



# AERODROME SAFETY PUBLICATION

**Number:** ASP 05

**Issue No.:** 01

**Issued:** 07 July 2020

**Effective Date:** 07 July 2020

**Subject:** Developing and submitting Corrective Action Plan(s) (CAPs)

**References:** Civil Aviation (Safety) Regulations, 2017  
Seychelles Technical Standards – Authority Requirements,  
Aerodromes  
Seychelles Technical Standards – Aerodromes

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Note – Aerodrome Safety Publications are published by the SCAA to supplement the to the provisions of the Seychelles Technical Standards – Aerodromes. The publications are intended to provide recommendations and guidance to illustrate a means, but not necessarily the only means, of complying with SARPs. Aerodrome Safety Publications may explain certain regulatory requirements by providing interpretive and explanatory materials.

## 1. Purpose

- 1.1. The purpose of this Aerodrome Safety Publication (ASP) is to provide guidance to aerodrome operators in developing corrective action plan(s) (CAP) to be implemented in order to address findings generated during safety inspections or audits. Additionally, it provides the process for submitting these CAPs to the Aerodromes Safety & Standards Inspectorate (ASSI). It supplements the provisions in Chapter 3 of STS-ADR.

## 2. Applicability

- 2.1. This ASP applies to all aerodrome operators subjected to Regulation 61 of the Civil Aviation (Safety) Regulations, 2017 and the Seychelles Technical Standards - Aerodromes.

## 3. Cancellation

- 3.1. Nil

## 4. Introduction

- 4.1. Safety oversight is the means by which the ASSI ensures implementation of regulatory requirements as part of certification, licensing or continuing oversight. The primary way of conducting safety oversight is through audits and inspections which includes:

- Initial certification / licensing audit  
This is the first audit conducted prior to issuance of an aerodrome operating certificate
- Periodic surveillance audit / inspection  
Conducted periodically, its purpose is to ensure that the operator continuously complies with regulatory requirements.
- Ad hoc and follow-up inspection  
Conducted in addition to the periodic surveillance audits / inspections, these audits / inspections may be scheduled or unannounced and conducted for any number of reasons; a follow-up to a periodic inspection finding, to monitor the repair, calibration or installation of new equipment etc. They are flexible in coverage and are not intended to be all-inclusive, but may be.
- Special purpose audit / inspection  
This is conducted to respond to safety concerns or circumstances other than those requiring a periodic surveillance audit / inspection. It may be conducted for a number of reasons; e.g to test effectiveness of corrective actions taken or to monitor airfield construction or test the aerodrome continued compliance with aerodrome manual and aerodrome

regulations. They are flexible in coverage and may encompass only a portion of the certification requirements. These are not intended to be all-inclusive but may be.

- Certificate renewal audit  
The audit that is conducted for certified aerodromes to renew the validity of the aerodrome certificate.

4.2. A non-conformance to a specified regulatory requirement or company approved procedure identified during safety oversight activities is referred to as a finding and is documented for action.

4.3. For each finding generated during a safety oversight activity, the accountable manager concerned shall develop a corrective action plan that is satisfactory to the ASSI. The plan will outline how the company proposes to correct the deficiencies

## **5. Classification of findings**

5.1. Findings identified during safety oversight activities will be classified into either of the following, depending on their safety significance:

- Level 1 findings;
- Level 2 findings; or
- Observations.

### **5.2. Level 1 findings**

5.2.1. These are generally significant non-compliances and includes:

- Failure to give the Audit Team access to the aerodrome and aerodrome operator's facilities during normal operating hours and after two written requests;
- Obtaining or maintaining the validity of a certificate by falsification of submitted documentary evidence;
- Evidence of malpractice or fraudulent use of a certificate;
- The lack of an accountable manager; or
- Non-compliances or hazards identified that is critical in nature and if not corrected may result in loss of life, serious injury, or damage to facilities.

5.2.2. Level 1 findings shall be corrected immediately by the aerodrome operator. Appropriate actions shall be taken by the ASSI to prohibit or limit activities until successful corrective action has been taken by the aerodrome operator.

### **5.3. Level 2 findings**

5.3.1. These are any non-compliances to prescribed requirements and includes:

- Non-compliances to regulations, directives, or technical standards;
- Non-compliances with the terms and conditions of the certificate; or
- Non-compliances which could lower the level of safety.

5.3.2. The aerodrome operator shall be given a corrective action implementation period included in a corrective action plan appropriate to the nature of the finding. The corrective action and implementation plan shall be assessed by the ASSI to determine if they are sufficient to address the non-compliance(s).

5.3.3. Where the aerodrome operator fails to submit an acceptable corrective action plan, or to perform the corrective action within the time period accepted or extended by the ASSI, the finding shall be raised to a Level 1 finding, and will be processed as such.

#### **5.4. Observations**

5.4.1. These includes:

- Non-compliances that are not level 1 or level 2 findings;
- Non-compliances in areas that are not in the scope of the audit;
- Areas that are compliant but can be improved upon.

5.4.2. It is not mandatory for operators to submit a corrective action plan for observations. It is however highly recommended that one is developed and implemented to remove the potential of obtaining a finding in future activities and/or address a non-compliance and/or improve on safety.

### **6. Developing corrective action plans**

6.1. Corrective action is the action taken to eliminate or mitigate the root cause(s), and prevent recurrence of an existing detected non-compliance, or other undesirable condition or situation. Proper determination of the root cause is crucial for defining effective corrective actions to prevent recurrence.

6.2. After obtaining formal notification of a finding, as an initial step, the Accountable Manager (or delegated individual or group) shall define the finding by collecting and evaluating relevant information to determine the facts, causal factors and root causes that lead to the non-compliance. The person(s) responsible for the function or activity where non-compliance was identified should have a clear understanding and description of the finding supported by the facts, causal factors and root cause in order to develop the most appropriate and timely corrective actions to resolve the finding and prevent recurrence.

6.3. After defining the finding, actions that are required to be taken in order to close the finding should be identified. These corrective actions must be detailed and constructed in the style of performance objectives with time frames for accomplishment of the objectives.

Note – It is necessary to ensure that the performance is measurable in the safety oversight context.

6.4. The following are six criteria for a good CAP:

- i. **Relevant:** Cap addresses the issues and requirements related to the finding and referenced regulation / directive / technical standard.
- ii. **Comprehensive:** CAP is complete and includes all elements or aspects associated with the finding (addresses the root cause of the finding).
- iii. **Detailed:** CAP outlines implementation process using step-by-step approach.
- iv. **Specific:** CAP identifies who will do what, when and in coordination with other entities, if applicable.
- v. **Realistic:** in terms of contents and implementation timelines.
- vi. **Consistent:** In relation to other CAPs and with the operator's systems and documentations.

6.5. The Accountable Manager shall ensure that CAPs:

- i. fully address findings including its root cause;
- ii. are relevant, clear, detailed, and comprehensive;
- iii. have realistic target implementation dates;
- iv. have an appropriate action office for each step; and
- v. work systematically towards implementing corrective actions.

6.6. Corrective action implementation period to should generally be 90 days.

6.7. For long-term corrective action which may require time periods in excess of 90 days (e.g. repair works) the aerodrome operator shall include milestones/progress review points at 90 days' intervals leading to the proposed completion date for each audit finding.

## 7. Submitting CAPs

7.1. The accountable manager of the aerodrome operator shall submit corrective action plans for each finding within 30 days after receiving the audit report for acceptance by the ASSI.

7.2. Corrective action plans should be submitted either on Centrik (when findings are included on Centrik) or using corrective action form. Where applicable, corrective action plans should include supporting documentation of completed actions (evidences) that may take the form of technical record entries, purchase orders, memoranda, revised procedures, manual amendments, etc.

7.3. Once accepted, the CAPs will be returned to the aerodrome operator for implementation. The ASSI will follow-up on implementation of the CAPs until the finding is closed.

7.4. In the event that a corrective action plan is not acceptable, the accountable manager will be notified and requested to revise and re-submit the plan within 10 days of the request. Where the Aerodrome Operator is non-responsive to this action, an alternative course of action may be pursued.

## 8. Queries

- 8.1. Any queries relating to this ASP should be addressed to Head of Aerodrome Safety & Standards Inspectorate on [seyaga@scaa.sc](mailto:seyaga@scaa.sc)

**Aerodrome Safety & Standards Inspectorate  
Seychelles Civil Aviation Authority**

