CL: O-OPS 046B REVIEW OF INITIAL FMS POLICY AND DOCUMENTATION

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	**INITIAL FMS POLICY AND DOCUMENTATION**	S	**U**	**NS**	NA
1	An FMS policy is in place				
2	The FMS policy reflects organizational commitments regarding fatigue risk management				
3	The FMS policy includes a clear statement about the provision of the necessary resources for the implementation of the policy				
4	FMS reporting procedures are identified				
5	There is clear indication of which types of operational behaviours are unacceptable within the context of the FMS				
6	The conditions under which disciplinary action would apply are clearly identified in the context of the FMS				
7	The policy is communicated, with visible endorsement, throughout the organization				
8	The accountable executive, who has ultimate responsibility and accountability for the implementation and maintenance of the FMS and full control of the necessary resources, is identified				
9	Delivery of initial documentation including:				
	FMS processes				
	FMS safety assurance processes				
	FMS training				
	FMS communication procedures and processes				

REMARKS & OBSERVATIONS

INSPECTOR NAME:_____ **SIGNATURE:**_____

DATE: _____