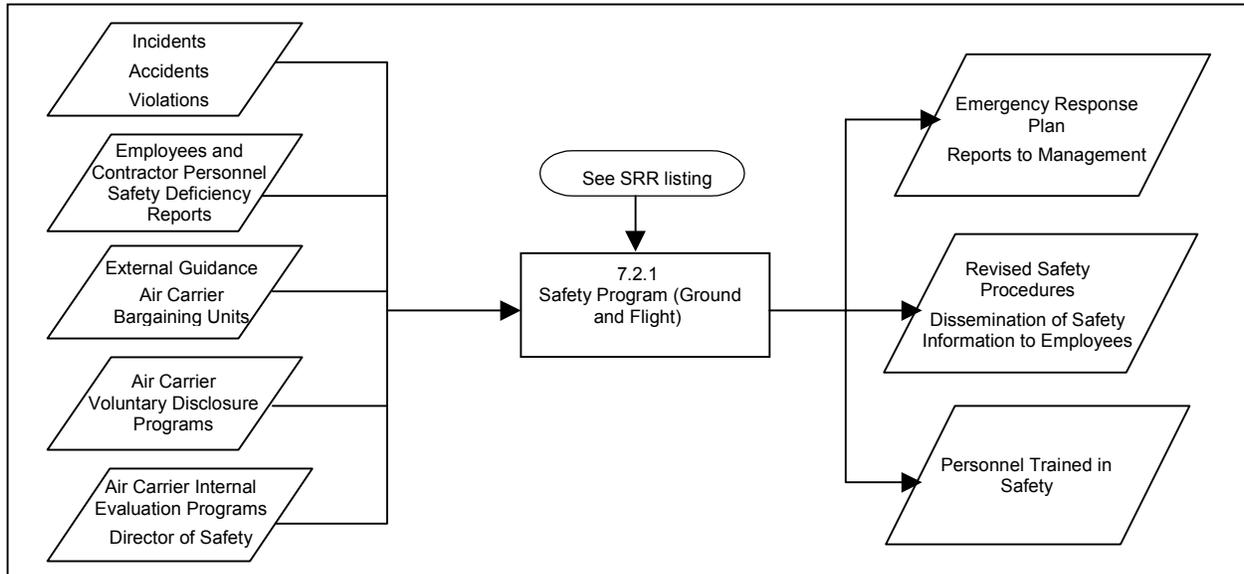


Safety Attribute Inspection (SAI) Job Aid



ELEMENT SUMMARY INFORMATION

Element: 7.2.1 Safety Program (Ground and Flight)

Purpose of this Element (Air Carrier's responsibility): To provide a culture that ensures continuous safety improvement.

Objective (FAA Responsibility): To determine if the air carrier's Safety Program (Ground and Flight) includes safety attributes.

Inputs:

- Incidents
- Accidents
- Violations
- Employees and Contractor Personnel
- Safety Deficiency Reports
- External Guidance (i.e., OSHA, NTSB Recommendations, FAA Safety Program, ATA, etc.)
- Air Carrier Bargaining Units (i.e., ALPA, IAM, APA, Teamsters, etc.)
- Air Carrier Voluntary Disclosure Programs
- Air Carrier Internal Evaluation Programs
- Director of Safety (Element 7.1.3)

Outputs:

- Emergency Response Plan
- Reports to Management
- Revised Safety Procedures

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- Dissemination of Safety Information to Employees
- Personnel Trained in Safety

Performance Measures:

- The Air Carrier's Emergency Response Plan is accepted by the CHDO.
- Reports to management are submitted no less than quarterly.
- Safety information is available to employees.
- Personnel are given safety education in accordance with the Air Carrier's Safety Program (Ground and Flight).

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SRR:

- 14 CFR 119.65 (a) (d) (e) Management personnel required for operations conducted under Part 121 of this chapter.
- Title 49 USC, Subtitle VII, Part A, Subpart III, Chapter 447, Paragraph 44701 To require the Air Carrier to operate at the highest possible degree of safety:

Other CFRs and/or FAA Guidance:

- HBAW 00-08/HBAW 00-07 “Establishment of Aviation Safety Action Programs (ASAP)”
- HBAW 99-19/ HBAW 99-16 - 14 “14 CFR Part 121 and 135 Air Carrier Safety Departments, Programs, and the Director of Safety”
- FAA Order 8740.1, Safety Program Manager Handbook, as amended
- Refer to Advisory Circulars using a search engine (such as ATP Navigator or Summit)

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SRR SPECIFIC INFORMATION

SRR	Intent	Inspectors
119.65 (a)	To require qualified, full-time personnel to ensure the highest level of safety.	<i>Certification:</i> ASI <i>Surveillance:</i> ASI
119.65 (d)	To stipulate the qualifications and working knowledge for the required management personnel.	<i>Certification:</i> ASI <i>Surveillance:</i> ASI
119.65 (e)	To state names and addresses, duties, responsibilities, and authority of the required management personnel in the Air Carrier's Manual, and to provide notification procedures for changes in management personnel.	<i>Certification:</i> ASI <i>Surveillance:</i> ASI
Title 49 USC, Subtitle VII, Part A, Subpart III, Chap 447, Para 44701	To require the Air Carrier to operate at the highest possible degree of safety.	<i>Certification:</i> ASI <i>Surveillance:</i> ASI

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7.2.1 Safety Program (Ground and Flight)

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 Air Carrier's Safety Program (Ground and Flight).

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

1. Identify the person who is responsible for the quality of the Air Carrier's Safety Program (Ground and Flight).
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 Safety Program (Ground and Flight) with the person.

To meet this objective, the inspector will answer the following questions:

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

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7.2.1 Safety Program (Ground and Flight)

SECTION 2 - AUTHORITY ATTRIBUTE

Objective: To determine if there is a clearly identifiable, qualified, and knowledgeable individual with the authority to establish and modify the Air Carrier's Safety Program (Ground and Flight).

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

1. Identify the person who has the authority to establish or modify the Safety Program.
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 Safety Program (Ground and Flight) with the person.

To meet this objective, the inspector will answer the following questions:

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

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7.2.1 Safety Program (Ground and Flight)

SECTION 3 - PROCEDURES ATTRIBUTE

Objective: To determine if the air carrier has documented procedures for accomplishing the Safety Program (Ground and Flight).

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

1. Review the documented instructions and information related to the Safety Program (Ground and Flight) to ensure 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 Safety Program (Ground and Flight) with appropriate personnel to gain an understanding of the procedures.
4. Observe the Safety Program (Ground and Flight) to gain an understanding of the procedures.

To meet this objective, the inspector will answer the following questions:

1. Do written procedures exist to achieve the desired result of the Safety Program (Ground and Flight):

1.1. Does the Air Carrier have a documented risk management plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.2. Does the Air Carrier have written procedures for conducting internal investigations of all incidents, accidents, and reported safety hazards involving company personnel and equipment?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.3. Does the Air Carrier have written procedures for determining the root cause of incidents and accidents?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.4. Does the Air Carrier have written procedures for employees to use in the reporting of incidents, accidents, and safety deficiencies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.5. Does the Air Carrier have written procedures for employees to use in making safety improvement recommendations to management?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.6. Does the Air Carrier have written procedures for evaluating safety concerns, deficiency reports, and improvement recommendations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.7. Does the Air Carrier have written procedures for providing feedback to employees whom have expressed safety concerns or reported deficiencies?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.8. Does the Air Carrier have written procedures for keeping its Safety Program (Ground and Flight) current?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.9. Does the Air Carrier have written procedures to integrate OSHA into their safety committee?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.10. Does the Air Carrier have written procedures for providing safety education to its employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

Safety Attribute Inspection (SAI) Job Aid

7.2.1 Safety Program (Ground and Flight)		
SECTION 3 - PROCEDURES ATTRIBUTE		
1.11. Does the Air Carrier have written procedures for disseminating safety information to its employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.12. Does the Air Carrier have written procedures for developing, maintaining, and executing their Emergency Response Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.13. Does the Air Carrier have written procedures for conducting safety committee meetings?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.14. Does the Air Carrier have written procedures for conducting an internal evaluation program (IEP)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.15. Does the Air Carrier have voluntary disclosure reporting procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
2. Do the procedures identify: who, what, where, when and how?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
3. Are the procedures in compliance with the CFR(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
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 <input type="checkbox"/> NO	If no, explain:
5. Does the air carrier have the resources to support the written procedures for the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
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 <input type="checkbox"/> NO <input type="checkbox"/> N/A, No alternate procedures exist for this element.	If no, explain:
7. Are the procedures published in different manuals relating to the Safety Program (Ground and Flight) consistent?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
8. Does the air carrier have a documented method for assessing the impacts of procedural changes to the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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7.2.1 Safety Program (Ground and Flight)

SECTION 4 - CONTROL ATTRIBUTE

Objective: To determine if checks and restraints are designed into the Safety Program (Ground and Flight) 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 Safety Program (Ground and Flight).
2. Review the FAA Guidance and Specific Regulatory Requirements (SRR) included in the supplemental information section of this SAI.
3. Discuss the Safety Program (Ground and Flight) with appropriate personnel to gain an understanding of the controls.
4. Observe the Safety Program (Ground and Flight) to gain an understanding of the controls.

To meet this objective, the inspector will answer the following questions:

1. Are the following checks and restraints built into the Safety Program (Ground and Flight):

1.1. <i>If a risk management plan exists, does the Air Carrier have a method in place to ensure that the plan is followed?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.2. <i>Does the Air Carrier have a method in place for conducting internal investigations of all incidents, accidents, and reported safety hazards involving company personnel and equipment?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.3. <i>Does the Air Carrier have a method in place for determining the root cause of incidents and accidents?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.4. <i>Does the Air Carrier have a method for determining the cost of losses caused by accidents, incidents, and unsafe acts?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.5. <i>Does the Air Carrier have a method in place to ensure that all safety concerns, deficiency reports, and safety recommendation are evaluated?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.6. <i>Does the Air Carrier have a method in place requiring feedback to employees who have expressed safety concerns or reported deficiencies?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.7. <i>Does the Air Carrier have a method in place to ensure that their Safety Program (Ground and Flight) remains current?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.8. <i>Does the Air Carrier have a method for ensuring that its employees are provided on-going safety education?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.9. <i>Does the Air Carrier have a method in place for disseminating safety information to its employees?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.10. <i>Does the Air Carrier have a method in place for developing, maintaining, and executing their Emergency Response Plan?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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7.2.1 Safety Program (Ground and Flight)		
SECTION 4 - CONTROL ATTRIBUTE		
1.11. <i>Does the Air Carrier have a method in place to ensure that safety committee meetings are conducted?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.12. <i>Does the Air Carrier have an individual responsible for their internal evaluation program (IEP)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.13. <i>Does the Air Carrier have an individual responsible for their voluntary disclosure reporting program?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
2. Do the checks and restraints ensure the desired result is achieved for the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
3. Does the air carrier have a documented method for assessing the impacts of any changes made to the checks and restraints in the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
4. Does the air carrier have the resources to support the checks and restraints for the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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7.2.1 Safety Program (Ground and Flight)

SECTION 5 - PROCESS MEASUREMENT ATTRIBUTE

Objective: To determine if the air carrier measures and assesses the Safety Program (Ground and Flight), 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 Safety Program (Ground and Flight).
2. Discuss the Safety Program (Ground and Flight) with appropriate personnel to gain an understanding of the process measures.
3. Observe the Safety Program (Ground and Flight) to gain an understanding of the process measures.

To meet this objective, the inspector will answer the following questions:

1. Does the air carrier's Safety Program (Ground and Flight) include the following process measurements?

1.1. <i>If a risk management plan exists, does the Air Carrier continually analyze its mitigation strategies?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.2. <i>Does the Air Carrier investigate and analyze all accidents, incidents, and reported safety hazards to determine the root cause?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.3. <i>Does the Air Carrier promote a safety culture that encourages employees to report incidents, accidents, safety concerns, and deficiencies to its Safety Committee?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.4. <i>Does the Air Carrier Safety Committee prepare, maintain, and disseminate results of safety improvement recommendations to both management and employees?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.5. <i>Does the Air Carrier record instances in which their Safety Program was found to be out of date?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.6. <i>Does the Air Carrier solicit and record feedback from employees regarding its safety education efforts?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.7. <i>Does the Air Carrier periodically verify the information contained in its Emergency Response Plan?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.8. <i>Does the Air Carrier periodically conduct an independent audit of their internal evaluation program (IEP)?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.9. <i>Does the Air Carrier periodically conduct an independent audit of their voluntary disclosure program?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
2. Does the air carrier document their process measurement methods and results?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
3. Are the air carrier's process measurement methods effective?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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7.2.1 Safety Program (Ground and Flight)

SECTION 5 - PROCESS MEASUREMENT ATTRIBUTE

4. Does the air carrier use their process measurement results to improve their programs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
5. Are the process measurement results accessible to the FAA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
6. Does the organization that conducts the process measurement have direct access to the person with responsibility for the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
7. Does the air carrier have the resources to support the process measurements for the Safety Program (Ground and Flight)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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7.2.1 Safety Program (Ground and Flight)

SECTION 6 – INTERFACES ATTRIBUTE

Objective: To determine if the air carrier identifies and manages the interactions between the Safety Program (Ground and Flight) 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 Safety Program (Ground and Flight).
2. Discuss the Safety Program (Ground and Flight) with appropriate personnel to gain an understanding of the interfaces.
3. Observe the Safety Program (Ground and Flight) to gain an understanding of the interfaces.

To meet this objective, the inspector will answer the following questions:

1. Are the following interfaces identified for the Safety Program (Ground and Flight):

1.1. Manual Currency (Element 2.1.1)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.2. Content Consistency Across Manuals (Element 2.1.2)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.3. (Manual) Distribution (Element 2.1.3)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.4. (Manual) Availability (Element 2.1.4)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.5. Aircraft Configuration Control (System 1.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.6. Flight Operations (System 3.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.7. Personnel Training and Qualifications (System 4.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.8. Route Structures (System 5.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.9. Airman and Crewmember Flight, Rest, and Duty Time (System 6.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
1.10. Technical Administration (System 7.0)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:

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 <input type="checkbox"/> NO	If no, explain:
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7.2.1 Safety Program (Ground and Flight)

SECTION 6 – INTERFACES ATTRIBUTE

4. Are there controls to ensure that interfaces occur?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain:
5. Are the interfaces between the Air Carrier Safety Program and other processes treated consistently in the Manual(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, explain: