



NIGERIA CIVIL AVIATION AUTHORITY
CORPORATE HEADQUARTERS
Nnamdi Azikiwe International Airport
Domestic Wing, Abuja, Nigeria

CL: O-OPS 046A REVIEW OF FMS IMPLEMENTATION PLAN

Instructions for Use:

1. Check `S` column if you reviewed the record, procedure or event and it is `Satisfactory`.
2. Check `U` column if you reviewed the record, procedure or event and it is `Unsatisfactory`.
3. Check **NS (not seen)** column if you did not review the record, procedure or event or you do not have adequate information to make a valid comment.
4. Check **NA (not applicable)** column, if the line item is not required in this particular situation.
5. 'Enter any notes on reverse side regarding a 'U' answer for transfer to the Safety Issues Resolution Report.
6. For later reference, precede any notes with the appropriate question number.

S/N	FMS IMPLEMENTATION PLAN	S	U	NS	NA
1	Reflects a commitment to an effective safety reporting culture				
2	Define the safety objectives of the FMS				
3	Define roles and responsibilities for all stakeholders in the FMS, including identifying the accountable executives				
4	Identifies to what specific operations the implementation plans pertain				
5	Identifies an overall timeline for seeking final approval				
6	Plan for the development of documentation				
7	Plan for the development of FMS processes				
8	Plan for the development of FMS safety assurance processes				
9	Plan for the development of FMS training				
10	Plan for the development of FMS communication procedures and processes				

REMARKS & OBSERVATIONS

INSPECTOR NAME: _____

SIGNATURE: _____

DATE: _____