	Simulator User Approval Evaluation Checklist	Form	OPS INSP-004
CAA هيئة الطيران المدني CIVIL AVIATION AUTHORITY		Revision	03
		Date	01 Sep 2024

Place of the Inspection:		Reference No.	
Inspector Name:			
Simulator Representative Name: Contacts:			
Simulator Organisation:			
Date :			
Audit Scope :	OM A, OM C, CAR OPS-1 & APPLICABLE CARs		

No.	Description	Date	Comments
P	**Preparation**		
P.1	Contact the simulator organization representative and schedule date(s) for the audit / inspection. Request copy of the primary procedures' manuals.		
P.2	Review policy and procedure reference publication(s) and associated regulations of the area to be audited.		
P.3	Select and review checklist to include latest CAA requirement.		
P.4	Review Previous Audit findings and verify for satisfactory closure.		

No.	Description	Compliance	Comments
1	**Approval**		
1.1	Qualification Level		
1.2	Date of last qualification		
1.3	Conditions or restrictions		
1.4	Approved Regulatory Authority		
1.5	Check for posted approval certificates if they are up-to-date?		
1.6	Check if approval covers the FSTD and the ATO (Air Training Organization)		
2.	**Safety**		
2.1	Escape Path		
2.2	Motion Stop		
2.3	Fire/Smoke		

No.	Description	Compliance	Comments
2.4	Telephone		
3.	**Maintenance**		
3.1	Simulator Maintenance Log - IQTG / QTG		
3.2	Defect and Deferred records - MEL / SCIG		
3.3	Maintenance Schedule		
3.4	Maintenance Personnel (Qualification)		
3.5	Simulator Training MEL		
3.6	Modification		
3.7	Quality Assurance Program		
4.	**Training and Staff Competency**		
4.1	System for staff qualifications		
4.2	Permanent staff or subcontracted?		
4.3	If instructors are subcontracted, what are the selection criteria?		
4.4	System for retention of training records		
5.	**Facilities**		
5.1	Does the facility have rest area for crew?		
5.2	Check for tidy and clean facility?		
5.3	Check for occupational safety and hazards?		
5.4	Check for number of fire extinguishers? Is it sufficient for the size of facility		
5.5	Is there a fire assembly point?		
6.	**Other Check Areas**		
6.1	Check on the booking process		
6.2	Do you have reference copy of CAR –FCL?		
6.2	Are your staff TRE's familiar with that document?		
6.3	Do you have a reference copy of guidance for CRM Instructors?		
6.4	Sample TRE authorization to check on CRMI privileges		
6.4	Does the TRE hold such Authority that confers CRMI privileges?		
6.4	If not how is he able to assess CRM - which is an integral part of the proficiency check?		
6.4	Do other Staff Examiners hold such authorization?		

	Can they produce evidence of this?		
6.	**(Contd.) Other Check Areas**	**Date**	**Comments**
6.5	Is there any major changes/modification carried out on the simulator?		
No.	**Description**		
C	**Closing and Debriefing**		
C.1	Conduct a closing meeting with the designated representative to review the audit / inspection results		
C.2	List the findings below in designated area; obtain signature from auditee		
C.3	Prepare Audit Report within specified period as per OPM requirements		
C.4	Issue Audit Findings		

Note: See Appendix A and B

Inspector Name	

Audit De-Briefing Date: - (dd/mm/yyyy):

Findings during this audit in draft format:

This is to confirm that a closure meeting was accomplished and I was briefed in general on the above findings	
Auditee Signature	
Auditee Name	

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APPENDIX A - Agenda for Flight Simulator Audit

1. Applicant			
Auditee:		Audit Date:	
Auditor:		Location:	

2. Schedule Event	
Number of day(s):	
Simulator Type:	

3. Evaluation Program (Agenda)

3.1	Visit to Simulator Building	hr. mins	
3.2	Visit to Maintenance Area	hr. mins	
3.3	QTG inspection (per simulator)	hr. mins	
3.4	Pre-Audit brief (per simulator)	hr. mins	
3.5	Flight Simulator evaluation (Fly Out)	hr. mins	
3.6	Post Audit brief	hr. mins	

4. Audit Team

1.	3.
2.	4.

5. Documentations

Documentation requirement		YES	NO
i.	Simulator Approval Certificate		
ii.	Preventive maintenance schedule		
iii.	Maintenance Manual		
iv.	Acceptance Test Guide & Master QTG (MQTG)		
v.	Flight log / Snag log		
vi.	Safety Procedure		
vii.	Instructor Manual		
viii.	Type Conversion Syllabus, Aircraft Type		
ix.	Others: Specify: Audit will be from 0800 LT to 1400 LT		

APPENDIX B - Flight Simulation Training Device (FSTD) Evaluation Report

Ref: -	
Date: -	

Oman CAA Code	
Operator ID (if applicable)	
JAA or EASA STD ID Code Or	
FAA STD ID Code (if applicable)	
Aircraft Type and Variant	
Engine Version(s) Simulated	

Contents

1. FSTD Characteristics

2. Evaluation details

3. Supplementary information

4. Training, testing and checking considerations

5. Classification of items

6. Results

7. Summary

8. Evaluation Team

9. Attachments (if any)

The summaries presented in this evaluation report are those of the evaluation team. The CAA reserves the right to change or alter this report after an internal review.

Findings or observations will be forwarded to the Training Center within a period of 2 weeks.

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1. STD Characteristics

FSTD Operator Name:	Location & Address:
FSTD Identification	FSTD Manufacturer
Entry into Service	FSTD Serial No.
Visual System Manufacturer &Type	Motion System
Aircraft Type and Variant	Flight Instrumentation
Engine Type(S)	Engine Instrumentation

2. Evaluation Details

Date of Evaluation	Date of Previous Evaluation

Type of Evaluation   ☐ Initial   ☐ Recurrent   ☐ Upgrade   ☐ Special

STD Qualification Level

EASA FSTD A	☐ A	☐ B	☐ C	☐ D	
	☐ AG	☐ BG	☐ CG	☐ DG	☐ SC
FAA PART 60	☐ A	☐ B	☐ C	☐ D	☐ SC

Other Technical Criteria Reference Document:

3. Supplementary Information

Operators Representative(s) Main STD User	
STD Operator	
Total Simulator Time	
Simulator Seats Available	_Flight crew + __Instructor + __Observer + __Jump seat
Visual Databases Used	
Specific Airfield	
Other	

4. Training, Testing and Checking	Yes	No
CAT I RVR 550m DH 200 FT		
CAT II RVR 300m DH 100 FT		
CAT III RVR 75m DH 0 FT		
LVTO RVR 125m		
Recency		
Zero Flight Time		
IFR – Training/Checking		
Type Rating (licensing Skill Tests)		
Proficiency Checks (Licensing Skill Checks/Operators Proficiency Checks)		
Auto-Coupled Approach		
Auto-Land / Roll Out Guidance		
ACAS I / II		
Windshear Warning System /Predictive Windshear		
Weather Radar		
HUD / HUGS		
UPRT		
FANS		
GPWS / EGPWS		
ETOPS Capability		
GPS		
F1180 Simulator approved items (Flight Engineer)		

5. Guidance

5.1 Classification of Items

A. Unacceptable

An item which fails to comply with the required standard and therefore affects the level of qualification or the qualification itself.

B. Reservation

An item where compliance with the required standard is not clearly proven and the issue will be reserved for later decision. Resolution of these items will require either:

- CAA policy ruling; or
- Additional substantiation

C. Unserviceability
A device, which is temporarily inoperative or performing below its normal level.
D. Restriction
An item which prevents full usage of the STD according to the training, testing and checking considerations due to unusable devices, systems, or parts thereof.
E. Recommendation for Improvement
An item which meets the required standard but where considerable improvement is strongly recommended.
F. Comments
Self-explanatory
5.2 Period 0f Rectification
Following an evaluation, defects should be rectified and notification to the CAA within 30days**.**
Serious defects affecting flight crew training, testing and checking, could result in an immediate downgrading of the Qualification Level. If unattended greater than 30 days, subsequent downgrading may occur.
Items classified as unacceptable resulting in downgrading are to be treated as a matter of urgency and may be cleared by a visit or an assurance of work carried out subject to a later spot check.
All other items require attention within 30 days of the evaluation unless the inspection team state otherwise. A progress report to be made to PF at the end of the relevant period.
A further updated report at 6 months from the date of evaluation must be submitted to the CAA.

6.   Findings
6.1   Subjective
A.   Unacceptable
1.
2.
B.   Reservation
1.
2.
C.   Un-Serviceability
1
2.
D.   Restriction
1.
2.

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E. **Recommendation for Improvement**	
1.	
2.	
F. **Comment**	
1.	
2.	
6.2 **Objective**	
1.	
2.	
A. **Unacceptable**	
1.	
2.	
B. **Reservation**	
1.	
2.	
C. **Un-Serviceability**	
1.	
2.	
D. **Restriction or Limitations**	
1.	
2.	
E. **Recommendation for Improvement**	
1.	
2.	
F. **Comment**	
1.	
2.	
7. **Summary**	

8. Evaluation Team

NAME	POSITION	ORGANISATION

Date:

Name of Inspector: **Signature:**

Appointment:

Remarks by Director Flight Safety

> **Note:**
>
> **Satisfactory (S): Simulator User Approval Granted or Un-satisfactory (U/S):**
>
> **Simulator NOT Approved**
>
> **Limitations imposed:**

Date:

Name: **Signature:**

cc: **Simulator Operator**   :

          User Organisation   :

          Other Authorities (if Required) :