Client NSP SMS Audit

Titles, Abbreviations and Definitions

- **Accidents**: Resulting directly from the operation of an aircraft and is described within the Canadian Aviation Regulations and The North Star Practices.

- **Air Carrier**: A term used to describe an Air Transportation company.

- **Air Carriers Safety Working Group**: A panel of industry members who meet regularly to oversee the North Star Practices.

- **Corrective Actions**: An action is to be taken to address an identified safety issue or finding. A Corrective Action Plan is used during an audit for example to Identify and describe a root cause and describes any new risks associated with the Corrective Action.

   The plan usually contains a timeline for addressing, correcting and recording the issue or finding.

- **Incidents**: Resulting directly from the operation of an airplane or rotorcraft regardless of weight and is described in the Canadian Aviation Regulations and The North Star Practices.

- **OH+S**: Occupational Health and Safety

- **Contractors**: An individual or company that is hired and/or used by a client to perform a specific task, e.g. falling, surveying or scaling.

- **The North Star Practices**: A set of operating practices and procedures to enhance safety in the float plane industry.

Criteria	Responses, Explanations and Actions
Company's Accountable Executive?	
Safety Manager that maintains SMS?	
Current Safety Committee Members.	
Roles and responsibilities of Safety Committee Members identify clearly within the SMS?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
Intentions, principles and objectives toward enhancing Safety for our Employees, Contractors and Air-Carriers developed and communicated?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff :

Safety Committee meets and reviews SMS-regarding Flight Safety at a minimum annual basis?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff :
Have we clearly explained and disseminated our safety practices, expectations and values with our Employees and Contractors regarding Air-Carriers, flying and infrastructure?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff :
Required resources provided to Employees and Contractors to fulfill their SMS duties and responsibilities with Flight Safety.	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
All Air-Carriers contracted for float plane **services have current NSP endorsement.**	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:

Process in place that identifies and communicates safety issues and/or concerns with the Air-Carrier?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
Do we have on record all corrective actions taken dealing with any historical issues and/or concerns regarding Incidents and Accidents with regards to air transportation safety?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
Are recommendations as listed in **The North Star Practices** document concerning Client Practices being fully implemented?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
What is our plan and timeline for applying the recommendations under Client Practices in **The North Star Practices** document?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:

Are there any identifiable changes or modifications we and our Air-Carriers have agreed upon that differ from those practices in **The North Star Practices** when flying our Employees and Contractors?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
Have these changes been communicated to all affected parties and documented?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff:
Are performance requirements related to the implementation of the NSP reviewed at a minimum annual basis?	☐ Yes ☐ No If no, Corrective Action: Timeline: Person Responsible: Date Completed: Signoff: