**Compliance checklist with FSTD operator requirements**

**ORA.GEN and ORA.FSTD**

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| **FSTD Operator:** |  |
| **FSTD Operator address:** |  |
| **Competent Authority:** | **V/A Civilās aviācijas aģentūra** |
| **Date of Check:** |  |

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| --- | --- | --- | --- |
| **Reference** | **Requirement** | **Reference in manual** | **Y; N; N/A** |
| AMC1 ORA.GEN.200 b) | Please mark if your organization is considered to be:  **Complex organization, or**  **Non-complex organization**  Note: If marked “complex organization” all requirements regarding complex organization shall be satisfied, requirements for non- complex shall be marked with N/A. If marked “non-complex organization” all requirements regarding non-complex organization shall be satisfied, requirements for complex shall be marked with N/A. (a) An organisation should be considered as complex when it has a workforce of more than 20 full time equivalents (FTEs) involved in the activity subject to Regulation (EC) No 216/20082 and its Implementing Rules. (b) Organisations with up to 20 full time equivalents (FTEs) involved in the activity subject to Regulation (EC) No 216/2008 and its Implementing Rules, may also be considered complex based on an assessment of the following factors: (1) in terms of complexity, the extent and scope of contracted activities subject to the approval; (2) in terms of risk criteria, whether any of the following are present: (i) operations requiring the following specific approvals: performance-based navigation (PBN), low visibility operation (LVO), extended range operations with two-engined aeroplanes (ETOPS), helicopter hoist operation (HHO), helicopter emergency medical service (HEMS), night vision imaging system (NVIS) and dangerous goods (DG); (ii) different types of aircraft used; (iii) the environment (offshore, mountainous area etc.); (c) Regardless of the criteria mentioned in (a) and (b), the following organisations should always be considered as non-complex: (1) Approved Training Organisations (ATOs) only providing training for the light aircraft pilot licence (LAPL), private pilot licence (PPL), sailplane pilot licence (SPL) or balloon pilot licence (BPL) and the associated ratings and certificates; (2) Aero-Medical Centres (AeMCs). |  | Y;  N;  N/A |
| ORA.GEN.105 Competent authority | Does FSTD comply with ORA.GEN.105? |  | Y;  N;  N/A |
| ORA.GEN.115 Application for an organization certificate | Does FSTD comply with ORA.GEN.115? |  | Y;  N;  N/A |
| ORA.GEN.120 Means of compliance | Does FSTD comply with ORA.GEN.120? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.120(a) Means of compliance | DEMONSTRATION OF COMPLIANCE In order to demonstrate that the Implementing Rules are met, a risk assessment should be completed and documented. The result of this risk assessment should demonstrate that an equivalent level of safety to that established by the Acceptable Means of Compliance (AMC) adopted by the Agency is reached. |  | Y;  N;  N/A |
| ORA.GEN.125 Terms of approval and privileges of an organisation | Does FSTD comply with ORA.GEN.125? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.125 Terms of approval and privileges of an organisation | MANAGEMENT SYSTEM DOCUMENTATION The management system documentation should contain the privileges and detailed scope of activities for which the organisation is certified, as relevant to the applicable requirements. The scope of activities defined in the management system documentation should be consistent with the terms of approval. |  | Y;  N;  N/A |
| ORA.GEN.130 Changes to organisation | (a) Any change affecting: (1) the scope of the certificate or the terms of approval of an organisation; or (2) any of the elements of the organisation’s management system as required in ORA.GEN.200(a)(1) and (a)(2), shall require prior approval by the competent authority. |  | Y;  N;  N/A |
| (b) For any changes requiring prior approval in accordance with Regulation (EC) No 216/2008 and its Implementing Rules, the organisation shall apply for and obtain an approval issued by the competent authority. The application shall be submitted before any such change takes place, in order to enable the competent authority to determine continued compliance with Regulation (EC) No 216/2008 and its Implementing Rules and to amend, if necessary, the organisation certificate and related terms of approval attached to it. The organisation shall provide the competent authority with any relevant documentation. The change shall only be implemented upon receipt of formal approval by the competent authority in accordance with ARA.GEN.330. The organisation shall operate under the conditions prescribed by the competent authority during such changes, as applicable. |  | Y;  N;  N/A |
| (c) All changes not requiring prior approval shall be managed and notified to the competent authority as defined in the procedure approved by the competent authority in accordance with ARA.GEN.310(c). |  | Y;  N;  N/A |
| AMC1 ORA.GEN.130 Changes to organisations | APPLICATION TIME FRAMES  (a) The application for the amendment of an organisation certificate should be submitted at least 30 days before the date of the intended changes. (b) In the case of a planned change of a nominated person, the organisation should inform the competent authority at least 10 days before the date of the proposed change. (c) Unforeseen changes should be notified at the earliest opportunity, in order to enable the competent authority to determine continued compliance with the applicable requirements and to amend, if necessary, the organisation certificate and related terms of approval. |  | Y;  N;  N/A |
| GM1 ORA.GEN.130(a) Changes to organisations | GENERAL (a) Typical examples of changes that may affect the certificate or the terms of approval are listed below: (1) the name of the organisation; (2) the organisation’s principal place of business; (3) the organisation’s scope of activities; (4) additional locations of the organisation; (5) the accountable manager; (6) any of the persons referred to in ORA.GEN.210 (a) and (b); (7) the organisation’s documentation as required by this Part, safety policy and procedures; (8) the facilities. |  | Y;  N;  N/A |
| (b) Prior approval by the competent authority is required for any changes to the organisation’s procedure describing how changes not requiring prior approval will be managed and notified to the competent authority. |  | Y;  N;  N/A |
| (c) Changes requiring prior approval may only be implemented upon receipt of formal approval by the competent authority. |  | Y;  N;  N/A |
| GM2 ORA.GEN.130(a) Changes to organisations | CHANGE OF NAME OF THE ORGANISATION A change of name requires the organisation to submit a new application as a matter of urgency. Where this is the only change to report, the new application can be accompanied by a copy of the documentation previously submitted to the competent authority under the previous name, as a means of demonstrating how the organisation complies with the applicable requirements. |  | Y;  N;  N/A |
| ORA.GEN.135 Continued validity | (a) The organisation’s certificate shall remain valid subject to: (1) the organisation remaining in compliance with the relevant requirements of Regulation (EC) No 216/2008 and its Implementing Rules, taking into account the provisions related to the handling of findings as specified under ORA.GEN.150; (2) the competent authority being granted access to the organisation as defined in ORA.GEN.140 to determine continued compliance with the relevant requirements of Regulation (EC) No 216/2008 and its Implementing Rules; and (3) the certificate not being surrendered or revoked. |  | Y;  N;  N/A |
| (b) Upon revocation or surrender the certificate shall be returned to the competent authority without delay. |  | Y;  N;  N/A |
| ORA.GEN.140 Access | For the purpose of determining compliance with the relevant requirements of Regulation (EC) No 216/2008 and its Implementing Rules, the organisation shall grant access to any facility, aircraft, document, records, data, procedures or any other material relevant to its activity subject to certification, whether it is contracted or not, to any person authorised by: (a) the competent authority defined in ORA.GEN.105; or (b) the authority acting under the provisions of ARA.GEN.300(d), ARA.GEN.300(e) or ARO.RAMP. |  | Y;  N;  N/A |
| ORA.GEN.150 Findings | After receipt of notification of findings, the organisation shall: (a) identify the root cause of the non-compliance; (b) define a corrective action plan; and (c) demonstrate corrective action implementation to the satisfaction of the competent authority within a period agreed with that authority as defined in ARA.GEN.350(d). |  | Y;  N;  N/A |
| AMC1 ORA.GEN.150(b) Findings | GENERAL The corrective action plan defined by the organisation should address the effects of the nonconformity, as well as its root-cause. |  | Y;  N;  N/A |
| GM1 ORA.GEN.150 Findings | GENERAL (a) Corrective action is the action to eliminate or mitigate the root cause(s) and prevent recurrence of an existing detected non-compliance or other undesirable condition or situation. (b) Proper determination of the root cause is crucial for defining effective corrective actions. |  | Y;  N;  N/A |
| ORA.GEN.155 Immediate reaction to a safety problem | The organisation shall implement: (a) any safety measures mandated by the competent authority in accordance with ARA.GEN.135(c); and (b) any relevant mandatory safety information issued by the Agency, including airworthiness directives. |  | Y;  N;  N/A |
| ORA.GEN.160 Occurrence reporting | (a) The organisation shall report to the competent authority, and to any other organisation required by the State of the operator to be informed, any accident, serious incident and occurrence as defined in Regulation (EU) No 996/2010 of the European Parliament and of the Council ( 1 ) and Directive 2003/42/EC of the European Parliament and of the Council ( 2 ). |  | Y;  N;  N/A |
| (b) Without prejudice to paragraph (a) the organisation shall report to the competent authority and to the organisation responsible for the design of the aircraft any incident, malfunction, technical defect, exceeding of technical limitations, occurrence that would highlight inaccurate, incomplete or ambiguous information contained in data established in accordance with Part-21 or other irregular circumstance that has or may have endangered the safe operation of the aircraft and that has not resulted in an accident or serious incident. |  | Y;  N;  N/A |
| (c) Without prejudice to Regulation (EU) No 996/2010, Directive 2003/42/EC, Commission Regulation (EC) No 1321/2007 ( 3 ) and Commission Regulation (EC) No 1330/2007 ( 4 ), the reports referred in paragraphs (a) and (b) shall be made in a form and manner established by the competent authority and contain all pertinent information about the condition known to the organisation. |  | Y;  N;  N/A |
| (d) Reports shall be made as soon as practicable, but in any case within 72 hours of the organisation identifying the condition to which the report relates, unless exceptional circumstances prevent this. |  | Y;  N;  N/A |
| (e) Where relevant, the organisation shall produce a follow-up report to provide details of actions it intends to take to prevent similar occurrences in the future, as soon as these actions have been identified. This report shall be produced in a form and manner established by the competent authority. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.160 Occurrence reporting | GENERAL (a) The organisation should report all occurrences defined in AMC 20-8, and as required by the applicable national rules implementing Directive 2003/43/EC1 on occurrence reporting in civil aviation. |  | Y;  N;  N/A |
| (b) In addition to the reports required by AMC 20-8 and Directive 2003/43/EC, the organisation should report volcanic ash clouds encountered during flight. |  | Y;  N;  N/A |
| ORA.GEN.200 Management System | (a) Has the organisation established, implemented and maintained a management system that includes: |  | Y;  N;  N/A |
| (1) clearly defined lines of responsibility and accountability throughout the organisation, including a direct safety accountability of the accountable manager? |  | Y;  N;  N/A |
| (2) a description of the overall philosophies and principles of the organisation with regard to safety, referred to as the safety policy? |  | Y;  N;  N/A |
| (3) the identification of aviation safety hazards entailed by the activities of the organisation, their evaluation and the management of associated risks, including taking actions to mitigate the risk and verify their effectiveness? |  | Y;  N;  N/A |
| (4) maintaining personnel trained and competent to perform their tasks? |  | Y;  N;  N/A |
| (5) documentation of all management system key processes, including a process for making personnel aware of their responsibilities and the procedure for amending this documentation? |  | Y;  N;  N/A |
| (6) a function to monitor compliance of the organisation with the relevant requirements. Compliance monitoring shall include a feedback system of findings to the accountable manager to ensure effective implementation of corrective actions as necessary? |  | Y;  N;  N/A |
| (7) any additional requirements that are prescribed in the relevant subparts of this Part or other applicable Parts? |  | Y;  N;  N/A |
| (b) Does the management system correspond to the size of the organisation and the nature and complexity of its activities, taking into account the hazards and associated risks inherent in these activities? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a)(1);(2);(3);(5) Management system NON-COMPLEX ORGANISATIONS - GENERAL | (a) Is a safety risk management performed using hazard checklists or similar risk management tools or processes, which are integrated into the activities of the organisation? |  | Y;  N;  N/A |
| (b) Does the organisation manage safety risks related to a change? Is the management of change a documented process to identify external and internal change that may have an adverse effect on safety? Is it make use of the organisation’s existing hazard identification, risk assessment and mitigation processes? |  | Y;  N;  N/A |
| (c) Did the organisation identify a person who fulfils the role of safety manager and who is responsible for coordinating the safety management system? Is this person the accountable manager or a person with an operational role in the organisation? |  | Y;  N;  N/A |
| (d) Are the responsibilities identified for hazard identification, risk assessment and mitigation, within the organisation? |  | Y;  N;  N/A |
| (e) Does the safety policy include a commitment to improve towards the highest safety standards, comply with all applicable legal requirements, meet all applicable standards, consider best practices and provide appropriate resources? |  | Y;  N;  N/A |
| (f) Does the organisation, in cooperation with other stakeholders, develop, coordinate and maintain an emergency response plan (ERP) that ensures orderly and safe transition from normal to emergency operations and return to normal operations? Does the ERP provide the actions to be taken by the organisation or specified individuals in an emergency and reflect the size, nature and complexity of the activities performed by the organisation? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a) (1) Management system COMPLEX ORGANISATIONS - ORGANISATION AND ACCOUNTABILITIES | (a) Safety manager (1) The safety manager should act as the focal point and be responsible for the development, administration and maintenance of an effective safety management system. (2) The functions of the safety manager should be to: (i) facilitate hazard identification, risk analysis and management; (ii) monitor the implementation of actions taken to mitigate risks, as listed in the safety action plan; (iii) provide periodic reports on safety performance; (iv) ensure maintenance of safety management documentation; (v) ensure that there is safety management training available and that it meets acceptable standards; (vi) provide advice on safety matters; and (vii) ensure initiation and follow-up of internal occurrence / accident investigations. |  | Y;  N;  N/A |
| (b) Safety review board (1) The Safety review board should be a high level committee that considers matters of strategic safety in support of the accountable manager’s safety accountability. (2) The board should be chaired by the accountable manager and be composed of heads of functional areas. (3) The safety review board should monitor: (i) safety performance against the safety policy and objectives; (ii) that any safety action is taken in a timely manner; and (iii) the effectiveness of the organisation’s safety management processes. |  | Y;  N;  N/A |
| (c) The safety review board should ensure that appropriate resources are allocated to achieve the established safety performance. |  | Y;  N;  N/A |
| (d) The safety manager or any other relevant person may attend, as appropriate, safety review board meetings. He/she may communicate to the accountable manager all information, as necessary, to allow decision making based on safety data. |  | Y;  N;  N/A |
| GM1 ORA.GEN.200 (a)(1) Management system -SAFETY MANAGER | (a) Is the safety manager assisted by additional safety personnel for the performance of all safety management related tasks, depending on the size of the organisation and the nature and complexity of its activities? |  | Y;  N;  N/A |
| (b) Does the safety manager remains the unique focal point as regards the development, administration and maintenance of the organisation’s safety management system, regardless of the organisational set-up? |  | Y;  N;  N/A |
| GM2 ORA.GEN.200(a) (1) Management system COMPLEX ORGANISATIONS - SAFETY ACTION GROUP | (a) A safety action group may be established as a standing group or as an ad-hoc group to assist or act on behalf of the safety review board. |  | Y;  N;  N/A |
| (b) More than one safety action group may be established depending on the scope of the task and specific expertise required. |  | Y;  N;  N/A |
| (c) The safety action group should report to and take strategic direction from the safety review board and should be comprised of managers, supervisors and personnel from operational areas. |  | Y;  N;  N/A |
| (d) The safety action group should: (1) monitor operational safety; (2) resolve identified risks; (3) assess the impact on safety of operational changes; and (4) ensure that safety actions are implemented within agreed timescales. |  | Y;  N;  N/A |
| (e) The safety action group should review the effectiveness of previous safety recommendations and safety promotion. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a) (2) Management system COMPLEX ORGANISATIONS - SAFETY POLICY | (a) The safety policy should: (1) be endorsed by the accountable manager; (2) reflect organisational commitments regarding safety and its proactive and systematic management; (3) be communicated, with visible endorsement, throughout the organisation; and (4) include safety reporting principles. |  | Y;  N;  N/A |
| (b) The safety policy should include a commitment: (1) to improve towards the highest safety standards; (2) to comply with all applicable legislation, meet all applicable standards and consider best practices; (3) to provide appropriate resources; (4) to enforce safety as one primary responsibility of all managers; and (5) not to blame someone for reporting something which would not have been otherwise detected. |  | Y;  N;  N/A |
| (c) Senior management should: (1) continually promote the safety policy to all personnel and demonstrate their commitment to it;(2) provide necessary human and financial resources for its implementation; and (3) establish safety objectives and performance standards. |  | Y;  N;  N/A |
| GM1 ORA.GEN.200 (a)(2) Management system- SAFETY POLICY | The safety policy is the means whereby the organisation states its intention to maintain and, where practicable, improve safety levels in all its activities and to minimise its contribution to the risk of an aircraft accident as far as is reasonably practicable. The safety policy should state that the purpose of safety reporting and internal investigations is to improve safety, not to apportion blame to individuals. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a) (3) Management system COMPLEX ORGANISATIONS - SAFETY RISK MANAGEMENT | (a) Hazard identification processes (1) Reactive and proactive schemes for hazard identification should be the formal means of collecting, recording, analysing, acting on and generating feedback about hazards and the associated risks that affect the safety of the operational activities of the organisation. (2) All reporting systems, including confidential reporting schemes, should include an effective feedback process. |  | Y;  N;  N/A |
| (b) Risk assessment and mitigation processes (1) A formal risk management process should be developed and maintained that ensures analysis (in terms of likelihood and severity of occurrence), assessment (in terms of tolerability) and control (in terms of mitigation) of risks to an acceptable level. (2) The levels of management who have the authority to make decisions regarding the tolerability of safety risks, in accordance with (b)(1), should be specified. |  | Y;  N;  N/A |
| (c) Internal safety investigation (1) The scope of internal safety investigations should extend beyond the scope of occurrences required to be reported to the competent authority. |  | Y;  N;  N/A |
| (d) Safety performance monitoring and measurement (1) Safety performance monitoring and measurement should be the process by which the safety performance of the organisation is verified in comparison to the safety policy and objectives. (2) This process should include: (i) safety reporting; (ii) safety studies, that is, rather large analyses encompassing broad safety concerns; (iii) safety reviews including trends reviews, which would be conducted during introduction and deployment of new technologies, change or implementation of procedures, or in situations of structural change in operations; (iv) safety audits focussing on the integrity of the organisation’s management system, and periodically assessing the status of safety risk controls; and (v) safety surveys, examining particular elements or procedures of a specific operation, such as problem areas or bottlenecks in daily operations, perceptions and opinions of operational personnel and areas of dissent or confusion. |  | Y;  N;  N/A |
| (e) The management of change The organisation should manage safety risks related to a change. The management of change should be a documented process to identify external and internal change that may have an adverse effect on safety. It should make use of the organisation’s existing hazard identification, risk assessment and mitigation processes. |  | Y;  N;  N/A |
| (f) Continuous improvement The organisation should continuously seek to improve its safety performance. Continuous improvement should be achieved through: (1) proactive and reactive evaluations of facilities, equipment, documentation and procedures through safety audits and surveys; (2) proactive evaluation of individuals’ performance to verify the fulfilment of their safety responsibilities; and (3) reactive evaluations in order to verify the effectiveness of the system for control and mitigation of risk. |  | Y;  N;  N/A |
| (g) The emergency response plan (ERP) (1) An ERP should be established that provides the actions to be taken by the organisation or specified individuals in an emergency. The ERP should reflect the size, nature and complexity of the activities performed by the organisation. (2) The ERP should ensure: (i) an orderly and safe transition from normal to emergency operations; (ii) safe continuation of operations or return to normal operations as soon as practicable; and (iii) coordination with the emergency response plans of other organisations, where appropriate. |  | Y;  N;  N/A |
| GM1 ORA.GEN.200 (a)(3) Management system INTERNAL OCCURRENCE REPORTING SCHEME | (a) Is the overall purpose of the scheme determined to use reported information to improve the level of safety performance of the organisation and not to attribute blame? |  | Y;  N;  N/A |
| (b) Are the objectives of the scheme defined to: (1) enable an assessment to be made of the safety implications of each relevant incident and accident, including previous similar occurrences, so that any necessary action can be initiated? (2) ensure that knowledge of relevant incidents and accidents is disseminated, so that other persons and organisations may learn from them? |  | Y;  N;  N/A |
| c) The scheme is an essential part of the overall monitoring function and it is complementary to the normal day-to-day procedures and ‘control’ systems and is not intended to duplicate or supersede any of them. The scheme is a tool to identify those instances where routine procedures have failed. |  | Y;  N;  N/A |
| (d) Are all occurrence reports, judged reportable by the person submitting the report, retained as the significance of such reports that only become obvious at a later date? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200 (a)(4) Management system TRAINING AND COMMUNICATION ON SAFETY | (a) Training (1) Did all personnel receive safety training as appropriate for their safety responsibilities? (2) Are the adequate records of all safety training provided kept? |  | Y;  N;  N/A |
| (b) Communication (1) Did the organisation establish communication about safety matters that: (i) ensures that all personnel are aware of the safety management activities as appropriate for their safety responsibilities? (ii) conveys safety critical information, especially relating to assessed risks and analysed hazards? (iii) explains why particular actions are taken? (iv) explains why safety procedures are introduced or changed? (2) Are the regular meetings with personnel where information, actions and procedures are discussed used to communicate safety matters? |  | Y;  N;  N/A |
| GM1 ORA.GEN.200 (a)(4) Management system TRAINING AND COMMUNICATION ON SAFETY | Does the safety training programme consist of self-instruction via a media (newsletters, flight safety magazines), class-room training, e-learning or similar training provided by training service providers? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200 (a)(5) Management system ORGANIZATION ‘S MANAGEMENT SYSTEM DOCUMENTATION | (a) Does the organisation’s management system documentation d at least include the following information: |  | Y;  N;  N/A |
| (1) a statement signed by the accountable manager to confirm that the organisation will continuously work in accordance with the applicable requirements and the organisation’s documentation as required by this Part? |  | Y;  N;  N/A |
| (2) the organisation's scope of activities? |  | Y;  N;  N/A |
| (3) the titles and names of persons referred to in ORA.GEN.210 (a) and (b)? |  | Y;  N;  N/A |
| (4) an organisation chart showing the lines of responsibility between the persons referred to in ORA.GEN.210? |  | Y;  N;  N/A |
| (5) a general description and location of the facilities referred to in ORA.GEN.215? |  | Y;  N;  N/A |
| (6) procedures specifying how the organisation ensures compliance with the applicable requirements? |  | Y;  N;  N/A |
| (7) the amendment procedure for the organisation’s management system documentation? |  | Y;  N;  N/A |
| (b) Is the organisation`s management system documentation included in a separate manual or in (one of) the manual(s) as required by the applicable Subpart(s)? Is a cross reference included? |  | Y;  N;  N/A |
| GM1 ORA.GEN.200 (a)(5) Management system ORGANIZATION ‘S MANAGEMENT SYSTEM DOCUMENTATION | (a) It is not required to duplicate information in several manuals. The information may be contained in any of the organisation manuals (e.g. operations manual, training manual), which may also be combined. |  | Y;  N;  N/A |
| (b) If the organisation choose to document some of the information required to be documented in separate documents (e.g. procedures), is it ensured that manuals contain adequate references to any document kept separately? Are any such documents considered an integral part of the organisation’s management system documentation? |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a) (5) Management system COMPLEX ORGANISATIONS – ORGANISATION’S SAFETY MANAGEMENT MANUAL | (a) The safety management manual (SMM) should be the key instrument for communicating the approach to safety for the whole of the organisation. The SMM should document all aspects of safety management, including the safety policy, objectives, procedures and individual safety responsibilities. |  | Y;  N;  N/A |
| (b) The contents of the safety management manual should include all of the following: (1) scope of the safety management system; (2) safety policy and objectives; (3) safety accountability of the accountable manager; (4) safety responsibilities of key safety personnel; (5) documentation control procedures; (6) hazard identification and risk management schemes; (7) safety action planning; (8) safety performance monitoring; (9) incident investigation and reporting; (10) emergency response planning; (11) management of change (including organisational changes with regard to safety responsibilities); (12) safety promotion. |  | Y;  N;  N/A |
| (c) The SMM may be contained in (one of) the manual(s) of the organisation. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.200(a)(6) Management system COMPLIANCE MONITORING - GENERAL | (a) Compliance monitoring Is the implementation and use of a compliance monitoring function enabling the organisation to monitor compliance with the relevant requirements of this Part and other applicable Parts? |  | Y;  N;  N/A |
| (1) Did the organisation specify the basic structure of the compliance monitoring function applicable to the activities conducted? |  | Y;  N;  N/A |
| (2) Is the compliance monitoring function structured according to the size of the organisation and the complexity of the activities to be monitored? |  | Y;  N;  N/A |
| (b) Do organisations monitor compliance with the procedures they have designed to ensure safe activities? In doing so, do they a minimum, and where appropriate, monitor: (1) privileges of the organisation; (2) manuals, logs, and records; (3) training standards; (4) management system procedures and manuals? |  | Y;  N;  N/A |
| (c) Organisational set up |  | Y;  N;  N/A |
| (1) Did the accountable manager designate a compliance monitoring manager to ensure that the organisation continues to meet the requirements of this Part and other applicable Parts? Is the role of the compliance monitoring manager to ensure that the activities of the organisation are monitored for compliance with the applicable regulatory requirements, and any additional requirements as established by the organisation, and that these activities are being carried out properly under the supervision of the relevant head of functional area? |  | Y;  N;  N/A |
| (2) Is the compliance monitoring manager responsible for ensuring that the compliance monitoring programme is properly implemented, maintained and continually reviewed and improved? |  | Y;  N;  N/A |
| (3) Does the compliance monitoring manager have direct access to the accountable manager? |  | Y;  N;  N/A |
| Is it ensured that compliance monitoring manager is not one of the other persons referred to in ORA.GEN.210 (b)? |  | Y;  N;  N/A |
| Is compliance monitoring manager able to demonstrate relevant knowledge, background and appropriate experience related to the activities of the organisation; including knowledge and experience in compliance monitoring? |  | Y;  N;  N/A |
| Has the compliance monitoring manager access to all parts of the organisation, and as necessary, any contracted organisation? |  | Y;  N;  N/A |
| (4) In the case of a non-complex organisation, this task may be exercised by the accountable manager provided he/she has demonstrated having the related competence as defined in (c)(3)(iii). |  | Y;  N;  N/A |
| (5) In the case the same person acts as compliance monitoring manager and as safety manager, the accountable manager, with regards to his/her direct accountability for safety, is it ensured that sufficient resources are allocated to both functions, taking into account the size of the organisation and the nature and complexity of its activities? |  | Y;  N;  N/A |
| (6) Is the independence of the compliance monitoring function established by ensuring that audits and inspections are carried out by personnel not responsible for the function, procedure or products being audited? |  | Y;  N;  N/A |
| (d) Compliance monitoring documentation |  | Y;  N;  N/A |
| (1) Does the relevant documentation include the relevant part(s) of the organisation’s management system documentation? |  | Y;  N;  N/A |
| (2) In addition, does the relevant documentation also include the following: (i) terminology; (ii) specified activity standards; (iii) a description of the organisation; (iv) the allocation of duties and responsibilities; (v) procedures to ensure regulatory compliance; (vi) the compliance monitoring programme, reflecting: (A) schedule of the monitoring programme; (B) audit procedures; (C) reporting procedures; (D) follow-up and corrective action procedures; and (E) recording system. (vii) the training syllabus referred to in (e)(2); (viii) document control? |  | Y;  N;  N/A |
| (e) Training |  | Y;  N;  N/A |
| (1) Does the organisation ensure that all personnel understand the objectives as laid down in the organisation’s management system documentation in order to achieve significant outcomes of such training? |  | Y;  N;  N/A |
| (2) Do those responsible for managing the compliance monitoring function receive training on this task? Does such training cover the requirements of compliance monitoring, manuals and procedures related to the task, audit techniques, reporting and recording? |  | Y;  N;  N/A |
| (3) Is the time provided to train all personnel involved in compliance management and for briefing the remainder of the personnel? |  | Y;  N;  N/A |
| (4) Is the allocation of time and resources governed by the volume and complexity of the activities concerned? |  | Y;  N;  N/A |
| GM1 ORA.GEN.200(a)(6) Management system COMPLIANCE MONITORING - GENERAL | (a) Does the organisational set-up of the compliance monitoring function reflect the size of the organisation and the nature and complexity of its activities? Does the compliance monitoring manager perform all audits and inspections himself/herself or does he appoint one or more auditors by choosing personnel having the related competence as defined in AMC1 ORA.GEN.200(a)(6) point (c)(3)(iii), either from within or outside the organisation? |  | Y;  N;  N/A |
| (b) Regardless of the option chosen, is it ensured that the independence of the audit function is not affected, in particular in cases where those performing the audit or inspection are also responsible for other functions within the organisation? |  | Y;  N;  N/A |
| (c) In case external personnel are used to perform compliance audits or inspections: (1) are any such audits or inspections performed under the responsibility of the compliance monitoring manager?; and (2) does the organisation remain responsible to ensure that the external personnel has relevant knowledge, background and experience as appropriate to the activities being audited or inspected; including knowledge and experience in compliance monitoring? |  | Y;  N;  N/A |
| (d) Does the organisation retain the ultimate responsibility for the effectiveness of the compliance monitoring function in particular for the effective implementation and follow-up of all corrective actions? |  | Y;  N;  N/A |
| GM3 ORA.GEN.200 (a)(6) Management system AUDIT AND INSPECTION | (a) ‘Audit’ means a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which requirements are complied with. |  | Y;  N;  N/A |
| (b) ‘Inspection’ means an independent documented conformity evaluation by observation and judgement accompanied as appropriate by measurement, testing or gauging, in order to verify compliance with applicable requirements. |  | Y;  N;  N/A |
| ORA.GEN.205 Contracted activities | (a) Contracted activities include all activities within the organisation’s scope of approval that are performed by another organisation either itself certified to carry out such activity or if not certified, working under the contracting organisation’s approval. The organisation shall ensure that when contracting or purchasing any part of its activity, the contracted or purchased service or product conforms to the applicable requirements. |  | Y;  N;  N/A |
| (b) When the certified organisation contracts any part of its activity to an organisation that is not itself certified in accordance with this Part to carry out such activity, the contracted organisation shall work under the approval of the contracting organisation. The contracting organisation shall ensure that the competent authority is given access to the contracted organisation, to determine continued compliance with the applicable requirements. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.205 Contracted activities -RESPONSIBILITY WHEN CONTRACTING ACTIVITIES | (a) The organisation may decide to contract certain activities to external organisations. |  | Y;  N;  N/A |
| (b) A written agreement should exist between the organisation and the contracted organisation clearly defining the contracted activities and the applicable requirements. |  | Y;  N;  N/A |
| (c) The contracted safety related activities relevant to the agreement should be included in the organisation's safety management and compliance monitoring programmes. |  | Y;  N;  N/A |
| (d) The organisation should ensure that the contracted organisation has the necessary authorisation or approval when required, and commands the resources and competence to undertake the task. |  | Y;  N;  N/A |
| GM1 ORA.GEN.205 Contracted activities RESPONSIBILITY WHEN CONTRACTING ACTIVITIES | (a) Is the contracting organisation responsible to ensure that all contracted activities are subject to hazard identification and risk management as required by ORA.GEN.200 (a)(3) and to compliance monitoring as required by ORA.GEN.200 (a)(6), regardless of the approval status of the contracted organisation? |  | Y;  N;  N/A |
| (b) Does the organisation’s compliance monitoring at least check that the approval effectively covers the contracted activities and that it is still valid, when the contracted organisation is itself certified to carry out the contracted activities? |  | Y;  N;  N/A |
| (c) If the organisation requires the contracted organisation to conduct an activity which exceeds the contracted organisation’s terms of approval, this will be considered as the contracted organisation working under the approval of the contracting organisation. |  | Y;  N;  N/A |
| ORA.GEN.210 Personnel requirements | (a) The organisation shall appoint an accountable manager, who has the authority for ensuring that all activities can be financed and carried out in accordance with the applicable requirements. The accountable manager shall be responsible for establishing and maintaining an effective management system. |  | Y;  N;  N/A |
| (b) A person or group of persons shall be nominated by the organisation, with the responsibility of ensuring that the organisation remains in compliance with the applicable requirements. Such person(s) shall be ultimately responsible to the accountable manager. |  | Y;  N;  N/A |
| (c) The organisation shall have sufficient qualified personnel for the planned tasks and activities to be performed in accordance with the applicable requirements. |  | Y;  N;  N/A |
| (d) The organisation shall maintain appropriate experience, qualification and training records to show compliance with paragraph (c). |  | Y;  N;  N/A |
| (e) The organisation shall ensure that all personnel are aware of the rules and procedures relevant to the exercise of their duties. |  | Y;  N;  N/A |
| ORA.GEN.215 Facility requirements | The organisation shall have facilities allowing the performance and management of all planned tasks and activities in accordance with the applicable requirements. |  | Y;  N;  N/A |
| ORA.GEN.220 Record-keeping | (a) The organisation shall establish a system of record–keeping that allows adequate storage and reliable traceability of all activities developed, covering in particular all the elements indicated in ORA.GEN.200. |  | Y;  N;  N/A |
| (b) The format of the records shall be specified in the organisation’s procedures. |  | Y;  N;  N/A |
| (c) Records shall be stored in a manner that ensures protection from damage, alteration and theft. |  | Y;  N;  N/A |
| AMC1 ORA.GEN.220 (b) Record-keeping | GENERAL (a) The record-keeping system should ensure that all records are accessible whenever needed within a reasonable time. These records should be organised in a way that ensures traceability and retrievability throughout the required retention period. |  | Y;  N;  N/A |
| (b) Records should be kept in paper form or in electronic format or a combination of both. Records stored on microfilm or optical disc format are also acceptable. The records should remain legible throughout the required retention period. The retention period starts when the record has been created or last amended. |  | Y;  N;  N/A |
| (c) Paper systems should use robust material which can withstand normal handling and filing. Computer systems should have at least one backup system which should be updated within 24 hours of any new entry. Computer systems should include safeguards against the ability of unauthorised personnel to alter the data. |  | Y;  N;  N/A |
| (d) All computer hardware used to ensure data backup should be stored in a different location from that containing the working data and in an environment that ensures they remain in good condition. When hardware or software changes take place, special care should be taken that all necessary data continues to be accessible at least through the full period specified in the relevant Subpart. In the absence of such indication, all records should be kept for a minimum period of 5 years. |  | Y;  N;  N/A |
| GM1 ORA.GEN.220 (b) Record-keeping | RECORDS Microfilming or optical storage of records may be carried out at any time. The records should be as legible as the original record and remain so for the required retention period. |  | Y;  N;  N/A |
| ORA.FSTD.100 General | (a) The applicant for an FSTD qualification certificate shall demonstrate to the competent authority that it has established a management system in accordance with ORA.GEN Section II. This demonstration shall ensure that the applicant has, directly or through contract, the capability to maintain the performance, functions and other characteristics specified for the FSTD’s qualification level and to control the installation of the FSTD. |  | Y;  N;  N/A |
| (b) If the applicant is the holder of a qualification certificate issued in accordance with this Part, the FSTD specifications shall be detailed: (1) in the terms of the ATO certificate; or (2) in the case of an AOC holder, in the training manual. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.100 General - COMPLIANCE MONITORING PROGRAMME – ORGANISATIONS OPERATING FSTDS | (a) Introduction. (1) The purpose of this AMC is to provide additional and specific information to an organisation operating FSTDs on how to establish a compliance monitoring programme (CMP) that enables compliance with the applicable requirements. |  | Y;  N;  N/A |
| (b) Compliance monitoring programme (1) Typical subject areas for inspections are the following: (i) actual FSTD operation; (ii) maintenance; (iii) technical Standards; (iv) FSTD safety features. |  | Y;  N;  N/A |
| (c) Audit scope (1) Organisations operating FSTDs are required to monitor compliance with the procedures they have designed to ensure specified performance and functions. In doing so they should as a minimum, and where appropriate, monitor the following: (i) organisation; (ii) plans and objectives; (iii) maintenance procedures; (iv) FSTD qualification level; (v) supervision; (vi) FSTD technical status; (vii) manuals, logs and records; (viii) defect deferral; (ix) personnel training; (x) aircraft modifications; (xi) FSTD configuration management. |  | Y;  N;  N/A |
| AMC2 ORA.FSTD.100 General COMPLIANCE MONITORING PROGRAMME –ORGANISATIONS OPERATING FSTDS | One acceptable means of measuring FSTD performance is contained in ARINC report 433-1 (December 14th, 2007 or as amended) Standard Measurements for Flight Simulation Quality. |  | Y;  N;  N/A |
| AMC3 ORA.FSTD.100 General - COMPLIANCE MONITORING PROGRAMME – ORGANISATIONS OPERATING BASIC INSTRUMENT TRAINING DEVICES (BITDs) | (a) The compliance monitoring programme together with a statement acknowledging completion of a periodic review by the accountable manager should include the following: (1) a maintenance facility that provides suitable BITD hardware and software test and maintenance capability; (2) a recording system in the form of a technical log in which defects, deferred defects and development work are listed, interpreted, actioned and reviewed within a specified time scale; and (3) planned routine maintenance of the BITD and periodic running of the qualification test guide (QTG) with adequate manning to cover BITD operating periods and routine maintenance work. |  | Y;  N;  N/A |
| (b) A planned audit schedule and a periodic review should be used to verify that corrective action was carried out and that it was effective. The auditor should have adequate knowledge of BITDs. |  | Y;  N;  N/A |
| GM1 ORA.FSTD.100 General COMPLIANCE MONITORING – ORGANISATIONS OPERATING FSTDS – GENERAL | (a) The concept of compliance monitoring (CM) is a fundamental requirement for organisations operating FSTDs. An effective CM function is vitally important in supporting operation of the devices, in a structured way, to ensure they remain in compliance with the technical standards of CS-FSTD(A) and CS-FSTD(H) and continue to be effective training tools. An effective CM function is also essential to support any level of extended recurrent evaluation period as permitted by ORA.FSTD.225(b). |  | Y;  N;  N/A |
| (b) The following guidance has been developed to provide additional material to help both organisations operating FSTDs and competent authorities in developing effective CM that satisfy the applicable requirements and ensure the highest standards of training are maintained. |  | Y;  N;  N/A |
| (c) Additional GM provide a compliance checklist for organisations operating FSTDs (GM2 ORA.FSTD.100) and guidance detailing the preparation for an evaluation by the competent authority (GM3 ORA.FSTD.100). The compliance checklist should be used by the competent authorities as a standardised checklist for the elements that are expected in the CM function of an organisation operating FSTDs. The organisation should complete as a minimum the second column of the checklist by providing appropriate manual or procedure references for each of the identified elements of the CM function. Additional information can be provided in the third column to aid assessment of the checklist as appropriate. This would then be provided to the competent authority. Use of this checklist should assist in ensuring a consistent approach by the competent authorities and also provide organisations operating FSTDs with additional guidance on all the elements of a CM function that the competent authorities will expect. The guidance is provided to help organisations operating FSTDs to prepare for authority visits. |  | Y;  N;  N/A |
| (d) The documentation of the CM may be electronic, provided the necessary controls can be demonstrated. This should include control of any paper copies that may be downloaded for use by individuals. It is recommended that any such copies are automatically designated as uncontrolled as part of the download process. Whilst electronic signatures on master documents may be accepted, with appropriate protections, a hardcopy master of the CM manual should be provided, with wet-ink signatures to be held by the applicant. |  | Y;  N;  N/A |
| (e) It should be recognised that whatever CM is developed, it will not be effective unless it becomes an integral part of the way in which the organisation works. It includes both the necessary procedures for maintaining compliance with all the applicable requirements and a compliance monitoring programme (CMP) to monitor the execution of these procedures. A successful CM will ensure that the highest training tool is available at all times. If the CM is viewed as an add-on to existing processes it will become a burden and it will never be wholly effective. It should also be noted that compliance control or inspection is only a small part of a CM. If the CM is working effectively, inspections such as fly-outs should become routine revealing little beyond day-to-day unserviceabilities. Systematic defects should be captured by the CMP. |  | Y;  N;  N/A |
| (f) The competent authority should be satisfied that the accountable manager is able to adequately provide the required level of resources to properly support the FSTD. Detailed knowledge of FSTD requirement standards are not necessary, only sufficient to understand his/her responsibility for ensuring the FSTD is properly supported. The assessment of the compliance monitoring manager should concentrate on establishing that the nominee has sufficient knowledge and experience of both CM management and FSTD operations to operate a compliance monitoring system (CMS) within an organisation operating FSTDs. This is likely to require experience of working in the compliance monitoring field and sufficient knowledge of FSTDs and the technical standards with which they should comply. |  | Y;  N;  N/A |
| (g) If an organisation operating FSTDs is certified under any international quality standard it should assure that it fully covers the applicable organisation requirements of Part-ORA and the qualification basis. |  | Y;  N;  N/A |
| (h) For small organisations, it is perfectly acceptable to combine the roles of compliance monitoring manager and accountable manager. For other organisations that hold multiple certificates and may cover multiple sites, it is advantageous to have a common CM function with an overall compliance monitoring manager. However, it is essential, particularly where sites may be significantly separated geographically, that there is a nominated representative at each site and possibly for each certificate. These representatives should hold the delegated responsibility of the CM manager for the day-to-day CM role at their site and in their function and have the necessary direct reporting line to the overall CM manager. It will also be necessary to ensure that local representatives are also acceptable to the local competent authority. In many cases the local representatives may perform other functions in addition to this role. This is acceptable provided the necessary independence of any compliance monitoring activity is maintained. |  | Y;  N;  N/A |
| (i) CM, as a whole, begins with the requirements with which the system seeks to comply. These include both the technical standards, in this case the relevant parts of CS-FSTD(A)/(H) plus any other specific standards, for example health and safety regulations, and the compliance monitoring objectives, such as defect rates and rectification intervals and FSTD reliability targets. The CM should define the process by which these standards are made available to those who require them. |  | Y;  N;  N/A |
| (j) The next part of CM is that part which defines the day-to-day procedures or working practices by which the standards will be achieved. These procedures should include as a minimum defect reporting systems, defect rectification processes, tracking mechanisms, preventative maintenance programmes, spares handling, equipment calibration and configuration management of the device. They should include checks to assess the compliance of the performed actions. These procedures and standards should be made readily available to anybody involved in the maintenance and day-to-day operation of the FSTD. |  | Y;  N;  N/A |
| (k) The third part of CM is the method by which the organisation operating an FSTD confirms the device is maintained in compliance with the defined standards and is being operated in accordance with the defined procedures. This is the compliance monitoring programme (CMP) and includes the audit methods, reporting and corrective action procedures and feedback, management reviews and schedules for audits of all aspects of the FSTD operation. |  | Y;  N;  N/A |
| (l) Across all aspects of CM, and most important to it, are the people. CM includes the definition of the responsibilities of all staff and should include a declaration of the minimum levels of resource proposed for the direct support of the FSTD plus the levels of support and managerial staff proposed. The levels of resource can be affected by factors such as local health and safety regulations, existence of weekend and/or night usage of the device(s), etc. CM also includes definition of the skills and experience required for staff and leads to definition of any required training programmes. Training needs cover both technical training and audit training, including QTG running and checking and fly-out techniques for flight crew. |  | Y;  N;  N/A |
| (m) The documentation of CM may be provided in any number of documents provided there are appropriate cross-references in all documents such that the system is fully traceable in both directions from end to end. For all but small organisations at least two documents would be expected: (1) Firstly, a CM manual containing the policy, terminology, organisational charts and responsibilities, an overview of all processes, within the system, including those for maintaining regulatory compliance such as QTG running and fly-outs (function and subjective testing), CMP including the audit schedule and audit procedures including reporting and corrective action procedures. In addition, the CM manual should include, either directly or by reference, the identification of skills and experience and associated training. (2) Secondly, a procedures manual containing, as a minimum, software and hardware control procedures, configuration control procedures including, for example, control of training loads, updates to visual models, navigation and instructor operation station (IOS) databases, QTG running and checking procedures, fly-out procedures, maintenance procedures including both defect rectification and preventative maintenance processes. Any standard forms and checklists should also be included. |  | Y;  N;  N/A |
| (n) The CM documentation also includes all records such as technical logs, QTG runs, fly-out reports and maintenance job cards. |  | Y;  N;  N/A |
| (o) For organisations with several certificates, separate and modular procedures manuals with a single CM manual covering all approvals, may be acceptable. |  | Y;  N;  N/A |
| (p) It is important to understand the difference between compliance assurance and compliance control. An effective CM will contain elements of both. Compliance control is normally done by inspection of the product; it provides confirmation at the time of the inspection that the product conforms to a defined standard. |  | Y;  N;  N/A |
| (q) The compliance assurance element is essential to ensure the standard is maintained throughout the periods between product (FSTD) inspections. Within a CMP, the processes are defined that are necessary to provide confidence that the FSTD(s) is/are being supported and maintained to the highest possible standard and in compliance with the relevant requirements. A programme of internal audits is then set in place to confirm that the processes are being followed and are effective. The competent authority would normally oversee a certified organisation by process and system audit, however, in the case of FSTDs, authority oversight includes an inspection element in the form of the recurrent FSTD evaluation. |  | Y;  N;  N/A |
| (r) In addition to the normal process and system audits, the compliance assurance audit schedule should include the schedule for each FSTD for fly-outs and QTG running through the audit year. |  | Y;  N;  N/A |
| (s) The audit procedure should include, at least, the following: statement of scope, planning, initiation of audit, collection of evidence, analysis, reporting of findings, identification and agreement of corrective actions and feedback, including reporting significant findings to the competent authority, where appropriate. The review of published material could include, in addition to the CM and procedures manuals, QTG records, fly-out reports, technical log sheets, maintenance records and configuration control records. |  | Y;  N;  N/A |
| (t) In addition to basic knowledge of FSTD requirements and operation, it is expected that auditors have received training in CM and audit techniques. |  | Y;  N;  N/A |
| (u) The routine fly-outs of the device are a specialised part of the audit programme. It is essential that the pilots tasked with carrying out these fly-outs are adequately experienced. They would be expected to be type rating instructor/examiner (TRI/TRE) qualified on the type, and should have experience of simulator evaluations carried out by the competent authority. The assignment of such pilots can present difficulties, particularly for the independent organisation operating FSTDs not directly associated with an airline. It is vital for the organisation to ensure their users are aware of the importance of the fly-outs as part of the continued qualification of the device and the need to assist in the provision of suitably qualified pilots to carry them out. It is worth noting that simulator users are required to satisfy themselves that the training devices they use are assessed for continued suitability, as part of their own CMP. Involvement in fly-outs assists in meeting this need. |  | Y;  N;  N/A |
| (v) Whilst it is accepted that the number of audits required in an organisation with a single device will be significantly less than those in larger organisations with multiple devices, the CMP should still meet the same criteria, and cover all aspects of the operation within a 12 month period. The independence of the audit personnel should be maintained at all times. The audit programme, whether by full audit or by using a checklist system should still be sufficiently comprehensive to provide the necessary level of confidence that the device is maintained and operated to the highest possible standard. This includes monitoring and review of corrective actions and feedback processes. |  | Y;  N;  N/A |
| (w) The successful use of sub-contractors who play a significant role in the provision of services, such as maintenance or engineering services, to an organisation operating FSTDs is reliant on the sub-contractor operating under the CM of the organisation. All requirements that an organisation is expected to meet are equally applicable to his/her sub-contractor. It is the organisation’s responsibility to ensure that the sub-contractor complies with its CM. |  | Y;  N;  N/A |
| (x) It is essential that a proper understanding of the CM and how it applies to each and every staff member is provided by appropriate training to all, not just those directly involved in operating the CM, such as the accountable manager, the CM manager, representatives and the auditors. The training given to those directly involved in CM should cover the CM, audit techniques and applicable technical standards. CM familiarisation training should be an integral part of any induction training and recurrent training. Update training on technical standards for audit personnel, is also of particular importance. |  | Y;  N;  N/A |
| (y) Any effective CM will include measurement of its effectiveness. The organisation should develop performance measures that can be monitored against objectives. Such measures, often referred to as metrics, should be reviewed by the competent authority as part of its oversight of the CM within the organisation and during recurrent evaluations. In addition they should form part of the data reviewed during scheduled management reviews as part of the CM. |  | Y;  N;  N/A |
| (z) ARINC 433 provides good guidance on FSTD compliance measurement. Metrics should monitor not only individual FSTD performance but, for larger organisations, how each FSTD is performing within the fleet. It is also recommended that metrics data be shared, regularly, with the FSTD manufacturers to allow monitoring for generic problems such as design issues, which may be best addressed with a fleet-wide solution. |  | Y;  N;  N/A |
| GM3 ORA.FSTD.100 General COMPLIANCE MONITORING SYSTEM – GUIDANCE FOR ORGANISATIONS OPERATING FSTDS TO PREPARE FOR A COMPETENT AUTHORITY EVALUATION | (a) Introduction The following material provides guidance on what is expected by the competent authorities to support the discussion during the preliminary briefing, which is a first step of any initial or recurrent evaluation of an FSTD carried out by a competent authority. This document has been developed as well to standardise working methods throughout Member States and to develop effective CM spot checks to satisfy the applicable requirements and therefore to ensure the highest standards of training are attained. |  | Y;  N;  N/A |
| (b) Document form Different document forms can be considered. Nevertheless, it appears that the best solution is a dossier, which includes all the information required by the competent authority to perform an evaluation. |  | Y;  N;  N/A |
| (c) Contents of the dossier for an initial evaluation: (1) type of FSTD and qualification level requested; (2) evaluation agenda: including date of evaluation, name of people involved for the competent authority, contact details for the FSTD operator, schedules for the subjective flight profile, QTG rerun; (3) FSTD identification and detailed technical specification including, type of FSTD, manufacturer, registration number, date of entry into service, host computer, visual system, motion system, type of IOS, simulated version(s), standards of all the aircraft computers, if applicable. Manuals needed for an evaluation (e.g. flight manuals, system manuals, acceptance test manual, IOS user manual etc. – if applicable) could already be provided as part of the dossier in an electronic format; (4) planned modifications; (5) subjective open defect(s); (6) airport visual databases including for each visual scene, name of the airport, IATA and ICAO codes, type of visual scene (specific or generic), additional capabilities (e.g. snow model, WGS 84 compliance, enhanced ground proximity warning system (EGPWS)); and (7) QTG status: the list should include for each QTG test available the status of the tests following the FSTD operator and competent authority reviews. |  | Y;  N;  N/A |
| (d) Contents of the dossier for a recurrent evaluation: (1) type of FSTD and qualification level requested; (2) evaluation agenda, including date of evaluation, name of people involved for the competent authority, contact details for the operator, schedules for the subjective flight profile, QTG rerun and QTG review; (3) FSTD identification, including type of FSTD, manufacturer, registration number, date of entry into service, host computer, visual system, motion system, type of IOS, simulated version(s), standards of all the aircraft computers, if applicable; (4) status of items raised during the last evaluation and date of closure; (5) reliability data: training hours month by month during the past year, numbers of complaints mentioned in the technical log, training hours lost, availability rate; (6) operational data: a list of FSTD users over the previous 12 months should be provided, with number of training hours; (7) failure tabulation including categorisation of failures (by ATA chapter and Pareto diagram, ARINC classification); (8) details of main failures leading to training interruption or multiple occurrences of some failures; (9) hardware and/or software updates or changes since last evaluation and planned hardware and/or software updates or changes; (10) subjective open defect(s); (11) airport visual databases including for each visual scene, name of the airport, ATA and ICAO codes, type of visual scene (specific or generic), additional capabilities (snow model, WGS 84 compliance, EGPWS); (12) QTG status: the list should include for each QTG test available, the date of run during the past year, any comment, and the status of the tests; and (13) results of scheduled internal audits and additional quality inspections (if any) since last evaluation and a summary of actions taken. |  | Y;  N;  N/A |
| ORA.FSTD.105 Maintaining the FSTD qualification | (a) In order to maintain the qualification of the FSTD, an FSTD qualification certificate holder shall run the complete set of tests contained within the master qualification test guide (MQTG) and functions and subjective tests progressively over a 12-month period. |  | Y;  N;  N/A |
| (b) The results shall be dated, marked as analysed and evaluated, and retained in accordance with ORA.FSTD.240, in order to demonstrate that the FSTD standards are being maintained. |  | Y;  N;  N/A |
| (c) A configuration control system shall be established to ensure the continued integrity of the hardware and software of the qualified FSTD. |  | Y;  N;  N/A |
| ORA.FSTD.110 Modifications | (a) The holder of an FSTD qualification certificate shall establish and maintain a system to identify, assess and incorporate any important modifications into the FSTDs it operates, especially: (1) any aircraft modifications that are essential for training, testing and checking, whether or not enforced by an airworthiness directive; and (2) any modification of an FSTD, including motion and visual systems, when essential for training, testing and checking, as in the case of data revisions. |  | Y;  N;  N/A |
| (b) Modifications of the FSTD hardware and software that affect handling, performance and systems operation or any major modifications of the motion or visual system shall be evaluated to determine the impact on the original qualification criteria. The organisation shall prepare amendments for any affected validation tests. The organisation shall test the FSTD to the new criteria. |  | Y;  N;  N/A |
| (c) The organisation shall inform the competent authority in advance of any major changes to determine if the tests carried out are satisfactory. The competent authority shall determine if a special evaluation of the FSTD is necessary prior to returning it to training following the modification. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.110 Modifications GENERAL | (a) The FSTD, where applicable, should be maintained in a configuration that accurately represents the aircraft being simulated. This may be a specific aircraft tail number or may be a representation of a common standard. |  | Y;  N;  N/A |
| (b) Users of the device should always establish a differences list for any device they intend to use, and to identify how any differences should be covered in training. In order to ensure each device is maintained in the appropriate configuration, the organisation operating an FSTD should have a system that ensures that all relevant airworthiness directives (ADs) are introduced where applicable on affected FSTDs. |  | Y;  N;  N/A |
| (c) ADs from both the State of Design of the aircraft and the State where the FSTD is located should be monitored. ADs from the State of Design of an aircraft are usually automatically applicable, unless specifically varied by the aircraft’s State of Registry. |  | Y;  N;  N/A |
| (d) Where appropriate, ADs issued by States where users of the device have aircraft registered should also be monitored. In addition to ADs, the FSTD operator should also put in place processes that ensure all aircraft modifications are reviewed for any effect on training, testing and checking. This can be achieved by reviewing the aircraft manufacturer’s service bulletins and may require a specific link to the aircraft manufacturer to be developed. In practice this link is often established through aircraft operators who use the device. |  | Y;  N;  N/A |
| (e) Organisations operating FSTDs should notify the competent authority of major changes. |  | Y;  N;  N/A |
| (f) This does not imply that the competent authority will always wish to directly evaluate the change. The competent authority should be mindful of the potential burden placed on the organisation by a special evaluation and should always consider that burden when deciding if such an evaluation is necessary. |  | Y;  N;  N/A |
| (g) The organisation operating FSTDs should have an internal acceptance process for modifications, to be used when implementing all modifications, even if the competent authority has made a decision to carry out an evaluation. |  | Y;  N;  N/A |
| GM1 ORA.FSTD.110 Modifications EXAMPLES OF MAJOR MODIFICATIONS | The following are examples of modifications that should be considered as major. This list is not exhaustive and modifications need to be classified on a case-by-case basis: (a) any change that affects the QTG; (b) introduction of new standards of equipment such as flight management and guidance computer (FMGC) and updated aerodynamic data packages; (c) re-hosting of the FSTD software; (d) introduction of features that model new training scenarios; e.g. airborne collision avoidance system (ACAS), EGPWS; (e) aircraft modifications that could affect the FSTD qualification; and (f) FSTD hardware or software modifications that could affect the handling qualities, performance or system representation. |  | Y;  N;  N/A |
| ORA.FSTD.115 Installations | (a) The holder of an FSTD qualification certificate shall ensure that: (1) the FSTD is housed in a suitable environment that supports safe and reliable operation; (2) all FSTD occupants and maintenance personnel are briefed on FSTD safety to ensure that they are aware of all safety equipment and procedures in the FSTD in case of an emergency; and (3) the FSTD and its installations comply with the local regulations for health and safety. |  | Y;  N;  N/A |
| (b) The FSTD safety features, such as emergency stops and emergency lighting, shall be checked at least annually and recorded. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.115 Installations MINIMUM ELEMENTS FOR SAFE OPERATION | (a) Introduction (1) This AMC identifies those elements that are expected to be addressed, as a minimum, to ensure that the FSTD installation provides a safe environment for the users and operators of the FSTD under all circumstances. |  | Y;  N;  N/A |
| (b) Expected elements (1) Adequate fire/smoke detection, warning and suppression arrangements should be provided to ensure safe passage of personnel from the FSTD. (2) Adequate protection should be provided against electrical, mechanical, hydraulic and pneumatic hazards, including those arising from the control loading and motion systems, to ensure maximum safety of all persons in the vicinity of the FSTD. |  | Y;  N;  N/A |
| (3) Other areas that should be addressed include the following: (i) a two-way communication system that remains operational in the event of a total power failure; (ii) emergency lighting; (iii) escape exits and escape routes; (iv) occupant restraints (seats, seat belts etc.); (v) external warning of motion and access ramp or stairs activity; (vi) danger area markings; (vii) guard rails and gates; (viii) motion and control loading emergency stop controls accessible from either pilot or instructor seats; (ix) a manual or automatic electrical power isolation switch. |  | Y;  N;  N/A |
| GM1 ORA.FSTD.115 Installations GENERAL | (a) The intent of ORA.FSTD.115 is to establish that the organisation operating an FSTD has all the necessary procedures in place to ensure that the FSTD installation remains in compliance with all requirements affecting the safety of the device and its users. |  | Y;  N;  N/A |
| (b) Based on experience, the competent authority should pay particular attention to the quality of safety briefings on the FSTD provided to users and instructors, and to the execution of regular checks on the FSTD safety features. |  | Y;  N;  N/A |
| (c) It is recognised that certain checks, such as that of the emergency stop, can have adverse impact on the FSTD if carried out in full. |  | Y;  N;  N/A |
| (d) It is acceptable to develop a procedure that protects elements of the device by shutting them down in advance, in a more controlled manner, provided it can be shown that the procedure still demonstrates the whole device can be shut down by the operation of a single emergency stop button, when required. |  | Y;  N;  N/A |
| ORA.FSTD.120 Additional equipment | Where additional equipment has been added to the FSTD, even though not required for qualification, it shall be assessed by the competent authority to ensure that it does not adversely affect the quality of training. |  | Y;  N;  N/A |
| ORA.FSTD.200 Application for FSTD qualification | (a) The application for an FSTD qualification certificate shall be made in a form and manner established by the competent authority: (1) in the case of basic instrument training devices (BITDs), by the BITD manufacturer; (2) in all other cases, by the organisation intending to operate the FSTD. |  | Y;  N;  N/A |
| (b) Applicants for an initial qualification shall provide the competent authority with documentation demonstrating how they will comply with the requirements established in this Regulation. Such documentation shall include the procedure established to ensure compliance with ORA.GEN.130 and ORA.FSTD.230. |  | Y;  N;  N/A |
| GM1 ORA.FSTD.200 Application for FSTD qualification USE OF FOOTPRINT TESTS IN QUALIFICATION TEST SUBMISSION | (a) Introduction (1) Recent experience during initial qualification of some FFSs has required acceptance of increasing numbers of footprint tests. This is particularly true for FFSs of smaller or older aircraft types, where there may be a lack of aircraft flight test data. However, the large number of footprint tests offered in some QTGs has given rise to concern. (2) This guidance is applicable to FFS aeroplane, FTD aeroplane, FFS helicopter and FTD helicopter qualifications. |  | Y;  N;  N/A |
| (b) Terminology (1) Footprint test - footprint test data are derived from a subjective assessment carried out on the actual FSTD requiring qualification. The assessment and validation of these data are carried out by a pilot appointed by the competent authority. The resulting data are the footprint validation data for the FSTD concerned. |  | Y;  N;  N/A |
| (c) Recommendation (1) It is permitted to use footprint data where flight test data is not available. Only when all other alternative possible sources of data have been thoroughly reviewed without success may a footprint test be acceptable, subject to a case-by-case review with the competent authorities concerned, and taking into consideration the level of qualification sought for the FSTD. (2) Footprint test data should be: (i) constructed with initial conditions and FFS set up in the appropriate configuration (e.g. correct engine rating) for the required validation data; (ii) a manoeuvre representative of the particular aircraft being simulated; (iii) manually flown out by a type rated pilot who has current experience on type\* and is deemed acceptable by the competent authority\*\*; (iv) constructed from validation data obtained from the footprint test manoeuvre and transformed into an automatic test; (v) an automatic test run as a fully integrated test with pilot control inputs; and (vi) automatically run for the initial qualification and recurrent evaluations. \* In this context, ‘current’ refers to the pilot experience on the aircraft and not to the Part-FCL standards. \*\* The same pilot should sign off the complete test as being fully representative. (3) A clear rationale should be included in the QTG for each footprint test. These rationales should be added to and clearly recorded within the validation data roadmap (VDR) in accordance with and as defined in Appendix 2 to AMC1-CS-FSTD(A).300. (4) Where the number of footprint tests is deemed by the competent authority to be excessive, the maximum level of qualification may be affected. The competent authority should review each area of validation test data where the use of footprint tests as the basis for the validation data is proposed. Consideration should be given to the extent to which footprint tests are used in any given area. For example, it would be unacceptable if all or the vast majority of take-off tests were proposed as footprint tests, with little or no flight test data being presented. It should be recognised, therefore, that it may be necessary for new flight test data to be gathered if the use of footprint tests becomes excessive, not just overall, but also in specific areas. (5) For recurrent evaluation purposes an essential match is to be expected. Validation tests using footprint data which do not provide an essential match should be justified to the satisfaction of the competent authority. (6) The competent authority should be consulted at the point of definition of the aircraft data for qualification prior to the procurement of the device if footprint tests need to be used. |  | Y;  N;  N/A |
| ORA.FSTD.205 Certification specifications for FSTDs | (a) The Agency shall issue, in accordance with Article 19 of Regulation (EC) No 216/2008, Certification Specifications as standard means to show compliance of FSTDs with the Essential Requirements of Annex III to Regulation (EC) No 216/2008. |  | Y;  N;  N/A |
| (b) Such Certification Specifications shall be sufficiently detailed and specific to indicate to applicants the conditions under which qualifications will be issued. |  | Y;  N;  N/A |
| ORA.FSTD.210 Qualification basis | (a) The qualification basis for the issuance of an FSTD qualification certificate shall consist of: (1) the applicable Certification Specifications established by the Agency that are effective on the date of the application for the initial qualification;  (2) the aircraft validation data defined by the mandatory part of the operational suitability data as approved under Regulation (EU) No 748/2012, if applicable; and  (3) any special conditions prescribed by the competent authority if the related Certification Specifications do not contain adequate or appropriate standards for the FSTD because the FSTD has novel or different features to those upon which the applicable Certification Specifications are based. |  | Y;  N;  N/A |
| (b) The qualification basis shall be applicable for future recurrent qualifications of the FSTD, unless it is recategorised. |  | Y;  N;  N/A |
| ORA.FSTD.225 Duration and continued validity | (a) The full flight simulator (FFS), flight training device (FTD) or flight and navigation procedures trainer (FNPT) qualification shall remain valid subject to: (1) the FSTD and the operating organisation remaining in compliance with the applicable requirements; (2) the competent authority being granted access to the organisation as defined in ORA.GEN.140 to determine continued compliance with the relevant requirements of Regulation (EC) No 216/2008 and its Implementing Rules; and (3) the qualification certificate not being surrendered or revoked. |  | Y;  N;  N/A |
| (b) The period of 12 months established in ARA.FSTD.120(b)(1) may be extended up to a maximum of 36 months, in the following circumstances: (1) the FSTD has been subject to an initial and at least one recurrent evaluation that has established its compliance with the qualification basis; (2) the FSTD qualification certificate holder has a satisfactory record of successful regulatory FSTD evaluations during the previous 36 months; (3) the competent authority performs a formal audit of the compliance monitoring system defined in ORA.GEN.200(a)(6) of the organisation every 12 months; and (4) an assigned person of the organisation with adequate experience reviews the regular reruns of the qualification test guide (QTG) and conducts the relevant functions and subjective tests every 12 months and sends a report of the results to the competent authority. |  | Y;  N;  N/A |
| (c) A BITD qualification shall remain valid subject to regular evaluation for compliance with the applicable qualification basis by the competent authority in accordance with ARA.FSTD.120. |  | Y;  N;  N/A |
| (d) Upon surrender or revocation, the FSTD qualification certificate shall be returned to the competent authority. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.225(b)(4) Duration and continued validity | The assigned person should have experience in FSTDs and training. The person may have FSTD experience or training experience with an education in FSTD evaluation procedures only, provided the other element of expertise is available within the organisation and a procedure for undertaking the annual review and reporting to the competent authority is documented within the compliance monitoring function. |  | Y;  N;  N/A |
| ORA.FSTD.230 Changes to the qualified FSTD | (a) The holder of an FSTD qualification certificate shall inform the competent authority of any proposed changes to the FSTD, such as: (1) major modifications; (2) relocation of the FSTD; and (3) any de-activation of the FSTD. |  | Y;  N;  N/A |
| (b) In case of an upgrade of the FSTD qualification level, the organisation shall apply to the competent authority for an upgrade evaluation. The organisation shall run all validation tests for the requested qualification level. Results from previous evaluations shall not be used to validate FSTD performance for the current upgrade. |  | Y;  N;  N/A |
| (c) When an FSTD is moved to a new location, the organisation shall inform the competent authority before the planned activity along with a schedule of related events. Prior to returning the FSTD to service at the new location, the organisation shall perform at least one third of the validation tests, and functions and subjective tests to ensure that the FSTD performance meets its original qualification standard. A copy of the test documentation shall be retained together with the FSTD records for review by the competent authority. The competent authority may perform an evaluation of the FSTD after relocation. The evaluation shall be in accordance with the original qualification basis of the FSTD. |  | Y;  N;  N/A |
| (d) If an organisation plans to remove an FSTD from active status for prolonged periods, the competent authority shall be notified and suitable controls established for the period during which the FSTD is inactive. The organisation shall agree with the competent authority a plan for the de- activation, any storage and re-activation to ensure that the FSTD can be restored to active status at its original qualification level. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.230(b) Changes to the qualified FSTD UPDATING AND UPGRADING EXISTING FSTDS | (a) An update is a result of a change to the existing device where it retains its existing qualification level. The change may be certified through a recurrent inspection or an extra inspection if deemed necessary by the competent authority according to the applicable requirements in effect at the time of initial qualification. |  | Y;  N;  N/A |
| (b) If such a change to an existing device would imply that the performance of the device could no longer meet the requirements at the time of initial qualification, but that the result of the change would, in the opinion of the competent authority, clearly mean an improvement to the performance and training capabilities of the device altogether, then the competent authority might accept the proposed change as an update while allowing the device to retain its original qualification level. |  | Y;  N;  N/A |
| (c) An upgrade is defined as the raising of the qualification level of a device, or an increase in training credits, which can only be achieved by undergoing an initial qualification according to the latest applicable requirements. |  | Y;  N;  N/A |
| (d) As long as the qualification level of the device does not change, all changes made to the device should be considered to be updates pending approval by the competent authority. |  | Y;  N;  N/A |
| (e) An upgrade, and consequent initial qualification according to the latest applicable requirements, is only applicable when the organisation requests another qualification level (recategorisation) for the FSTD. |  | Y;  N;  N/A |
| ORA.FSTD.235 Transferability of an FSTD qualification | (a) When there is a change of the organisation operating an FSTD, the new organisation shall inform the competent authority in advance in order to agree upon a plan of transfer of the FSTD. |  | Y;  N;  N/A |
| (b) The competent authority may perform an evaluation in accordance with the original qualification basis of the FSTD. |  | Y;  N;  N/A |
| (c) When the FSTD no longer complies with its initial qualification basis, the organisation shall apply for a new FSTD qualification certificate. |  | Y;  N;  N/A |
| ORA.FSTD.240 Record-keeping | The holder of an FSTD qualification certificate shall keep records of: (a) all documents describing and proving the initial qualification basis and level of the FSTD for the duration of the FSTD’s lifetime; and |  | Y;  N;  N/A |
| (b) any recurrent documents and reports related to each FSTD and to compliance monitoring activities for a period of at least 5 years. |  | Y;  N;  N/A |
| AMC1 ORA.FSTD.240 Record-keeping FSTD RECORDS | (a) FSTD records to be kept should include the following: (1) for the lifetime of the device: (i) the master QTG (MQTG) of the initial evaluation; (ii) the qualification certificate of the initial evaluation; and (iii) the initial evaluation report; |  | Y;  N;  N/A |
| (2) for a period of at least 5 years (in paper or electronic format): (i) recurrent QTG runs; (ii) recurrent evaluation reports; (iii) reports of internal functions and subjective testing; (iv) technical log; (v) CMS report; (vi) audit schedule; (vii) evaluation programme; (viii) management evaluation reports; (ix) obsolete procedures and forms. |  | Y;  N;  N/A |

**Statement of compliance: We are confirming that FSTD Operator is compliant with all applicable PART-ORA – SUBPART GEN and SUBPART FSTD and AMC&GM to PART-ORA requirements.**

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| **FSTD Manager:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Compliance Monitoring Manager:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Accountable Manager:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |

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| **Inspector:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Inspector:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Inspector:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Head of Training and Examination Section:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |
| **Head of PEL Devision:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name, Surname, Date, Signature |