documented.
   b) The specification(s) must be monitored to ensure desired outcomes are achieved.

3.1.4 Systemic Application

i) Specifications contained in individual IOSA Standards and Recommended Practices have systemic applicability to the airline.

ii) When auditing an individual IOSA standard or recommended practice, auditors must make an overall assessment of operations (relevant to the individual standard or recommended practice) that are conducted everywhere (i.e. not at individual locations or the home station, but at all locations and all stations throughout the airline’s system).

iii) The result of auditing should represent the airline’s overall conformity or non-conformity with the IOSA provision across its entire system.

Example of Systemic Application

When assessing the airline’s de-/anti-icing program, the auditor must gather evidence that shows that the de-/anti-icing program is implemented, not only at the home station, but at all applicable locations where flights might be operated (including locations where de-/anti-icing operations are conducted by external service providers). If evidence indicates the de-/anti-icing program is, in fact, implemented at all applicable locations throughout the airline’s system, then the airline is in conformity with the IOSA standard.
3.2 Conformance and Evidence

3.2.1 Overview

i) As previously described, conformance under IOSA requires that the specifications contained in the ISARPs are documented and implemented by an airline (as determined during an audit).

ii) A determination of conformance or nonconformance must always be based on the analysis of appropriate factual or objective evidence collected by the auditors.

iii) Conversely, conformance or nonconformance must never be based on subjective evidence or opinion.

iv) The auditor must secure sufficient factual evidence from various sources during the audit process to determine that the airline either is, or is not, in conformity with the ISARPs.

3.2.2 Evidence Collection

i) Evidence is gathered as a result of various activities typically undertaken by the auditor during the course of auditing, such as:

a) Examining documentation.

b) Interviewing personnel.

c) Observing facilities, equipment and other physical resources.

d) Observing the conduct of operational activities and processes.

e) Examining data collected from day-to-day operations (e.g. flight data analysis, quality control inspections).

Note: Auditor Actions (see 3.3 below) are generally based on these types of activities for evidence collection.

ii) The usefulness of evidence depends on the source; not all evidence is objective or factual. Auditors must exercise healthy skepticism and professional judgment when evaluating information derived from:

a) Individuals that might be operationally uninformed, misinformed or not fully aware of all audit requirements.

b) Representatives of the area being audited that might be attempting to influence the objectivity of the auditor.

c) Sources that could have negative intentions designed specifically to mislead, hinder or prejudice the Auditor.

iii) A valid conclusion of conformity or non-conformity with an IOSA provision requires that evidence has been carefully collected, corroborated and analyzed by the individual auditor(s).
3.2.3 Examining Documents

i) Normally, the first step in the evidence collection process is an examination of manuals and other relevant controlled documentation to determine if and how specifications contained in ISARPs are documented by the airline.

ii) The examination of documents will typically (assuming specifications are properly documented) provide the auditor with descriptive information (i.e. systems, programs, Standards, policies, processes and procedures) that indicates how the airline exercises management and control of its operations.

iii) There will be references to regulatory documentation, but the specification would typically be contained in Operator controlled documentation as well.

iv) The fact that IOSA specifications are properly documented is not evidence that they are properly implemented. Equally important is the collection of evidence that indicates whether or not the specifications that are documented are, in fact, implemented.

3.2.4 Interviewing Personnel

i) Auditors conduct interviews of operational personnel primarily for the purpose of gathering the supporting evidence needed to determine conformity with IOSA specifications.

ii) To ensure effective audit interviews, preparation is important: an auditor must study the applicable ISARPs in advance and prepare specific questions for each anticipated interview situation.

iii) An auditor must be proficient in posing questions in a way that will create productive dialogue and enhance the return of desired information from those being interviewed.

iv) Information gained from interviews should normally be considered as subjective evidence and will seldom be sufficient by itself to substantiate a final audit conclusion regarding conformance or nonconformance.

v) Interview evidence should always be accompanied by corroborative evidence (preferably objective evidence), all of which must be analyzed together in order to arrive at a confident determination of conformance or nonconformance.

3.2.5 Observing Operational Activities

i) Observing and assessing facilities, equipment and front line operational activities generally yield objective evidence that specifications contained in ISARPs are implemented.

ii) When observing front line operations, every effort should be made to observe activities that are indicative of normal operations. Operational activities performed by individuals with a significantly higher level of qualification (e.g. instructors, supervisors) would not be indicative of normal operations conducted by typical front line personnel.
3.2.6 Corroborative Evidence

i) Corroborative evidence provides a basis for comparison with other evidence that has been collected and could include:
   a) Additional interviews (perhaps of individuals of varied levels of responsibility or from different departments). Again, information gained from interviews should be considered subjective evidence.
   b) Examination of applicable records and/or documents (e.g. reports, agendas, minutes, logs, databases).
   c) Observation of facilities, equipment and other physical resources.
   d) Observation of front line operational activities.
   e) Quality control activities (e.g. line flight evaluations, ramp inspections, cargo handling inspections, security control inspections).

ii) Evidence from any source is acceptable for corroboration as long as such evidence can be verified as factual. Other types of corroborative evidence might include:
   a) Records and reports that reflect completion of operational requirements (e.g. training, checking, inspections, audits, maintenance, component changes, modifications).
   b) Documents that provide the history or output of management activities (e.g. agendas, minutes, action items).
   c) Statistical summaries of operational performance (accidents, incidents, failure rates).
   d) Reports of accidents, incidents, irregularities or other events.

3.2.7 Sampling of Evidence

i) Assessment of selected samples is a common component of evidence collection in the audit process to ensure specifications of a standard or recommended practice are implemented.

ii) The type of items that are sampled will be dictated by the exact specifications in the standard or recommended practice that is being assessed (e.g. records, data, reports, documents, parts, aircraft).

iii) To be confident that a provision is implemented, the auditor should ensure a representative amount of samples are selected. As a guideline, for smaller groups of data, an auditor might select a minimum of three samples.

iv) The diversity and quality of the selected samples should be representative, to the extent possible, of the entire range of the type of items that are being assessed.

v) When sampling is necessary, the selection of samples must be controlled by the auditor, not by the auditee.

vi) Selection of samples is accomplished by using either a random or targeted selection method (at the option of the auditor).
Example of Sampling #1
When it is necessary to assess training records during an audit, rather than reviewing all training records, the auditor will select a subset of records (i.e. the samples) to be reviewed. The auditor will control the selection process by either:

Ensuring the subset of records is selected completely at random, or
Identifying the specific records that are to be selected.

Example of Sampling #2
When auditing aircraft equipment, the auditor should first determine that an entire fleet has been equipped in accordance with specifications contained in the standard (e.g. through maintenance orders, approved or controlled listings, database matching the AOC). Then, to confirm implementation, the auditor selects the maintenance records for a sample number of specific aircraft (by tail number) until satisfied that the equipment specified in the standard is, in fact, installed.

vi) If the auditor is not satisfied with information seen in the initial samples, then the sample size must be progressively increased until the auditor can confidently determine the level of implementation.

Best Practice
The IOSA Operator should have published guidelines that specify the sampling techniques that are to be used by auditors in the collection of evidence when auditing the ISARPs.

3.3 Auditor Actions

3.3.1 Overview

i) Auditor Actions are prescribed action steps that are tailored specifically for each individual IOSA standard and recommended practice.

ii) Auditor Actions have been implemented in the IOSA program for the following reasons:
   a) To address industry concern that implementation of the ISARPs was not being adequately assessed.
   b) To provide a formal record of the actions taken by auditors to assess implementation.
   c) To provide a basis for standardizing the assessment of implementation across the IOSA program.
   d) To provide transparency and traceability to the audit process.

iii) Most importantly, accomplishing the action steps will ensure the collection of sufficient evidence to support a conclusion of either conformity or non-conformity with an IOSA standard or recommended practice.
3.3.2 Application

i) Airlines are required to accomplish all Auditor Action steps when auditing the ISARPs, except as specified below.

ii) Airlines will have the option of substituting or adding one or more action steps (i.e. accomplishing action step(s) that are different from those published) if the airline feels such substitute or additional step(s) are equally as effective in assessing implementation.

iii) Substitute or additional action steps will be specified as “Other Actions” (see examples).

iv) Airlines will not be required to accomplish an action step when there are valid existing conditions that preclude accomplishment of such step.

v) Where an action step requires sampling (i.e. where the action step specifies the assessment of selected items as evidence), auditors will determine the sampling size and selection in accordance with sampling guidance specified in 3.2.7 (or sampling guidelines published by the airline).

vi) Airlines will record the accomplishment of all AA steps on the Conformance Report or other medium (to be determined) that will be provided to the AO prior to a renewal audit.

vii) Airlines will not be required to accomplish Auditor Actions for ISARPs that have been determined to be not applicable (N/A) to the airline.

Note: During the renewal audit, AO auditors will validate the effectiveness of the airline audit of selected ISARPs by tracing the action steps accomplished by airline.

Best Practice

The IOSA Operator should have published procedures that require auditors, to the extent possible, to complete all Auditor Actions when auditing the ISARPs.

3.4 Applicability of Individual ISARPs

3.4.1 Use of N/A (Not Applicable)

i) Before any standard or recommended practice is assessed, the auditor must first make a determination as to whether the ISARP is applicable to the airline.

ii) When a specific IOSA standard or recommended practice is determined to be not applicable, it is not audited and is recorded on the Conformance Report as N/A.

iii) Incorrect use of N/A means a standard or recommended practice that is within the audit scope, has not been audited.

iv) Functions currently outsourced cannot be recorded as N/A, but must audited as part of the airline’s oversight program of outsourced functions.

v) An IOSA standard or recommended practice can only be recorded as N/A when it has been confirmed that the specifications do not apply to the airline anywhere within its organization or throughout its operational system.
3.4.2 Use of the Conditional Phrase

i) Certain ISARPs begin with a conditional phrase as a means for assisting an airline (or an auditor) in determining the applicability of the standard or recommended practice to the airline.

ii) A conditional phrase always starts with the words “If the Operator…” and states one or more specific conditions.

iii) To determine applicability, the airline first decides whether it meets the condition(s) that are stated in the conditional phrase:
   a) If the airline meets the stated condition(s) anywhere in its system, then the standard or recommended practice is applicable and must be included in the scope of the audit.
   b) If the airline does not meet the stated condition(s) anywhere in its system, then the standard or recommended practice is not applicable to the airline (i.e. is recorded as N/A).

iv) If the conditions stated in a conditional phrase are performed by external service providers (i.e. outsourced), then the standard or recommended practice is applicable to the airline and must be included in the scope of the audit.

3.4.3 Inactive Approved Operations

i) ISM Section 7, Operational Audit, defines the applicability of operations for which the Operator has regulatory approval (e.g. transport of dangerous goods or RVSM operations).

ii) If such operations are not active, they can only be assessed as not applicable during an audit if it is stated clearly in a controlled document (e.g. Operations Manual) that the specified operations are not conducted by the operator.

3.5 Auditing ORG ISARPs

3.5.1 Overview

i) The assessment of the ISARPs contained in the ISM ORG section provides the opportunity for IOSA airlines to identify weaknesses in organizational management systems, and to then make improvements through implementation of corrective actions.

ii) Under Enhanced IOSA, airlines are required to conduct internal audits of all ORG ISARPs.

iii) To determine conformity with ORG ISARPs, auditors will accomplish the Auditor Actions associated with the individual ORG ISARPs as the means to collect sufficient evidence that verifies whether or not the specifications in each ORG provision are documented and implemented.
3.6 Auditing Repeated ORG ISARPs

3.6.1 Overview

i) Certain ORG ISARPs (SMS and non-SMS) are repeated in other ISM sections.

ii) When ORG ISARPs are repeated, the ORG provision must be assessed in conjunction with the repetitive provisions in the other ISM sections.

iii) Conformity with the ORG provision is determined by a combination of the results of:

   a) The assessment of the individual ORG provision, and
   b) The assessments of the repetitive provisions in the other ISM sections.

iv) Refer to 5.2.3 for procedures for the auditing of Repeated ORG ISARPs.

v) Refer to IOSA Audit Handbook Part 3 Table 2 for a listing of all repeated ORG ISARPs.

3.6.2 Repeated non-SMS ORG ISARPs

i) To be in conformity with a non-SMS ORG standard or recommended practice that is repeated in other ISM sections, auditors must determine that there is general overall conformity with the repetitive ORG provisions in the other ISM sections. This could mean either:

   a) There is conformity with the repetitive ORG provision in all other ISM sections, or
   b) There is a Finding against the repeated ORG provision in another ISM section, but the non-conformance is minor and does not significantly affect the overall functionality or implementation of the system (as defined by the total group of repeated ORG ISARPs).

ii) A Finding or Observation should result against a non-SMS ORG standard or recommended practice when it has been determined that there are multiple Findings against the repeated ORG provision in another ISM section or sections that significantly affects the overall functionality or implementation of the system.

Example of Conformance Involving a Repeated non-SMS ORG Standard

ORG 1.3.2 is a non-SMS ORG standard that specifies delegation of duties (to cover the absence of personnel) and is repeated in other ISM sections.

1. The airline is in conformity with ORG 1.3.2 when it has been determined through internal auditing that there is conformity with ORG 1.3.2 at the corporate level, and:

   (i) There are no Findings against the repeated provision in any other operational discipline, or:

   (ii) There are one or more Finding(s) in the repeated provisions in other discipline(s), but the Findings are minor in nature and do not significantly affect the functionality or implementation of delegation of duties.

2. The airline is not in conformity with ORG 1.3.2 when it has been determined through internal auditing that the repeated ORG provision is not implemented in other discipline(s). Such a non-conformance would have a significant effect on overall system implementation.
3.6.3 Repeated SMS ORG ISARPs

i) To be in conformity with an SMS ORG standard or recommended practice that is repeated in other ISM sections, (which contain a ▶ symbol following the ISARP text), auditors must determine that there is conformity with the repetitive ORG provisions in all other ISM sections.

ii) ORG 1.1.10A is a SMS “control” standard and represents the outcome of the assessments of all other SMS ISARPs. A Finding or Observation must result against ORG 1.1.10A when it has been determined that there is a Finding or Observation for any one (or more) SMS ISARPs.

iii) Five of the SMS ORG Standards and Recommended Practices, ORG 3.1.1, 3.1.2, 3.1.3, 3.2.1 and 1.6.5, which are repeated in six other disciplines, require a specific audit process.

iv) A Finding or Observation must result against these ORG ISARPs when it has been determined that there is a Finding against that repeated ORG provision in any other of the six operational disciplines See 5.2.4, Procedure for Auditing SMS ISARPs with Linked Assessments.

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Example of Conformance Involving a Repeated SMS ORG Standard

ORG 3.1.3 is an SMS ORG standard that specifies an organization-wide safety reporting system and is repeated in all other ISM sections (except SEC).

The airline is in conformity with ORG 3.1.3 only when it has been determined through internal auditing that there is conformity with ORG 3.1.3 at the corporate level and also conformity with the repeated provisions in all operational disciplines.

The airline is not in conformity with ORG 3.1.3 when it has been determined through internal auditing that there is a Finding for any reason against the repeated provision is any other operational discipline.

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Best Practice

The Operator should have published processes that provide for the identification of all repeated ORG ISARPs and define the coordination necessary to ensure an appropriate overall assessment of repeated ORG ISARPs in the internal audit process.

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3.7 Auditing Outsourced Functions

3.7.1 Overview

i) When operational functions are outsourced, the airline has the responsibility to monitor external service providers, including affiliated (parent or sister) companies, to verify that operational functions are being performed in a manner that satisfies safety and security requirements.
ii) When functions specified in IOSA Standards are outsourced by an airline, such Standards are still fully applicable to the airline and must be audited. An assessment of N/A for such Standards is not appropriate.

iii) The Standards used to audit outsourced operational functions are contained in ORG Subsection 3.5 (Outsourcing Quality Control) and repeated as interlinked ISARPs in other ISM sections.

iv) To ensure a valid assessment, auditors will still apply the applicable action steps from the Auditor Actions, to ensure sufficient evidence is gathered to confirm provide confirmation that the activity or function is implemented in accordance with IOSA Standards.

*Note:* There is a difference between the monitoring of outsourced activities by the Operator, and the assessment of outsourced activities by an AO during an IOSA audit.

Operators conduct oversight directly on the external providers of external services, but IOSA auditors cannot assess the third party provider and the audit procedure will change to a confirmation that the Operator has an adequate system in place to monitor the external provider, to ensure that safety and security requirements are being met.

### 3.8 Recording of Non-conformities

#### 3.8.1 Overview

When non-conformities are identified, it is essential that there is accurate and complete record of the corrective action process, to ensure that the appropriate actions are taken to implement permanent changes, to avoid a re-occurrence and also ensure that improvements are introduced where necessary.

#### 3.8.2 Identification of the Root Cause

i) To ensure that non-conformities are permanently corrected, it is important to carefully assess the reason(s) for:

   a) A lack of existence, or only a partial introduction of the Standard or Recommended Practice;

   b) Failure to conform with the Standard or Recommended Practice.

ii) This will assist in identifying appropriate and effective corrective actions.

iii) The identification of root causes is also an essential input to an effective SMS.

#### 3.8.3 Recording of Non-conformities

i) When a non-conformity is identified, the description of the non-conformity must be factual, clear and complete, and include descriptions of all the evidence which led to the identification the non-conformity.

ii) The description of the non-conformity must be accurate and clearly understandable.
iii) For example, if a non-conformity relating to documentation prevents the specification from being implemented, the description of evidence must contain sufficient detail on why the documentation was deficient, as well as the reasons why certain functions had been assessed as not implemented.

iv) In the example in iii) above, more than one type of corrective action will be needed, to correct both the documentation and implementation non-conformities.
Section 4 – Conformance Report (CR)

4.1 Overview

The CR is the only record of the Enhanced IOSA process and should provide an accurate and complete summary of the internal assessment process.

As of 1 September 2015, ORG 3.4.6, 3.4.7, 3.4.8 & 3.4.14, which address the internal audit process and production of a CR and the need for an audit database, as well as other ISARPs, will be upgraded to Standards. In addition, ORG 3.4.8, further specifying CR content, will be introduced as a new Standard.

When incorporating the E-IOSA process into their internal QA programs, Operators should be aware that once the related ISARPs are upgraded to Standards in September 2015, any Finding against these Standards could require additional internal auditing to be carried out, as well as verification of the audit result by an AO. It should be taken into account that there could be difficulties in closing any such Findings within the recurrent audit window time frame.

4.1.1 Description of the CR

ii) The Conformance Report is a compilation of information prepared by the Operator and certified by the Accountable Executive (or designated senior management official) as an accurate record of:
   a) General information with respect to the Operator’s quality assurance program.
   b) Internal auditing conducted against the ISARPs.
   c) The current status of conformity with ISARPs.

iii) The CR will be submitted together with other documentation, as specified in ORG 3.4.7.

iv) Information contained in the CR will be extensively used by the AO before and during the conduct of the IOSA renewal audit.

4.1.2 CR Template

i) IATA provides a standard CR template in Microsoft Excel as an option for use by operators.

ii) The IATA template contains fields for all required information in the CR, as well as instructions for completing each of the fields. The CR template is available online and can be downloaded from [http://www.iata.org/whatwedo/safety/audit/iosa](http://www.iata.org/whatwedo/safety/audit/iosa)

iii) However, as specified in the table in 4.1.3 below, the Operator may also produce the CR using internal software (electronic database), as per ORG 3.4.14.
4.1.3 Options for the Production and Format of the Conformance Report

<table>
<thead>
<tr>
<th>1. Using the IATA CR Template (CRT)</th>
<th>2. Using the IATA CR Template (CRT) with References to an Electronic Database.</th>
<th>3. Producing a CR from an Electronic Database (CRE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of all fields in the CR provides all the information required in ORG 3.4.7, ORG 3.4.8 and 3.4.14.</td>
<td>Completion of the IATA CR template for all items listed in ORG 3.4.7, for sub-specifications i), ii) and vii) of ORG 3.4.8. For items listed in ORG 3.4.8 iii), iv), v) and vi), a reference is provided to an internal electronic database, as per ORG 3.4.14.</td>
<td>The entire CR is produced from the operator’s electronic database. The information contained in the electronic database has to be in accordance with ORG 3.4.7, 3.4.8 and 3.4.14.</td>
</tr>
</tbody>
</table>

Notes:
1. A fully completed IATA Conformance Report Template is considered as an acceptable equivalent of a database, in accordance with ORG 3.4.14.
2. It is essential that any information in a CR referenced in an electronic database (option 2 and 3 above) is easily and readily accessible to IOSA auditors.
3. Option 2 and 3 above depend essentially on whether the operator has all internal audit results and other required information for the CR stored in an electronic database.
4. If the operator choses to submit the document reference list using the IATA CR template, the document references could be automatically transferred to the IATA Information Sources section for the use by the IOSA Auditors.

4.1.4 Description of the ISARPs which Define CR Content

The four ISARPs which address the production of the CR specify the following:

i) **ORG 3.4.6A/B**
   The completion of at least one internal audit during the two year registration period, against an effective version of the ISM, using the Auditor Actions.

ii) **ORG 3.4.7A/B**
    The production of a CR to represent the audit process specified in ORG 3.4.6, containing all the information specified in ORG 3.4.7 and certified by the Accountable Executive (or designated senior management official).

iii) **ORG 3.4.8A/B**
   The specific technical information from the audit and audit follow up process which needs to be recorded in the CR.
iv) **ORG 3.4.14A/B**

The need for an electronic database to effectively manage data derived from the quality assurance program, including all information specified in **ORG 3.4.8**.

v) See 5.3, procedures for details of content and completion of the CR.

### 4.1.5 CR Completion Process

i) The airline should establish a formal process for completing the CR. This will depend on the organization structure of the Quality Assurance department. The audit schedule and CR production process should be planned to ensure the CR is submitted by the deadline, to avoid Findings against **ORG 3.4.7** and **3.4.8**.

ii) One of the four pillars of Enhanced IOSA is Continuous Conformity with the ISARPs. For operators to ensure that the operational and management system is in continuous conformity with IOSA, the internal audit program needs to be planned to cover the full 24 month period until the CR is submitted to the AO.

#### Best Practice

The IOSA Operator should have published internal procedures and guidance for production and maintenance of the Conformance Report.

### 4.1.6 CR Submission Deadline

i) The Operator must submit the complete CR and all accompanying documents to the AO no less than 14 days prior to the start date of the renewal audit.

ii) The AO will review the CR before the audit and may contact the airline if any clarification is needed.

iii) If the airline does not submit a complete CR by the deadline given above, the AO might need to issue nonconformities against the respective ISARPs (**ORG 3.4.6/ ORG 3.4.7/ ORG 3.4.8/ ORG 3.4.14**).

### 4.1.7 Contradictions between Assessments

i) The final assessment of any ISARP always remains at the discretion of the IOSA Auditors.

ii) If there are any discrepancies between an assessment in the CR and the assessment by the IOSA Auditor, the IOSA Auditor will record the assessment in the final IOSA Report according to the table below.

iii) If an IOSA Auditor issues a non-conformity against **ORG 3.4.6, ORG 3.4.7, ORG 3.4.8, ORG 3.4.14** or other provisions related to E-IOSA after the upgrading of these provisions on or after 1 September 2015, such nonconformities must be closed by the airline as per the conventional closure process as described in the IOSA Program Manual (IPM) 6.4.
**Figure 2 - Assessment Contradiction Table**

<table>
<thead>
<tr>
<th>Conformance Report</th>
<th>AO Assessment</th>
<th>IOSA Audit Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Finding/Observation</td>
<td>N/A</td>
<td>Record N/A in the QRR</td>
</tr>
<tr>
<td>2. Finding/Observation</td>
<td>Conformity</td>
<td>Record Conformity in the QRR</td>
</tr>
<tr>
<td>3. N/A</td>
<td>Applicable: Conformity</td>
<td>Record Conformity in the QRR</td>
</tr>
<tr>
<td>4. N/A</td>
<td>Applicable: Finding/Observation</td>
<td>Record Finding/Observation in the QRR</td>
</tr>
<tr>
<td>5. Conformity</td>
<td>Finding/Observation</td>
<td>Record Finding/Observation in the QRR</td>
</tr>
<tr>
<td>6. Conformity</td>
<td>N/A</td>
<td>Record N/A in the QRR</td>
</tr>
</tbody>
</table>
Section 5 – Audit Procedures

5.1 General Procedures

5.1.1 Overview

i) The IOSA operating principles, functions and audit techniques in this manual are based on the audit model being used by the IOSA Audit Organizations, which has proven to be effective in producing effective and standardized audit results.

ii) The procedures in this section are intended to assist auditors in applying these principles, functions and techniques when conducting internal audits of the ISARPs.

iii) IOSA was structured to ensure that Audit Organizations could effectively assess conformity with the ISARPs over a period of five days. Airline auditors have two significant advantages over IOSA auditors:

   a) Information and evidence needed to assess conformity with all IOSA Standards can be gathered over the 24 month registration period (rather than a five day snapshot);

   b) The airline operating structure, authorizations, limitations, policies, processes, and/or procedures, etc. are typically familiar to auditors.

5.1.2 Application of IOSA Procedures

i) It is important that the working principles of IOSA, as described in Sections 1-4, are understood and applied correctly. For example:

   a) Implementation: How implementation is checked is one of the key elements of IOSA. As specified the ISM Introduction, it can generally only be assessed once the controlled documentation structure has been reviewed, the auditor is familiar with the documented policy, process and/or procedure, and is seeking evidence to confirm that the specification is in operation throughout the airline.

   b) Outsourcing: When a specified function is outsourced, the Operator still carries full responsibility for ensuring that safety and security requirements are met. Therefore, the assessment must focus on the operator’s process(es) for assessment or monitoring of the external service provider(s), to ensure that all safety and security requirements are being satisfied;

   c) Assessments of Not Applicable (N/A): Typically, 5-10% of the ISARPs will not be applicable to the Operator. The procedure for assessing whether an ISARP is applicable to the operation is therefore very important in avoiding the risk of mistakenly not auditing one or more ISARPs which are applicable.

ii) Auditor Actions (AAs): AAs are specific to each ISARP and provide the actions that will typically be taken to collect the evidence needed to assess conformity for that ISARP.

iii) AAs can also be used as a guide to the audit flow for each ISARP.
5.1.3 Interpretation of ISARPs

Techniques for the Interpretation of ISARPs

i) All safety requirements in the ICAO Annexes, as well as regulations from the major regulatory bodies worldwide are included in the ISARPs. All efforts have been made to present these provisions as clearly and consistently as possible, while still ensuring that the intent of the original specification is not changed.

ii) Auditors should review the entire ISARP text and identify the primary and any secondary requirements, as well as any conditions and Notes.

iii) If applicable, the Guidance Material (GM) should then be reviewed, for additional information on the applicability and intent of the specification.

iv) Many ISARPs refer to Tables, which contain lists or summaries of supplementary requirements which, although separately listed, are fully a part of the ISARP requirement.

5.1.4 Assessing Documentation

Procedure:

1. Identify the manuals and/or other document(s) that contain the information relevant to the specification(s) in the particular ISARP. It is a fundamental principle of IOSA that the relevant information must be contained in a controlled document.

2. The manuals and/or documents being assessed must be available for use by all the staff and/or crews involved.

3. The references for documents or manuals must include an edition or revision number, and/or a date of issue, or other means of recording traceability of the information.

4. Manuals and/or documents of a temporary or transitory nature (e.g. letters, emails, memos, flyers, posters, PowerPoint presentations, etc.) are not controlled documents.

5. If the ISARP covers a broad range of procedures and there are documentary references from the majority of the sections of a manual, a generalized reference can be used, i.e. a phrase such as “GOM – entire manual” or “OMA – all sections”.

6. Confirming that the process, procedure, etc., is documented is not sufficient, the content must be assessed, to confirm that all elements of the ISARP requirement have been addressed.

Guidance:

A fundamental principle of IOSA is all systems, plans, policies, processes, procedures, etc. are documented in permanent controlled documents which are freely available to all staff and crews – this is an essential step in striving for consistency and standardization of day-to-day airline operations.
5.1.5 Assessing Implementation

Procedure:

1. The auditor needs to become familiar with the controlled document(s) containing the specific system, plan, policy, process or procedure being assessed.
2. Evidence must then be identified to confirm that the specification(s) is/are being used on a day-to-day basis by the personnel or crew concerned, in accordance with the documented requirement.
3. The Auditor Actions (see 5.2.1) provide specific information on the actions that would be conventionally used to confirm implementation for that ISARP. If local circumstances result in different actions being needed to confirm implementation, these actions should be recorded in the CR, under the last listed AA, “Other Actions”.

Guidance:

The separate assessment of implementation after identification of the required documents is another of the fundamental principles of the IOSA process, as specified in the Introduction of the IOSA Standards Manual:

“The continuity of implementation is directly linked to documentation. To ensure standardization within the management system and in the conduct of operations, an operator must ensure specified systems, programs, policies, processes, procedures and plans are implemented as published in its controlled documents”.

5.1.6 Sampling

When assessing implementation, the use of sampling for larger groups of data, records, or information is inevitable and the following audit methodology must be used:

i) The selection of the samples to be assessed must be left to the auditor, who may ask for information/records for a particular aircraft, operating base, crew or staff member, audit activity, etc.

ii) If an auditor is not satisfied with the information seen in the initial samples, then the sample size must be progressively increased, until the auditor can confirm an acceptable level of implementation to assess conformity.

iii) Sampling is an inherent part of the audit process, information or records which will be provided later as samples must not be accepted.
5.1.7 Identification of ISARPs which are Not Applicable (N/A)

Procedure for the use of the N/A Assessment:

1. An N/A assessment can only be used if the process, function, equipment requirement, etc., is completely inactive, or does not apply to the Operator, or is outside of the scope of operations.

2. Sub-specifications within ISARPs which are not applicable to the Operator must also be recorded as N/A, irrespective of whether the overall ISARP is applicable or not.

3. An N/A assessment cannot be used if a specific function has been outsourced. (See section 4.1.8 below).

4. Descriptions for N/A assessments must be clear, to ensure that any reviewer of the report has a clear understanding of why that ISARP was not applicable.

5. The entire CAB and CGO sections are presented as “conditional” ISARPs, i.e. they will only be applicable if the Operator utilizes cabin crew and/or carries cargo. If the Operator does not utilize cabin crew at all, or carry any cargo, the respective section of the IOSA checklist does not have to be audited.

Note: Incorrect use of an N/A assessment effectively results in one or more ISARPs not being audited – the audit is therefore technically not complete.

Examples of Reasons for N/A Assessments

| 1. Propeller driven aircraft | ABC Airlines does not utilize propeller driven aircraft |
| 2. Aircraft with three or more engines | ABC Airlines does not utilize aircraft with three or more engines |
| 3. Operators not carrying cargo | ABC Airlines has a documented policy of not carrying cargo |
| 4. Operators not operating all cargo fleets | ABC Airlines is not authorized to operate all cargo fleets |
| 5. Data Linking | ABC Airlines does not utilize data link communications |
| 6. Auditing of the external service providers | ABC Airlines does not use service providers for operational control, but has fully documented the process, should service providers be required |
| 7. RVSM operations | ABC Airlines is not yet authorized for RVSM operations, but has implemented all maintenance requirements and completed the required training for all crews and staff |

Notes:

1. For examples 6 and 7, the ISARP is not applicable, but in the explanation, credit has been given to the Operator for operational functions or qualifications which are already in place.
2. For examples 4 and 7, the lack of authorization is included in the explanation, rather than statements such as “not operating all cargo fleets”, or “not conducting RVSM operations”, which could be temporary in nature.

5.1.8 Systemic Applicability of ISARPs

The applicability of IOSA Standards and Recommended Practices to airline operations is clearly stated in the Introduction of the IOSA Standards Manual (see Guidance below).

Procedure for assessing Systemic Applicability

1. The assessment by the auditor must ensure that the operator’s process takes into account all stations and locations.

2. This will typically include a combination of primary auditing (the home base) and the checking of audits (oversight) of the other stations in the network.

Guidance: Systemic Applicability (as stated in the ISM Introduction, page INT-1)

“When making a determination as to the applicability of individual ISARPs, it is important to take into account operations (relevant to the individual standard or recommended practice) that are conducted, not only at the home station, but at all stations and other locations throughout the operator’s entire system”.

Example of Systemic Applicability of an ISARP

GRH 2.1.1 The Operator shall have a process to ensure personnel who perform operational duties in functions within the scope of ground handling operations for the Operator, to include personnel of external service providers, complete:

i) Initial training prior to being assigned to perform such operational duties;

ii) Recurrent training, except recurrent training in dangerous goods as specified in GRH 2.2.1 or GRH 2.2.2, on a frequency in accordance with requirements of the regulatory authority, but not less than once during every 36-month period. (GM).

The Operator will need to assess:

• That ground handling personnel with operational duties at the home base and other locations throughout the system have all received 1). Initial training; 2). Recurrent training, once in every 36-month period;

• If ground handling operations has been contracted to external service providers, that the assigned ground handling personnel used at the home base and other locations throughout the system have all received: 1). Initial training; 2). Recurrent training, once in every 36-month period;
5.1.9 Assessment of Outsourced Functions

i) Airlines outsource a wide variety of activities, but, as per the approvals contained in the AOC and/or Ops Spec, responsibility for all operational functions always remains with the Operator, including those functions, activities, etc., provided by third parties.

ii) As per 5.1.6 above, if the specific activity or function is active or in use by the Operator (whether performed by the Operator or a third party), it is an integral part of the airline operation, therefore the ISARP is applicable and cannot be assessed as N/A.

Procedure for Assessing Outsourced Functions

1. The activity or function being provided by the third party must be assessed or monitored, to ensure that all safety and security requirements are being met.

2. The oversight of outsourced functions and/or services by the Operator must include all stations and locations used by the Operator at which the function(s) are active (see 5.1.7 above for Guidance on Systemic Applicability).

3. Auditing of outsourced functions is the recommended method of monitoring (see ORG 3.5.3, repeated in the other disciplines), but other methods of oversight can be used.

4. What is important is that the method of monitoring the outsourced function is effective and ensures that all safety and security requirements are being satisfied.

5.2 Specific Procedures and Options used in the IOSA Process

5.2.1 Auditor Actions (AAs)

i) AAs are all the essential actions typically taken by an auditor to assess conformity for each ISARP;

ii) AAs also provide guidance to auditors to become familiar with the fundamental IOSA function of specifically checking implementation.

iii) All AAs should be accomplished, unless there are particular conditions which prevent the completion of an AA.

iv) AAs are generally grouped as follows:
   a) **First AA:** identification and review of the documentation requirement
   b) **Second AA:** Interview with the responsible Manager(s), for a description of the function, activity, process or procedure, etc;
   c) **Follow-on AA(s):** an AA or group of AAs used to check physical implementation of the function or activity specifically for that ISARP;
   d) **Last AA:** used to describe additional action(s) which are not listed.

v) Group a) and b) above are the actions typically taken during the initial part of the assessment.

vi) Group c) contains the key action(s) which will provide the confirmation that the ISARP requirement has physically been implemented.
**Procedure for using the AAs**

1. Review the ISARP and the AAs, to gain an understanding of what actions that will be needed to assess documentation and implementation.

2. Once the controlled documentation has been identified, use the interview with the responsible manager to identify the process flow and functionality.

3. Pay particular attention to the AAs in Group 3, the actions needed to confirm physical implementation of the ISARP requirement.

4. If a particular AA cannot be completed, the last AA, “Other Actions”, should be used to describe the specific actions which were taken to confirm implementation.

**Important Note:** The AAs provide a logical audit path and can be used by auditors as a general checklist of actions needed to audit each ISARP.

---

### Example of Auditor Actions

**GRH 2.2.3** The Operator shall have a process to ensure ground handling personnel assigned to perform ground handling duties in airside operations for the Operator, to include the operation of ground support equipment, complete initial and recurrent airside safety training in accordance with GRH 2.1.1. (GM)

**GRH 2.2.3 Auditor Actions** (action steps to establish specifications are documented and implemented)

<table>
<thead>
<tr>
<th></th>
<th>Action Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Identified/Assessed process that ensures personnel with duties in airside operations, complete initial and recurrent airside safety training.</td>
</tr>
<tr>
<td>2.</td>
<td>Interviewed responsible manager(s) in ground handling operations.</td>
</tr>
<tr>
<td>3.</td>
<td>Examined selected initial/recurrent training curricula/syllabi for airside safety training for applicable personnel.</td>
</tr>
<tr>
<td>4.</td>
<td>Examined initial and recurrent training records of selected personnel with operational duties in airside operations.</td>
</tr>
</tbody>
</table>

**Other Actions** (Specify)

---

### Example of using the AAs above to audit this ISARP

1. Identify the controlled document specifying the process for completing initial and recurrent airside safety training (AA 1 above);

2. Interview the Ground Operations Manager (or equivalent) for a description of who manages the training and how and when it takes place (AA 2 above);

3. Check that the training curricula/syllabi is current and covers all initial and recurrent training requirements (AA 3 above);

4. Sample training records, to ensure that initial and recurrent training took place and is up to date (AA 4 above).
5.2.2 ISARPs with a Parallel Conformity Option

A standard that contains a PCO will have one or more primary specifications, followed by the PCO, which offers alternative option(s) for conforming to the standard.

**Procedure for Auditing of the Parallel Conformity Option**

1. The auditor must review between the options and assess which is applicable to the Operator.
2. The primary specification(s) and the PCO are separated by the words “or”, “either”, “one or more”, “any one of the following”, to indicate the alternative option.
3. Once the applicable option has been identified, the other options can be ignored.
4. Evidence must then be found to support conformity with the applicable option.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The auditor must review between the options and assess which is applicable to the Operator.</td>
</tr>
<tr>
<td>2.</td>
<td>The primary specification(s) and the PCO are separated by the words “or”, “either”, “one or more”, “any one of the following”, to indicate the alternative option.</td>
</tr>
<tr>
<td>3.</td>
<td>Once the applicable option has been identified, the other options can be ignored.</td>
</tr>
<tr>
<td>4.</td>
<td>Evidence must then be found to support conformity with the applicable option.</td>
</tr>
</tbody>
</table>

5.2.3 Repeated ORG ISARPs

Repeated ORG ISARPs have a “►” symbol facing towards the right. The corresponding repeated ISARP in the other disciplines have the triangle facing towards the left. See Guidance below, for the reasons for repeating the ORG ISARPs.

**Procedure for Harmonizing Assessments of Repeated ORG ISARPs**

1. The ORG ISARPs repeated in FLT, DSP, MNT, CAB, GRH, CGO & SEC are audited conventionally.
2. However, before finalizing each ORG assessment, the auditor auditing ORG must collect and review the assessments of the corresponding repeated ISARPs in all the other disciplines:
   a) If there were only minor nonconformities in one or two of the corresponding disciplines which did not affect the functionality and implementation of the overall system, the ORG provision could be assessed in conformity.
   b) If there were substantial nonconformities in multiple disciplines which affected the functionality and implementation of the overall system, (a systemic deficiency) a Finding would need to be recorded against the overall corporate management and control of the ORG provision.
5.2.4 SMS ISARPs with Linked Assessments

See 3.6.3, Repeated SMS ORG ISARPs.

Procedure for Auditing SMS ISARPs with Linked Assessments

1. ORG 1.110A is a SMS “control” standard and must be assessed as a non-conformity if any other SMS ISARP has been assessed as a non-conformity.

2. ORG 3.1.1, 3.1.2, 3.1.3, 3.2.1 and 1.6.5 in the table below must be assessed as a non-conformity if any of the corresponding repeated SMS ISARPs has been assessed as a non-conformity.

<table>
<thead>
<tr>
<th>ORG ISARP</th>
<th>FLT</th>
<th>DSP</th>
<th>MNT</th>
<th>CAB</th>
<th>GRH</th>
<th>CGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 ORG 3.1.1</td>
<td>1.12.1</td>
<td>1.12.1</td>
<td>1.12.1</td>
<td>1.11.1</td>
<td>1.11.1</td>
<td>1.11.1</td>
</tr>
<tr>
<td>3 ORG 3.1.2</td>
<td>1.12.2</td>
<td>1.12.2</td>
<td>1.12.2</td>
<td>1.11.2</td>
<td>1.11.2</td>
<td>1.11.2</td>
</tr>
<tr>
<td>4 ORG 3.1.3 (a “shall”)</td>
<td>1.12.3</td>
<td>1.12.3</td>
<td>1.12.3</td>
<td>1.11.3</td>
<td>1.11.3</td>
<td>1.11.3</td>
</tr>
<tr>
<td>5 ORG 3.2.1</td>
<td>1.12.5</td>
<td>1.12.5</td>
<td>1.12.5</td>
<td>1.11.5</td>
<td>1.11.5</td>
<td>1.11.5</td>
</tr>
<tr>
<td>6 ORG 1.6.5</td>
<td>2.5.1</td>
<td>2.5.1</td>
<td>1.12.6</td>
<td>2.4.1</td>
<td>2.3.1</td>
<td>2.3.1</td>
</tr>
</tbody>
</table>

Note: The procedure above does not apply to ORG 3.4.1 and 3.4.4 (also repeated SMS ORG ISARPs). These ISARPs should be audited using the procedures in 5.2.3 above.

Guidance:

Soon after the launch of IOSA, it became evident that systemic deficiencies such as deficient QA or safety reporting systems in more than one department could not be adequately described under one ORG ISARP and Corrective Action Record.

To address this weakness, 29 ORG specifications for key systems are repeated in the other seven disciplines. When faced with systemic deficiencies in more than one airline department, auditors can record individual nonconformities and corrective action(s) in each discipline, and use the corresponding ORG ISARP to record a consolidated non-conformity and corrective action(s) against the corporate management and control for the systemic deficiency.

This provides more detail, accuracy and value to the audit result.
5.2.5 Interlinked ISARPs

i) The IOSA Audit Handbook Part 3 Table 1 contains lists of Interlinked ISARPs, categorized as direct, associated or reverse links. These lists are published to assist auditors in harmonizing assessments for similar or related specifications within a discipline and across multiples different disciplines.

ii) As an example, there are 70+ ISARPS in ORG, FLT, DSP, CAB, GRH and CGO which have either a direct, associated or reverse requirement relating to Dangerous Goods.

iii) There are no formal procedures for the use of Interlinked ISARPs; Auditors should establish the most appropriate method of harmonizing the assessments for the linked ISARPs across all disciplines, to ensure there are no contradictory assessments.

Example of the Applicability of Interlinked ISARPs

If an airline transports dangerous goods as cargo, the ISARPs in ORG, FLT, DSP, CAB, GRH and CGO sections that address dangerous goods are all applicable and must all be audited (unless there are specific conditions which result in one or more ISARPs not being applicable).

5.2.6 Recording of Non-conformities

See Section 3.8, Recording of Non-conformities.

Procedure for Identifying and Recording the Root Cause

To identify the permanent corrective action needed, and to prevent the problem from recurring, the primary root cause for the non-conformity has to be identified.

1. Identify the reasons and evidence that resulted in the Findings or Observation.
2. Analyse why the system, program, policy, process, procedure, plan, or other ISARP specification, had not been incorporated in the operator’s structure.
3. The analysis should identify all the factors which led to the problem, but must focus on identifying the fundamental reasons that the specification had not been introduced.

Procedure for Recording of Non-conformities

1. Identify which specifications (and/or sub specifications) in the ISARP are not in conformity.
2. Identify which specifications in the ISARP are not documented.
3. Identify which specifications in the ISARP are not implemented.
4. Describe the non-conformity in simple, factual terms that will be easily understood by any reviewer.
5. This will ensure that all personnel/airline departments involved implement appropriate and permanent corrective actions.
5.3 **Procedures for the Completion of the CR**

The following two tables detail the information required in the CR, for both the IATA Template (CRT), and a CR sourced from an electronic database (CRE).

All fields in the CR must be completed for all ISARPs.

**Procedures for the Completion of Documents accompanying the CR (as per ORG 3.4.7)**

<table>
<thead>
<tr>
<th>Using the IATA Template (CRT)</th>
<th>Providing a CR from an Electronic Database (CRE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completed and signed Declaration of Internal Assessment Completion</td>
<td>Complete the “Declaration of Internal Assessment Completion” spread sheet</td>
</tr>
<tr>
<td></td>
<td>Provide a “Completion of “Declaration of Internal Assessment Completion”</td>
</tr>
<tr>
<td>2. Record of Internal Auditors</td>
<td>Complete the “Record of Internal Auditors for Enhanced IOSA” spread sheet</td>
</tr>
<tr>
<td></td>
<td>Provide a “Record of Internal Auditors for Enhanced IOSA”</td>
</tr>
<tr>
<td>3. Operational Profile</td>
<td>Complete the “Operational Profile” spread sheet</td>
</tr>
<tr>
<td></td>
<td>Provide an Operational Profile containing the details specified in the “Operational Profile” spread sheet in the IATA Template</td>
</tr>
<tr>
<td>4. List of Document References</td>
<td>Complete the “List of Document References” spread sheet, as a record of all controlled manuals and documents used during the audit of all ISARPs</td>
</tr>
<tr>
<td></td>
<td>Provide a List of Documents containing the details specified in the “List of Document References” spread sheet in the IATA Template, as a record of all controlled manuals and documents used during the audit of all ISARPs</td>
</tr>
</tbody>
</table>

**Procedures for the Completion of the CR (as per ORG 3.4.8 and ORG 3.4.14)**

<table>
<thead>
<tr>
<th>Using the IATA Template (CRT)</th>
<th>Providing a CR from an Electronic Database (CRE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alpha-numeric identifier</td>
<td>Included in CR Template (Column B)</td>
</tr>
<tr>
<td></td>
<td>Alpha-numeric identifier and the ISARP content</td>
</tr>
<tr>
<td>2. Date of Last Audit</td>
<td>The date of the latest assessment</td>
</tr>
<tr>
<td></td>
<td>The date of the latest assessment</td>
</tr>
<tr>
<td><strong>3. Name of Last Auditor</strong></td>
<td></td>
</tr>
<tr>
<td>Names of auditor(s) that conducted the last assessment (Column E)</td>
<td>Names of auditor(s) that conducted the last assessment</td>
</tr>
<tr>
<td><strong>4. Documentation References</strong></td>
<td></td>
</tr>
<tr>
<td>List of all controlled manuals and documents used during the auditing of the ISARP (Column F)</td>
<td>List of all controlled manuals and documents used during the auditing of the ISARP</td>
</tr>
<tr>
<td><strong>5. Status of Conformity</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Current status of the assessment:  
- conformity, an open Finding or Observation, or an assessment of N/A (Column G) | Current status of the assessment:  
- conformity, an open Finding or Observation, or an assessment of N/A |
| **6. Description of Non-conformity or Description of Reason for N/A** |  
| Clear, accurate description of non-conformity, or reason for N/A (see 3.4.1 and 5.1.7 for information on N/A assessments) (Column H) | Clear, accurate description of non-conformity, or reason for N/A (see 3.4.1 and 5.1.7 for information on N/A assessments), or a reference to the information |
| Descriptions and references to the evidence assessed must be clear and traceable, for example:  
a) “station audit report FCO-06-2012”;  
b) “completed checklist: Dispatch Department audit - March 2011” | Descriptions and references to the evidence assessed must be clear and traceable, for example:  
a) “station audit report FCO-06-2012”;  
b) “completed checklist: Dispatch Department audit - March 2011” |
| **7. Root Cause** |  
| The factual, objective reason why a specification was not active or had not been implemented. Generalized phrases or brief statements such as “ISARP not considered” are not appropriate. (Column I) | The factual, objective reason why a specification was not active or had not been implemented. Generalized phrases or brief statements such as “ISARP not considered” are not appropriate |
| **8. Corrective Action Taken** |  
| Record the corrective action taken to permanently close the Finding or Observation. (Column J) | Provide a record of the corrective action taken to permanently close the Finding or Observation. |
## Auditor Actions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Auditor Actions</td>
<td>Provide either:</td>
</tr>
<tr>
<td>The numbered columns (1 – 13) are ticked for the AAs which were accomplished (see 5.2.1, “Auditor Actions”, procedures for using AAs).</td>
<td>a) A list of the AAs which were accomplished, OR;</td>
</tr>
<tr>
<td>If an ISARP is N/A, the AAs must not be ticked. (see 5.1.7, “Identification of ISARPs which are Not Applicable N/A). (Columns K to Y)</td>
<td>b) The Word checklist provided by IATA (see 5.2.1, “Auditor Actions”, procedures for using AAs).</td>
</tr>
<tr>
<td></td>
<td>If an ISARP is N/A, the AAs must not be ticked. (see 5.1.7, “Identification of ISARPs which are Not Applicable N/A).</td>
</tr>
</tbody>
</table>

### Notes:

1. **It is essential that any information in the CR referenced in an electronic database is easily and readily accessible to IOSA auditors.**
2. **For items 2, 3, 6, 7, 8 and 9, a reference to an electronic database containing this information may be provided.**
3. **The CR does not need not be revised if the document references changed after the provision was assessed.**

### 5.3.1 Submission Deadline

The Operator must submit the complete CR to the AO no less than 14 days prior to the start date of the renewal audit.

### 5.3.2 CR Changes after Submission

i) **If the content of the CR changes after submission to the AO, a record of the changes must be provided to the AO prior to the start of the renewal audit.**

ii) **It is not necessary to resubmit any of the CR documents.**