STATION/LINE INSPECTION CHECKLIST/REPORT

Operator	Location.	Date	Aircraft Type(s) (List)	
MANAGEMENT PERSONNEL			**TITLE:**	**INSPECTOR**
Name: Title:				
Name: Title:				
Name: Title:				
Name: Title:				
Name: Title:				
Name: Title:				
Name: Title:				
Name: Title:				

S =Satisfactory; U =Unsatisfactory; N =Not Observed; NA=Not Applicable

Item	Assessment			
	S	U	N	N/A
A. PERSONNEL				
1. Adequacy of Staffing				
2. Competence				
B. MANUALS				
1. Available				
2. Current				
3. Adequate Information				
• Refueling Procedures				
• Aircraft Towing & Movement				
• Weight and Balance				
• Operation of GSE				
• AFM and Performance				
• Training Requirements				
• Emergency Phone List				
• Accident/Incident Procedures				

• Security				
	S	**U**	**N/C**	**N/A**
• Severe Weather				
• Carry-on Baggage				
• Hazardous Materials				
• Contract Services				
• Trip Records Disposition				
C. RECORDS				
1. Trip				
2. Crew and Duty Time				
3. Communications				
D. TRAINING				
1. Duties and Responsibilities				
2. Hazardous Materials				
3. Passenger Handling				
4. Load Planning				
5. Aircraft Servicing				
6. First Aid and Emergency Actions				
7. Communications				
E. FACILITY EQUIPMENT AND SURFACE				
1. Ramp Area				
2. Passenger Movement				
3. Lighting				
4. Hazards/Obstructions				
F. CONFORMANCE				
1. CAR's				
2. Operator's Directives				
G. FLIGHT CONTROL				
1. Flight Planning				
2. Load Planning				
3. Weather 4. NOTAMs				
H. SERVICING				
1. Loading				
2. Logbook/MEL Entries				
3. Fueling				
4. Oil/Hydraulic Service				
5. Potable Water Service				

6. De-icing				
	S	**U**	**N/C**	**N/A**
7. Marshalling				
8. Chocks/Mooring				
I. MANAGEMENT				
1. Communications				
2. Contract Services				
3. Contingency Planning				
J. SECURITY				
1. Passenger Screening				
2. Baggage and Cargo Screening				
3. Limited Access Areas				
K. AERODROME				
1. Fire Fighting Equipment				
2. Medical Services				
3. Ramp				
L. SUBCONTRACTING POLICY				
1. If the Operator contracts all or part of the function and tasks related to ground handling services, does he permanently retain ground handling responsibility?				

REMARKS:

FLIGHT OPERATIONS:

Name of Inspector _____ Signature_____ Date_____

Name of Inspector _____ Signature_____ Date_____

AIRWORTHINESS:

Name of Inspector_____ Signature_____ Date_____