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| **Operator:** |  | **Area of Inspection:** |  | **CAA Ref No:** |  |
| **Name of Post Holder** |  | **Inspection Date:** |  | **Location/**  **Sector:** |  |
| **Email:** |  | **Flight No.** |  | **Aircraft Type: Registration:** |  |
| **Date:** |  | **Name(s) of the Auditee/**  **Commander:** |  | **Issue date:** |  |
| **Name of CAA Inspector/s:** |  |  |  |  |  |
| **Email:** |  |  |  |  |  |

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| **PART 1 - List of Deficiencies** | | | | | | | |
| **S/N** | **Deficiencies Description** | | **Level/**  **Category** | | **Target Date**  **(Days)** | | **Reference CAR/ Standard Para/Chapter** |
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| **The operator is required to take corrective action and determine the root cause, within the target date** | | | | | | | |
| **PART 2: Operator’s Response (Operator Use)**  **Root Cause / Corrective / Preventive Actions** | | | | | | | |
| **S/N** | **Root Cause/s** | **Corrective Action/s** | | **Evidences**  **(Attachments)** | | **CAA FOI Remarks** | |
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| **Note:**   * **Corrective actions taken for each deficiency.** * **Attach supporting documents.**   **A commitment does not qualify as a corrective action** | | | | | | | |

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| **PART 3 (CAA USE ONLY)**  **Closure Actions** |

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| **S/N** | **Corrective Action (Please Tick)** | | | | **Remarks (in case corrective action is not satisfactory)** |
|  | Accepted |  | Not accepted |  |  |
|  | Accepted |  | Not accepted |  |  |
|  | Accepted |  | Not accepted |  |  |
|  | Accepted |  | Not accepted |  |  |
|  | Accepted |  | Not accepted |  |  |
|  | Accepted |  | Not accepted |  |  |

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| **Remarks:**  Corrective actions un-satisfactory.  Return to operator for further action.  Corrective actions satisfactory may be closed. |

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| **Name of Inspector** | **Signature** | **Date** |
|  |  |  |

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| **Chief Operations Section (COS)Final Remarks** | | | | |
| **Action: Closed** |  | **Further Action Required** |  | **Remarks** |

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| **Name of COS:** |  |
| **Signature:** |  |
| **Date:** |  |