



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

**ORDER  
FS 8260.57A**

Flight Standards Policy

Effective Date:  
02/05/15

**SUBJ: Oversight of Non-FAA Instrument Flight Procedure Service Providers**

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This order establishes Flight Standards Service (AFS) policy, guidance, and standardization for the oversight of non-FAA Instrument Flight Procedure (IFP) service providers. This guidance outlines the surveillance methods along with audit, program review and compliance processes utilized by the Flight Procedure Implementation and Oversight Branch, AFS-460 to ensure a non-FAA IFP service providers' compliance with safety policies, processes and practices for managing all aspects of Title 14 of the Code of Federal Regulations (14 CFR) Part 97 or Special Non-Title 14 of the Code of Federal Regulations (14 CFR) Part 97 Instrument Flight Procedures.

A handwritten signature in black ink, reading "John S. Duncan".

John S. Duncan  
Director, Flight Standards Service

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## Chapter 1. General Information

**1-1-1. Purpose of This Order.** This order establishes Flight Standards Service (AFS) policy, guidance, and standardization for the oversight of non-FAA Instrument Flight Procedure (IFP) development, maintenance, and validation of Title 14 of the Code of Federal Regulations (14 CFR) Part 97 or special non-14 CFR Part 97 instrument procedures.

**1-1-2. Audience.** The primary audience for this order is AFS, Flight Technologies and Procedures Division, AFS-400, specifically AFS-460, who is directly associated with the Federal Aviation Administration (FAA) oversight process and/or charged with the responsibility to qualify and provide oversight of non-FAA service providers. The secondary audience for this order is prospective non-FAA IFP service providers, hereafter referred to as “service provider,” who have been authorized by the FAA to develop 14 CFR Part 97 or special non-14 CFR Part 97 instrument procedures.

**1-1-3. Where You Can Find This Order.** You can find this order on the Federal Aviation Administration’s (FAA) Web site.

**1-1-4. Explanation of Changes.** Significant areas of new directive, guidance, policy, and criteria as follows:

### a. General.

- (1) Inserted oversight objectives and deleted maintenance responsibilities on the cover page.
- (2) Updated all “Third Party” references to indicate “non-FAA.”
- (3) Updated all “Audit Team Leader” references to indicate “Team Leader.”
- (4) Updated all “Audit Program” references to indicate “Audit or Program Review.”
- (5) Updated all “Audit & Compliance Program Manager” references to indicate “Oversight Program Manager.”
- (6) Updated all “Audit and Compliance Tracking log” references to indicate “Safety Compliance Tracking Log.”
- (7) Updated all “branch secretary” references to indicate “administrative assistant.”
- (8) Revised the coordination and signature process throughout the document.

### b. Chapter 1.

- (1) Paragraph 1-1-1. Added “Special Non-Title 14 Code of Federal Regulations (14 CFR) Part 97.”
- (2) Paragraph 1-1-2. Added “Special Non-Title 14 Code of Federal Regulations (14 CFR) Part 97.”

- (3) Paragraph 1-1-4b. Added “Special” and “Part.”

**c. Chapter 2, paragraph 2-1-1a.** Updated “annually” to “biennially and updated AC 90-110 title.

**d. Chapter 3.**

- (1) Paragraph 3-1-1a. Clarified audit and program review requirements.
- (2) Paragraph 3-1-1b. Updated “annual” to “biennial.”
- (3) Paragraph 3-1-2d. Added “RVW” to define program review project numbering guidelines.
- (4) Paragraph 3-1-3a(2). Added “objective” and “focus areas of the audit or program review” to collection, review and analysis of data requirements.
- (5) Paragraph 3-1-3b. Added sentence “The team leader must ensure that copies of applicable requirements and procedures needed to conduct the audit or program review are available for the team’s use.” Added Instructions for developing the requirements checklist.
- (6) Paragraph 3-1-3b(1). Deleted. Duplicate of statement in paragraph 4b titled Collection and Verification of Data.
- (7) Paragraph 3-1-3b(2). Deleted. Content added to paragraph 3-1-3b.
- (8) Paragraph 3-1-3c. Added approval to branch manager review requirement.
- (9) Paragraph 3-1-3c(3). Deleted audit plan contents. Added document control instructions.
- (10) Paragraph 3-1-3d(1). Added “specific” to coordination dates and a 45 calendar day requirement for division manager signature. Also changed the service provider notification from 45 to 30 days.
- (11) Paragraph 3-1-3d(2). Added initiation methods for an unscheduled audit or program review and changed notification from 12 hours to notification “of the short notice visit.”
- (12) Paragraph 3-1-3f. Revised title to “Team Briefing.”
- (13) Paragraph 3-1-4a. Added sentence for completing the opening and closing meeting attendance form.
- (14) Paragraph 3-1-4b. Added instructions for completing the requirements checklist.
- (15) Paragraph 3-1-4b(1). Created new paragraph titled Safeguarding Property.
- (16) Paragraph 3-1-4c(1). Changed notification and process to include the oversight program manager and added issuance of LOI.

- (17) Paragraph 3-1-4c(3). Added informal compliance process.
- (18) Paragraph 3-1-4d(3). Added opening and closing meeting attendance instructions.
- (19) Paragraph 3-1-5c. Added instructions for completing the audit or program review report.
- (20) Paragraph 3-1-5d. Added sentence “This letter acknowledges an audit or program review with no safety issues or no areas of non-compliance, identifies observations (both negative and positive), and must list all informal and formal safety compliance issues.” and added note 2 from paragraph 4-1-2e(1).
- (21) Paragraph 3-1-6a. Added follow-up notification procedure.
- (22) Paragraph 3-1-6c. Added folder preparation and revised paragraph references.
- (23) Paragraph 3-1-6d. Revised report instructions.

**e. Chapter 4.**

- (1) Paragraph 4-1-2e(1). Incorporated note 1 “When initiation of an informal compliance issue did not originate from an audit or program review” and deleted the remainder of the note. Note 2 moved to paragraph 3-1-5d.
- (2) Paragraph 4-1-2e(3)(c). Deleted both notes. Note 1 - The appendix contains example letters. Note 2 - Acceptance of email is addressed in paragraph 4-1-2e(2).
- (3) Paragraph 4-1-2e(3)(d). Deleted. Content added to paragraph 4-1-2e(4)b.
- (4) Paragraph 4-1-2e(4). Deleted. Content added to paragraph 4-1-2e(4)b.
- (5) Paragraph 4-1-3a(3). Deleted note referencing the use of informal process steps.
- (6) Paragraph 4-1-3g(1). Added “If the noncompliance issue is a result of item 4-1-3a(3), the NOI is prepared by the oversight program manager or designee immediately following notification.”
- (7) Paragraph 4-1-3h(3)(d). Deleted.
- (8) Paragraph 4-1-3i(1). Incorporated paragraph 4-1-3h(3)(d) “When a violation is uncorrected.”
- (9) Paragraph 4-1-3j(2)(b). Deleted.
- (10) Paragraph 4-1-3k(1). Incorporated paragraph 4-1-3j(2)(b) “For violations not appropriately corrected.”
- (11) Paragraph 4-1-3m(1). OTA (Other Transaction Agreement) cancelled by a Letter of Qualification in 2012. Enforcement actions now address all service providers.

(12) Paragraph 4-1-3m(2). Added Notice to Airman (NOTAM) requirements.

**f. Appendix B. Administrative Information**

(1) Paragraph 2a. Revised definition.

(2) Paragraphs 2b-2h. Added definitions .

(3) Paragraph 2c. Revised definition.

(4) Paragraph 2d. Deleted.

(5) Paragraph 3d. Revised title.

(6) Paragraph 3e. Replaced (AC) 90-111 with (AC) 90-112.

(7) Paragraph 3r. Replaced FAA Order 8260.46 with FAA Order 8260.58.

**1-1-5. AFS-460 responsibilities.**

**a. Oversight.** Provide oversight of non-FAA IFP development, maintenance, and validation of instrument procedures.

**b. Implementation and validation.** Provide assistance in the implementation and validation of IFP standards, criteria, policy, and procedures for 14 CFR Part 97.

**c. Evaluate and recommend.** Evaluate and recommend approval/disapproval on requests for IFP waiver of standards.

**d. Monitor, analyze, and evaluate.** Monitor, analyze, and evaluate the execution of approved IFP programs within the FAA to determine compliance with established procedure maintenance policy.

**e. Technical and risk assessment.** Provide technical and risk assessment of IFP operations not covered by standard criteria.

**f. Flight validation.** Serve as the FAA focal point for flight validation policy of satellite-based and performance-based navigation IFPs.

**g. Coordination and processing.** Serve as the FAA focal point for the coordination and processing of special instrument procedure and waiver requests.

**h. Evaluations, simulations, and testing.** Perform operational evaluations, simulations and in-flight testing of standards and criteria proposed for en route and terminal IFPs and navigation systems. This includes the flight simulator (SIM) evaluation of specials/waivers and Performance-Based Navigation (PBN) IFPs to ensure adherence to criteria and provide oversight.



**i. Approve and audit.** Approve and audit all IFP design training courses, for content and curriculum to determine conformance with applicable criteria, standards, and policies.

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## Chapter 2. Surveillance

**2-1-1. General.** Surveillance occurs daily with or without normal day-to-day interaction with service providers (i.e., procedure review board procedures, instrument flight procedure validation (IFPV) activities, etc.). Observation of negative trends will require an audit or program review to determine if the issue is a system wide problem or is service provider specific [see chapter 3]. The following methods of surveillance are conducted to ensure continuing compliance.

**a. Operations manual.** As a minimum, AFS-460 will review service provider's operations manual biennially for compliance with all applicable guidance outlined in Advisory Circular (AC) 90-110, Instrument Flight Procedure Service provider Authorization Guidance for Required Navigation performance procedures.

**b. Procedure Review Board.** A panel including Terminal Instrument Procedures (TERPS) and operational specialties review procedures scheduled by the procedure review board. The end product is a documented operational safety assessment.

**c. IFPV activities.** AFS-460 will manage and direct oversight of all IFPV activities in accordance with Order 8900.1, Flight Standards Information Management System.

**d. Simulator evaluations.** AFS-460 will conduct simulator evaluations of required navigation performance (RNP) authorization required (AR) procedures in accordance with Order 8900.1.

**2-1-2. Analysis.** AFS-460 will analyze surveillance results for trends and take appropriate action when there is a negative trend (safety critical issues require immediate action/resolution). The action taken will be informal compliance resolution or the scheduling of an official audit or program review. The safety risk will determine the appropriate course of action.

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## Chapter 3. Audit and Program Review Process

### 3-1-1. General.

**a. Risk-based system audit or program review.** AFS-460 conducts risk-based system audits to determine a service provider's compliance with legal, regulatory and statutory requirements of 14 CFR and Safety Management System (SMS) guidelines. As such, a statutory audit, hereafter referred to as "audit," is conducted for service providers developing 14 CFR Part 97 instrument procedures to be published in the Federal Register. A non-statutory audit, hereafter referred to as a "program review," is conducted for service providers developing special non-14 CFR Part 97 instrument procedures not published in the Federal Register to determine a service provider's compliance with safety policies, processes, and practices for managing all aspects of IFP design.

**b. Service provider visits.** The AFS Business and Performance Plan notes the minimum number of service providers visited by AFS-460 each fiscal year (FY) to conduct an audit or program review; the basis for this number is available resources. Service providers can expect a biennial visit.

### 3-1-2. Initiating an Audit or Program Review.

**a. Initiation is based on:**

- (1) Surveillance,
- (2) User complaints,
- (3) Incidents or accidents,
- (4) A safety compliance issue, and
- (5) A requirement in the AFS Business and Performance Plan.

**b. Format.** AFS-460 can initiate an audit or program review in any format (i.e., written request, e-mail, and memorandum).

**c. Annual schedule.** The oversight program manager develops a schedule using Form 8260-31, Annual Audit and Program Review Schedule, [see figure A-1] and submits it to the branch manager for approval. The approved schedule is posted on the AFS-460 Oversight SharePoint site at least 45 calendar days before the beginning of the fiscal year.

**d. Assignment of project number.** The oversight program manager assigns a unique project number for the audit or program review and uses it when entering information into the "Audit and Program Review Tracking" log [see figure A-2]. The recording convention for the project number is "ADT or RVW-FY00-000." The "ADT" indicates audit, RVW for program review, the two-digit number indicates the FY, and the three-digit sequential number indicates the specific project. The project number must be used on all documents relating to the audit or program review.

**e. Team leader, sub-team leaders, and team members.** The branch manager selects a team leader (sub-team leaders if applicable) and team members based on (but not limited to) the following factors:

- (1) Qualifications,
- (2) Conflict of interest issues,
- (3) Area of expertise, and
- (4) Availability.

### **3-1-3. Pre-Audit or Program Review Activities.**

#### **a. Collection, review, and analysis of data.**

(1) The team leader or designee gathers orders, directives, and other pertinent documentation related to a process or procedure. The team leader will coordinate requirements for more information with the branch manager. Pertinent documentation may include the following:

- (a) The service provider's relevant records, manuals, procedures, etc.
- (b) Historical information (databases, evaluation reports, etc.).

(2) The team leader works with the branch manager to finalize the objective, scope, and focus areas of the audit or program review.

**b. Development of requirements checklist.** The team leader develops the requirements checklist using the Form 8260-32, Audit or Program Review Requirements Checklist [see figure A-3]. The team leader must ensure that copies of applicable requirements and procedures needed to conduct the audit or program review are available for the team's use. Instructions for developing the checklist are as follows:

- (1) Identify requirements.
  - (a) Determine the relevant national safety and operational requirements by looking up FAA orders and notices as well as related guidelines in manuals, handbooks, etc. The requirements should be as narrow and focused as possible. For example, if checking a service provider's compliance with conducting periodic reviews, refer to the requirements in Order 8260.19, Flight Procedures and Airspace. If a relevant requirement is identified, enter it in the "Requirement" field of the checklist. One checklist should be used for each requirement.

**Note 1:** Link to Flight Procedure Standards Branch, [Current Regulations](#).

**Note 2:** Link to Flight Procedure Standards Branch, [Policy Clarification](#).

**Note 3:** Each audit or program review is different as are the requirements on which it is based. The level of difficulty in identifying the appropriate requirements can vary depending on the complexity, scope, and objective.

(2) Develop checklist questions.

(a) Fully understanding the objective and scope will help to develop the best checklist questions for determining compliance. First ask these questions:

1. What is specifically being audited or reviewed?
2. What are the reasons for the audit or program review and why is it necessary?

(b) The checklist questions should be worded so as to be answerable only by “yes,” “no,” or “not-verifiable.” The questions should be explicit, evidence-based, and written in a way that elicits answers clearly indicating compliance or noncompliance with the requirement. For example, when determining compliance with Order 8260.19, paragraph 2-8-1 (which states review all instrument procedures to ensure that requirements for obstacle clearance, navigational guidance, safety, and practicality are met), then the following questions would be appropriate:

1. Is there evidence indicating that operational personnel comply with the minimum frequency of review of instrument procedures?
2. Is there evidence indicating that operational personnel properly document periodic reviews?

(3) Describe a sampling.

(a) Describe the techniques to be used, i.e., interviews, observations and/or review records. Be specific. For example, “*auditors (or reviewers) will record a sampling of procedure documentation.*”

(b) Since it is impractical to review all documentation, the audit or program review is based on a representative sample taken from the system. In this section, when reviewing records, answer the following questions:

1. What does a representative sample look like, i.e., what percentage of the population will be looked at?
2. What is the sampling procedure?
3. Where is the evidence needed to review and determine compliance?
4. What records will be reviewed?

**c. Submission for approval.** The team leader will submit the requirements checklist with the audit or program review plan for review and approval by the branch manager, 60 calendar days prior to the onsite start of the audit or program review.

**d. Audit or program review plan preparation.** The team leader prepares the plan using the “Audit or Program Review Plan” template [see figure A-4] and submits it to the branch manager for review and approval. Include the following information:

(1) Recommended specific audit or program review location(s) based on the results of research and analysis of data.

(2) Provide written justification for the audit or program review location(s). Description of the reason(s) for the selection(s) may include but is not limited to the following:

(a) Specific surveillance items associated with the system or procedure.

(b) Likelihood and severity of incidents or accidents associated with the system or procedure resulting from obsolete criteria, software, or procedure(s).

(c) Number of reported incidents or complaints (high, medium, low) related to the system or procedure.

(3) Retain the original approved plan in the team lead folder and place a copy onto the AFS-460 Oversight SharePoint site.

**e. Notification.**

(1) Scheduled audit or program review. After coordinating specific dates with service provider management, the team leader prepares an official notification letter from the division manager to the service provider using the “Notification Letter” template [see figure A-5]. Submit the notification to the branch manager for review and approval then to the administrative assistant for internal coordination and submission to the division manager for signature. The division manager must receive the notification letter for signature at least 45 calendar days before the onsite start of the audit. Upon receipt from the division manager, the administrative assistant sends the signed notification letter to the service provider at least 30 calendar days before the onsite start of the audit or program review. A copy of the notification letter is posted in the AFS-460 Oversight SharePoint site.

(2) Unscheduled audit or program review. An unscheduled audit or program review resulting from initiation methods in paragraph 3-1-2a(1) through 3-1-2a(4) does *not* require written notification to the division manager. The branch manager verbally advises division and service provider managers of the short notice visit, schedules arrival of the team and coordinates access to the facility.

**f. Team folder preparation.** The team leader and/or sub team leader prepare team folders that include a copy of the approved audit or program review plan and notification (for scheduled visits only), requirements and team leader checklists, contact information (i.e., branch manager,



oversight program manager), logistical and scheduling information (i.e., travel itineraries, rental car, lodging, meeting places and times), and other necessary documents.

**g. Team briefing.** The team leader conducts a team briefing using Form 8260-33.1, Team Briefing Checklist, [see figure A-6] before the onsite audit or program review. It is a requirement that team members attend and ensure that the team leader covers all checklist items.

**3-1-4. Conducting the Audit or Program Review.** It is an expectation that team members carry out their assigned tasks using appropriate tools and techniques, and not to interfere with the facility's operations.

**a. Opening meeting.** The team leader or sub-team leader (if applicable) conducts the opening meeting with the service provider using Form 8260-33.2, Opening Meeting Checklist [see figure A-7]. Ensure all individuals attending the meeting sign in using Form 8260-33.4, Opening and Closing Meeting Attendance [see figure A-9]. Team members must attend and ensure that the team leader or sub-team leader covers all checklist items.

**b. Collection and verification of data.** Team members use the audit or program review requirement checklists to record information that could indicate noncompliance with the requirement noted in the checklist. When necessary, team members may request copies of pertinent documentation. Instructions for completing the requirement checklists are as follows:

(1) Record evidence and/or observations. In addition to determining compliance with the requirement, complete the evidence and/or observation field of the checklist for each question. Provide a brief explanation of how compliance was determined. Be sure to record specific information about what was reviewed and observed (e.g., name, document title, date, time, operation observed, etc.) Also consider peripheral issues that may be relevant to (but not necessarily mandated by) the specific requirement in the checklist. Safety critical or other items are recorded as well.

(a) Here is an example of an explanation of how compliance was determined:

*At Sky High Aviation, we looked at 12 employee's training records and found that they all had the mandatory briefing item (Area Navigation (RNAV) Turn Altitude Determination) for clarification and standardization of methods used to determine the altitude used in turn radius calculation for area navigation (RNAV) approach procedures by the deadline of February 16, 2007.*

(b) Here is an example of recording information appropriately:

*At Sky High Aviation, we reviewed the Memorandum dated February 26, 2007 for guidelines on turn altitude determination. We found the information in paragraph 2 to be satisfactory.*

(c) Here is an example of an observation:

*It was observed that the announcement for the next required briefing was haphazardly placed on a table with other documents. The facility manager was advised that these announcements should be prominently placed at a location where all personnel can see them.*

(2) Additional comments. Use this space for additional comments or in the event there is not enough room in the evidence and/or observation box.

(3) Complete the checklist. The team leader and/or sub-team leader should work with team members to complete all of their checklists before leaving the service provider's location.

**c. Safeguarding property.** Possession and security of the property provided by the service provider (i.e., original documents, equipment, furnishings) for use by the team during the audit or program review is the team leader's responsibility.

(1) The team leader or sub-team leader must ensure that the team:

- (a) Exercises care in the use of that property,
- (b) Prepares an inventory of any original documents received,
- (c) Verifies if the item is suitable for the intended use,
- (d) Protects and safeguards property from damage or loss, and
- (e) Ensures the safe return of service provider property when required.

(2) If any item belonging to a service provider is lost, or damaged, the team leader or sub-team leader must report it to the service provider and the oversight program manager. The oversight program manager must maintain a record of the incident.

**d. Recording findings and observations.** Identifying and reporting results.

(1) Safety critical finding. This is a finding that indicates the existence of a severe operational discrepancy that adversely affects the safety of the NAS. Team members must immediately notify the team leader or sub-team leader of any suspected safety critical finding. The team leader or sub-team leader must immediately report the finding to and seek guidance from the branch manager. If the branch manager acknowledges the finding as safety critical, the division manager and oversight program manager are notified. The formal compliance process for tracking and resolution is initiated and a letter of investigation (LOI) is issued. The team leader or sub-team leader must then notify the service provider of the finding.

(2) Safety hazard finding. This finding indicates noncompliance with a safety standard or requirement that results in a hazard in the NAS. The branch and/or division manager determine whether a safety hazard finding will be handled by the formal or informal compliance process for tracking and resolution.

(3) Safety compliance findings. Safety compliance findings indicate a failure to follow safety standards; however, has not yet produced a safety hazard. If determined by the branch manager to be valid, the audit or program review report notes these findings, and the informal compliance process is initiated.

(4) **Observations.** Observations document a procedure, practice, or activity of a positive or negative nature observed during the audit or program review. The team leader (unless otherwise assigned by the branch manager) will track and resolve negative observations requiring follow-up action from the service provider.

**e. Team briefings.**

(1) **Daily team briefings.** The purpose of team briefings is to allow team members the opportunity to update the team leader or sub-team leader on the progress of the audit or program review. The team leader and sub-team leader can schedule team briefings at any time during an audit or program review. Sub-team leaders assigned to multiple teams will brief and/or update the team leader daily.

(2) **Final team briefing.** The team leader and sub-team leader conduct a final team briefing to discuss the audit or program review results and reach a consensus on data provided to the service provider during the closing meeting. The team leader and sub-team leader make the final decision if the team cannot reach a consensus. The team leader and sub-team leader contacts the branch manager if necessary to discuss the audit or program review results, outstanding actions, and any issues or concerns prior to conducting the closing meeting.

(3) **Closing meeting.** The team leader or sub-team leader conducts a closing meeting with the service provider using the Form 8260-33.3, Closing Meeting Checklist [see figure A-8]. Team members must attend and ensure that the team leader covers all checklist items. Ensure all individuals attending the meeting sign in using Form 8260-33.4, Opening and Closing Meeting Attendance [see figure A-9]. At the conclusion of the closing meeting, the team leader or sub-team leader provides the service provider with Form 8260-34, Audit or Program Review Process Feedback Form [see figure A-10]. The service provider receives this form to solicit feedback specific to the audit or program review process. Completing this form is optional. All audit or program review process feedback forms issued to and received from the service provider are recorded on the “Feedback Tracking” log [see figure A-11]. The oversight program manager analyzes feedback information and reports the results to the branch manager.

**3-1-5. Post-Audit Activities.** Upon completion of the onsite portion of the audit or program review, the team must complete the following activities:

**a. Post-audit team meeting.** During the final data review, the team reviews and analyzes the requirements checklist and data gathered during the audit or program review. The team leader will coordinate requirements for additional information with the branch manager prior to notifying the service provider. The audit or program review concludes seven calendar days after the collection of all data.

**b. Validation meeting.**

(1) All safety compliance issues will be resolved in accordance with the compliance process as outlined in chapter 4.

(2) The oversight program manager documents all safety critical, safety hazard safety compliance findings and/or negative observations on the “Safety Compliance Tracking” log [see figure A-12] for resolution.

(3) Unless otherwise assigned by the branch manager, the team leader is responsible for ensuring the completion of all items requiring follow-up (informal and formal safety compliance issues, or negative observations).

**c. Audit or program review report.** The team leader submits a draft report to the branch manager at the conclusion of the audit or program review (within seven calendar days after collecting all data) using the “Audit or Program Review Report” template [see figure A-13]. Instructions for completing the audit or program review report are as follows:

(1) Introduction.

(a) Background. Identify any pertinent events that may have led AFS-460 to conduct an audit or program review. Was there an increase in procedure development errors, user complaints, accidents, erroneous data, etc. indicating safety risk(s) with a procedure or development tools etc.?

(b) Objective. The same objective that was identified on the audit plan should be used for the report. AFS-460 conducts an audit or program review to determine a service provider’s compliance with Safety Management System (SMS) requirements and safety standards contained in FAA orders, notices, etc. The following is an example of what can be used to describe the objective: “Flight Procedure Implementation and Oversight Branch (AFS-460) conducted an audit (or program review) to determine service provider compliance with requirements for conducting periodic reviews of instrument approach procedures.”

(c) Scope. The same scope identified on the audit plan should be used for the report, unless further research helped to narrow the scope. The scope identifies the procedures or systems reviewed or observed during an audit or program review, how the team determined compliance, where the team looked to find objective evidence (e.g., training records, direct observation of procedure development operations, publications, etc.). On-site portion of the audit or program review: List the dates and location (facility name and identifier) for each facility visited.

(d) Requirements. List all requirement documents (e.g., FAA orders, notices, standard operating procedures, etc.) used to verify compliance.

1. List all documents in bullet format;

2. Include the correct document number and title

(e) Methodology. List the tools and techniques used to conduct the audit or program review.

**Example:** AFS-460 used standard auditing or review techniques and developed specific checklists for this audit (or program review). The team performed operational observations and

interviewed service provider management personnel. *<Insert any additional methods used>*. The team focused on (insert number) different areas:

(2) Results.

(a) Describe the results for *each* focus area and list any findings or observations.

1. Description. Provide a general description of the focus area.

**Example: Focus Area:** [Insert focus area e.g., criteria, documentation, or training. Document each area separately.]

2. Methodology. Describe specific methodology used, e.g. observed operation in the tower, reviewed XX training records, interviewed service provider's management, etc.

3. Requirements. Describe the processes, processes, procedures and/or specific requirements.

4. Findings. Provide a detailed description of the non-compliance. Include the safety compliance issue number, if applicable. If there were no instances of non-compliance state "We did not find any non-compliance with requirements relating to this focus area." Continue sequential numbering throughout the audit or program review report as necessary, regardless of the focus area. Follow instructions above for each finding.

5. Observations. Provide a detailed description of the observation or state "There are no observations for this focus area." Continue sequential numbering throughout the audit or program review report as necessary, regardless of the focus area.

6. Appendix A. List all team members and identify the team leader.

7. Appendix B. Attach the audit or program review requirements checklist. Electronic mailing can be used if there are several checklists.

**d. Audit or program review report cover letter.** The team leader prepares the cover letter to accompany the report using the "Audit or Program Review Report Cover Letter" template [see figure A-14]. This letter addresses observations both positive and negative and must list any informal and formal safety compliance issues.

**Note:** If the informal safety compliance issue was identified during an audit or program review, the audit or program review report cover letter will initiate the informal compliance process. The letter requests service provider response within 21 calendar days from the date of the letter or by the due date assigned by the branch manager.

**e. Submission of audit report to AFS-400.** After receiving approval from the branch manager, the administrative assistant submits the audit or program review report with the report cover letter and any required attachments to the division manager for signature. The division manager must receive the audit or program review report within 21 calendar days after audit or

program review conclusion. Send an interim notification to the division manager in the event that the audit or program review report is not complete within 21 calendar days. Upon receipt from the division manager, the administrative assistant sends a copy of the signed report to the service provider. A copy of the notification letter is posted in the AFS-460 Oversight SharePoint site.

### **3-1-6. Follow-up Activities.**

**a. Follow-up audit or program review.** Safety critical, hazard, or compliance findings and/or negative observations requiring follow-up action are entered into the informal or formal compliance process for resolution. Requests for a follow-up audit or program review are submitted by the team leader, assigned staff specialist or branch manager and require approval by the division manager. The request may be communicated in any manner (i.e., written request, e-mail, and memorandum). An approved follow-up audit or program review will be scheduled as determined by the branch manager. Notification of the service provider as specified in paragraph 3-1-3d(1) or 3-1-3d(2) is predicated on the severity of the compliance issue.

**b. Number assignments.** The oversight program manager assigns a single digit sequential number after the project number (e.g., ADT-FY-11-001-1) to indicate the follow-up audit or program review. The project number and the words “Follow-up Audit” or “Follow-up Program Review” must be included on all documents and records dealing with the follow-up audit.

**c. Conduct a follow-up audit or program review.** The team leader will prepare team folders that include a copy of the notification (for scheduled visit only), revised requirement and team leader checklists in accordance with paragraph 3-1-6b above, and other necessary documents. Conduct a follow-up audit or program review in accordance with paragraphs 3-1-4a through 3-1-5b.

**d. Report follow-up audit or program review results to division manager.** The team leader submits a follow-up report in accordance with paragraphs 3-1-5c through 3-1-5e. Include a prepared letter (if required) that initiates or closes a safety compliance issue in accordance with the compliance process.

**3-1-7. Record Maintenance.** The oversight program manager ensures the establishment of records in accordance with this process and entered onto the AFS-460 Oversight SharePoint site. Keep the following records on file:

- a.** Annual audit and program review schedule,
- b.** Audit or program review plan,
- c.** Audit or program review notification letter,
- d.** Requirements & team leader checklists,
- e.** Audit or program review process feedback form,
- f.** Audit or program review report (including cover letter, etc.),

- g.** Follow-up audit or program review report, and
- h.** All other relevant information as deemed appropriate.

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## Chapter 4. Compliance Process

**4-1-1. General Overview.** The compliance process begins with the informal compliance process, which provides an avenue for corrective action at the lowest organizational level. However, if it is not possible to resolve the noncompliance at lower levels (for example, if a policy in need of change), AFS-400 senior management will work with service provider's senior management on a one-to-one basis to achieve corrective action and prevent escalation of the matter to the formal compliance process. If the informal process does not obtain a resolution, AFS will follow a formal approach investigating and resolving the service provider's noncompliance. If the service provider fails to take the necessary actions to prevent continued noncompliance, the final step in this process is the issuance of a safety directive ordering the service provider to take the safety-related measures outlined.

### 4-1-2. Informal Compliance Process.

**a. Safety compliance.** The branch manager receives notification of a safety critical, hazard or compliance finding and/or negative observation [outlined in the "Informal Compliance" flowchart, see figure A-15]. If a staff specialist identifies or receives notification of the finding or observation, he or she will inform the AFS-460 manager. Sources of a safety compliance issue include, but are not limited to:

- (1) Service provider voluntary disclosure,
- (2) Surveillance,
- (3) Audit or program review results,
- (4) Accidents/Incidents, and
- (5) Other sources (i.e., Office of Inspector General, the National Transportation Safety Board (NTSB), and whistleblower program).

**b. Documentation of a safety compliance issue.** The oversight program manager documents the safety compliance issue on the "Safety Compliance Tracking" log [see figure A-12] and notes the SMS requirement as defined in an approved service provider's operations manual or safety standard allegedly in violation. The oversight program manager also attaches any pertinent documentation as needed.

**c. Validation of a safety compliance issue.** The branch manager determines whether the information regarding the safety compliance issue is valid and if the allegation is valid, verifies the service provider's noncompliance with the SMS requirement or safety standards.

- (1) If the issue is invalid, or if there is no safety issue, the branch manager notifies the individual (who identified or received notification of the issue) of the determination. The oversight program manager updates the status on the "Safety Compliance Tracking" log [see figure A-12] and closes the issue.

(2) If the issue is valid, the branch manager coordinates with the oversight program manager for assignment of a compliance issue number in the “Safety Compliance Tracking” log [see figure A-12]. The number consists of COMP-FY, two-digits indicating the FY of issue identification, and a two-digit sequential number for that issue, (i.e., COMP-FY14-01). Use this unique number on all out-going correspondence related to the safety compliance issue.

**d. Assignment of a Safety Compliance Issue.** The branch manager assigns the compliance issue to a staff specialist.

**Note 1:** The assigned staff specialist does not have to be the same specialist who identified or received notification of the issue.

**Note 2:** For informal compliance issues identified during an audit or program review, the team leader is considered the assigned staff specialist, unless otherwise assigned by the branch manager.

**e. Attempted resolution by the assigned staff specialist.**

(1) When initiation of an informal compliance issue did not originate from an audit or program review, the assigned staff specialist prepares a “Request for Additional Information; Safety Compliance Issue COMP-FYXX-XX” letter [see figure A-16] from the branch manager to the appropriate service provider manager. This letter initiates the informal compliance procedure by requesting that the service provider submit additional information within 21 calendar days from the date of the letter, or by the due date assigned by the branch manager. Use either date to help resolve the safety compliance issue. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and distribution. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(2) After sending the initial letter, the assigned staff specialist attempts to resolve the issue through e-mail, telephone conversation, or by meeting with service provider personnel. If directed by the branch manager, attempt a resolution by working with other service provider employees. The oversight program manager places all pertinent documentation (i.e., electronic messages, record of conversation, meeting minutes, and correspondence) onto the AFS-460 Oversight SharePoint site and updates the status on the “Safety Compliance Tracking” log [see figure A-12].

(3) For resolutions received from the service provider counterpart within 21 calendar days from the date of the letter, or by the due date assigned by the branch manager, the assigned staff specialist coordinates with the branch manager to determine if the resolution is acceptable. Depending on the complexity of the safety compliance issue, this step may take a significant amount of time for information exchange between AFS-460 and the service provider.

(a) If the resolution review process will exceed 45 calendar days of receipt, the assigned staff specialist prepares a “Status Update; Safety Compliance Issue COMP-FYXX-XX” letter [see figure A-17] from his or her branch manager to the service provider. Use this letter

when AFS-460 is still reviewing information received from the service provider and will provide an official response at a later date. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and distribution. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(b) If the resolution is acceptable, the assigned staff specialist prepares an “Acceptance of Corrective Actions; Safety Compliance Issue COMP-FYXX-XX” letter [see figure A-18] from the branch manager to the service provider within 45 calendar days from receipt of the service provider’s response. Use this letter when AFS-460 accepts the service providers’ corrective action plan and will monitor its implementation. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and distribution. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(4) Using objective evidence and compliance verification data to ensure that the resolution process is complete, the assigned staff specialist prepares a “Closure of Safety Compliance Issue COMP-FYXX-XX” letter [see figure A-19]. Fill out the appropriate blocks on the Form 8260-35, Compliance Process Feedback, [see figure A-26] and attach it to the letter. The service provider receives this form to solicit feedback specific to the compliance process. Completing this form is optional. All compliance process feedback forms issued to and received from the service provider are recorded on the “Feedback Tracking” log [see figure A-11]. The oversight program manager analyzes feedback information and reports the results to the branch manager.

(a) The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter and attached compliance feedback form to the branch manager for review and approval, then to the administrative assistant for internal coordination and distribution. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(b) If the resolution is not acceptable, proposed or received within 21 calendar days or by the due date assigned by the branch manager, the assigned staff specialist elevates the issue to the branch manager for resolution. The oversight program manager updates the “Safety Compliance Tracking” log [see figure A-12] to indicate the elevation of the issue to the branch manager for resolution.

**f. Attempted resolution by the branch manager.**

(1) The branch manager attempts resolution with his or her counterpart at service provider’s directorate level requesting that the service provider submit requested information to the branch manager within the timeframe established. Use this information to resolve the safety compliance issue.

**Note:** All pertinent documentation generated or received by the branch manager (i.e., electronic messages, record of conversation, meeting minutes, and correspondence) will be forwarded to

the oversight program manager for entry onto the AFS-460 Oversight SharePoint site and status update of the “Safety Compliance Tracking” log [see figure A-12].

(2) The branch manager receives a response from his or her service provider counterpart and determines if the resolution is acceptable. Depending on the complexity of the safety compliance issue, this step may take a significant amount of time for information exchange between the branch manager and the service provider.

(a) If the resolution is acceptable, the assigned staff specialist prepares one of the following letters within 45 calendar days of receipt of the response from the service provider:

1. Request for additional information,
2. Status update,
3. Acceptance of corrective actions, and
4. Closure of safety compliance issue.

(b) The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and distribution. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(c) If there is no resolution proposed or received within the due date established by the branch manager, the safety compliance issue will enter the formal compliance process. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and the compliance changes the status from informal to formal.

#### **4-1-3. Formal Compliance Process.**

**a. Safety compliance issues.** A safety compliance issue will enter the formal compliance process [outlined in the “Formal Compliance” flowchart, see figure A-20] as a result of one of the following:

- (1) The informal compliance process fails to result in correction of the safety compliance issue,
- (2) Data indicates that the safety compliance issue requires urgent resolution, and
- (3) The division manager instructs that a safety critical or safety compliance issued identified during an audit or program review will receive formal resolution.

**b. Assigning a unique number.** If applicable, the oversight program manager assigns a unique number using the “Safety Compliance Tracking” log [see figure A-12], in accordance with paragraph 4-1-2c(2). However, an informal safety compliance issue that enters the formal compliance process will use the same number issued during the informal process. Use this unique number on all out-going correspondence related to the safety compliance issue.

**c. Staff specialist responsibilities.** The assigned staff specialist for an informal safety compliance issue that has entered the formal compliance process is responsible for ensuring resolution of the safety compliance issue, unless otherwise assigned by the branch manager.

**d. Assigned staff specialist.** When the division manager refers a safety compliance issue resulting from an audit or program review to the formal compliance process, the team leader is considered the assigned staff specialist unless otherwise assigned by the branch manager. He or she contacts the oversight program manager to obtain a safety compliance issue number for each safety compliance issue.

**e. Issues not resulting from informal compliance.** If the safety compliance issue did not result from the informal compliance process, an audit or a program review, the safety compliance issue is coordinated with the division manager and is then assigned to a staff specialist by the branch manager.

**f. Written status update.** AFS-460 will provide a written status update within 45 calendar days of receipt of a service provider response. The status update letter will notify the service provider that AFS-460 is still reviewing information provided and will provide the date that AFS will provide an official response. Send all formal correspondence entering or exiting AFS-460 to the administrative assistant for correspondence control.

**g. AFS-460 issues a Notice of Investigation (NOI).** The NOI is the first step in the formal compliance process [see figure A-21].

(1) The assigned staff specialist prepares a NOI within 14 calendar days after notification of a suspected noncompliance issue. The NOI may also include a request for information. If the noncompliance issue is a result of item 4-1-3a(3), the NOI is prepared by the oversight program manager or designee immediately following notification. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the NOI to the branch manager for review and approval then to the administrative assistant for internal coordination and submission to the division manager for signature.

(2) Upon receipt from the division manager, the administrative assistant sends the NOI with return receipt required to the service provider (and sends an electronic copy via e-mail to other agencies, as appropriate) within seven calendar days of division manager approval. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site and update the issue status on the “Safety Compliance Tracking” log [see figure A-12].

**h. AFS-460 receives response to NOI.**

(1) It is a requirement that the service provider respond to AFS-460 within 14 calendar days of receipt of an NOI. If the service provider fails to respond within 14 calendar days, AFS-460 will issue a warning notice.

(2) Upon receipt, the assigned staff specialist will review the NOI response to determine additional information requirements.

(a) Additional information required by the assigned staff specialist is accomplished by preparing a “Request for Additional Information” letter from the division manager to the service provider within 45 calendar days from receipt of the service provider’s response. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval then to the administrative assistant for internal coordination and submission to the division manager for signature. Upon receipt from the division manager, the administrative assistant sends a copy of the signed letter to the service provider. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

**Note:** Depending on the complexity of the compliance issue, this process may take a significant amount of time due to the need for reciprocal communication with the service provider.

(b) If no additional information is required, the process continues below.

(3) The branch manager coordinates with the division manager to determine if a violation has occurred and documents the decision.

(a) If a violation has not occurred, the branch manager notifies the assigned staff specialist. The assigned staff specialist prepares a “Notice of No Action” letter within 45 calendar days from receipt of the service provider’s response from the division manager to the service provider using the “Notice of No Action” template [see figure A-22]. The “Notice of No Action” letter informs the service provider that a noncompliance has not occurred and documents the suspected safety compliance issue as invalid. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval then to the administrative assistant for internal coordination and submission to the division manager for signature. Upon receipt from the division manager, the administrative assistant sends a copy of the signed letter to the service provider. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

(b) If a violation has occurred, the division manager determines if actions taken correct the situation leading to the violation.

(c) A corrected violation requires the assigned staff specialist to prepare a “Notice of Correction” letter from the division manager to the service provider within 45 calendar days from receipt of the service provider’s response using the “Notice of Correction” template [see figure A-23]. The “Notice of Correction” is the final step in the formal compliance process and documents the service providers’ correction of the identified noncompliance. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and submission to the division manager for signature. Upon receipt from the division manager, the administrative assistant sends a copy of the signed letter to the service provider. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

**i. AFS-460 issues a warning notice.**

(1) When a violation is uncorrected, AFS-460 with division manager approval issues a “Warning Notice” to the service provider notifying that immediate action is required to correct a safety compliance issue. This notice serves as a warning to the service provider that an uncorrected issue results in issuance of a safety directive mandating specified action.

(2) Using the “Warning Notice” template [see figure A-24], the assigned staff specialist prepares a “Warning Notice” letter from the division manager to the service provider requesting a response within 14 calendar days of receipt. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and submission to the division manager for signature.

(3) Upon receipt from the division manager, the administrative assistant sends the “Warning Notice” with return receipt required to the service provider (and sends an electronic copy via e-mail to other agencies, as appropriate) within seven calendar days of division manager approval. Place a copy of the approved letter onto the AFS-460 Oversight Sharepoint site and update the issue status on the “Safety Compliance Tracking” log [see figure A-12].

**j. AFS-460 receives response to warning notice.**

(1) It is a requirement that the service provider respond in writing to AFS-460 within 14 calendar days of receipt of a “Warning Notice.” If the service provider fails to respond within 14 calendar days, AFS-460 will issue a safety directive.

(2) The branch manager coordinates with the division manager or designee to validate the safety compliance issue corrective action and document the decision.

(a) A corrected violation requires the assigned staff specialist to prepare a “Notice of Correction” letter from the division manager to the service provider within 45 calendar days from receipt of the response from the service provider using the “Notice of Correction” template. Fill out the appropriate blocks on the Form 8260-XX, Compliance Process Feedback, [see figure A-26] and attach it to the “Notice of Correction” letter. The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter and attached compliance process feedback form to the branch manager for review and approval, then to the administrative assistant for internal coordination and submission to the division manager for signature. Upon receipt from the division manager, the administrative assistant sends a copy of the signed letter to the service provider. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

**k. AFS-460 issues a safety directive.**

(1) For violations not appropriately corrected, a safety directive is issued by AFS-460 with division manager approval mandating the service provider to take immediate corrective action to resolve noncompliance with a safety related issue.

(a) AFS-460 with division manager approval directs the service provider to cease further development of IFP operations with the FAA and/or suspend the use of (14 CFR) Part 97

or special non-14 CFR Part 97 (as appropriate) instrument approach procedures (IAP) by NOTAM action until the violation issue is resolved.

(b) The assigned staff specialist prepares a “Safety Directive” letter [see figure A-25] from the branch manager to the service provider requesting a response within seven calendar days of receipt. The assigned staff specialist or oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter to the branch manager for review and approval, then to the administrative assistant for internal coordination and submission to the division manager for signature.

(c) Upon receipt from the division manager, the administrative assistant sends the safety directive letter to the service provider with return receipt required (and sends an electronic copy via e-mail to other agencies, as appropriate) within seven calendar days of the AFS management approval. Place a copy of the approved letter onto the AFS-460 Oversight Sharepoint site and update the issue status on the safety compliance tracking log.

**l. AFS-460 receives a response to safety directive.**

(1) The service provider must respond to AFS in writing within seven calendar days of receipt of a safety directive.

(2) Once AFS-460 verifies the correction of the violation, the assigned staff specialist prepares a “Notice of Correction” letter [see figure A-23] from the branch manager with division manager approval as appropriate to the service provider within 45 calendar days of receipt of the service provider’s response. Fill out the appropriate blocks on Form 8260-XX, Compliance Process Feedback, [see figure A-26] and attach it to the letter.

(3) The oversight program manager updates the status on the “Safety Compliance Tracking” log [see figure A-12] and forwards the letter and attached compliance feedback form to the branch manager for review and approval, then to the administrative assistant for internal coordination and submission to the division manager for signature. Upon receipt from the division manager, the administrative assistant sends a copy of the signed letter to the service provider. Place a copy of the approved letter onto the AFS-460 Oversight SharePoint site.

**m. Enforcement.**

(1) Disputes. Where possible, disputes will be resolved by informal discussion between a service provider and AFS-460. In the event both parties are unable to resolve any disagreement through the informal or formal process, the dispute will be forwarded to the division manager for negotiations or initialization of the appeals process.

(2) Termination. The FAA reserves the right to discontinue use of a procedure via a Notice to Airmen (NOTAM) or cancellation if it is not maintained.



## Appendix A. Figures and Forms

**Figure A-1. Form 8260-31, Annual Audit and Program Review Schedule**

[illegible]

### Figure A-2. Audit and Program Review Tracking Log

## SAMPLE AUDIT & PROGRAM REVIEW TRACKING LOG

[illegible]

**Figure A-3. Form 8260-32, Audit or Program  
Review Requirements Checklist****FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
AUDIT or PROGRAM REVIEW REQUIREMENTS CHECKLIST**

<b>Project Number:</b>	<b>Checklist Number:</b>	<b>Date(s):</b>
<b>Facility:</b>	<b>Location:</b>	
<b>Requirement:</b> <i>Insert specific requirement (e.g., FAA Order 8260.58, United States Standard For Performance Based Navigation (PBN) Instrument Procedure Design , Volume 5, Chapter 1, Paragraph 1.2)</i>		
<b>Checklist Questions</b>	<b>Compliance verified? (yes or no)</b>	<b>Evidence and/or Observations</b>
1.		
2.		
3.		
4.		
5.		
<b>Sampling Methods:</b> <i>(Where to look and how many to look at, find, discuss or interview)</i>		
<b>Additional Comments:</b> <i>(Use additional pages as needed)</i>		

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**Figure A-4. Audit or Program Review Plan**

**FAA**  
**Flight Procedure Implementation and Oversight, AFS-460**

## Audit or Program Review Plan

**Instructions:** Upon completion, forward the audit or program review plan to the branch manager for review/approval. Retain the original approved plan in the audit or program review folder (as appropriate) and place a copy in the AFS-460 Oversight SharePoint site.

<b>Service Provider</b>	Insert title of service provider (i.e., Alaska Airlines)	
<b>Project Number</b>	ADT or RVW-FYXX-XXX	
<b>Requester</b>	Insert name of branch or oversight program manager	
<b>Team</b>	insert name of team leader insert names of team members  insert name of sub-team leader for each sub-team insert names of sub-team members	
<b>Schedule</b> (Anticipated)	Project Start Date	insert date
	Notification letter due to the service provider	insert date
	On-site start date	insert date
	On-site completion date	insert date
	Estimated project conclusion date (7 calendar days after all data is collected)	insert date
	Final report due to AFS-400 (21 calendar days after conclusion date)	insert date

**Objective**

*The objective is to determine service provider compliance with procedures, requirements and standards with (insert the topic).*

**Scope**

*The scope describes the purpose and parameters of the audit or program review.*

**Focus Areas**

*The focus areas are the specific areas the team will concentrate on to determine service provider compliance. Do not use bullets.*

**Methodology**

*Use the following type of sentence (edited appropriately for your audit or program review) to describe the methodology. The team will interview the service providers' management, review records, and observe operations.*

**Applicable Regulations or Statutes**

*Insert the appropriate FAA orders, directives, notices, etc. as applicable. Use a bullet list if there are two or more items.*

**Date(s) and Facilities**

<b>On-Site Location(s)</b>	Anticipated Date(s)	Name & Location
	Insert Date(s)	Insert service provider name and address

**Justification for Location(s)**

*In this section, include a description of the reason(s) for selecting the service provider(s) for an audit or program review. This rationale may include, but is not limited to the following:*

- *Specific surveillance items associated with the system or procedure.*
- *Likelihood and severity of incidents or accidents associated with the system or procedure.*
- *Number of incidents or complaints reported (high, medium, low) related to the system or procedure.*

**Review and Approval Sign-Off Sheet**

**Team Leader** \_\_\_\_\_ Date \_\_\_\_\_  
(type the name and routing)

**Branch Manager** \_\_\_\_\_ Date \_\_\_\_\_  
(type the name and routing)

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Figure A-5. Notification Letter



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Name, title, company, address, city, state and zip code]

Subject: [Audit, Review or Initial Qualification Audit] of [Helicopter] Instrument Flight Procedure (IFP) Development Program

Dear Mr. / Ms. [Name as appropriate]

The Federal Aviation Administration (FAA), Flight Standards Service (AFS), Flight Procedure Implementation and Oversight Branch, AFS-460, will be conducting [an audit or a program review] of [service provider name] Flight Procedure Development Program. This [audit or program review] is scheduled for the pre-coordinated date(s) of [date(s)] at the address shown above for your company.

*Note: For Initial Qualification Audits, use the following:*

*In response to your request to become authorized by the Federal Aviation Administration (FAA) to develop Title 14 of the code of Federal Regulations, part 97 Required Navigation Performance (RNP) IFPs with Authorization Required (AR), we will be conducting an initial on-site qualification audit of your Flight Procedure Development Program. This [audit or program review] is scheduled for the pre-coordinated date(s) of [date(s)] at the address shown above for your company.*

The objective of this [audit or program review] is to [insert appropriate text i.e. determine your compliance with guidance as outlined in FAA Order 8280.19, FAA Order 8900.1 and other applicable directives. Standard audit procedures will be used to include interviews and a review of your company's approved programs and manuals]. The [audit or program review] team would like to schedule an initial meeting with you at [time and date], at your facility. The purpose of this meeting is to introduce the team, explain the [audit or program review] process, and ensure that company personnel are familiar with FAA's process and regulatory responsibilities.

Should you require any further information regarding this upcoming [audit or program review], please contact [branch manager name, title, routing], by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name, title, routing]

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**Figure A-6. Form 8260-33.1, Team Briefing Checklist**

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
TEAM BRIEFING CHECKLIST**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Confirm the facilities for the SELECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Confirm dates of the SELECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Confirm the objective and scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify timetables for Opening Meeting, Closing Meeting, Team Briefings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Discuss sampling techniques to be deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ensure that work documents and team folders are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Confirm team members' roles and responsibilities (general/review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Discuss how to handle conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Present issues to team leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Team leader makes final decision and communicates to all concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ensure that all team members are aware of the following:			
▪ Professional care in handling customer-supplied products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Storage and protection of review materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Issues of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Issues involving conflict of interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Discuss professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personal conduct and ethical considerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriate dress attire, turn off cell phone (or put on vibrate), and responding to inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Confirm transportation, lodging, and logistical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Project Number: SELECT – FY \_\_\_\_ - \_\_\_\_ Facility: \_\_\_\_\_

**Figure A-7. Form 8260-33.2, Opening Meeting Checklist**

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
OPENING MEETING CHECKLIST**

An opening meeting will be held with the service provider's management or, where appropriate, those responsible for the requirements or procedures to be audited or reviewed. The team leader is responsible for leading the opening meeting. The purpose of this meeting is for the team leader to accomplish the following:

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Introduce team members to the service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State the objective and scope <ul style="list-style-type: none"> <li>• Inform the service provider that the scope may be expanded if warranted</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Discuss how the process will be conducted – team members will: <ul style="list-style-type: none"> <li>• Review requirements, records, and interview management;</li> <li>• Observe operational procedures and personnel; and/or</li> <li>• Take notes and gather/document objective evidence</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Inform that findings will be provided verbally at the closing meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inform that safety critical findings will be elevated immediately to AFS management by the team leader and referred to the Formal Compliance Process for tracking and resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Confirm program review timetables and other logistics: <ul style="list-style-type: none"> <li>• Confirm times and dates of briefings and closing meeting</li> <li>• Ensure that personnel are available to accomplish review objectives</li> <li>• Ensure a conference room or area with telephone and internet access is provided for the team's use during the review</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Identify the service provider's point(s) of contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Inquire about on-site safety, emergency, and security procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Project Number: SELECT – FY \_\_\_\_\_ - \_\_\_\_\_

Facility: \_\_\_\_\_

**Figure A-8. Form 8260-33.3, Closing Meeting Checklist**

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
CLOSING MEETING CHECKLIST**

A closing meeting, chaired by the team leader, will be held to present the review observations and/or findings in such a manner that the service provider understands them. Participants should include the service provider's management and/or those responsible for the reviewed requirements or procedures.

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
1. Extend appreciation to the service provider for their cooperation and assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Reiterate the objective and scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Describe the verification methods used during the review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Present results of the review: <ul style="list-style-type: none"> <li>• Positive aspects of the SELECT</li> <li>• Observations and whether they require follow-up</li> <li>• Safety critical, safety compliance issues, and other findings</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inform the service provider that the final report will be distributed within 21 calendar-days from the conclusion of the SELECT <ul style="list-style-type: none"> <li>• If additional information is needed, the team leader will notify the branch manager</li> <li>• The review is concluded 7 calendar-days after all data is collected</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Close out any logistics and security matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide the service provider with the SELECT Process Feedback form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Team Leader: \_\_\_\_\_

Date: \_\_\_\_\_

Project Number: SELECT - FY \_\_\_\_ - \_\_\_\_

Facility: \_\_\_\_\_

**Figure A-9. FAA Form 8260-33.4, Opening and Closing Meeting Attendance**

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
OPENING AND CLOSING MEETING ATTENDANCE**

Opening Meeting: \_\_\_\_\_ Closing Meeting: \_\_\_\_\_

Project Number: SELECT - FY \_\_\_\_\_ - \_\_\_\_\_

Facility: \_\_\_\_\_

Name	Organization	Contact Number	Opening Meeting	Closing Meeting

**USE SEPARATE SHEET FOR EACH FACILITY VISITED**

**Figure A-10. Form 8260-34, Audit or Program Review  
Process Feedback Form****FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
AUDIT or PROGRAM REVIEW PROCESS FEEDBACK FORM**

One Way We Measure Our Processes Is Through Your Feedback!

Project Number:	Date(s):
Facility:	Location:

Ratings: 5=Strongly Agree    4=Agree    3=Neutral    2=Disagree    1=Strongly Disagree N/A=Not Applicable		
<b>PERFORMANCE ITEM</b> Please rate AFS-460's performance on the following items:	<b>RATING</b> Rate 1 (low) to 5 (high) or N/A	<b>COMMENTS</b> Place any specific comments below. Use additional sheets if necessary.
Advance notification of the SELECT is required. Please specify number of days prior to the SELECT that the notice was received. <b>NOTE: If this was an unscheduled SELECT, enter N/A in the "Rating" column.</b>		
The opening meeting was informative and beneficial.		
The objectives and scope were communicated in a clear and concise manner.		
The SELECT team communicated their requests during the process clearly and concisely.		
The closing meeting was beneficial and met your expectations.		
The SELECT team was objective and unbiased through-out the process. If not, please explain.		
The SELECT team members were courteous and respectful.		

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
AUDIT or PROGRAM REVIEW PROCESS FEEDBACK FORM**

What aspects of AFS-460's SELECT would you recommend changing?

What aspects of AFS-460's SELECT do you consider most noteworthy?

Additional Comments:

**COMPLETED BY: THIS INFORMATION IS OPTIONAL**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return the Audit or Program Review Feedback form to:  
Manager, Flight Procedure Implementation and Oversight Branch, AFS-460  
6500 S. MacArthur Blvd (Registry Bldg #104)  
Oklahoma City, OK 73125  
Fax: (405) 954-5270**



### Figure A-11. Feedback Tracking Log

## SAMPLE FEEDBACK TRACKING LOG

[illegible]

**Figure A-12. Safety Compliance Tracking Log**

[illegible]

Figure A-13. Audit or Program Review Report



FAA  
AFS-400

***[Audit or Program Review Report]***

Flight Procedure Implementation and Oversight Branch, AFS-460

*[Service Provider]*

*[Project Number]*

*[Date]*

---

*[Division Manager Name],* Date  
Manager, Flight Technologies and Procedures Division, AFS-400

**I. INTRODUCTION****A. Background**

*[Reason for the audit or program review]*

**B. Objective**

*[Same objective as the audit plan]*

**C. Scope**

*[Same scope as the audit plan]*

*[List audit or program review date(s) and location(s)]*

**D. Requirements**

*[Indicate source of requirements, e.g., orders, notices, directives, etc.]*

*[List requirements in bullet format]*

**E. Methodology**

*[Insert the tools and techniques used to conduct the audit or program review.]*

**II. AUDIT or PROGRAM REVIEW RESULTS**

**1. FOCUS AREA:** *[Insert focus area e.g., criteria, documentation, or training. Document each area separately]*

**A. Description**

*[Provide a general description of the focus area]*

**B. Methodology**

*[Describe specific methodology used]*

**C. Requirements**

*[Describe the processes, procedures and/or specific requirements related]*

**D. Findings**

*[Provide a detailed description of the non-compliance. Include the safety compliance issue number, if applicable. If there were no instances of non-compliance state "There were no instances of non-compliance relating to this focus area."]*

*[Continue sequential numbering throughout the (audit or program review report as necessary, regardless of the focus area. Follow instructions above for each finding.]*

**E. Observations**

*[Provide a detailed description of the observation or state "There are no observations relating to this focus area."]*

*[Continue sequential numbering throughout the (audit or program review) report as necessary, regardless of the focus area.]*

**APPENDIX A:**

*[Insert name of all team members and identify team leader]*

**APPENDIX B:**

*[Audit Requirements Checklist: See attachment]*

**Figure A-14. Audit or Program Review Report Cover Letter**

U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Date]

[Name, title, company, address, city, state and zip code]

Subject: [Audit or Program Review] of [name of service provider]

Dear Mr. / Ms. [Name as appropriate]

The Flight Procedure Implementation and Oversight Branch, AFS-460 conducted an [audit or program review] on [date(s)] to determine [name of service provider] compliance with requirements for [audit title]. As a result of this [audit or program review], the following safety compliance issues were identified.

**FORMAL SAFETY COMPLIANCE ISSUES**

**COMP-FYXX-XX:** [Include a brief description of the formal safety compliance issue and state that a Notice of Investigation has been issued on [insert date]. Continue for each formal safety compliance issue.]

**INFORMAL SAFETY COMPLIANCE ISSUES**

**COMP-FYXX-XX:** [Include a brief description of each informal safety compliance issue. Continue for each informal safety compliance issue.]

Please respond to all informal compliance issues within 21 calendar days [or due date assigned by the branch manager] from the date of this letter. Include a point of contact and outline your company's plan to correct the safety compliance issues. Send your response to:

[Branch manager name]

[Title and routing]

[Address]

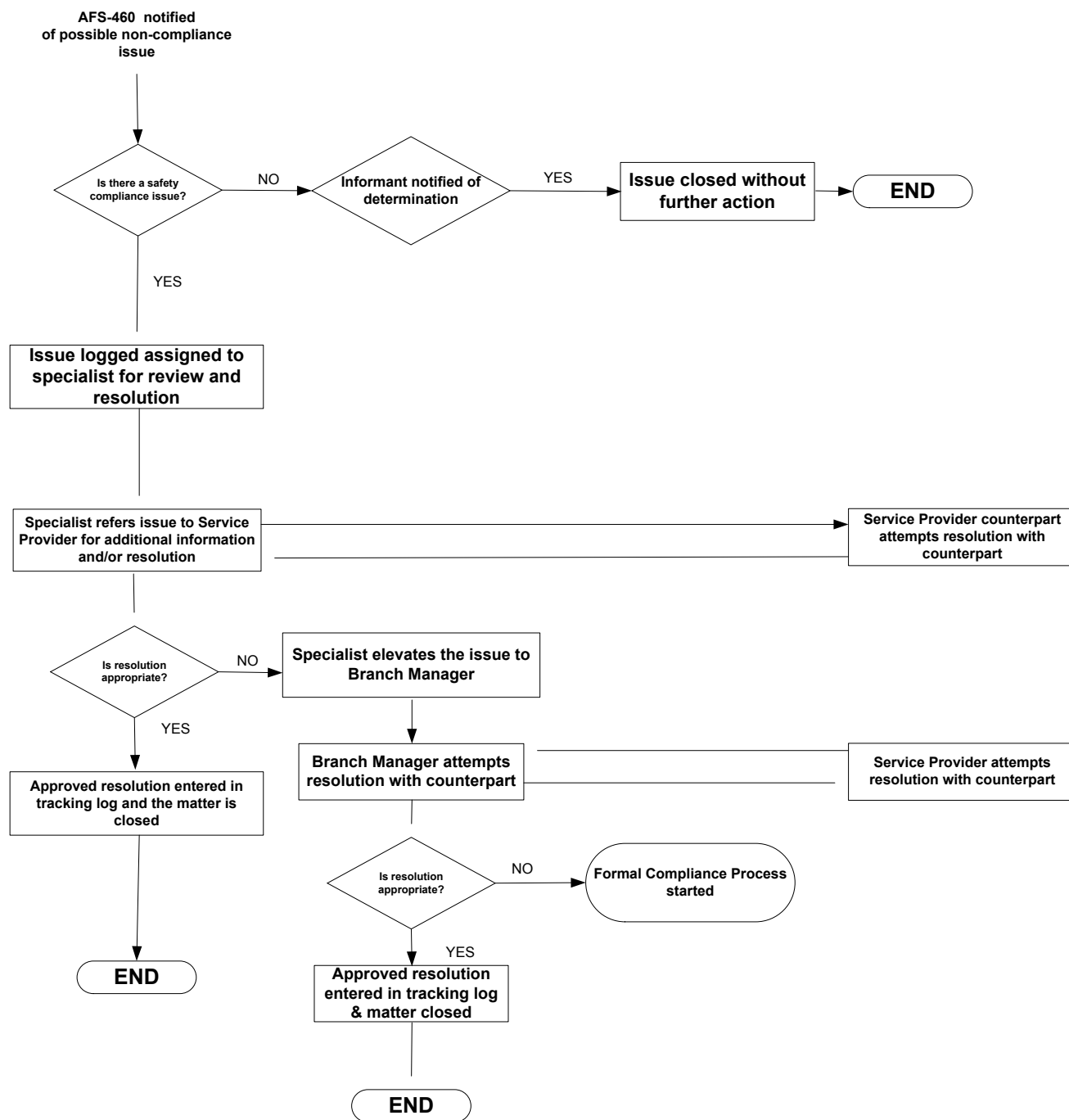
If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name, title, routing]

Enclosure

Figure A-15. Informal Compliance Flowchart





**Figure A-16. Request for Additional Information**

U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Date]

[Name, title, company, address, city, state and zip code]

Subject: Request for Additional Information, Safety Compliance Issue COMP-FYXX-XX

Dear Mr. / Ms. [Name as appropriate]

*This letter initiates the informal compliance procedure by requesting that the service provider submit additional information which will be used to help resolve the safety compliance issue.*

*Note: If the informal safety compliance issue was found during an audit or program review, the Audit or Program Review Report Cover Letter will initiate the informal compliance process.*

Please provide requested information regarding this matter within 21 calendar days from the date of this letter. *Note: For formal compliance issues, include the following: Send your response to:*

[Branch manager name]

[Title and routing]

[Address]

If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Branch (informal) or Division (formal) manager name, title, routing]

**Figure A-17. Status Update**



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

*[Name, title, company, address, city, state and zip code]*

Subject: Status Update, Safety Compliance Issue COMP-FYXX-XX

Dear Mr. / Ms. *[Name as appropriate]*

*When the review process will exceed 45 calendar days from receipt, the Status Update letter is used when AFS-460 is still reviewing information received from the service provider and will provide an official response at a later date.*

Sincerely,

*[Branch manager name, title, routing]*

**Figure A-18. Acceptance of Corrective Actions**



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

*[Name, title, company, address, city, state and zip code]*

Subject: Acceptance of Corrective Actions, Safety Compliance Issue COMP-FYXX-XX

Dear Mr. / Ms. *[Name as appropriate]*

*This letter is used when AFS-460 accepts the service provider's corrective action plan and will monitor its implementation. It must be prepared within 21 calendar days from receipt of service provider's response to a request for additional information.*

Sincerely,

*[Branch manager name, title, routing]*

**Figure A-19. Closure of Safety Compliance Issue**



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

*[Name, title, company, address, city, state and zip code]*

Subject: Closure of Safety Compliance Issue COMP-FYXX-XX

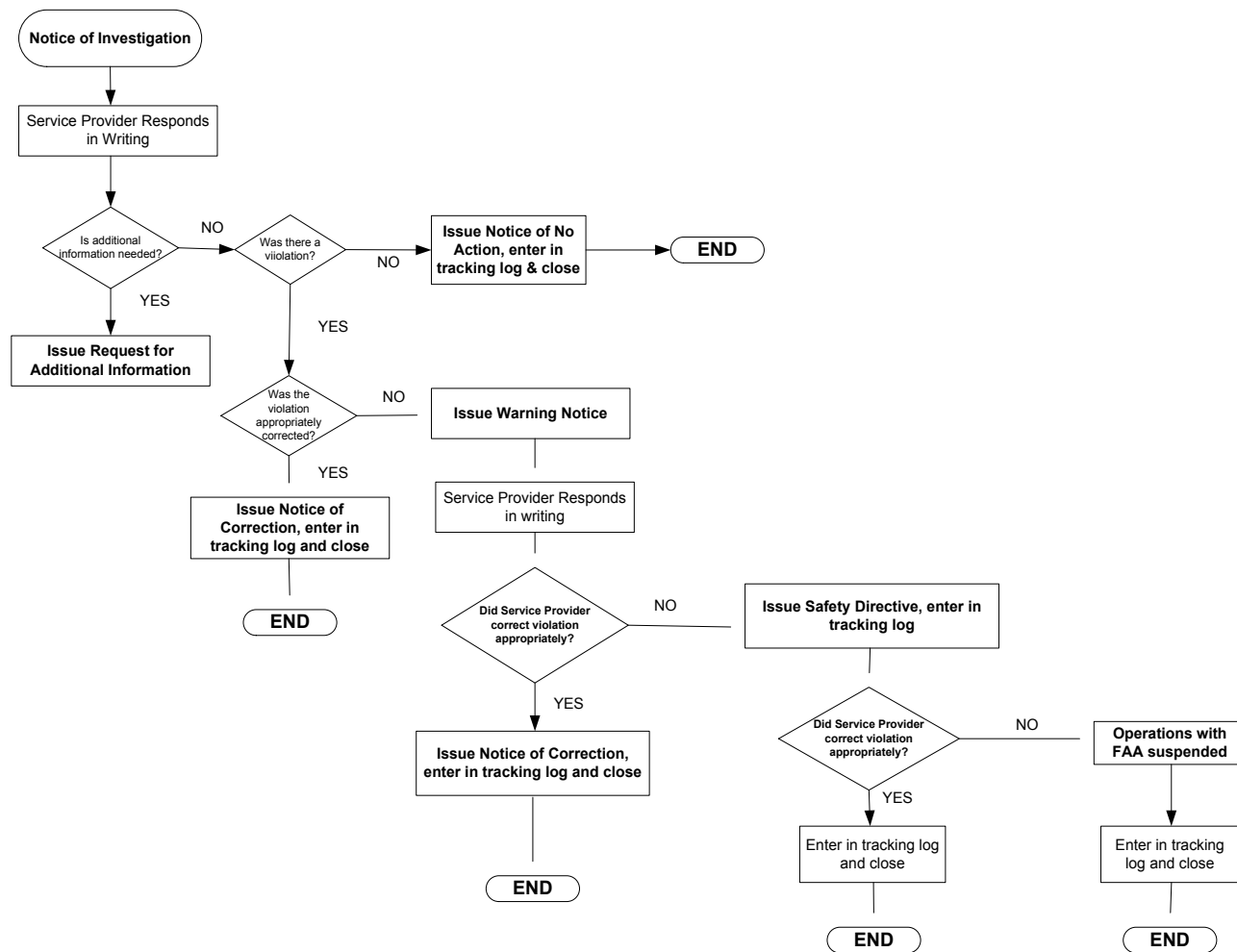
Dear Mr. / Ms. *[Name as appropriate]*

*This letter is used when objective evidence is received and compliance is verified. It is issued as a matter of record indicating that the safety compliance issue is closed*

Sincerely,

*[Branch manager name, title, routing]*

Figure A-20. Formal Compliance Flowchart



## Figure A-21. Notice of Investigation



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Date]

[Name, title, company, address, city, state and zip code]

Subject: Notice of Investigation, Safety Compliance Issue Number COMP-FYXX-XX

Dear Mr. / Ms. [Name as appropriate]

*For safety compliance issues not resolved at the informal process, insert the following;*

*Since we have not been able to resolve this matter informally with your company, we are commencing formal compliance procedures as outlined in FAA Order 8260.57A, Chapter 4, Paragraph 3. We believe that your company failed to:*

*For safety critical findings identified during an audit or program review, insert the following;*

*During the [audit or program review] on [date(s)], we were unable to determine [provide a brief description of the safety compliance issue] in accordance with [insert applicable guidance]. We believe that your company failed to:*

- 1. [Insert specific non-compliance issues].*
- 2. [Insert applicable guidance].*

Please provide a written response, including any information or statements regarding this matter, within 14 calendar days from receipt of this letter. Failure to comply will result in the issuance of a Warning Notice. Send your response to:

[Branch manager name]

[Title and routing]

[Address]

If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name, title, routing]

**Figure A-22. Notice of No Action Template**

U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Name, title, company, address, city, state and zip code]

Subject: Notice of No Action, Safety Compliance Issue COMP-FYXX-XX

Dear Mr. / Ms. [Name as appropriate]

*The Notice of No Action informs the service provider that a noncompliance has not occurred and AFS-460 will document the suspected safety compliance issue as invalid. It is issued as a matter of record indicating that the safety compliance issue is closed. .*

If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name, title, routing]

**Figure A-23. Notice of Correction**

U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

*[Name, title, company, address, city, state and zip code]*

Subject: Notice of Correction, Safety Compliance Issue Number COMP-FYXX-XX

Dear Mr. / Ms. *[Name as appropriate]*

The Notice of Investigation issued on *[date]* indicated that your company was not in compliance with the following:

- 1. [Insert specific non-compliance issue(s)], in accordance with [insert applicable guidance].*

As a result, your company took the following corrective actions:

- 1. [Insert corrected non-compliance issue(s)], in accordance with [insert applicable guidance].*

It is determined by this office that the corrective action(s) listed above are satisfactory to the non-compliance noted and to prevent future occurrences. This letter will be made a matter of record. If you have any questions, please contact *[branch manager name]* by phone *[number]* or e-mail at *[e-mail address]*.

Sincerely,

*[Division manager name, title, routing]*



## Figure A-24. Warning Notice



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Date]

[Name, title, company, address, city, state and zip code]

Subject: Warning Notice, Safety Compliance Issue Number COMP-FYXX-XX

Dear Mr. / Ms. [Name as appropriate]

An investigation by Flight Procedure Implementation and Oversight Branch, AFS-460 has determined that your company failed to comply with the following:

1. [Insert specific non-compliance issues].
2. [Insert applicable guidance].

To date, your company has not taken appropriate steps to correct its non-compliance or to provide us any information that leads us to conclude that a Safety Directive is not warranted. Unless your company takes immediate steps to correct its non-compliance, a safety directive will be issued mandating that:

[Service provider name] will suspend utilization of all affected procedures until sufficient evidence is received indicating that the non-compliance issue(s) have been resolved.

Please provide a written response within 14 calendar days from receipt of this letter. Failure to comply will result in the issuance of a Safety Directive. Include the steps your company plans to take to comply with this Warning Notice or with any other information it would like us to consider in determining whether a Safety Directive should be issued. Send your response to:

[Branch manager name]

[Title and routing]

[Address]

If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name, title, routing]

## Figure A-25. Safety Directive



U.S. Department  
of Transportation  
**Federal Aviation  
Administration**

[Date]

[Name, title, company, address, city, state and zip code]

Subject: Safety Directive, Safety Compliance Issue Number COMP-FYXX-XX

Dear Mr. / Ms. [Name as appropriate]

By Warning Notice dated [date], your company was notified that it was not in compliance with [insert non-compliance issue] in accordance with [insert applicable guidance].

To date your company has failed to take steps to correct the non-compliance issue(s) or to provide us any information that leads us to conclude that a Safety Directive is not warranted. Therefore, pursuant to FAA Order FS 8260.57A, Oversight of Non-FAA Instrument Flight Procedure Service Providers, this Safety Directive is issued mandating that [insert service provider's name] take the following steps:

Effective [date of this Safety Directive], [service provider name] will cease further development of Instrument Flight Procedure operations with the FAA and/or issue a Notice to Airmen for [list applicable procedure(s)] until sufficient evidence is received indicating that the non-compliance issue(s) have been resolved.

Please provide a written response within 7 calendar days from receipt of this letter that states [service provider name] has taken the appropriate steps outlined above. Send your response to:

[Branch manager name]

[Title and routing]

[Address]

If you have any questions, please contact [branch manager name] by phone [number] or e-mail at [e-mail address].

Sincerely,

[Division manager name and title]

**Figure A-26. FAA Form 8260-35, Compliance Process Feedback**

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
COMPLIANCE PROCESS FEEDBACK FORM**

One Way We Measure Our Processes Is Through Your Feedback!

Compliance Number:	Date:
Facility:	Location:

SERVICE PROVIDER FEEDBACK QUESTIONS	RESPONSE	REASON FOR NEGATIVE RESPONSE
Did the correspondence from AFS-460 clearly identify the suspected noncompliance?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did the information in the correspondence adequately inform you of the required response?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you requested further information or clarification, did you get a prompt reply?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was AFS-460 correspondence clearly written and understandable?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Were you satisfied with AFS-460's response to your request?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Did the AFS-460 staff specialist conduct business in a professional manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**FEDERAL AVIATION ADMINISTRATION  
FLIGHT STANDARDS SERVICE  
COMPLIANCE PROCESS FEEDBACK FORM**

What aspects of AFS-460's compliance process would you recommend changing?

What aspects of AFS-460's compliance process do you consider most noteworthy?

Additional Comments:

**COMPLETED BY: THIS INFORMATION IS OPTIONAL**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return the Compliance Process Feedback Form to:  
Manager, Flight Procedure Implementation and Oversight Branch, AFS-460  
6500 S. MacArthur Blvd (Registry Bldg #104)  
Oklahoma City, OK 73125  
Fax: (405) 954-5270**

## Appendix B. Administrative Information

1. **Distribution.** This order is distributed electronically only.

2. **Definitions.**

**a. Instrument Flight Procedure (IFP).** A charted flight path defined by a series of navigation fixes, altitudes and courses provided with lateral and vertical protection from obstacles from the beginning of the path to a termination point. IFPs can be Departure Procedures (DPs), Standard Terminal Arrival Routes (STARs), and Instrument Approach Procedures (IAPs).

**b. Departure Procedures (DP).** DP encompass two types of procedures, those developed to assist pilots in obstruction avoidance, referred to as Obstacle Departure Procedure (ODP), and those developed to communicate air traffic control clearances, referred to as Standard Instrument Departure (SID).

**c. Standard Terminal Arrival Route (STAR).** STAR is a preplanned instrument flight rule (IFR) air traffic control arrival procedure published for pilot use in graphic and/or textual form. STARs provide transition from the en route structure to an outer fix or an instrument approach fix/arrival waypoint in the terminal area.

**d. Instrument Approach Procedure (IAP).** IAP is a series of predetermined maneuvers for the orderly transfer of an aircraft under instrument flight conditions from the beginning of the initial approach to a landing, or to a point from which a landing may be made visually, or to a point from which an aircraft can perform a safe missed approach. It is prescribed and approved for a Special Instrument Procedure (Special). An IFP approved by the FAA in accordance

**e. Special Instrument Procedure (Special).** An IFP approved by the FAA in accordance with specific guidelines but not published for general public use.

**f. Standard Instrument Approach Procedure (SIAP).** An instrument approach procedure approved by the FAA as prescribed under 14 CFR Part 97 for the use by the general public.

**g. Audit.** A systematic and documented process for determining an IFP service provider's compliance with legal, regulatory and statutory requirements of Title 14 of the Code of Federal Regulations (14 CFR) Instrument Flight Procedures published in the federal register.

**h. Program Review.** A review and verification of an IFP service provider's compliance with policies, processes, and practices for managing all aspects of IFP design. Special Non-Title 14 of the Code of Federal Regulations (14 CFR) Instrument Flight Procedures are not published in the federal register.

**i. IFP Service Provider.** IFP Service Provider is an entity that provides public and special use Instrument Flight Procedure development services.

**j. Safety Management System (SMS).** A Safety Management System (as contained in the approved Operations Manual) established and authorized by appropriate IFP Service Provider authority. SMS must define the safety policies, processes, and practices for managing all aspects of IFP design.

### **3. Related Publications (current editions).**

**a.** FAA Advisory Circular (AC) 90-100, U.S. Terminal and En Route Area Navigation (RNAV) Operations.

**b.** FAA Advisory Circular (AC) 90-101, Approval Guidance for RNP Procedures with AR.

**c.** FAA Advisory Circular (AC) 90-105, Approval Guidance for RNP Operations and Barometric Vertical Navigation in the U.S. National Airspace System.

**d.** FAA Advisory Circular (AC) 90-110, Instrument Flight Procedure Service Provider Authorization Guidance for Required Navigation Performance Procedures.

**e.** FAA Advisory Circular (AC) 90-112, Development and Submission of Special instrument procedures to the FAA.

**f.** FAA Order 1050.1, Policies and Procedures for Considering Environmental Impacts.

**g.** FAA Order JO 7100.9, Standard Terminal Arrival Program and Procedures.

**h.** FAA Order 7130.3, Holding Pattern Criteria.

**i.** FAA Order JO 7400.2, Procedures for Handling Airspace Matters.

**j.** FAA Order JO 7930.2, Notices to Airmen.

**k.** FAA Order 8200.1, United States Standard Flight Inspection Manual.

**l.** FAA Order 8260.3, United States Standard for Terminal Instrument Procedures (TERPS).

**m.** FAA Order 8260.19, Flight Procedures and Airspace.

**n.** FAA Order 8260.26, Establishing and Scheduling Civil Public-Use Standard Instrument Procedure Effective Dates.

**o.** FAA Order 8260.42, United States Standard for Helicopter Area Navigation.

**p.** FAA Order 8260.43, Flight Procedures Management Program.

**q.** FAA Order 8260.46, Department Procedure (DP) Program.

**r.** FAA Order 8260.58, United States Standard for Performance Based Navigation (PBN) Instrument Procedure Design.

- s. FAA Order 8260.60, Special Instrument Procedures.
  - t. FAA Order 8900.1, Flight Standards Information Management System.
  - u. RTCA DO-236B, Minimum Aviation System Performance Standards: Required Navigation Performance for Area Navigation.
4. **Authority.** The current editions of the following publications provide AFS the authority and/or guidance to provide IFP service provider oversight:
- a. FAA Order FS 1100.1, Flight Standards Service Organizational Handbook.
  - b. FAA Order VS 1100.2, Managing AVS Delegation Programs.
  - c. FAA Order VS 8000.367, Aviation Safety (AVS) Safety Management System Requirements.
  - d. FAA Order 8000.368, Flight Standards Service Oversight.
  - e. FAA Order 8000.369, Safety Management System Guidance.
  - f. FAA Order VS 8000.370, Aviation Safety (AVS) Safety Policy.
  - g. FAA Order 8260.19, Flight Procedures and Airspace.

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U.S. Department  
of Transportation

**Federal Aviation  
Administration**

**Directive Feedback Information**

Please submit any written comments or recommendations for improving this directive, or suggest new items or subjects to add to it. Also, if you find an error, please tell us about it.

Subject: Order FS 8260.57A, Oversight of Non-FAA Instrument Flight Procedure Service Providers

To: Directives Management Officer:

*(Please Check all appropriate line items.)*

☐ An error (procedural or typographical) has been noted in paragraph \_\_\_\_\_ on page \_\_\_\_\_.

☐ Recommend paragraph \_\_\_\_\_ on page \_\_\_\_\_ be changed as follows: (Attach separate sheet if necessary.)

☐ In a future change to this directive, please include coverage on the following subject: *(briefly describe what you want added.)*

☐ Other Comments:

☐ I would like to discuss the above. Please contact me.

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Routing Symbol: \_\_\_\_\_