



**U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION**

Air Traffic Organization Policy

**ORDER
JO 7210.634**

Effective Date:
January 30, 2012

SUBJ: Air Traffic Organization (ATO) Quality Control

The ATO has moved to a more systemic view of safety within the National Airspace System (NAS). This view places more value on discovering why adverse safety occurrences happen and in identifying risks rather than determining who was at fault. Historically, the Federal Aviation Administration (FAA) has experienced external and internal organizational imperatives that have encouraged a safety system focused on the outcome of incidents that also required the rapid reporting of preliminary incident information. While the FAA has enjoyed success under this safety model, our Safety Management System model provides for a more measured and systemic approach to safety risk analysis. Quality control, managed by the service units, is a key component of this system.

A handwritten signature in black ink, appearing to read "Elizabeth L. Ray", is positioned above the printed name.

Elizabeth L. Ray
Vice President, Mission Support Services
Air Traffic Organization

NOV 10 2011

Date Signed

CHANGE

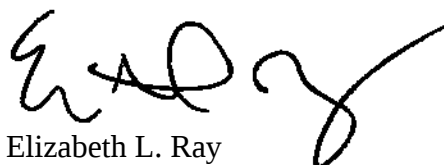
U.S. DEPARTMENT OF TRANSPORTATION
FEDERAL AVIATION ADMINISTRATION

JO 7210.634
CHG 1

Effective Date:
March 27, 2013

SUBJ: Air Traffic Organization (ATO) Quality Control

- 1. Purpose of This Change.** This change provides guidance for coordinating and conducting external compliance verification (ECV) activities.
- 2. Audience.** This notice applies to the following Air Traffic Organization (ATO) service units: En Route and Oceanic, Terminal, and System Operations; and all associated ATC facilities.
- 3. Where Can I Find This Change?** This change is available on the MYFAA employee Web site at https://employees.faa.gov/tools_resources/orders_notices/ and on the air traffic publications Web site at http://www.faa.gov/air_traffic/publications.
- 4. Explanation of Policy Change.**
 - a. Deletes reference to the requirement to consider ATSAP trend analyses when defining ECV scope.
 - b. Clarifies that an ECV may be conducted as a site visit or as a desk audit and directs the ECV Team Lead to coordinate the visit as needed.
- 5. Distribution.** This notice is distributed to the following ATO service units: Terminal, En Route and Oceanic, Mission Support, and System Operations; the Office of ATO Safety and Technical Training; the Air Traffic Safety Oversight Service (AOV); the William J. Hughes Technical Center; and the Mike Monroney Aeronautical Center.
- 6. Background.** This change meets a requirement in FAA Order 1100.161 for the ATO to have a program with a process for inclusion of AOV personnel in inspections, audits, and/or evaluations--which the ATO has implemented as external compliance verification (ECV) activities.
- 7. Disposition of Transmittal.** Retain this transmittal until superseded by a new basic order.
- 8. Page Control Chart.** See the page control chart attachment.



Elizabeth L. Ray
Vice President, Mission Support Services
Air Traffic Organization

2/20/2013
Date Signed

03/27/13

JO 7210.634 CHG 1

PAGE CONTROL CHART

JO 7210.634

03/27/13

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16		01/30/12	16		03/27/13

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Chapter 1. General

1-1. Purpose of This Order. The purpose of quality control, as defined in the ATO, is to assess the output (whether a product or service) of a particular process or function and identify any deficiencies or problems that need to be addressed. Within this quality control concept, it is a primary responsibility to take action, particularly at the service delivery point (SDP), to ensure that these products or services meet the requirements of the SDP and the ATO organizationally. This order outlines the processes and steps utilized to ensure the quality of products and services provided at the SDP level on an ongoing basis.

1-2. Audience. The chapters of this order apply to ATO service units as follows: Chapters 1-4: Terminal and Terminal Federal contract facilities (FCF), En Route and Oceanic, System Operations, and FAA flight service stations (FSS); Chapter 5: Technical Operations; this entire order is applicable to the Mission Support Services due to their unique support role for the service units.

1-3. Where Can I Find This Order? This order is available on the MyFAA Employee website at https://employees.faa.gov/tools_resources/orders_notices/ and the FAA Web site at http://www.faa.gov/regulations_policies/orders_notices/.

1-4. Cancellation. This order cancels FAA Order JO 7210.56, Air Traffic Quality Assurance, and FAA Order JO 7010.1, Air Traffic Organization Safety Evaluations and Audits.

1-5. Distribution. This order is distributed to the following ATO service units: Terminal, En Route and Oceanic, Technical Operations, and System Operations Services; ATO Safety; Mission Support Services; the Air Traffic Safety Oversight Service (AOV); the William J. Hughes Technical Center; the Mike Monroney Aeronautical Center; National Air Traffic Controllers Association (NATCA); Professional Airway Systems Specialists; National Association of Government Employees; and to interested aviation public.

1-6. Organizational Responsibilities.

a. Vice Presidents, or designees, En Route and Oceanic Services, System Operations Services, Terminal Services, Technical Operations, and Mission Support Services must:

- (1) Develop all policies and procedures related to quality control.
- (2) Ensure their respective organizations comply with the requirements of this order.
- (3) Provide oversight and support to their respective director(s) of operations, service center directors, and group manager(s) of tactical operations (MTO) to ensure they are able to meet their quality control requirements as described in this order.
- (4) Continually review available quality control data and information and develop initiatives and/or take actions(s) when appropriate.
- (5) Coordinate with other ATO organizations (other operations service units, ATO Safety, etc.) as appropriate when developing initiatives or taking actions(s) to ensure organizational consistency and effective resource management and communication.
- (6) Review data analysis provided by ATO Safety, and initiate action(s) when appropriate. Communicate the results of such reviews to ATO Safety.

(7) Respond to requests and/or actions initiated by ATO Safety in their quality assurance role.

b. Directors of Operations must:

(1) Ensure their organization complies with the requirements of this order.

(2) Provide oversight and support to their respective district managers and/or SDP managers to ensure they are able to meet their quality control requirements as described in this order.

(3) Continually review available quality control data and information and develop initiatives and/or take action(s) when appropriate.

(4) Coordinate with other ATO organizations within their service area (terminal, en route, technical operations, the service center, ATO Safety, etc.) and service unit headquarters staff as appropriate when developing initiatives or taking actions(s) to ensure organizational consistency and effective resource management and communication.

(5) Review data analysis provided by ATO Safety and initiate action(s) when appropriate. Communicate the results of such reviews to ATO Safety.

(6) Respond to requests and/or actions initiated by ATO Safety in their quality assurance role.

c. Service center directors must:

(1) Ensure their organization complies with the requirements of this order.

(2) Provide support to the director(s) of operations to ensure they are able to meet their quality control requirements as described in this order.

(3) Ensure that internal service center groups coordinate their actions to support service center and director of operations requirements under this order.

d. SDP/district managers must:

(1) Ensure their respective organization complies with the requirements of this order.

(2) Provide oversight and support to their subordinate managers to ensure they are able to meet their quality control requirements as described in this order.

(3) Continually review available quality control data and information and develop initiatives and/or take actions(s) when appropriate.

(4) Coordinate with their director of operations and other SDPs as appropriate when developing initiatives or taking actions(s) to ensure organizational consistency and effective resource management and communication.

(5) Respond to requests and/or actions initiated by ATO Safety in their quality assurance role.

e. FSSs/FCFSSs must conduct quality control measures according to Appendix A.

1-7. Definitions.

a. Action Plan – An action plan is documentation prepared by the facility manager that delineates corrective measures and anticipated closure dates for items rated as “U.” This measure is required in addition to the three-step closure process. This item does not apply to federal contract flight service stations.

b. Air Traffic Safety Action Program (ATSAP) – A confidential, non-punitive, safety-reporting program for employees in En Route, Terminal, and System Operations. This program is administered by ATO Safety with the participation of NATCA and AOV.

c. Appended Items – Appended items are new or elevated items identified in the course of conducting an evaluation at another facility or as a result of findings obtained from an operational error/deviation (OE/D), accident, incident, or other triggering event.

d. CEDAR Question Tree – An electronic entry method utilized within the quality control service review processes to capture specific data points regarding information about operational circumstances during the period under review. Question trees are based on a user-friendly question and answer format that guides the user through the electronic “form.”

e. Checklists – Checklists are used as minimum guidance in preparing for and conducting internal compliance verifications (ICV)/external compliance verifications (ECV).

f. Closure Process for Contract Facilities – The contract office of the service provider will provide the Flight Services Program Office (FSPO) with a report of closed problems no later than 6 months after the ICV has been finalized.

g. Compliance Verification Tool – A national database that contains information related to the compliance verification process. Information includes checklists, reports, facility information, tracking information, response data, and other statistical information available on the Compliance Verification Tool website. Information contained in reports, mitigation plans, status reports, and closure is submitted through this database system.

h. Comprehensive Electronic Data Analysis and Reporting (CEDAR) – A web-based, comprehensive data reporting, collection, and analysis tool used by both quality control and quality assurance to record data associated with their respective organizational responsibilities.

i. Conformity Index (CI) – Each on-site ICV/ECV conducted by FSPO must include a CI. The CI must essentially be the result of aggregating the weighted indices for each of the functional areas (system safety, system efficiency, and system management) on the national checklist. System safety is weighted more than the other functional areas. Instructions for calculating the CI are available from the Compliance Verification Tool. FSPO acknowledges that no two facilities are identical; therefore, CIs are not intended to compare facilities. The intent of the CI is to numerically depict a facility’s overall compliance with directives/regulations and to assist with identifying “at risk” facilities for non-compliance.

j. Desk Audit – A desk audit is an off-site method of assessing checklist and off-checklist items. It is accomplished by the FSPO through discussion with facility personnel and/or review of requested tape recordings, data, and/or documentation. A desk audit is frequently used as a method of conducting follow-up evaluations.

k. External Compliance Verification (ECV) – An ECV is conducted on-site utilizing the appropriate national checklist to assess a facility’s overall performance. This evaluation is conducted every 2 years.

l. Follow-Up Evaluations (FUE) – An FUE is conducted on-site and/or through desk audit procedures to ensure that previously identified discrepancies were corrected. This evaluation must be conducted no earlier than 6 months after the date of the ICV and no later than the next ECV.

m. Internal Compliance Verification (ICV) – A facility’s self-evaluation that is conducted by the facility/operations manager using the checklists and procedures outlined in this directive.

n. Live Monitoring – Monitoring an operational position real-time from the same position (for example, monitoring arrival east while physically sitting at arrival east).

o. Observed Event – An observed event identifies a situation witnessed by a member or members of the evaluation team that is determined to be operationally significant and not in compliance. An observed event must be rated as “U” and described in the report.

p. Off-Checklist Item – An assessed item that is not specifically identified on a national checklist.

q. Operational Skills Assessment (OSA) Worksheet – An electronic worksheet in CEDAR utilized to document individual performance.

r. Playback monitoring – Monitoring an operational position at any date/time other than real-time utilizing available playback tools (SATORI, CDRPP, FALCON, etc.) synchronized with a voice file.

s. Quality Assurance Group (QAG) – The office in each service area responsible for conducting event categorization, safety data collections and analysis, audits, and trend identification. The mission of the QAGs is wide-ranging and may encompass many duties, including but not limited to, conducting data-driven audits, identifying significant safety risk trends, tracking quality control mitigations, assessing the effectiveness of quality control mitigations, and conducting special investigations.

t. Quality Control Group (QCG) – The office in the service center charged with supporting the directors of operations and their respective organizations in fulfilling their quality control responsibilities. The mission of the QCGs is wide-ranging and may encompass many duties, including but not limited to, conducting external compliance verifications, developing risk mitigations, and conducting special investigations at the request or in support of the directors of operations.

u. Ratings.

(1) **Action Rating** – An action rating is assigned to any checklist or off-checklist item that is not accomplished following FSPO or local requirements and the magnitude is such that it requires immediate attention (for example, a safety issue).

(2) **Not Applicable Rating “N/A”** – Assigned to any checklist item that does not apply to the facility being evaluated.

(3) **Not Observed Rating “N/O”** – Assigned to any checklist item that is applicable to the facility but is not observed during the course of the evaluation.

(4) **Not Rated Rating “N/R”** – The N/R rating is assigned to any checklist item that is applicable to the facility but for various reasons, such as time limitations, is not evaluated.

(5) **Satisfactory Rating “S”** – Assigned to a checklist item that is accomplished in compliance with national, service area, and local requirements.

(6) **Unsatisfactory Rating “U”** – Assigned to a checklist item that is not in compliance with FSPO or local requirements.

v. Remote monitoring – Monitoring an operational position real-time from a remote location (watch desk, front-line manager (FLM) desk, other operational position, etc.).

w. Risk Analysis Event – As defined in order JO 7210.632 Air Traffic Organization Occurrence Reporting, a loss of standard separation occurrence that has a measure of compliance (MOC) with less than 66% required separation maintained.

x. Risk Mitigation Plan – A risk mitigation plan communicates how specific risks will be dealt with and the action steps that are required to mitigate the risk. The plan provides written, clearly defined actions that are being implemented to ameliorate a specific risk.

y. Service Delivery Point (SDP) – An air traffic control facility or staffed technical operations facility.

z. Significant Safety Risk – Those identified risks that have a high probability of occurrence, as well as an ATO exposure to risk.

aa. Special Evaluation – Assesses specific areas, programs, offices, or organizations as directed by FSPO.

bb. Three-Step Closure Process – The required method by which items identified as Unsatisfactory “U” must be resolved. This process does not apply to contract FSS facilities. The required responses at 60 and 180 calendar days must describe the three steps as follows:

(1) **Corrective Action** – The initial action or series of actions taken by the facility to correct the discrepancy.

(2) **Follow-up Action** – The action taken after an appropriate period of time to validate that the corrective action was successful. Documentation must include the date(s) that the follow-up action was accomplished and the results.

(3) **Management Control** – The management control includes the action and/or program that will remain in place to ensure that the discrepancy does not recur. Additionally, the management control identifies the position(s) within the facility that have responsibility for the effectiveness of the management control and a schedule for periodic review.

1-8. Related Publications.

a. FAA Order JO 7210.632, Air Traffic Organization Occurrence Reporting

b. FAA Order JO 7210.633, Air Traffic Organization Quality Assurance Program

Chapter 2. Quality Control Monitoring

2-1. Introduction.

a. Quality control monitoring is a key data gathering component of an SDP quality control program. Through quality control monitoring, an SDP can identify areas of success and system risk by measuring compliance to requirements in ATO directives. Quality control monitoring collects technical performance data. This data supports other quality control processes that assess training, procedures, airspace, directives, equipment, and the technical performance of personnel.

b. Quality control processes are separate from individual performance management. The purpose of data collected through quality control monitoring is to measure organizational performance.

2-2. Quality Control Operational Skills Assessment (OSA). A quality control OSA is a quality control sampling method used to collect data by assessing the technical performance demonstrated by operational personnel. A quality control OSA must not be used as the basis of, or to support Individual Performance Management (IPM). However, if a loss of standard separation occurs that has a MOC of less than 66% during a quality control OSA, information specifically relating to that event will be processed following the FAA Order JO 7210.633 and ATSAP.

a. **When to perform a quality control OSA.** Sufficient quality control OSAs must be performed to provide a valid quality control sample of the various SDP positions and functions. Each SDP must establish a sampling plan that includes random and scheduled activities. Each type of operational/control position must be assessed. In addition, quality control monitoring is required for supervisory functions, on the job training instruction and employee certification. Post-occurrence sampling is best accomplished in association with a service review.

b. **How to Perform a quality control OSA.** Quality control OSAs may be conducted by live (direct or remote) monitoring or review of audio and/or video playback tools. Quality control OSAs contain the following steps:

(1) **Review.** Employees conducting the review segment of a quality control OSA must identify and record all technical performance demonstrated during the session, whether exemplary, meeting standards, and/or is deficient. Reviewers are expected to identify potential systemic issues associated with training, efficiency, airspace, procedures, directives, and equipment. Potential systemic issues are addressed through the systemic issue review (SYSIR) process.

(2) **Documentation.** All identified items must be documented in an OSA. Potential systemic issues are collected within the OSA entry. Select the applicable systemic issue option, and enter a brief summary.

2-3. Emphasis Items (EI). Items may be identified to be observed, documented, and tracked as a quality control area of emphasis.

a. **Who identifies EIs.** Service unit-designated staff (quality control staff, support staff, SDP manager, FLM, operations manager (OM), etc.).

b. **How to identify an EI.** Issues identified within the quality control check (QCC) processes in [chapter 4](#) of this order are potential areas for SDP special emphasis. Assess each identified issue, and determine if the issue(s) merits identification for review using the OSA entry module in CEDAR.

c. How to create an EI. Enter each selected issue into the OSA module in CEDAR. Each EI should include a short title and reference.

Chapter 3. Service Reviews

3-1. Introduction.

a. Service reviews are a tool to be utilized for on-going evaluation of SDP services and as a method to improve air traffic services. Service reviews should normally be conducted outside of the operational quarters.

b. There are four different types of service reviews: system service reviews (SSR), traffic management reviews (TMR), covered event reviews (CER), and SYSIRs. Service reviews provide a methodical manner to take a broad look at all facets that affect the delivery of air traffic services. While some service reviews may be conducted post-event (SSR), some are required on a regular basis (TMR), and some are required after accidents (CER), it is expected that most others will be originated absent a specific event (SSR and SYSIR). Service reviews not associated with an event should be originated on a regular schedule or conducted randomly to ensure that an SDP does not wait for an event to actually occur.

c. When an SSR is originated and an associated ATSAP report has been accepted, SDP personnel must follow the requirements of the ATSAP program. The ATSAP report must be considered to be an accepted report unless advised by the event review committee (ERC) that the report is excluded. Conduct OSA(s) associated with an event/problem covered by an accepted ATSAP report only when performing a CER or when approved or directed by the ERC. If OSA(s) are performed in association with a service review and an involved specialist(s) indicates that he/she has filed an ATSAP report, properly annotate the OSA (check "ATSAP" box).

d. Service reviews must be conducted in a proactive manner and are intended to identify areas for improvement, including systemic risk, as well as exemplary performance, all striving to continually improve air traffic services. Multiple points of view are an asset to the service review process. The results of SSRs should be determined by concurrence of the personnel involved in each review.

3-2. System Service Review (SSR). The intent of an SSR is to review the air traffic services provided in any situation at any time under any circumstances. The absence of a defined list of instances when an SSR must be conducted allows an SDP the latitude to use judgment and discretion in the determination of when to perform an SSR. SSRs may be specifically focused and limited in scope or may eventually evolve into a larger more in-depth review.

NOTE-

Nothing in this section will require an SSR for on-the-spot corrections or performance coaching. The filing or acceptance of an ATSAP report does not preclude an SDP from conducting an SSR.

a. **Who May Request an SSR.** Personnel performing watch supervision (FLM, OM, controller-in-charge (CIC), etc.) may request an SSR whenever they identify circumstances in the operating quarters that they believe warrant such a review. Personnel performing watch supervision must give first priority to determining what immediate actions (if any) need to be taken to ensure the continued quality of SDP services for circumstances that trigger a request for an SSR.

b. **Review of SSR requests.** Personnel designated by the SDP manager must review each request for an SSR. This review must include appropriate documentation associated with each request to determine whether an SSR should be conducted. If an SSR is not conducted, document the findings in CEDAR and close out the request. If an SSR is conducted, follow the procedures for conducting an SSR in this section.

c. Who May Conduct an SSR. SDP managers or other personnel as designated by the SDP manager.

d. When to conduct an SSR. SDPs must continually review services provided and initiate SSRs on a regular basis. SSRs may be random, scheduled, due to public inquiries, or as a follow up to known operational activities (post-event). In addition, SDPs may be required to conduct an SSR by service unit management (district manager, director of operations, director of safety and operations support, vice president, and/or their designees) or by the QCG, on behalf of the director of operations.

EXAMPLE-

1. *SDP quality control staff in an ATC-11 terminal radar approach control (TRACON) conducts a random SSR to review services on the arrival east position from 1625-1700UTC.*
2. *SDP quality control staff in an air route traffic control center (ARTCC) conducts a minimum of three (3) SSRs each week. These SSRs are conducted on specific positions for defined time periods and are rotated through areas of operation on a regular basis.*
3. *The SDP manager at an ATC-7 Tower/TRACON facility receives a call from a pilot questioning services provided five (5) days earlier. The manager assigns a support specialist to conduct an SSR.*
4. *An operations manager at an ATC-11 Tower facility requests an SSR as a result of a runway incursion involving an air carrier and a vehicle on an active runway. ATM designated quality control staff reviews the request and conducts an SSR.*

e. How to Conduct an SSR.

(1) Decision point. Based on available information and local SDP policy, determine if an SSR should be conducted. Determinations should include consideration of the criteria described in [paragraph 3-2d](#). SSRs directed by service unit management are not subject to this decision point and must be conducted.

(2) Data review. Determine the time period and position(s) to be reviewed based on known circumstances. Review as much data as needed to develop an understanding of what occurred during the timeframe in question. Use available tools (Traffic Flow Management System (TFMS), replay, voice, discussions, etc.) as appropriate to support this process. When conducting SSRs based on requests by personnel performing watch supervision, review all documentation associated with the request. This must include immediate issues identified and/or addressed, what (if any) data were reviewed, and any other issues that may have been identified. When conducting any SSR, consider the following areas as necessary:

- (a) Training – Classroom, OJT hours, mandatory briefing items (MBI), air traffic simulation, etc.
- (b) Efficiency – Traffic management initiatives (TMI), delays, traffic volume/complexity, airport arrival rate (AAR)/airport departure rate (ADR), runway configuration, etc.
- (c) Airspace/Airport – Special use airspace (SUA), noise abatement procedures, etc.
- (d) Procedures – Letters of agreement (LOA), waivers, standard terminal arrival routes (STAR)/standard instrument departure (SID), deicing, line-up and wait (LUAW), etc.
- (e) Directives – Standard operating practices/procedures (SOP), FAA Order JO 7110.65, Code of Federal Regulations (CFR) procedures, notices to airmen (NOTAM), etc.
- (f) Technical operations – Equipment configuration, performance, outages, etc.

(g) Customer feedback – Air Traffic Control System Command Center (ATCSCC) logs, pilot/airline comments/inquiries, airport operator comments/inquiries, etc.

(h) Resource management – Operational position combinations/configurations, personnel assignments, available staffing, position relief management, leave approvals, etc.

(i) OSA – Actions of involved personnel (specialist, manager, etc.).

(3) Issue identification. After concluding the data review, identify all items of risk in the above identified areas.

(a) Isolated issues. Assess identified areas of risk, and determine which consist of singular issues that are pertinent to this individual SSR only. Once the issue(s) is identified, work with operational staff, facility management, etc., to develop and enact a mitigation strategy to address the issue(s) in a timely fashion.

(b) Systemic issue identification. Assess identified areas of risk, and determine which consist of systemic issues associated with training, efficiency, airspace, procedures, directives, and equipment. Systemic issues are defined as those items with potential impact beyond the scope of the specific session under review. Potential systemic issues are addressed through the SYSIR process.

(4) Documentation. All identified issues and actions taken must be documented through the use of the SSR “question tree” in CEDAR for analysis and SSR closure. Only address those areas in the question tree that are applicable to that SSR. If potential systemic issues are identified, select the applicable systemic issue option and enter a brief synopsis. If CEDAR is unavailable, retain the results, and enter them in CEDAR as soon as it becomes available.

(5) SSR closure. Once all issues have been identified and mitigated or forwarded to the SYSIR process and all documentation is completed, close the SSR in CEDAR by selecting the “Close SSR” option.

f. Employee Interviews. Interviews with employees are an essential element used to gain an understanding about what occurred during the time period under review. Personnel conducting SSRs are encouraged to obtain multiple perspectives about what occurred during the period of the SSR. Employee participation is mandatory; however, interviews with any employee must be conducted in an atmosphere of shared concern that is designed to gain a better understanding about the operational environment. Any information obtained during such interviews should be used within the SSR process to aid in identifying risk that may require mitigation.

g. Other SDPs. When elements of the SSR indicate another SDP(s) may benefit from reviewing the information, the SSR must be forwarded to the other SDP(s) for review, comment, and/or action, as appropriate.

3-3. Traffic Management Review (TMR). The intent of a TMR is to perform an evaluation of SDP TM operations with a focus on identifying issues that may impact system efficiency. This should include items that need correcting as well as identification and recognition of best practices.

a. When to Initiate a TMR. A TMR may be initiated at any time for any reason. TMRs may be random, scheduled, or specific (post-event). SDPs must ensure that services provided by traffic management units (TMU)/ATCSCC are continually reviewed and initiate TMRs on a regular basis. TMRs may be initiated at any time, due to random or scheduled reviews, because of significant delay events (due to weather, equipment outages, etc.), associated with a special event (sporting event, fly-in, etc.), or at the request of management.

b. Who May Initiate a TMR. Traffic management officers, SDP managers, personnel performing watch supervision (national operations manager (NOM), national traffic management officer (NTMO), supervisory traffic management coordinator (STMC), traffic management coordinator-in-charge (TMCIC), FLM, OM, CIC, etc.), quality control managers/staff, or other personnel as designated by the SDP manager. In addition, personnel within the SDP's service unit (district manager, director of operations, director of safety and operations support, vice president, and/or their designees), may require an SDP to initiate a TMR. Finally, the MTO and/or the QCG may also require an SDP to initiate a TMR on behalf of the director of operations at the service area.

c. Who Must Perform a TMR. TMRs should only be conducted at SDPs with a TMU or at the ATCSCC. TMRs must be performed by SDP-designated staff.

d. How to Perform a TMR.

(1) Data review. Personnel conducting a TMR must review traffic management performance metrics for the date(s) under review.

(a) This review must include, at a minimum, the following metrics for that SDP:

- (i) TMIs, to include miles-in-trail restrictions, ground delay program/airspace flow program/ground stop.
- (ii) Operations Network (OPSNET) delays.
- (iii) Terminal area efficiency rating.
- (iv) Spacing over and above required.

(b) These metrics should be evaluated against those values that measure system capacity and availability in order to provide an overall picture of available capacity as measured against actual performance. When reviewing capacity consider, as a minimum, the following values:

- (i) National Traffic Management Log (NTML) runway accuracy.
- (ii) Average daily capacity.
- (iii) Monitor alert parameters.
- (iv) AAR/ADR.
- (v) Runway configuration.

(c) In addition, reviewers should consider traffic management data from adjacent facilities when such data would be pertinent to the review being conducted.

(d) When appropriate, reviewers may interview operational personnel (national traffic management specialist (NTMS), NTMO, NOM, traffic management coordinator (TMC), STMC, FLM, air traffic control specialist (ATCS), CIC, OM, etc.) to obtain an operational perspective regarding certain aspects of the date(s) under review. In addition, reviewers should consider contacting adjacent SDPs (ARTCC, TRACON, airport traffic control tower (ATCT), ATCSCC, etc.) and/or other sources (airspace operators, National Weather Service, etc.) to gain a perspective on what was or was not effective and what impact that date's operations may have had on those SDPs.

(2) Issue identification. When comparing metrics to available capacity, reviewers should assess whether those initiatives that were implemented were thorough, performed as intended, and implemented following FAA orders. In addition, reviewers must assess whether those triggers used to initiate any TMIs were appropriate, coordinated, and communicated to the appropriate end user.

Reviewers must then identify performance gaps, best practices, and/or successes primarily at the SDP level. However, such items may be identified at other organizational levels as well. Once the issue(s) is identified, SDPs must work with operational staff, facility management, etc., to develop and enact a mitigation strategy to address the issue(s) in a timely fashion. For those issues identified at higher organizational levels, service units (at the appropriate organizational level) must develop strategies to overcome those gaps.

e. Documentation. Document the findings and any actions taken as a result of a TMR in a memorandum to file. Retain all such memoranda until the TMR module in CEDAR is active and all documentation is entered into CEDAR. When elements of the TMR involve another facility, the TMR must be forwarded to the appropriate SDP for review, comment, and/or action, as appropriate. If issues are identified above the SDP level, forward that information via email to the appropriate group MTO for follow-up.

3-4. Covered Event Review (CER). The intent of a CER is to supplement and document the existing required review of air traffic services rendered during an aircraft accident. In addition, CERs require SDPs to review each accident in-depth, looking beyond the areas of individual performance. A CER must include a review of all aspects of service (individual performance, equipment issues, weather, etc.) and identify any issues that cannot be ruled out as potentially contributing to the accident. Instances of identified exemplary performance should be identified and documented as well. A CER may be utilized as a tool to identify systemic risk as well as a method to improve air traffic services following an aircraft accident. Filing an ATSAP report does not preclude an SDP from conducting a CER.

a. When to Initiate a CER. The director of operations, senior advisor, or the QCG on behalf of the director of operations in each respective service area determines when facilities must conduct a CER. CERs are a supplement to other post accident activities and occur after required notifications and services rendered telecons.

b. Who Must Initiate a CER. SDP management (or their designee to include CICs) must initiate a CER when directed by the director of operations, senior advisor, or the QCG on behalf of the director(s) of operations.

c. How to Conduct a CER.

(1) Review all data required by FAA Order JO 1030.3, Initial Event Response.

(2) Use available tools (TFMS, replay, voice, discussions, etc.) to develop an understanding of what occurred during the timeframe in question. When completing the CER, assess each of the following:

(a) Training – Classroom, OJT hours, MBIs, air traffic simulation, etc.

(b) Efficiency – TMIs, delays, traffic volume/complexity, AAR/ADR, runway configuration, etc.

(c) Airspace/Airport – Operational position combinations, SUA, noise abatement procedures, etc.

(d) Procedures – LOAs, STARs/SIDs, deicing, LUAW, etc.

(e) Directives – SOPs, FAA Order JO 7110.65, CFR procedures, NOTAMs, etc.

(f) Technical operations – Equipment configuration, performance, outages, etc.

(g) Resource management – Operational position combinations/configurations, personnel assignments, available staffing, position relief management, leave approvals, etc.

(h) OSA – Actions of involved personnel (specialist, manager, etc).

(3) SDPs must document the findings of a review of individual performance as an OSA for all involved personnel and check the “Covered Event” box. In addition, record any systemic findings in CEDAR in the CER module.

(4) After completion of the CER, determine what immediate actions (if any) need to be taken to ensure the continued quality of SDP services. Once implemented, document the actions in CEDAR.

(5) The SDP quality control staff (SDP manager or designee) must perform a follow-up analysis of all CERs to determine whether any risk exists that was not initially identified and corrected. Additional documents may be reviewed (NTML, maintenance logs, etc), and additional discussions may be conducted (NTMS, NTMO, NOM, FLM, STMC, CIC, TMC, etc). If risk is determined to exist, facilities must determine the appropriate mitigation strategy and implement a risk mitigation plan in a timely fashion.

3-5. Systemic Issue Review (SYSIR). SYSIRs are a method for anyone that conducts an OSA, SSR, or CER to identify areas that have potential system impact, whether at the SDP, service area, or service unit level. Individuals who identify potential systemic issues initiate the process of identifying previously unrecognized risk. When conducting an OSA, SSR, or CER, SDP personnel must continually look for underlying issues beyond the initial “what” that may have occurred and look for the “why.” Asking “why” will help lead personnel to the initial identification of a systemic issue.

a. Each SDP must identify in CEDAR a lead and designees for the systemic areas of training, efficiency, airspace/airport, procedures, directives, and technical operations. The leads may be permanent, or rotated, at the discretion of the manager. SDPs with limited or no support staff will be supported by their district in addressing the above systemic areas.

b. SDPs must conduct SYSIRs in the following manner:

(1) Assess all available information of each OSA, SSR, or CER conducted, looking for possible underlying issues beyond those that are operationally immediate. If such an issue is identified, select in CEDAR one of the following options for further review:

- (a) Training.
- (b) Efficiency.
- (c) Airspace/airport.
- (d) Procedures.
- (e) Directives.
- (f) Technical operations.

(2) In the SYSIR comments section of the OSA, SSR, or CER, describe the item that is a potential systemic issue. Once the OSA, SSR, or CER is saved, CEDAR will forward the SYSIR to the appropriate lead and his/her designees.

(3) Systemic issue leads (or designees) must examine the potential systemic issue to the extent necessary to determine its validity. Systemic issue validation must employ a variety of techniques. When validating potential systemic issues, consider utilizing some or all of the following methods:

- (a) Interviews of operational and/or staff personnel.
- (b) An examination of training materials and documentation.
- (c) Review(s) of operational replays and/or voice recordings.
- (d) Review(s) of local/national directives.
- (e) Review(s) of operational reference material (approach plates, charts, etc).
- (f) Review(s) of sector/airspace/runway configuration/usage.
- (g) Review(s) of equipment installation, operation, configuration, and availability.
- (h) Review(s) of traffic management initiatives, procedures, and compliance.

NOTE-

This list is not all-inclusive. There are other items that may need examination. Leads should ensure that all pertinent avenues are explored prior to closing the SYSIR.

(4) Once the examination is complete, the lead (or designee) must close the item in CEDAR with one of the following three responses:

(a) Concur – This response is appropriate if the SYSIR identifies previously unrecognized risk and the SDP employs systemic remedies to reduce the risk. The lead (or designee) must document the systemic risk mitigation in the SYSIR along with time frames for completion. The risk mitigation does not have to be completed to close the SYSIR in CEDAR.

(b) Concur and Elevated – This response is appropriate if the SYSIR identifies unrecognized risk, but the means to mitigate the risk are above the SDP level. The lead (or designee) must document the reasons the SDP cannot mitigate the identified risk and close the SYSIR in CEDAR. Concur and Elevated SYSIRs will be forwarded via email to the QCG for possible assistance with risk mitigation. If the QCG is unable to facilitate a solution, they must forward the SYSIR to the service unit for possible resolution.

(c) Does Not Concur – This response is appropriate if the lead (or designee) has examined the issue identified in the SYSIR but cannot identify any unrecognized risk. The lead (or designee) must document the steps he/she took to examine the issue and the reason(s) for selecting “Does Not Concur” and close the SYSIR in CEDAR.

Chapter 4. Compliance Verification

4-1. Compliance Verifications (CV). CVs are a way of assessing SDP performance and identifying areas for improvement. ICVs are planned assessments accomplished through the use of a checklist and random sampling methods such as, but not limited to, direct operational observation, discussions with SDP personnel, review of voice or radar data, equipment parameters, certification parameters, and examination of other documentation. ECVs are assessments of SDPs that are conducted on an as-needed basis as determined by the service unit, director of operations, and/or the QCG (with the concurrence of the director of operations). Determinations to conduct ECVs will be based on data analysis that identifies potential risk within specific SDPs. ECVs may be conducted through various methods that may include developing a custom checklist, review of available data (CEDAR quality control and quality assurance data, Risk Analysis Event analysis, information from ATSAP, etc.), direct observation, interviews with personnel, and other means as appropriate.

NOTE-

FSSs and FCFSSs will follow the procedures outlined in appendix A to complete CVs.

4-2. Internal Compliance Verifications (ICV).

a. ICVs are expected to be conducted by an ICV team designated by the SDP manager or terminal district manager following all applicable national collective bargaining agreements.

b. All FAA air traffic control SDPs and federal contract towers must conduct an ICV annually each fiscal year. The schedule for conducting an ICV will be determined by the facility in order to produce the most comprehensive evaluation results within the annual time period.

c. ICVs must evaluate all items on the Compliance Verification Tool checklist except those not applicable to the specific facility type. Any ATO entity may propose the addition or deletion of a checklist item(s). Requests for checklist modification must be forwarded to the appropriate service unit for evaluation and possible incorporation.

d. As part of the annual ICV, the team must review the effectiveness of the SDP training program. A review of the effectiveness of training can be accomplished through evaluating the following items, where applicable:

- (1) Qualification training for ATCSs, TMCs, NTMSs, NTMOs, STMCs, FLMs, and CICs.
- (2) Proficiency training ATCSs, TMCs, NTMSs, NTMOs, STMCs, and FLMs.
- (3) Position certification process ATCSs, TMCs, NTMSs, NTMOs, STMCs, and FLMs.
- (4) OJT instructor (OJTI) selection, certification, and evaluation.
- (5) Familiarization training (when applicable).
- (6) Any data previously provided via the ATSAP program.
- (7) Feedback from operational personnel concerning the training program.
- (8) Some suggested areas of review are:
 - (a) Random sampling of training plans.
 - (b) Random monitoring of training team meetings and OJTI debriefings.
 - (c) Random sampling of OJT forms.

- (d) A random sampling of skill enhancement and remedial training.
- (e) Data collected for certification and recertification skill check audits.
- (f) Random monitoring of OJT instruction in progress.

(g) The ICV team must compile their findings, including any deficiencies or areas of commendable activities, in a memorandum to the SDP manager. For those items identified as deficient, the SDP manager must develop a mitigation plan to correct the issue. SDP managers must forward a copy of the report along with any mitigation plans to their respective director of operations through the QCG. The QCG will forward identified training deficiency trends for the respective service area to the respective service unit's Quality Control Training Office for analysis. The service unit's Office of Quality Assurance and Operations Support will forward national training deficiency trends to ATO Safety.

4-3. External Compliance Verification (ECV).

a. The directors of operations, within each service area, must ensure that ECVs are conducted in response to data-driven indicators of potential risk. ECVs may also be initiated by the service unit. ECVs will primarily be conducted by service center QCGs. A service unit or a director of operations, at the service area, may assign additional personnel to any ECV team. The QCG may request resources from the service unit/area to augment ECV staff.

b. The QCG must collaborate with the initiating organization (applicable line of business) to determine the scope of the ECV. ECVs may be broad in scope (utilizing customized checklists) or may focus narrowly on just a few items. When defining ECV scope, the service center QCG must consider trend analysis from the ATO Safety Quality Assurance Group. An ECV may be conducted as a site visit or a desk audit.

c. The ATCSCC ECV team will be comprised of representatives from each of the service center QCGs.

d. At any time during an ECV, the team may observe operational items that represent a significant safety risk. After advising the SDP manager, the ECV team should then focus on those items whether or not they were defined within the original scope of the ECV.

e. The ECV team lead will ensure the visit is coordinated as needed, and the team will conduct an in-briefing with the SDP manager. The briefing will include an introduction of team members and ECV expectations.

4-4. Findings.

a. The ICV and ECV teams will assess items using the following categories and enter applicable details into the Compliance Verification Tool:

(1) Exemplary (E) – This finding is assigned to items that demonstrate exemplary performance in quality and efficiency.

(2) Compliant (C) – This finding is assigned to items that are completed in compliance with national, service area, and local requirements. Details are not required to be entered into the Compliance Verification Tool.

(3) Non-compliant Low Risk (NL) – This finding is assigned to items that are non-compliant but do not represent a significant safety risk to the NAS.

(4) Non-compliant High Risk (NH) – This finding is assigned to items that are non-compliant and represent a significant safety risk to the NAS.

(5) Not Observed (NO) – This item is assigned to items that are not observed during the verification. The reason the item was not observed must be documented.

b. Prior to leaving the SDP, the ECV team lead must brief the SDP manager on all items that will be rated as non-compliant.

c. QCGs will forward findings of the ECV pertaining to training to the ATO Safety.

d. ECV reports must be completed and submitted into the Compliance Verification Tool within 10 administrative work days. The report must list all items rated and include associated details for all items rated “E,” “NL,” or “NH.”

4-5. Responding to Findings.

a. Risk Mitigation Plan. The risk mitigation plan communicates how specific risks will be mitigated. The plan must specifically describe actions taken to effectively manage risk.

b. SDPs must respond to items identified as non-compliant in the following manner:

(1) NL – SDPs must develop a risk mitigation plan to correct the item and enter the plan in the Compliance Verification Tool. To close the item, the SDP must document the processes used to ensure the effectiveness of the mitigation and enter it into the Compliance Verification Tool.

(2) NH – Due to the severity of the finding and subsequent risk to the NAS, SDPs must, within 3 administrative days of being notified of the rating by the ECV team, develop a risk mitigation plan to correct the item and obtain associated director of operations, at the service area, and service unit concurrence (through the QCG). To close the item, the facility must document the processes used to ensure the effectiveness of the mitigation and enter it into the Compliance Verification Tool.

c. No action is required for checklist items rated “E,” “C,” or “NO.”

Chapter 5. Quality Control Programs

5-1. Introduction. Quality control programs are designed to review, on a regular basis, each of the main areas of operation of an SDP (safety, training, efficiency, airspace/airport, procedures, directives, and equipment). Quality control programs identify potential issues, not readily apparent through other quality control processes that affect the quality of services provided. Quality control programs consist of quality control checks (QCC) and quality control validations (QCV). Each of these program areas use available data to identify these issues and ensure compliance with established quality control processes.

5-2. Quality Control Checks (QCC). A QCC is an analysis of aggregate SDP quality control efforts and initiatives over a defined period of time. QCCs use available data to identify risk(s) and inefficiencies and assist in the development of associated mitigation plans and/or initiatives. Multiple points of view are an asset to the quality control check process. The results of QCCs should be determined by concurrence of the personnel involved in each review. There are four types of QCCs: OSA checks, on-the-job training checks, efficiency checks, and system performance checks.

a. OSA Checks. This check is intended to identify groupings of the most hazardous performance deficiencies captured in CEDAR. SDPs must perform a OSA Check a minimum of once per fiscal year at intervals spaced no closer than 180 days apart. This interval will maximize an analysis of the data to identify system/individual risk(s) at an SDP. This check is conducted by selecting “OSA Report” in CEDAR and is completed as follows:

- (1) Select the SDP CEDAR OSA report that was completed for the previous PRC.
- (2) Review the SDP performance deficiencies/risks identified in the previous OSA check.
- (3) Identify new SDP performance deficiencies/risks that introduce the greatest amount of risk into the NAS based upon a review of the previous OSA check.
- (4) Develop mitigations for any newly identified SDP performance deficiencies/risks.
- (5) Evaluate the mitigation plans for the SDP performance deficiencies/risks from the previous PRC to determine if the mitigation plans eliminated or reduced the performance deficiencies/risks. If the previously identified, and mitigated, risks remain, determine whether to continue those mitigation plans or develop new mitigation plans.

b. On-the-job training check (OJTC). This check is intended to identify groupings of unsatisfactory/needs improvement training items identified in skill checks. SDPs must perform an OJTC a minimum of once per fiscal year, at intervals spaced no closer than 180 days apart, that will analyze OJT data and identify areas within the SDP training program that need improvement. This check is conducted by selecting “OJT Report” in CEDAR and is completed as follows:

- (1) Select the SDP CEDAR OJT report that was completed for the previous OJTC.
- (2) Look for identified unsatisfactory/needs improvement items.
- (3) Identify new training issues based upon a review of those unsatisfactory/needs improvement items by determining those training areas that will most effectively improve overall training results.
- (4) Review and revise the SDP training program to address the identified training issues.

(5) Review those items identified in the previous OJTC, and determine if the revisions put into place have addressed the problem. If the problem has recurred, review and revise the SDP training program.

c. Efficiency check (EC). An EC is intended to identify groupings of traffic management initiatives and metrics for a specific SDP documented in the NTML that may identify potential efficiency gains (both with actual traffic flow management and with implementation processes) and/or areas of success.

(1) When to initiate an EC. Efficiency checks must be conducted a minimum of once per fiscal year at intervals spaced no closer than 180 days apart.

(2) Who must perform an EC. Only SDPs with TMUs and the ATCSCC should normally conduct efficiency checks. Facilities without TMUs may conduct ECs with district support and guidance. SDP-designated quality control personnel must perform efficiency checks.

(3) How to perform an EC.

(a) Data review. Personnel conducting an EC must review the findings of all TMRs conducted during the review period.

(b) New item identification. Reviewers must assess the data from TMRs looking for trends and/or groupings that might identify potential efficiency gains or other issues that may not have been identified through the ongoing TMR process. If new items are identified, SDPs must work with operational staff, facility management, etc., to develop and enact a mitigation strategy to address the issue(s) in a timely fashion. SDPs must coordinate mitigations with the appropriate MTO to ensure NAS compatibility.

(c) Review of previously identified items. Review issues identified in previous ECs and assess the effectiveness of associated strategies.

(d) When appropriate, reviewers may interview operational personnel (FLM, ATCS, OM, etc.) to obtain an operational perspective regarding certain aspects of the date(s) under review. In addition, reviewers should consider contacting adjacent SDPs (ARTCC, TRACON, ATCT, etc.) to gain a perspective on what was or was not effective and what impact that date's operations may have had on those SDPs.

(4) Documentation. Document the findings and any actions taken as a result of an EC in a memorandum to file. Retain all such memoranda until the EC module in CEDAR is active and all documentation is entered into CEDAR. When elements of the EC involve another facility, the EC must be forwarded to the appropriate SDP for review, comment, and/or action, as appropriate. If issues are identified above the SDP level, forward that information via email to the appropriate MTO for follow-up.

d. System performance checks (SPC). SPCs are intended to review SYSIRs and identify groupings of systemic issues that continue to recur. SDPs must perform a SPC a minimum of once per fiscal year, at intervals spaced no closer than 180 days apart. This review is conducted by selecting "Systemic Issue Report" in CEDAR and is completed as follows:

(1) Conduct a review of all SYSIRs conducted after the previous SPC was completed, and evaluate them to identify groupings of common issues that indicate a potential systemic issue.

(2) Review each SYSIR contained within the identified grouping and determine if a valid systemic issue exists.

(3) Document each identified systemic issue as an SPC-identified new systemic issue for the SYSIR process.

5-3. Quality Control Validations (QCV). The QCV process check is a statistical sampling of a particular process or task to ensure compliance and accuracy. This process may also identify potential systemic issues associated with training, efficiency, airspace, procedures, directives, and equipment. If risk is determined to exist, facilities must determine the appropriate mitigation strategy and implement a risk mitigation plan in a timely fashion.

a. OSA validations. SDPs must establish a validation process whereby representative samplings of OSAs are evaluated to ensure accuracy and completeness. At a minimum, SDPs must utilize both radar and voice data (where available) to compare actual performance to that documented by the reviewer. The purpose of this initiative is to ensure the manager has captured the performance of the ATCS/TMC/FLM/TMS/NTMO accurately in the OSA. These reviews provide an opportunity to identify exemplary performance that can be shared in the facility as a best practice, as well as any performance deficiencies or risky behaviors that otherwise may have been overlooked. Terminal districts must ensure that sufficient assistance is provided to facilities with limited managerial resources in order to comply with this requirement. The validation process must include:

- (1) Feedback to the person conducting the OSA through their immediate supervisor, and
- (2) Follow-up mechanisms to ensure the feedback was effective if OSA improvement is required.

b. Certification skill check validations. SDPs must establish a validation process whereby representative samplings of certification skill checks are evaluated to ensure accuracy and completeness. At a minimum, SDPs must utilize both radar and voice data (where available) to compare actual performance to that documented by the reviewer. The purpose of this initiative is to ensure the FLM/STMC/NTMO certifier has accurately captured the performance of the developmental, certified professional controller-in-training (CPCIT), or traffic management controller (TMCIT)/traffic management specialist-in-training and/or developmental/FLM/STMC/NTMO during certification. These reviews provide an opportunity for an SDP to ensure consistency in their certifications as well as identify performance deficiencies or risky behaviors that otherwise may have been overlooked. Terminal districts must ensure that sufficient assistance is provided to facilities with limited managerial resources in order to comply with this requirement. The validation process must include:

- (1) Feedback to the person conducting the certification skill checks through their immediate supervisor, and
- (2) Follow-up mechanisms to ensure the feedback was effective if certification skill check improvement is required.

c. On-the-job training documentation (OJTD) validations. SDPs must establish a validation process whereby they assess the accuracy and completeness of the documentation provided by OJT instructors each fiscal year. This validation process must assess only those OJT instructors that have actually provided on-the-job training during the fiscal year under review. When conducting an OJTD validation, review a minimum percentage of OJT instructors as defined in [TBL 5-1](#).

TBL 5-1
Validation Criteria for OJT Documentation

# of OJTIs	Minimum % Reviewed
1-10	75%
11-25	50%
26-50	25%
50+	15%

(1) When conducting OJTD validations, SDPs must review a representative sampling of the OJT documentation on FAA Form 3120-25 using available replay tools.

(a) SDPs must utilize both radar and voice data (where available) to compare actual performance to that documented by the reviewer.

(b) Tower-only facilities without surface radar are expected to utilize voice files to the maximum extent possible to assess any OJT sessions reviewed in this process.

(2) The validation process must include:

(a) Feedback to the SDP OJTIs, and;

(b) Refresher training, if appropriate, to SDP OJTIs. If assigned, document refresher training in the employee's FAA Form 3120-1 using CEDAR, and;

(c) Follow-up mechanisms to ensure that feedback and training were effective.

(3) The purpose of the OJTD is to ensure that OJTIs accurately captured the performance of the CPCIT/TMCIT/NTMS-in-training/developmental/FLM/STMC/NTMO during OJT. These reviews provide an opportunity for an SDP to ensure consistency in the conduct and documentation of on-the-job training and to identify performance deficiencies on the part of OJT instructors.

(4) Terminal districts must ensure that sufficient assistance is provided to facilities with limited managerial resources in order to comply with this requirement.

Chapter 6. Technical Operations Quality Control Programs

6-1. Purpose. Technical operations quality control programs analyze performance characteristics of NAS equipment, and maintenance policy compliance by technical operations personnel. This chapter provides an overview of the quality control programs currently established. An overview of technical operations quality control responsibilities and associated orders is included in [TBL 6-1](#).

6-2. NAS Service, System, Subsystem, and Equipment Quality Control. The following are components of the Technical Operations quality control programs.

a. System Performance Reviews. Technical operations maintenance personnel, managers, and National Airspace System Technical Evaluation Program (NASTEP) staff perform system performance reviews as a means of quality control following FAA orders and technical directives. Quality control provides data analysis on performance metrics at multiple levels of the organization; and technical operations personnel are responsible for evaluation of metrics and the recommendation for any procedural changes as a result. The data is provided by technical documentation, system performance evaluations, and maintenance logs. It is essential that data is accurate and all employees are responsible for the integrity of this data. Examples of the data that is used to examine system performance include:

- (1) System, subsystem, equipment reliability.
- (2) System, subsystem, equipment availability.
- (3) Compliance with current orders, policy, and directives.
- (4) Logging accuracy.
- (5) Current modification revisions.
- (6) System, subsystem, equipment performance parameters.
- (7) Customer and stakeholder feedback.
- (8) System certification.

b. Technical evaluations. The performance of the NAS is observed and documented by the following:

(1) System certification. Credentialed technical operations employees examine and document equipment, subsystems, systems, and services provide intended or advertised functionality according to FAA Order 6000.15, General Maintenance Handbook for NAS Facilities.

(2) Non-Federal verification. Designated non-federal technicians perform an analogous process to certification which is known as “verification” for non-federally-owned components of the NAS following FAA Order 6700.20, Non-Federal Navigational Aids and Air Traffic Control Facilities.

(3) Inspection of non-Federal systems and facilities. Technical operations employees inspect and document findings on non-federal facilities as required by FAA Order 6700.20.

(4) Periodic maintenance. Technical operations personnel track required maintenance actions to ensure maintenance is coordinated and performed following maintenance handbooks.

(5) Configuration management. Technical operations personnel manage, document, and review items under configuration management such as:

- (a) NOTAMs review following FAA Order JO 7930.2, Notices to Airmen (NOTAM).

(b) Modification development and modification accomplishment tracking following FAA Order 6032.1, National Airspace System Modification Program.

(c) Facility reference data review following FAA Order 6000.15.

(d) Facility, Service, and Equipment Profile (FSEP) review following FAA Order 6000.5, Facility, Service, and Equipment Profile (FSEP).

c. Flight Inspection. The Office of Aviation Systems Standards is responsible for timely completion and accuracy of inspections following FAA Order 8200.1, United States Standard Flight Inspection Manual.

6-3. Policy Compliance Quality Control. The following are components of the Technical Operations quality control programs.

a. National Airspace System Technical Evaluation Program (NASTEP). NASTEP evaluations provide quality control for maintenance policy compliance, asset management, and customer satisfaction following FAA Order JO 6040.6, National Airspace System Technical Evaluation Program.

b. Significant Event Reports (SER). A significant event is any event causing a major impact to air traffic operations or has the potential to cause a facility/service interruption at FAA facilities causing major impact to air traffic operations. Technical operations managers perform a root-cause analysis of SERs to review active failures and latent conditions contributing to an event from a systems perspective to improve risk mitigation and prevent recurrence according to FAA Order JO 6030.41, Notification of Facility and Service Interruptions and Other Significant Events.

c. Lessons Learned Reports. Required for all technical operations personnel errors to include reported codes 89, personnel injury may be requested by technical operations management or the National Operations Group. Technical operations personnel perform analysis on lessons learned data to improve risk mitigation and to prevent recurrence according to FAA Order JO 6030.41.

6-4. Compliance Verifications (CV). CVs are a way to assess SDP performance and identify areas for improvement.

a. Internal Compliance Verifications (ICV). Planned assessments accomplished using a checklist and random sampling methods such as, but not limited to, direct observations, discussions with SDP personnel, review of data, equipment parameters, certification parameters, and examination of other documentation. This requirement is fulfilled by the NASTEP.

b. External Compliance Verifications (ECV). Assessments of SDPs conducted as-needed as determined by the service unit, director of operations at the service area, and/or the QCG, with the concurrence of the director of operations. Determinations to conduct ECVs will be based on data analysis that identifies potential risk within specific SDPs. ECVs may be conducted through various methods that may include developing a custom checklist and a review of available data, direct observation, interviews with personnel and other appropriate means.

TBL 6-1

Technical Operations Quality Control Responsibility

	First Level	Second Level	Third Level	Policy
System Certification	ATSS	Manager	NASTEP	6000.15
Non-Federal Verification	SSC/TSOG			6700.20
Non-Federal Inspection	SSC/TSOG			6700.20
Periodic Maintenance	ATSS	Manager	NASTEP	6000.15
NOTAM Review	Control Center	Manager	NASTEP	6000.15
Modification Development	Nat Engineering			6032.1
Modification Accomplishment	SSC	Nat Engineering	NASTEP	6032.1
Facility Reference Data Review	ATSS	Manager	NASTEP	6000.15
Periodic Flight Inspection	AVN			8200.1
Performance Examination	TSOG	Academy		3000.57
Significant Event Reports	District/TOCC	Tech. Services	HQ	6030.41
Configuration Management	ATSS	Manager	NASTEP	6032.1

Appendix A. Flight Service Station (FSS) Quality Control Addendum

This appendix outlines procedural differences for quality control activities in flight service stations (FSS) and federal contract flight service stations (FCFSS).

a. [Section 1](#) contains the procedures for obtaining operational personnel performance data for FCFSSs.

b. [Section 2](#) contains the procedures for performing compliance verification for both FSS and FCFSSs.

Section 1. Operational Performance Monitoring

A-1-1. Background. A key component in the delivery of air traffic services is personnel (air traffic control specialists (ATCS), flight service specialists, and managers). Effective monitoring of the delivery of air traffic services will help ensure those services are the safest and highest quality possible. All field managers at every level must effectively communicate performance expectations to their employees at the beginning of each rating cycle and subsequently measure and discuss their performance against these expectations. Data gathered through the following methods should be used to support overall performance management.

A-1-2. Operational Skills Assessment (OSA). An OSA is a comprehensive review of skills demonstrated by operational personnel (ATCS/front-line manager (FLM)/operations supervisor (OS)) in the performance of their duties as per the outcomes and expectations listed in their Performance Management System Standards. In addition, OSAs are an opportunity for managers and employees to discuss the methods and techniques employed in delivery of air traffic services. OSAs are required when an individual is certified or current on any operational position. Within each annual performance management cycle, managers must ensure that a minimum of three OSAs are performed for all personnel as follows:

a. The minimum required three OSAs must be performed, one within each of the following calendar year time frames:

- (1) 1st quarter.
- (2) 2nd quarter.
- (3) 4th quarter.

b. OSAs must be conducted in one session for a minimum of 30 minutes except for playback sessions, which will be a minimum of 15 minutes. Managers should select a work session that provides a meaningful review of the employees' skills.

NOTE-

Managers may conduct additional OSAs at any time during the rating cycle.

c. At least one OSA must be conducted by a manager other than the employee's manager of record.

d. One OSA must be conducted by monitoring live services and one by monitoring recorded services. The third OSA may be conducted by either method at the discretion of the manager. Conduct OSAs as follows:

(1) ATCS/Support specialists. The OSAs must be conducted on each operational position on which the ATCS/Support specialists are certified: preflight, inflight, and flight data/NOTAM. Where the ATCS is also a controller-in-charge (CIC) or designated lead specialist (DLS), the manager may perform one OSA on the CIC/DLS position.

(2) FLM/OS. One OSA must be accomplished on an operational position where the FLM/OS maintains currency, one on the FLM-in-charge position, and the remaining OSA on any position as determined by the manager.

e. OSA data may be collected or analyzed by any resource; however, performance management remains a managerial function and must be conducted by an employee's manager of record or designee.

f. Results of the OSA, to include exemplary work, must be documented on the appropriate Comprehensive Electronic Data Analysis and Reporting (CEDAR) OSA Worksheet if available. Otherwise, the appropriate on-the-job training (OJT) evaluation form may be utilized

g. SDPs must establish an audit process to evaluate representative samplings of OSAs to ensure accuracy and completeness. The audit process must include:

- (1) Feedback to the person conducting the OSA, and
- (2) Follow-up mechanisms to ensure the feedback was effective if OSA improvement is required.

h. The purpose of this initiative is to ensure the manager has captured the performance of the ATCS/specialist/FLM/OS accurately in the OSA. These reviews provide an opportunity to identify exemplary performance that can be shared in the facility as a best practice, as well as any performance deficiencies or risky behaviors that otherwise may have been overlooked

A-1-3. Voice Reviews. Voice reviews are a quality control tool that may be used at any time. When conducted, managers must review the voice data with the employee and discuss the findings. Results of the review, to include exemplary work, must be documented on the appropriate CEDAR OSA Worksheet if available. Otherwise, the appropriate OJT evaluation form may be utilized.

A-1-4. Employee Self-Evaluation. Self-evaluation is a component of a safety culture. At least once each rating cycle, employees certified on an operational position must be provided a re-recording (either on tape or in digital format) of their working an operational position.

a. The re-recording provided to the employee must not be reviewed by facility management unless:

- (1) The employee requests managerial review, or
- (2) The period of time covered by the re-recording is part of an analysis on an unrelated event or identified through an external source.

b. The re-recording must be a duration of at least 15 minutes with the “skip silence” feature enabled.

c. The review of the re-recording is highly encouraged but is optional for the employee. If the employee chooses to review the re-recording, management must provide duty time to accomplish the review.

d. Document the delivery of the re-recording to the employee in CEDAR. Once the employee informs their manager that the review is complete, the manager must document the completion of the review in CEDAR. If CEDAR is unavailable, document the delivery and review on the appropriate OJT form by checking the “Other” box and writing “self assessment delivery” or “self assessment review” in the comments block.

A-1-5. Certification Skill Check Audits. SDPs must establish an audit process whereby a representative sampling of certification skill checks will be reviewed (where facility tools exist that will permit such reviews and where certifications took place). The certification skill check audit process must include feedback to the person conducting the certification skill check and follow-up mechanisms to ensure the feedback was effective if certification skill check improvement is required. The purpose of this initiative is to ensure the FLM/OS certifier has captured the performance of the full performance level (FPL)/developmental/FLM/OS accurately in certification. These reviews provide an opportunity

for an SDP to ensure consistency in their certifications, as well as identify performance deficiencies or risky behaviors that otherwise may have been overlooked.

Section 2. Compliance Verification (CV)

A-2-1. Purpose. The purpose of CV is to verify and validate the conformity of the SDP with Federal Aviation Administration (FAA)/Air Traffic Organization (ATO) directives and overall quality of air traffic services. This order does not apply to occupational safety, health, or environmental evaluations and audits.

A-2-2. Background. The success of any organization's safety culture depends on the ability to verify compliance with the rules and regulations of the organization. The objective of CV is to ensure that SDPs meet or exceed ATO goals, thereby enhancing the safety of the flying public. CV is a formal process with documented evidence to determine the level of compliance at an SDP with FAA orders and directives.

A-2-3. Method of Accomplishment. CVs are planned assessments accomplished through the use of a checklist and random sampling methods such as, but not limited to, direct operational observation, discussions with SDP personnel, review of voice or radar data, equipment parameters, certification parameters, and examination of other documentation. The Compliance Verification Tool is a national database that contains information related to the CV process. Information includes checklists, reports, facility information, tracking information, response data, and other statistical information available on the Compliance Verification Tool website. Information contained in reports, mitigation plans, status reports, and closure is submitted through this database system.

A-2-4. Internal Compliance Verifications (ICV).

a. ICVs are expected to be conducted by an ICV team designated by the air traffic manager (ATM) or operations manager (OM) following all applicable national collective bargaining agreements.

b. All FAA air traffic control SDPs and FCFSSs must conduct an ICV annually. The schedule for conducting an ICV will be determined by the facility in order to produce the most comprehensive evaluation results within the annual time period.

c. ICVs must evaluate all items on the Compliance Verification Tool checklist except those not applicable to the specific facility type. Any ATO entity may propose the addition or deletion of a checklist item(s). FCFSS requests for checklist modification must be forwarded to the Flight Services Program Office (FSPO) Safety and Operations Group for evaluation and possible incorporation.

d. SDPs must complete an assessment and report of the efficiency and effectiveness of the following training items at least once per calendar year:

- (1) Qualification training for ATCSs, specialists, FLMs, OSs, and CICs/DLSs.
- (2) Proficiency training for ATCSs, specialists, FLMs, OSs.
- (3) Position certification process for ATCSs, specialists, FLMs, OSs.
- (4) Return-to-duty process.
- (5) OJT instructor selection, certification, and evaluation.

e. The ICV team will compile the assessment findings in a memorandum to the ATM/OM.

f. The ATM/OM must forward a copy of the report on the evaluation of the efficiency and effectiveness of the training items to FSPO Safety and Operations Group.

A-2-5. External Compliance Verification (ECV).

a. The FSPO must ensure that ECVs are conducted at all FAA and FCFSS SDPs. ECVs must be conducted by FSPO Safety and Operations Group staff with support from the service center QCGs upon request and as resources allow. The ECV should focus on the operations and training at an SDP and items that have a direct impact on its effectiveness.

b. The checklist used for ECVs will be developed by the FSPO. ECV checklists must include items provided by service units, directors of Operations, district managers, ATO Safety, or from trend data from ATSAP and service area quality assurance offices. The ECV checklist must also include items assessing the efficiency and effectiveness of a facility's technical training program.

c. An ECV will be conducted at all Flight Service SDPs at least once every 2 years.

d. Anytime during an ECV, the team may observe operational items that represent a significant safety risk. After advising the SDP manager, the ECV team would then focus on those items whether or not they are included on the checklist.

e. The ECV team will conduct an in-briefing with the SDP manager. The briefing will include an introduction of team members and ECV expectations.

A-2-6. Findings.

a. The ICV and the ECV will assess checklist items using the following categories and enter applicable details into the Compliance Verification Tool:

(1) Satisfactory (S) – This finding is assigned to checklist items that are completed in compliance with national, service area, and local requirements. Details are not required to be entered into the Compliance Verification Tool.

(2) Unsatisfactory (U) – This finding is assigned to checklist items that are non-compliant.

(3) Not Observed (N/O) – This finding is assigned to checklist items that are not observed during the verification. The reason the item was not observed must be documented.

(4) Not Applicable (N/A) – This finding is assigned to checklist items that are not applicable to the facility being evaluated.

(5) Not Rated (N/R) – The N/R finding is assigned to any checklist item that is applicable to the facility but for various reasons, such as time limitations, is not evaluated.

b. Prior to leaving the SDP, the ECV team lead must brief the SDP manager on all items that will be rated as non-compliant.

c. FSPO will forward findings of the ECV pertaining to training to the director of Technical Training and Development.

d. ECV reports must be completed and submitted into the Compliance Verification Tool within 10 administrative work days. The report must list all items rated and include associated details for all items rated "U."

e. Conformity Index (CI). Each on-site ECV conducted by the FSPO must include a CI. The CI must essentially be the result of aggregating the weighted indices for each of the functional areas (system safety, system efficiency, and system management) on the national checklist. System safety is weighted more than the other functional areas. FSPO acknowledges that no two facilities are identical;

therefore, CIs are not intended to compare facilities. The intent of the CI is to numerically depict a facility's overall compliance with directives/regulations and to assist with identifying "at-risk" facilities for non-compliance.

A-2-7. Responding to Findings.

a. Risk Mitigation Plan. The risk mitigation plan communicates how specific risks will be managed and the action steps that are required to carry them out. It promotes a clear sense of the actions that are expected to be taken and provides management with an understanding of what actions are being taken on their behalf to effectively manage risk.

b. SDPs must respond to applicable non-compliant checklist items by developing a risk mitigation plan to correct the item and obtaining associated concurrence from the FSPO within 5 administrative days of the mitigation being entered in the Compliance Verification Tool. To close the item, the facility must document the processes used to ensure the effectiveness of the mitigation and enter it into the Compliance Verification Tool.

c. Three-step closure process. The required method by which items identified as Unsatisfactory "U" must be resolved. This process does not apply to contract FSS facilities. The required responses at 60 and 180 calendar days must describe the three steps as follows:

(1) **Corrective action.** The initial action or series of actions taken by the facility to correct the discrepancy.

(2) **Follow-up action.** The action taken after an appropriate period of time to validate that the corrective action was successful. Documentation must include the date(s) that the follow-up action was accomplished and the results.

(3) **Management control.** The management control includes the action and/or program that will remain in place to ensure that the discrepancy does not recur. The management control identifies the management official responsible for ensuring the corrective action was effective. Additionally, the management control outlines the schedule for periodic review to ensure the corrective action continues to be effective.

d. Closure process for contract facilities. The contract service provider will provide FSPO with a report of closed problems no later than 6 months after the ICV has been finalized.

A-2-8. Procedures for Evaluating FAA and Contract FSS.

a. Responsibilities.

(1) FSPO must:

- (a) Ensure that an annual evaluation program is developed and implemented.
- (b) Be responsible for conducting evaluations at FSSs
- (c) Maintain a national database of evaluation information for analysis.
- (d) Provide a status report to the Executive Council each March and September for all open Unsatisfactory "U" ratings.
- (e) Review the evaluation process continually to ensure its efficiency and effectiveness.
- (f) Review documentation on closed problem areas.

(2) Alaska Flight Service Information Area Group (AFSIAG) must:

(a) Ensure timely resolution for those items elevated to the FSPO.

(b) Retain the responsibility for conducting evaluations at the FSSs in Alaska and will use procedures identified in this appendix.

(c) Review responses from field facility managers addressing the actions taken to correct all “U” items identified or appended during ECVs, ICVs, FUEs, and special evaluations. The AFSIAG Director must prepare an endorsement indicating concurrence or non-concurrence with the manager’s actions for each item and determine whether FSPO assistance is required for “U” items.

(d) When resources permit, provide personnel to participate in compliance verifications.

(3) Facility/Operations managers must:

(a) Promptly initiate steps to correct “U” items when notified by the lead evaluator following [paragraph A-2-7](#).

(b) Prepare a response addressing measures taken to correct all “U” items identified during or appended to ECVs, FUEs, and special evaluations. Responses must be prepared and submitted according to [paragraph A-2-8d](#).

(c) When resources permit, provide personnel to participate in compliance verifications.

(d) Furnish the lead evaluator, upon arrival at the facility, the total traffic count numbers for each calendar year since the previous ECV.

b. Evaluation process.

(1) ECV.

(a) Preparation and notification. An ECV, utilizing the appropriate checklist(s) in the Compliance Verification Tool, will be conducted at facilities determined by FSPO. FSPO will notify the facility manager and service area director or contract manager prior to conduct an ECV.

(b) In-briefing. An in briefing is conducted for the purpose of introductions and should include a short discussion of anticipated evaluation activities while on-site.

(c) Conducting the evaluation. Evaluators must conduct the ECV using all or some of the following methods: direct observation, position and/or voice/audio/data monitoring, observation of training activities, review of administrative records, and interviews. To avoid unwarranted “N/O” ratings, evaluators will use every means available to verify items not readily observable. Interviews will normally be conducted with managers, supervisors, support specialists, union representatives, employee participation group representatives, and other facility personnel who volunteer. (The interview process will be limited to FAA FSS facilities.) Additionally, representatives from adjacent ATC facilities, FAA, and non-FAA offices (customers, fixed-base operators, airport management personnel, etc.) may be interviewed.

(d) Daily briefing. The lead evaluator will normally provide the facility manager or designee with a daily briefing on the progress of the evaluation.

(e) Out-briefing. The facility manager or designee must be briefed on the evaluators’/evaluation team’s findings at the conclusion of the evaluation. This may take place at the facility or by telephone conference.

(f) Re-identified items. Items that are re-identified as Unsatisfactory “U” during ECVs must retain that rating. The appropriate closure process is required.

(2) FUEs.

(a) Preparation and notification. An FUE is conducted through an unannounced or minimal notification on-site evaluation, desk audit, or a combination of the two methods. An FUE will normally be conducted no earlier than 6 months after the date of the ECV out briefing or as determined by FSPO. Facility management may be requested to provide data for pre-evaluation review. The same process, as outlined in [paragraph A-2-8b\(1\)\(a\) through \(f\)](#), must be used for on-site FUEs.

(b) Reopened items. When discrepancies are reopened during the FUE, the original tracking control number must be retained. The format in FIG A-1 must be used to change the rating of a reopened item and to identify the evaluation process used to modify the rating. An item that is reopened as “U” during an FUE must retain that rating.

(c) Open items. Items previously rated as “U” must be considered open if the appropriate closure process has not been identified and/or the discrepancy can be detected. Each open item must be addressed in the evaluation report with an explanation as to why the item was determined open.

(d) New items. New items identified during an FUE may be rated as “U.” The appropriate closure process is required.

(e) Closed items. Items must be considered closed when the discrepancy can no longer be detected and the appropriate closure process has taken place.

(3) Special evaluations. An evaluation, other than an ECV, ICV, or FUE, done infrequently to support ad hoc requirements.

(a) Preparation and notification. FSPO must coordinate with the requesting office and notify the subject facility or organization through the appropriate manager.

(b) Conducting the evaluation. The in briefing, evaluation, and out briefing must be conducted at the direction of FSPO and the requesting office.

(4) Tracking control number. The format in [FIG A-1](#), Tracking Control Number, must be used for assigning tracking control numbers.

FIG A-1
Tracking Control Number

Tracking Control Number Example: 11-S-XYZ-01U-AE
“ 11 ” refers to the year of the evaluation.
“ S ” designates the type of facility (FSS/FCFSS).
“ XYZ ” is the facility identifier.
“ 01 ” is the tracking number.
“ U ” is the rating. The following rating identifiers must be used: “A” = Action Rating - Unsatisfactory “U” = Unsatisfactory Rating
“ AE ” indicates problem identification other than during an ECV. The following problem identifiers must be used: 1. AE = Appended Item 2. DA = Follow-up Evaluation conducted via desk audit 3. SP = Special Evaluation 4. F = Follow-up Evaluation

(5) Appended items. Coordination with FSPO and facility/operation managers must be accomplished before appending a new item to the ECV report. A separate report identifying the appended item(s) must be forwarded to the facility manager. The appropriate closure process is required. The format in [FIG A-1](#) must be used for assigning tracking control numbers. Under the following circumstances, new items and previously identified “U” items may be appended to the most recent ECV report:

- (a) While monitoring inter-facility operations during evaluations. For example, a problem may be identified at one facility while evaluating another.
- (b) As a result of findings emanating from a MOR, accident, or incident.

c. Evaluation Reports.

(1) Report completion. Results of all evaluations and audits must be documented to ensure that the FSPO remains fully informed regarding the effectiveness of the air traffic system. All final reports must be completed and distributed in a timely manner. To the extent possible, reports must be written in past tense.

(2) ECV reports must:

- (a) Describe the results and findings of the evaluation or audit in a narrative format.
- (b) Assign tracking control numbers to all items identified as “U” in the report following

[FIG A-1](#).

(c) Be distributed as follows:

- (i) The original signed report must be sent to the manager, FSPO Safety and Operations Group.
- (ii) Copies of the report must be provided to FSPO director and the facility/operations manager.

(3) FUE reports.

(a) Item Classification. FUE reports must contain the status of all problematic items identified during the previous ECV and any appended items. Items must be categorized as reopened, open, new, or closed. Each item must contain a tracking control number and title, followed by a description or explanation of findings. To the extent possible, reports must be written in past tense.

(b) Reopened items. Reopened items must be documented following [paragraph A-2-8b\(2\)](#).

(c) Open items. Open items must retain their original tracking control numbers and be documented following [paragraph A-2-8b\(2\)](#).

(d) New items. As necessary, use the format in [FIG A-1](#) for assigning tracking control numbers. Continue numbering new items sequentially from those reported in the facility’s most recent ECV.

(e) Closed items. Items closed via the appropriate closure process and those items closed during the FUE must be documented accordingly. (See [Paragraph A-2-7](#), Responding to Findings.)

(f) Report distribution. The original report must be sent to the service area director or contract manager. One copy of the report must be provided to each of the following: FSPO and the facility manager.

(4) Special evaluation reports.

(a) Report content. FSPO and the manager who requested the evaluation must determine the areas to be evaluated and the report format. If a special evaluation is conducted at a field facility, the findings must be documented in the Compliance Verification Tool.

(b) Report distribution. FSPO must make appropriate distribution.

d. Responses. Responses to FSPO are required for all items rated as “U.” Responses must comply with the three-step closure process ([paragraph A-2-7c](#)) using the automated response process within Compliance Verification Tool. If a facility is unable to utilize the automated response process, the facility manager must respond via memorandum using the format in [FIG A-2](#), Evaluation Response Format. The three-step process for closing an action item has to be completed within 60 days of the action item’s identification. In addition, the following criteria apply:

(1) Action plan. Proposed action plans for “U” items must be presented via telephone conference FSPO, within 5 calendar days after notification/identification of the “U” item. The purpose of the telephone conference is to obtain concurrence from the FSPO. Action plans must delineate corrective measures and include an estimated date of resolution. (See [FIG A-3](#), Action Plan Format.) Following concurrence, the facility/operations manager must ensure that the action plan is entered into Compliance Verification Tool no later than 15 work days after the out briefing.

(2) First response. The first response must be received at FSPO no later than 60 calendar days after the date of the ECV or FUE out briefing. All “U” items must be closed by the date of the first response, and the action plan and three-step closure process utilized must be included in this response.

(3) Second response. The second response must be received at FSPO no later than 180 calendar days after the date of the ECV or FUE out briefing. All “U” items must be closed by the date of the second response, and the three-step closure process utilized must be documented in this response.

(4) Special evaluations responses. Special evaluation responses must be at the discretion of FSPO.

FIG A-2
Evaluation Response Format

Date:**To:** Manager, FSPO Safety and Operations Group**From:** Air Traffic Manager, (City) FSS**Reply to Attn of:****Subject:** **INFORMATION:** External Compliance Verification, (City) FSS (XYZ)

The following steps have been taken for each unsatisfactory rating identified during the most recent audit/evaluation by FSPO.

(1) **10-S-XYZ-01U** (Tracking control number and title of the action item as it appears in the evaluation report.)

(a) **Action Plan:** (Briefly describe the plan that, in conjunction with the service area director, was presented to and gained FSPO's concurrence. Include the date of the telephone conference at which concurrence was attained.)

(b) **Corrective Action:** (Describe completed corrective action(s). Include the completion dates.)

(c) **Follow-up Action:** (Describe the follow-up action(s) accomplished to verify the success of the corrective action(s). Include the dates for completed follow-up actions and/or the planned completion date for any pending follow-up action.)

(d) **Management Control:** (Describe the management control(s) implemented to preclude recurrence of the cited action item.)

STATUS: We consider this item (open/closed).

(2) **10-S-XYZ-02U** (Tracking control number and title of the management effectiveness item as it appears in the evaluation report.)

(a) **Corrective Action:** (Describe completed corrective action(s). Include the completion dates.)

(b) **Follow-up Action:** (Describe the follow-up action(s) accomplished to verify the success of the corrective action(s). Include the dates for completed follow-up actions and/or the planned completion date for any pending follow-up action.)

(c) **Management Control:** (Describe the management control(s) implemented to preclude recurrence of the cited management effectiveness item.)

STATUS: We consider this item (open/closed).

(3) **10-S-XYZ-03U** (Tracking control number and title of the problem as it appears in the evaluation report.)

(a) **Corrective Action:** (Describe the corrective action(s) completed to date. Include the completion dates.)

(b) **Follow-up Action:** (Describe the follow-up action(s) accomplished to verify the success of the corrective action(s). Include the dates for any completed follow-up actions and/or the planned completion date for any pending follow-up action.)

(c) **Management Control:** (Describe the management control(s) implemented to preclude recurrence of the cited problem item.)

STATUS: We consider this item (open/closed).

(Air Traffic Manager's signature)

FIG A-3
Action Plan Format

Date:**To:** Manager, FSPO Safety and Operations Group**From:** Air Traffic Manager, (City) FSS**Reply to Attn of:****Subject:** **INFORMATION**: Action Plan(s), (City) FSS (XYZ)

In accordance with FAA Order JO 7210.634, Air Traffic Air Traffic Organization Quality Control, the following action plan(s) is (are) submitted for each action rating that was identified during the most recent evaluation by FSPO. Each action plan was coordinated with the FSPO. FSPO concurrence with the action plan(s) was gained during a telephone conference on (date).

(1) 10-S-XYZ-01U (*Tracking control number, title, and narrative for the action item exactly as cited in the evaluation report.*)

Corrective Action: (*Document corrective action(s) accomplished, the date of completion, any further planned corrective action(s), and the deadline(s) for completion. Remain aware that any action item must be closed, via the three-step closure process, within 60 days of identification.*)

(1) 10-S-XYZ-02U

Corrective Action:

(*Manager's signature*)