CL: O-OPS 046C REVIEW OF INITIAL FMS PROCESS

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 PROCESS**	S	**U**	**NS**	NA
1	Establishment of FSAG:				
	Appointment of FSAG members				
	Appointment of a qualified person to manage and oversee the functions of the FSAG				
	All FSAG members fulfil the required job functions and responsibilities				
2	Establishment of outer limits (maximum values for flight times and/or flight duty period(s) and duty period(s), and minimum values for rest periods)				
3	Maintenance of records of flight time, flight duty periods, duty periods and rest periods				
4	An effective fatigue reporting system is in place				
5	The operations covered by each set of FMS processes are identified				
6	Data and information are collected				
7	Hazards are identified				
8	Risk assessments are undertaken and documented				
9	Appropriate risk mitigation is undertaken				
10	There is a demonstrable information flow between the FMS and other safety systems (e.g. their SMS through the Safety Action Group meetings or their safety department)				
11	Training plan implemented with personnel involved in FMS displaying required level of knowledge of sleep and fatigue, and their responsibilities and procedural requirements in relation to the FMS				
12	Training records maintained				
13	FMS-related information is disseminated in a timely manner to all necessary stakeholders				

REMARKS & OBSERVATIONS

INSPECTOR NAME:_____ **SIGNATURE:**_____

DATE: _____