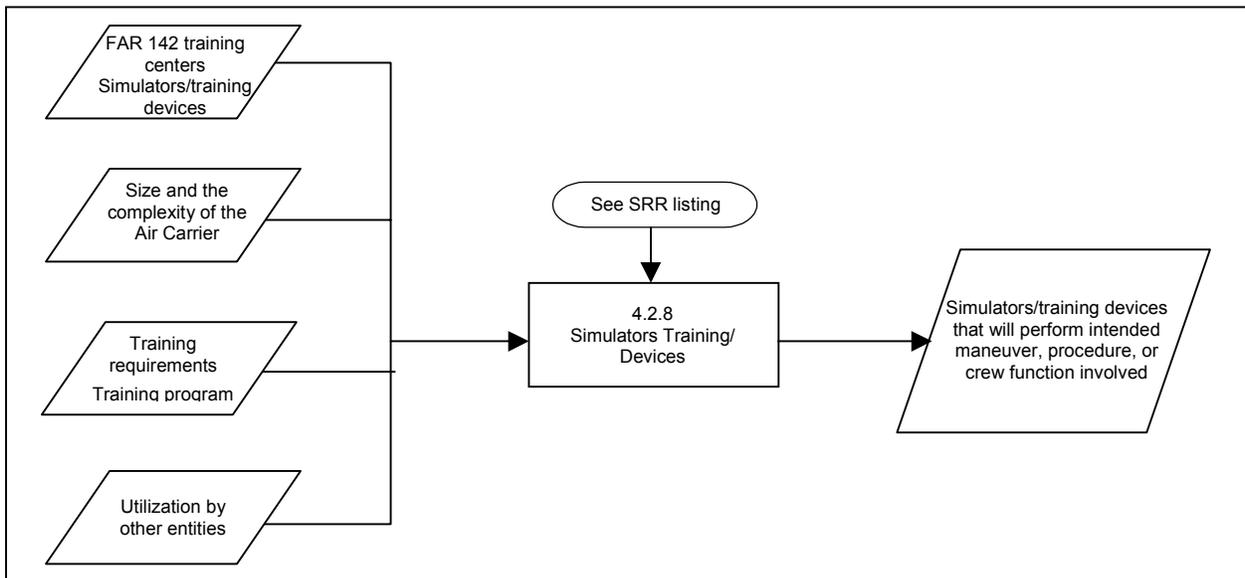


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ELEMENT SUMMARY INFORMATION

Element: 4.2.8 Simulators Training/Devices

Purpose of this Element (Air Carrier's responsibility): To ensure that simulators, training devices and training aids meet the requirements of its training program(s).

Objective (FAA responsibility): To determine if the air carrier's Simulators Training/Devices process includes safety attributes.

Inputs:

- CFR 142 Training Centers
- Simulators/training devices
- Size and the complexity of the Air Carrier
- Training requirements
- Training Program
- Utilization by other entities

Outputs:

- Simulators/Training Devices that will perform intended maneuver, procedure, or crew function involved

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Performance Measures:

- The Air Carrier maintains Simulators/Training Devices in accordance with the standards in the Manual.
- The maintenance standards for the Simulators/Training Devices meet or exceed the standards outlined in CFR 121, Appendix H

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SRR:

- SFAR 58.9 (b) (3) Advanced Qualification Program
- 121.407 (a) (c) Training Program
- 121.APP H Advanced Simulation Plan

Other CFRs and/or FAA Guidance:

- CFR 121.400 (a) Training Program, terms used
- CFR 142.59 (c) (1-4) Flight Simulator and Flight Training Devices

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SRR SPECIFIC INFORMATION

SRR	Intent	
SFAR 58.9 (b) (3)	To provide a continuing program for the serviceability and device fitness to perform its intended function,	<i>Certification: Avionics</i> <i>Surveillance: Avionics</i>
CFR 121. 407 (a) (3)	To ensure that Simulators/Training Devices maintain the performance, functional and other characteristics that are required for approval.	<i>Certification: Avionics</i> <i>Surveillance: Avionics</i>
121.407 (a) (5)	Simulators will have a discrepancy log.	<i>Certification: Avionics</i> <i>Surveillance: Avionics</i>
121.407 (c) (2)	To ensure Simulators/Training Devices meet the requirement of 121 Appendix H (describes simulator requirements)	<i>Certification: Avionics</i> <i>Surveillance: Avionics</i>

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4.2.8 Simulators Training/Devices

SECTION 1 - RESPONSIBILITY ATTRIBUTE

Objective: To determine if there is a clearly identifiable, qualified, and knowledgeable person who is accountable for the quality of the Simulators Training/Devices process.

To meet this objective, the inspector will accomplish the following tasks:

1. Identify the person who is responsible for the quality of the Simulators Training/Devices process.
2. Review the description in the Manual that delineates the duties and responsibilities of the person.
3. Evaluate the person's qualifications and work experience (or resume', if appropriate).
4. Review the appropriate organizational chart.
5. Discuss the Simulators Training/Devices process with the person.

To meet this objective, the inspector will determine and record answers to the following questions:

1. Is there a clearly identifiable person who is answerable for the quality of the Simulators Training/Devices process?	YES If yes, provide the name: <input type="checkbox"/> NO If no, explain:
2. Does the person understand the procedures associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
3. Does the person understand the controls associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
4. Does the person understand the interfaces associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
5. Does the person understand the process measurements associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
6. Is the responsibility of this position clearly documented in the air carrier's Manual(s)?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
7. Are the qualification standards for this position clearly documented?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
7a Are the qualification standards for this position appropriate for the duties that are assigned?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
8. Does the person meet the qualification standards?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
9. Does the person acknowledge that he/she has responsibility for the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
10. Does the person know who has authority to establish and modify the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO

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4.2.8 Simulators Training/Devices

SECTION 2 – AUTHORITY ATTRIBUTE

Objective: To determine if there is a clearly identifiable, qualified, and knowledgeable person with the authority to establish and modify the Simulators Training/Devices process.

To meet this objective, the inspector will accomplish the following tasks:

1. Identify the person who has the authority to establish or modify the Simulators Training/Devices process.
2. Review the description in the Manual that delineates the duties and responsibilities of the person.
3. Evaluate the person’s qualifications and work experience (or resume’, if appropriate).
4. Review the appropriate organizational chart.
5. Discuss the Simulators Training/Devices process with the person.

To meet this objective, the inspector will determine and record answers to the following questions:

1. Is there a clearly identifiable person who has authority to establish and modify the air carrier’s policies for the Simulators Training/Devices process?	<input type="checkbox"/> YES If yes, provide the name: <input type="checkbox"/> NO If no, explain:
2. Does the person understand the procedures associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
3. Does the person understand the controls associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
4. Does the person understand the interfaces associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
5. Does the person understand the process measurements associated with the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
6. Is the authority of this position clearly documented in the air carrier’s Manual(s)?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
7. Are the qualification standards for this position clearly documented?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
7a Are the qualification standards for this position appropriate for the duties that are assigned?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
8. Does the person meet the qualification standards?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
9. Does the person acknowledge that he/she has authority for the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
10. Does the person know who has the responsibility for the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
11. Are the procedures for delegation of authority clearly documented for the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO

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4.2.8 Simulators Training/Devices

SECTION 3 – PROCEDURES ATTRIBUTE

Objective: To determine if the air carrier has documented procedures for accomplishing the Simulators Training/Devices process.

To meet this objective, the inspector will accomplish the following tasks:

1. Review the documented instructions and information related to the Simulators Training/Devices process to ensure that they contain who, what, where, when, and how.
2. Review the FAA Guidance and Specific Regulatory Requirements (SRR) included in the supplemental information section of this SAI.
3. Discuss the Simulators Training/Devices process with appropriate personnel to gain an understanding of the procedures.
4. Observe the Simulators Training/Devices process to gain an understanding of the procedures.

To meet this objective, the inspector will determine and record answers to the following questions:

1. Do written procedures exist to achieve the desired result of the Simulators Training/Devices process:

1.1 Do written procedures exist which establish training requirements for personnel maintaining simulators/training devices owned or contracted by the Air Carrier?

YES **If no or N/A, explain:**
 NO
 N/A

1.2 Do written procedures exist which establish maintenance/standards for Simulators/Training Devices owned or contracted by the Air Carrier? [SFAR 58.9 (b)(3), SRR 121.407 (a)(3), 121. Appendix H]

YES **If no or N/A, explain:**
 NO
 N/A

- 1.3 Do written procedures exist for the use of the following: [SRR 121.407 (a)(5), 121. Appendix H]*

1.3.1 An MEL for its Simulators

YES **If no or N/A, explain:**
 NO
 N/A

1.3.2 An MEL for its Training Devices

YES **If no or N/A, explain:**
 NO
 N/A

1.3.3 Discrepancy log for its Simulators

YES **If no or N/A, explain:**
 NO
 N/A

1.3.4 Discrepancy log for its Training Devices

YES **If no or N/A, explain:**
 NO
 N/A

2. Do the procedures identify: who, what, where, when and how?

YES **If no, explain:**
 NO

3. Are the procedures in compliance with the CFR(s)?

YES **If no, explain:**
 NO

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4.2.8 Simulators Training/Devices

SECTION 3 – PROCEDURES ATTRIBUTE

4. Do the procedures conform to other written guidance (E.g., Operations Specifications, FAA Orders, Airworthiness Directives, Advisory Circulars, Handbook Bulletins, Directives, and Manufacturer’s Recommendations)?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
5. Does the air carrier have the resources to support the written procedures for the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
6. If alternate procedures exist for use during irregular conditions, do they achieve the same desired results as the primary procedures so that an equivalent level of safety is maintained? (E.g., a manual system used as a result of equipment failure.)	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A, No alternate procedures exist for this element
7. Are the procedures published in different manuals relating to the Simulators Training/Devices process consistent?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
8. Does the air carrier have a documented method for assessing the impacts of procedural changes to the Simulators Training/Devices process?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO

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4.2.8 Simulators Training/Devices

SECTION 4 – CONTROL ATTRIBUTE

Objective: To determine if checks and restraints are designed into the Simulators Training/Devices process to ensure a desired result is achieved.

To meet this objective, the inspector will accomplish the following tasks:

1. Review the documented instructions and information related to the Simulators Training/Devices process.
2. Review the FAA Guidance and Specific Regulatory Requirements (SRR) included in the supplemental information section of this SAI.
3. Discuss the Simulators Training/Devices process with appropriate personnel to gain an understanding of the controls.
4. Observe the Simulators Training/Devices process to gain an understanding of the controls.

To meet this objective, the inspector will determine and record answers to the following questions:

1. Are the following checks and restraints built into the MIS Reports process:

1.1 *Does the Air Carrier maintain its Simulators/Training Devices in accordance with the standards in the manual? [SRR 121.407 (a)(5), 121. Appendix H]*

YES **If no or N/A, explain:**
 NO
 N/A

1.2 *Does the Air Carrier require specific training for personnel maintaining Simulators/Training Devices owned or contracted by them?*

YES **If no or N/A, explain:**
 NO
 N/A

1.3 *Does the Air Carrier ensure the Simulators/Training Devices are operated within the limits of the MEL? [SRR 121.407 (a)(5), 121. Appendix H]*

YES **If no or N/A, explain:**
 NO
 N/A

1.4 *Does the Air Carrier have and maintain the following:*

1.4.1 *An MEL for Simulators*

YES **If no or N/A, explain:**
 NO
 N/A

1.4.2 *An MEL for Training Devices*

YES **If no or N/A, explain:**
 NO
 N/A

1.4.3 *A discrepancy log for simulators*

YES **If no or N/A, explain:**
 NO
 N/A

1.4.4 *A discrepancy log for training*

YES **If no or N/A, explain:**
 NO
 N/A

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4.2.8 Simulators Training/Devices

SECTION 4 – CONTROL ATTRIBUTE

<p>1.5 <i>Does the Air Carrier ensure the Simulators/training devices are operated within the limits of the MEL?</i></p>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
<p>2. Do the checks and restraints ensure the desired result is achieved for the simulators training/devices process?</p>	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
<p>3. Does the air carrier have a documented process in their Manual(s) to assess the impacts of changing the checks and restraints for the simulators training/devices process?</p>	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
<p>4. Does the air carrier have the resources to support the checks and restraints for the simulators training/devices process?</p>	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
<p>5. Does the air carrier have the resources to support the process measurement for the simulators training/devices process?</p>	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO

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4.2.8 Simulators Training/Devices

SECTION 5 - PROCESS MEASUREMENT ATTRIBUTE

Objective: To determine if the air carrier measures and assesses the Simulators Training/Devices process, to identify and correct problems or potential problems.

To meet this objective, the inspector will accomplish the following tasks:

1. Review the documented instructions and information related to the Simulators Training/Devices process.
2. Discuss the Simulators Training/Devices process with appropriate personnel to gain an understanding of the process measures.
3. Observe the Simulators Training/Devices process to gain an understanding of the process measures.

To meet this objective, the inspector will determine and record answers to the following questions:

1. <Deleted>

2. Does the air carrier's Simulators Training/Devices process include the following process measurements?

2.1 *The Air carrier audits the Discrepancy Log for its Simulators/Training Devices*

YES **If no or N/A, explain:**
 NO
 N/A

2.2 *The Air Carrier audits training records for personnel that maintains Simulators/Training Devices owned or contracted by them*

YES **If no or N/A, explain:**
 NO
 N/A

2.3 *The Simulators/Training Devices outlined in the Air Carrier's Manual meet or exceed the performance standards of FAR Appendix H.*

YES **If no or N/A, explain:**
 NO
 N/A

3. Does the air carrier document their process measurement methods and results?

YES **If no, explain:**
 NO

4. Are the air carrier's process measurement methods effective?

YES **If no, explain:**
 NO

5. Does the air carrier use their process measurement results to improve their programs?

YES **If no, explain:**
 NO

6. Are the process measurement results accessible to the FAA?

YES **If no, explain:**
 NO

7. Does the organization that conducts the process measurement have direct access to the person with responsibility for the Simulators Training/Devices process?

YES **If no, explain:**
 NO

8. Does the air carrier have the resources to support the process measurement for the Simulators Training/Devices process?

YES **If no, explain:**
 NO

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4.2.8 Simulators Training/Devices

SECTION 6 – INTERFACES ATTRIBUTE

Objective: To determine if the Air Carrier identifies and manages the interactions between the Simulators Training/Devices process and the other element processes within the Air Carrier organization.

To meet this objective, the inspector will accomplish the following tasks:

1. Review the documented instructions and information related to the Simulators Training/Devices process.
2. Discuss the Simulators Training/Devices process with appropriate personnel to gain an understanding of the interfaces.
3. Observe the Simulators Training/Devices process to gain an understanding of the interfaces.

To meet this objective, the inspector will determine and record answers to the following questions:

1. Are the following interfaces identified for the Simulators Training/Devices process:

1.1 <i>Flight Attendant Duties/Cabin Procedures (Element 3.1.2)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.2 <i>Airman Duties/Flight Deck Procedures (Element 3.1.3)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.3 <i>Aircraft Performance Operating Limitations (Element 3.1.10)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.4 <i>Training of Crewmember (Element 4.2.3)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.5 <i>Training of Flight Attendants (Element 4.2.4)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.6 <i>Check Airman and Instructors (Element 4.2.7)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.7 <i>Outsource Crewmember Training (Element 4.2.9)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.8 <i>Appropriate Airman/Crewmember Checks and Qualifications (Element 4.3.2)</i>	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A

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4.2.8 Simulators Training/Devices	
SECTION 6 – INTERFACES ATTRIBUTE	
1.9 Director of Safety (Element 7.1.3)	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.10 Manual Currency (Element 2.1.1)	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.11 Content Consistency Across Manuals (Element 2.1.2)	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.12 Manual Distribution (Element 2.1.3)	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
1.13 Manual Availability (Element 2.1.4)	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. List any additional interfaces identified:	
3. Are there written procedures for the use of air carrier personnel in the application of these interfaces?	<input type="checkbox"/> YES If no or N/A, explain: <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Are there controls to ensure that interfaces occur?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO
5. Are the interfaces between the Simulators Training/Devices process and other processes treated consistently in the Manual(s)?	<input type="checkbox"/> YES If no, explain: <input type="checkbox"/> NO