Audit Response Process

CAA

Purpose

- Understand the regulation
- Explain the process
- Explain the use of the Audit Response Document (ARD).
- Noncompliance

Regulation

Regulations UK (EU) 2017/373, ATM/ANS.OR.A.055 and 2015/340, ATCO. OR. B.030 require the following:

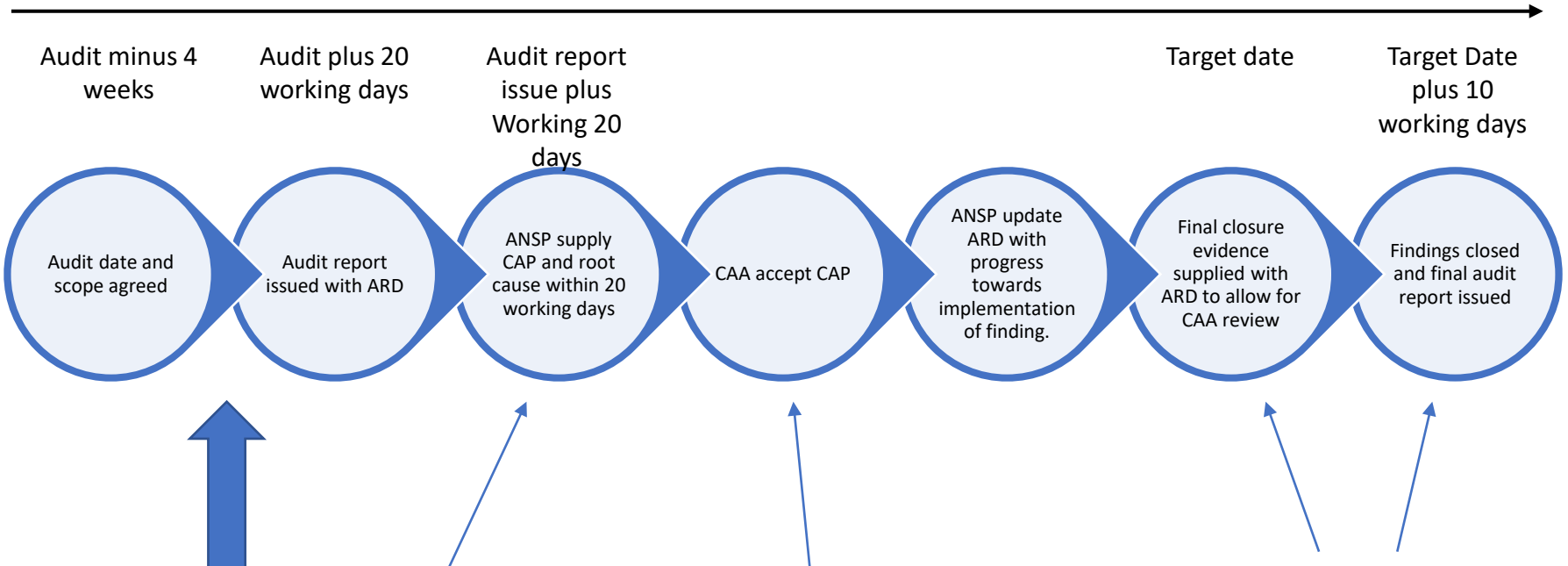
After receipt of notification of findings from the competent authority, the service provider or training organisation shall:

(a) identify the root cause of the non-compliance.

(b) define a corrective action plan that meets the approval by the competent authority.

(c) demonstrate corrective action implementation to the satisfaction of the competent authority within the time period proposed by the service provider and agreed with that authority, as defined in point ATM/ANS.AR.C.050(e).

Process


Audit minus 4 weeks
Audit plus 20 working days
Audit report issue plus Working 20 days
Target date
Target Date plus 10 working days
Audit date and scope agreed
Audit report issued with ARD
ANSP supply CAP and root cause within 20 working days
CAA accept CAP
ANSP update ARD with progress towards implementation of finding.
Final closure evidence supplied with ARD to allow for CAA review
Findings closed and final audit report issued
Audit
(a) identify the root cause of the non-compliance.
(b) define a corrective action plan that meets the approval by the competent authority.
(c) demonstrate corrective action implementation to the satisfaction of the competent authority within the time period proposed by the service provider and agreed with that authority, as defined in point ATM/ANS.AR.C.050(e).

Audit Response Document

CAA will complete

Table will be repeated for each finding raised

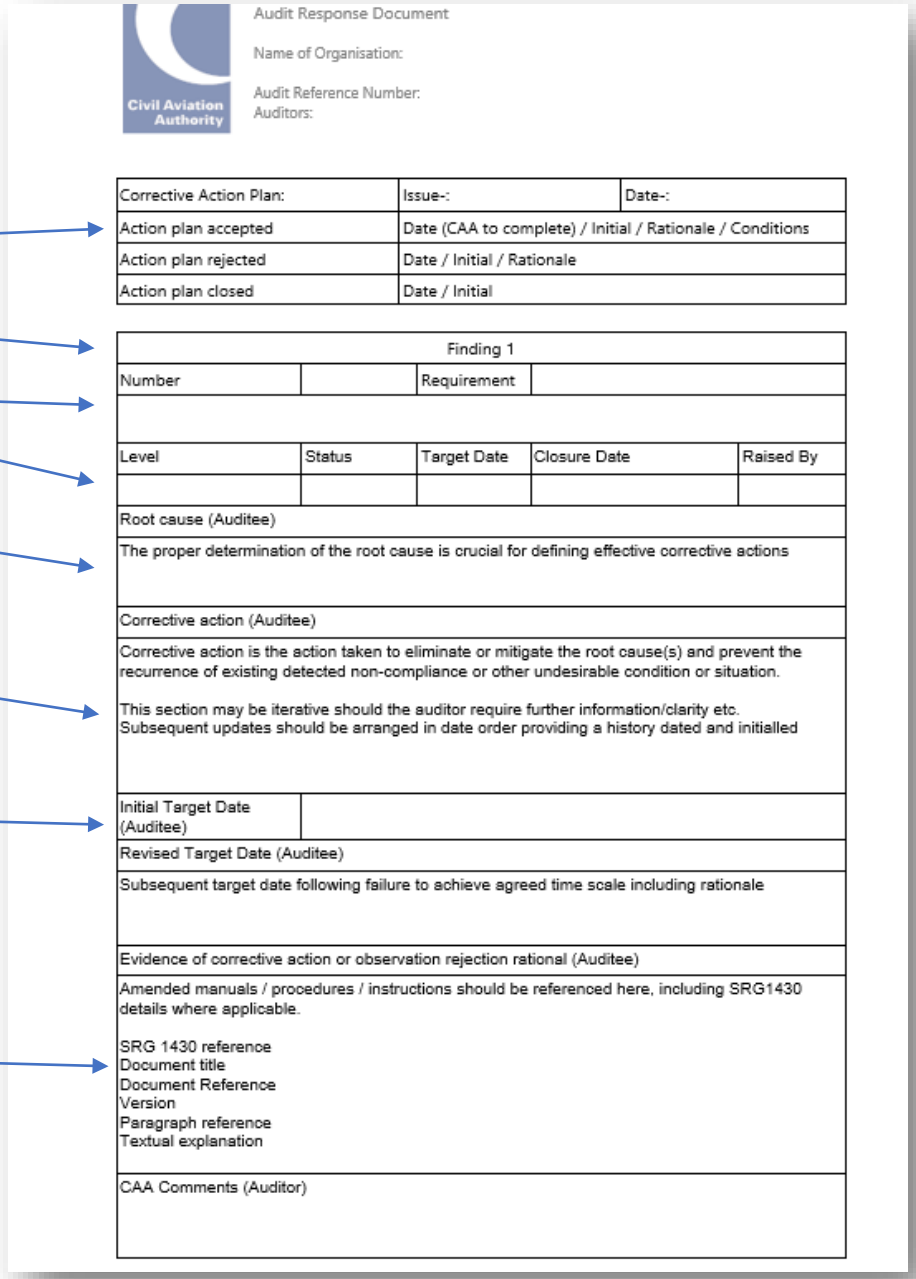
Pre-populated

ANSP to complete following root cause analysis

ANSP to document a series of actions that address the root cause

Should more time be required the ANSP will need to agree new target date with the auditor and include rationale

The ANSP will need to justify and then evidence closure within this box. It may be a simple statement, but more likely will be embedded documents or emails so that the ARD is a single document of evidence for all findings



Civil Aviation Authority

Audit Response Document

Name of Organisation:

Audit Reference Number:
Auditors:

Corrective Action Plan:	Issue-:	Date-:
Action plan accepted	Date (CAA to complete) / Initial / Rationale / Conditions	
Action plan rejected	Date / Initial / Rationale	
Action plan closed	Date / Initial	

Finding 1				
Number		Requirement		
Level	Status	Target Date	Closure Date	Raised By
Root cause (Auditee)				
The proper determination of the root cause is crucial for defining effective corrective actions				
Corrective action (Auditee)				
Corrective action is the action taken to eliminate or mitigate the root cause(s) and prevent the recurrence of existing detected non-compliance or other undesirable condition or situation. This section may be iterative should the auditor require further information/clarity etc. Subsequent updates should be arranged in date order providing a history dated and initialled				
Initial Target Date (Auditee)				
Revised Target Date (Auditee)				
Subsequent target date following failure to achieve agreed time scale including rationale				
Evidence of corrective action or observation rejection rational (Auditee)				
Amended manuals / procedures / instructions should be referenced here, including SRG1430 details where applicable. SRG 1430 reference Document title Document Reference Version Paragraph reference Textual explanation				
CAA Comments (Auditor)				

Non-Compliance with process

ATM/ANS.AR.C.050 (e)(3) States:

"…where the service provider fails to submit a corrective action plan that is acceptable to the competent authority in light of the finding, or where the service provider fails to perform the corrective action within the time period accepted or extended by the competent authority, the finding may be raised to a level 1 finding, and action taken as laid down in point (1)."