

	TANZANIA CIVIL AVIATION AUTHORITY DIRECTORATE OF SAFETY REGULATIONS PERSONNEL LICENSING	Revision: 2 Advisory Circular
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GUIDANCE TO LICENCE HOLDERS AND APPROVED TRAINING ORGANISATIONS ON SURVEILLANCE AND CORRECTIVE ACTION

1.0 PURPOSE

This Advisory Circular (AC) is issued to provide guidance and information to holders of personnel licences, ratings, certificates and authorisations, and to Approved Training Organisations (ATOs), on the surveillance carried out by the Authority after the issue of a licence or approval. It explains how surveillance is planned and conducted, what the Authority expects from licence holders and ATOs before, during and after surveillance, how findings are classified, and how Corrective Action Plans (CAPs) are prepared, submitted through the Civil Aviation Service Portal (CASP), verified and closed.

2.0 REFERENCES

- 2.1 The Civil Aviation Act, Cap. 80 [R.E. 2023];
- 2.2 The Civil Aviation (Personnel Licensing) Regulations, 2017 (R.E. 2026)
- 2.3 The Civil Aviation (Approved Training Organization) Regulations, 2017 (R.E. 2026)
- 2.4 The Civil Aviation (Safety Management) Regulations, as amended;
- 2.5 Inspection, Surveillance and Audit Manual (ISAM),

3.0 ABBREVIATIONS AND DEFINITIONS

Term	Meaning
ATO	Approved Training Organisation
Auditee	The licence holder or ATO subject to surveillance
CAP	Corrective Action Plan – the auditee’s plan, with root cause analysis and safety risk assessment, to correct a finding and prevent its recurrence, submitted on Form TCAA/FRM/SR/GEN-13A
CAR	Corrective Action Request – Form TCAA/FRM/SR/GEN-12A, by which the Authority issues a finding, its level and its due dates
CASP	Civil Aviation Service Portal – the Authority’s online platform in which surveillance reports, CAPs, evidence and closure are recorded

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Term	Meaning
Chief PEL	Chief Personnel Licensing
Correction	Immediate action to eliminate a detected non-compliance or its effect; on its own it does not address the root cause
Corrective action	Action that removes the root cause of a non-compliance so that it does not happen again
DSR	Director of Safety Regulation
Finding	A non-compliance with a regulatory requirement, approval condition or approved procedure, supported by objective evidence
Focal point	The person nominated by the ATO to coordinate surveillance with the Authority
Observation	A matter that is not a non-compliance but where improvement is recommended
Repeat finding	A finding of the same nature against the same requirement as a finding that is still open, or was closed within the preceding twenty-four (24) months
Root cause	The underlying reason why a non-compliance occurred, which, if removed, prevents it from happening again
SRA	Safety risk assessment
Surveillance	All audits, inspections and checks carried out by the Authority after the issue of a licence or approval to verify continued compliance

4.0 APPLICABILITY

- 4.1 This AC applies to holders of licences, ratings, certificates and authorisations issued by the Authority, including pilots, aircraft maintenance engineers, air traffic controllers, cabin crew members and flight operations officers, and to instructors, ATC On-the-Job Training Instructors (OJTIs), examiners and Aviation English assessors who train, assess or examine on behalf of the Authority.
- 4.2 It applies to all domestic ATOs and to foreign ATOs approved, validated or accepted by the Authority, and to any training conducted under that approval, validation or acceptance, whether delivered in or outside the United Republic of Tanzania.

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5.0 GENERAL INFORMATION

- 5.1 **Why the Authority conducts surveillance.** The Authority's responsibility does not end with the issue or renewal of a licence or approval. Surveillance confirms that licences, ratings and approvals remain valid, that holders remain competent, that training is delivered in accordance with the approved programmes, that the quality system and Safety Management System (SMS) of an ATO work as approved, and that the Regulations and conditions of approval continue to be met.
- 5.2 **Annual risk-based surveillance plan.** Each year the Chief PEL prepares a risk-based Annual Surveillance Plan, which is approved by the Director of Safety Regulation before the start of the financial year. The frequency and depth of surveillance of each licence holder or ATO depend on its risk rating (High, Medium or Low), which takes into account its compliance history, open, overdue and repeat findings, training volume and complexity, examination results, staff turnover, occurrence reports and complaints, SMS performance and the effectiveness of previous CAPs. Every ATO is inspected at least once a year (ATO regulation 9(1)), and a new ATO is audited within twelve (12) months of the issue of its certificate.
- 5.3 Surveillance may be:
- planned – included in the approved plan and normally notified not less than fourteen (14) days in advance;
 - unannounced – conducted without prior notice, including licence checks at the place of work;
 - follow-up – conducted to verify that corrective actions have been implemented and are effective; or
 - ad hoc – approved by the Director of Safety Regulation in response to reports of non-compliance, examination or skill-test irregularities, suspected falsified records, accidents or incidents linked to training, complaints, changes notified under ATO regulation 16, or overdue or ineffective CAPs.
- 5.4 **Access and inspection.** Inspectors of the Authority carry official credentials and present them on arrival. A licence holder shall present the licence for inspection on request (PEL regulation 193), and the Authority has unrestricted access at any time

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to an ATO's facilities, records, personnel and equipment on presentation of valid inspector credentials (ATO regulation 9(2)).

- 5.5 **Electronic licences.** Electronic licences are verified by scanning the QR code. A screenshot, static image or printout that cannot be verified is not accepted as evidence of a valid licence.
- 5.6 **CASP.** Notifications, reports, CARs, CAPs, evidence, requests for extension and closure letters are exchanged through CASP. ATOs shall ensure that their CASP focal point account is active. Where a CASP function is temporarily unavailable, the Authority will advise the interim arrangement to be used.
- 5.7 **Duty to comply.** A person who fails to comply with a direction of the Authority is deemed to have contravened the Regulations (PEL regulation 200; ATO regulation 46). Obstructing an inspector, or giving false information or altered records during surveillance, may lead to enforcement action (paragraph 10.0).

6.0 GUIDANCE TO LICENCE HOLDERS

- 6.1 A licence holder shall at all times:
- keep the licence, ratings, medical certificate, English language proficiency (ELP) and recent experience valid, and not exercise privileges that are not valid (PEL regulation 11(1));
 - have the electronic licence available on a mobile device, or at the work site in a form that can be verified, when exercising its privileges (PEL regulation 190);
 - keep the personal logbook and records required for the licence complete and accurate, including, for air traffic controllers, the ATC logbook signed in UTC before exercising privileges and the recency for each rating (PEL regulations 32, 107(2) and 112(2));
 - not alter, mutilate or destroy any licence, logbook or record (PEL regulation 198); and
 - notify the Authority through CASP of any change of address (PEL regulation 195) and of any rating that has ceased to be valid (PEL regulation 101(4)).
- 6.2 During surveillance, an inspector may:

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- a) verify the licence by QR code and check ratings, recency, type currency, medical certificate and ELP validity against CASP;
- b) observe the holder exercising privileges, or carry out or observe a competency or proficiency check;
- c) review logbooks and training, OJT and recency records; and
- d) at an ATC unit, confirm that each controller on duty holds a rating validated for that unit, including controllers transferred from another unit, and that OJT is given only by an authorised OJTI (PEL regulations 105(4) and 108).

- 6.3 Instructors, OJTIs and examiners shall act only within their written authorisation from the Authority, keep their authorisation current, and keep complete records of the training, tests and checks they conduct (PEL regulations 85 and 91), which may be examined during surveillance. An instructor or examiner who has attained the age of 65 years may exercise instructor or examiner privileges only within an ATO or an approved corporate training framework, on non-revenue instructional or checking flights, with a valid Class 1 medical certificate (PEL regulation 15(5) and (6)).
- 6.4 The licence holder shall cooperate with the inspector, answer questions truthfully, and make the licence and records available without delay. Where a finding is raised, the holder shall respond in accordance with paragraph 9.0.

7.0 GUIDANCE TO APPROVED TRAINING ORGANISATIONS

- 7.1 An ATO shall maintain continued compliance with the Regulations, its conditions of approval and training specifications, its Training and Procedures Manual (ATO regulation 17) and its approved training programmes.
- 7.2 The ATO shall nominate a focal point for surveillance and inform the Authority of the name and contact details. During surveillance, the ATO shall ensure that the Accountable Manager, the Quality Manager, the Safety Manager, the Head of Training and the relevant instructors and examiners are available.
- 7.3 The ATO shall give inspectors access to its personnel, students, facilities, equipment, simulators, training devices and records, and shall provide originals or certified copies of documents when requested.

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- 7.4 The ATO shall keep training records, including student records, progress reports, assessment forms and examination files, for at least ten (10) years (ATO regulation 44), in a form that allows them to be sampled during surveillance.
- 7.5 The ATO shall notify the Authority through CASP within thirty (30) days of any change to the Accountable Manager, Quality Manager, instructional staff, facilities, equipment or training programmes (ATO regulation 16).
- 7.6 The ATO shall operate a quality system with independent internal audits and feedback to the Accountable Manager (ATO regulation 13). Internal findings should be closed with a root cause analysis and verification of corrective action, as the Authority will sample them during surveillance. Internal audit reports and corrective actions shall be made available to the Authority on request.
- 7.7 The ATO shall implement an SMS and maintain an approved Safety Management Manual (ATO regulation 18). Every ATO audit includes mandatory SMS checkpoints covering safety policy and objectives, safety accountabilities, key safety personnel, emergency response planning, SMS documentation, hazard identification, safety risk assessment and mitigation, safety performance monitoring, management of change, continuous improvement, training and education, safety communication and the interface with the quality system. The Authority will check that these processes work in practice and are not only documented.
- 7.8 During surveillance of an ATO, the Authority may examine:
- a) the qualifications, licences, authorisations and competency of management personnel, instructors and examiners;
 - b) the training manuals, syllabi and approved programmes, including online and competency-based training, and their implementation;
 - c) student records, progress reports, assessment forms and examination files, by sampling;
 - d) training sessions, simulator exercises, briefings, examinations and skill tests;
 - e) facilities, equipment, simulators, training devices and record-keeping facilities (ATO regulations 12 and 30);
 - f) the quality system and the SMS; and

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g) the effectiveness of previous corrective actions.

7.9 A foreign ATO may be subject to desktop reviews, renewal inspections and on-site visits, including of simulators, training facilities, instructors and examiners provided under wet-lease arrangements, and of training records, on the basis of the approval issued by its State of approval.

8.0 WHAT TO EXPECT DURING SURVEILLANCE

8.1 Every surveillance follows eight steps, as shown in Figure 1.

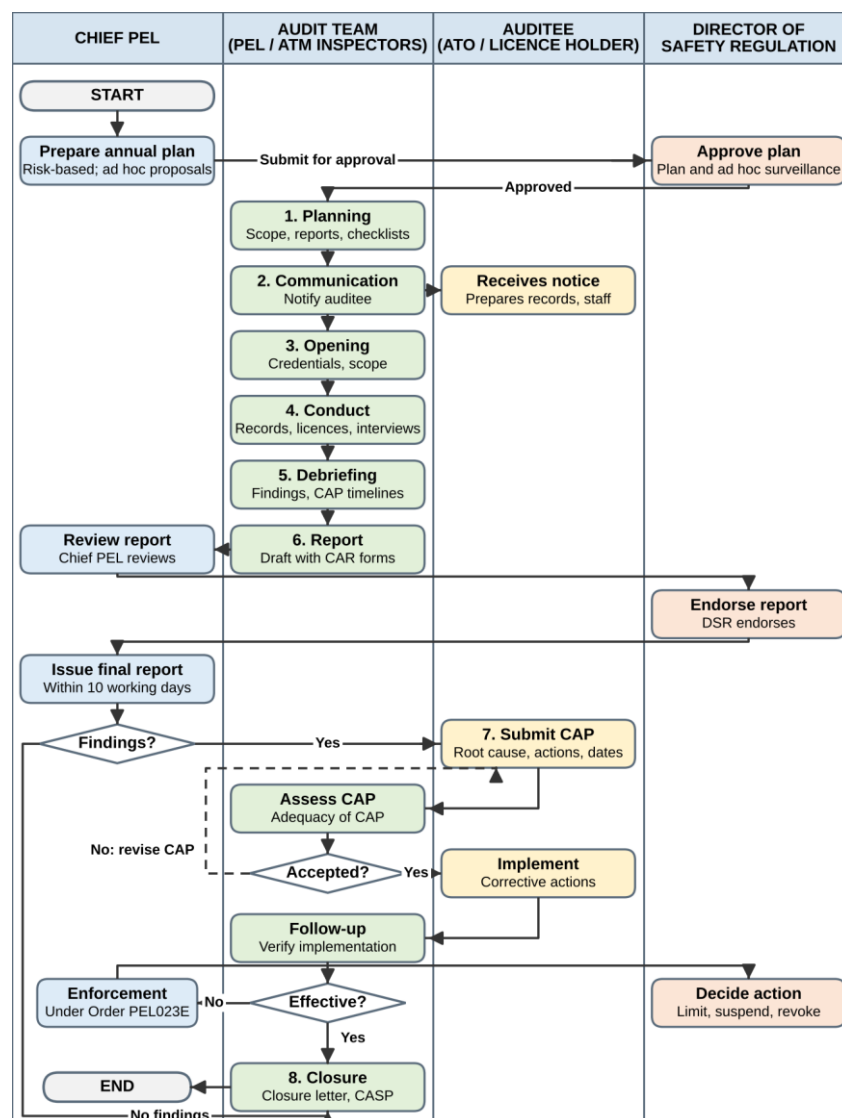


Figure 1: Surveillance and corrective action process

8.2 **Notification.** For planned surveillance, the Audit Team Leader notifies the auditee through CASP or by official letter, normally not less than fourteen (14) days in

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advance, confirming the date, time, scope, key personnel required and documents to be made available. The auditee should prepare the documents listed in Appendix C and confirm attendance of key personnel. Unannounced surveillance is conducted without prior notice.

- 8.3 **Opening meeting.** On arrival, the inspectors present their credentials and the Audit Team Leader holds an opening meeting to introduce the team, confirm the scope, schedule and method, explain how findings are classified and how the CAP process works, and agree focal points. The auditee may ask questions about the process at this stage.
- 8.4 **Conduct of the surveillance.** The inspectors examine documents and records by sampling, observe activities, inspect facilities and interview personnel. Copies of records, photographs and interview notes may be taken as objective evidence. Information not immediately available may be requested on a Confirmation Request Form. The auditee should provide the information requested promptly and shall not alter any record during or after the surveillance. A non-compliance corrected on the spot is welcomed and noted, but is still recorded as a finding requiring a root cause analysis.
- 8.5 **Closing meeting (debriefing).** At the end of the on-site activities, the Audit Team Leader presents the provisional findings and observations, their regulatory basis and proposed level. The auditee may comment and present additional evidence at this meeting, and points of disagreement are recorded. Findings are confirmed in writing only after the Authority has reviewed the evidence, and their level may change. Any immediate action taken for a Level 1 finding is recorded.
- 8.6 **Surveillance report.** The final report, with a CAR form for each finding (sample at Appendix A) and instructions for corrective action, is issued to the auditee through CASP within ten (10) working days of the closing meeting. Each CAR states the finding number, the area audited, the level, whether it is a repeat finding, the description of the finding with its regulatory reference and evidence, and the dates by which the correction and the CAP are due. For an ATO, the report is the written notification of deficiencies under ATO regulation 9(5).

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9.0 FINDINGS AND CORRECTIVE ACTION

9.1 **Levels of finding.** Each finding is given one of the following levels, in accordance with ISAM paragraph 3.4.2 and ISAM Appendices F (licence holders) and G (ATOs):

- a) **Level 1 (Serious Finding)** – a non-compliance that creates an immediate safety risk or lowers the integrity of training, testing or licensing, such as exercising privileges without a valid licence, rating, medical certificate or authorisation; training, testing or OJT conducted by persons with no authorisation from the Authority; training outside the approval; falsified records or certificates; or a compromised examination. It requires immediate correction: the privileges or training activity concerned are stopped until the correction is verified, and the Authority may provisionally suspend the privileges or approval concerned pending investigation (PEL regulation 197(1); ATO regulation 42(1));
- b) **Level 2 (Major Finding)** – a non-compliance that does not present an immediate safety risk but significantly reduces safety margins or the reliability of licensing and training records, such as instructors whose licences, ratings or recency are not current, training conducted under an outdated or unapproved revision of the Training and Procedures Manual, a change not notified within thirty (30) days, or a quality system or SMS that does not function as approved;
- c) **Level 3 (Minor Finding)** – a non-compliance of an administrative nature with no direct effect on safety, such as minor errors in record entries that do not affect the validity of training or licensing, or out-of-date distribution lists; and
- d) **Observation** – an opportunity for improvement with no regulatory breach. No CAP is required, and the observation is reviewed at the next surveillance. An observation that is not addressed may become a finding if a non-compliance then exists.

9.2 **Repeat and systemic findings.** A repeat finding is normally raised one level higher than the original finding, and its CAP shall explain why the previous corrective action did not work. Three or more related Level 3 findings that show that a system has failed may be combined into one Level 2 finding against that system.

9.3 **Response times.** The following times apply from the date the CAR is issued, unless the CAR states a shorter period:

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Level	Correction / containment	Submission of CAP with RCA and SRA	Implementation of corrective action
Level 1	Immediately, before the activity concerned continues	Within 7 days	As accepted in the CAP
Level 2	Within 30 days of identification	Within 14 days	Within 30 days, or as accepted in the CAP
Level 3	Within 90 days of identification	Within 30 days	Within 90 days, or as accepted in the CAP
Observation	Not applicable	Not required	Reviewed at next surveillance

9.4 Preparing the CAP. In accordance with ISAM paragraphs 5.4.5 and 5.4.8, the auditee shall prepare a CAP for each finding on Form TCAA/FRM/SR/GEN-13A (sample at Appendix B), completing:

- a) the finding number, CASP reference, name of the auditee, date of audit, area audited and level of finding, as stated on the CAR;
- b) the description of the finding, copied as issued;
- c) the correction (immediate action) already taken, and its date;
- d) the root cause(s) – why the non-compliance occurred, and not only what went wrong – using a recognised method such as the 5-Whys or the fishbone (Ishikawa) method, with the analysis attached. The analysis should consider organisational, supervisory, environmental and human factors;
- e) the extent of the condition – whether other persons, records, courses, aircraft or sites are similarly affected;
- f) for each root cause, the corrective and preventive action(s), the action office and responsible person, the estimated implementation date, and the evidence that will be provided to show that the action has been implemented;
- g) the safety risk assessment of the CAP – for each action, the risk if it is not fully implemented, its likelihood and impact, and the mitigation measures – or the reason it is not applicable; and

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h) the estimated compliance date, with the name, signature and/or stamp of the Accountable Manager, Quality Manager, Safety Manager or licence holder, and the date.

- 9.5 **CAPs that will not be accepted.** A CAP will be returned if it only repeats the finding; if it blames an individual (for example “human error”, “oversight” or “lack of awareness”) without explaining why the system allowed it; if it corrects only the specific case without addressing the root cause or the extent of the condition; if an action has no responsible person, date or evidence; or if it has no risk assessment where one is required. Actions such as reminding staff to be more careful are not accepted unless supported by a systemic measure, such as a procedure change, a supervisory control, training with assessment or a system change.
- 9.6 **Submitting the CAP.** The completed and signed CAP Form, with the root cause analysis and risk assessment, shall be uploaded in CASP against the surveillance report by the date on the CAR. The Authority evaluates the CAP within ten (10) working days and records its evaluation in the “TCAA Corrective Action Plan Evaluation” part of the form: CAP accepted or returned, comments, and the follow-up method and date. A returned CAP comes with written reasons and shall be resubmitted within fourteen (14) days. A CAP may be returned not more than twice; if the third submission is not acceptable, the matter is escalated under paragraph 10.0.
- 9.7 **Implementing the CAP.** The auditee shall implement the accepted actions by the estimated implementation dates and upload the evidence of completion in CASP, such as amended and approved manuals, updated records, training attendance lists with assessment results, or internal audit reports. Evidence should be dated after the action was implemented.
- 9.8 **Verification by the Authority.** The Authority verifies implementation before closing a finding. Verification is on-site for Level 1 and Level 2 findings, repeat findings and findings on the SMS or quality system of an ATO, and may be administrative (based on the evidence in CASP) for Level 3 findings. The inspector may sample records produced after the action was implemented, interview the persons responsible and observe the activity.

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- 9.9 **Extension of time.** Where an action cannot be completed within the period for its level of finding, the auditee shall request an extension through CASP before the due date, giving the reasons, a revised date and a safety risk assessment. An extension may be approved by the Director of Safety Regulation on the recommendation of the Chief PEL where justified. A second extension for the same finding is considered together with possible enforcement action.
- 9.10 **Closure.** A finding is closed only when the root cause analysis has been accepted, all corrective actions have been implemented and verified, and the Authority's internal review has been completed. A finding is not closed on the basis of a plan or promise to act, or of a correction alone. When the finding is closed, the inspector records the closure on the CAP Form. When all findings are closed, the Authority closes the surveillance and issues a closure letter to the auditee through CASP.
- 9.11 **Effectiveness.** The effectiveness of corrective actions for Level 1 and Level 2 findings and for findings against ATOs is checked at the next surveillance, and in any case within twelve (12) months of closure. If the non-compliance has recurred, a repeat finding is raised. The results are used to update the auditee's risk rating for the next Annual Surveillance Plan.

10.0 FAILURE TO RESPOND AND ENFORCEMENT

- 10.1 Where a CAP is not submitted, is not acceptable after two returns, or is not implemented on time; where a Level 1 correction is not effected; where a repeat finding shows that the previous corrective action did not work; or where non-compliance is otherwise significant or repeated, the matter is escalated by the Chief PEL to the Director of Safety Regulation. For Level 2 and Level 3 findings, the Authority issues a reminder on the due date; if no acceptable response is received within fourteen (14) days of the reminder, the matter is escalated.
- 10.2 Enforcement actions are graduated and risk-based, and may include counselling, remedial training, written warnings, increased surveillance, limitation of privileges or of the ATO approval, suspension, variation or revocation of the licence, rating, authorisation or ATO certificate, administrative penalties and referral for prosecution (PEL regulations 197 and 204 to 206; ATO regulations 42 to 46).

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- 10.3 Except where immediate safety action is required, the licence holder or ATO is given an opportunity to be heard before an enforcement decision is taken. An auditee who disagrees with a finding may submit supporting evidence, and may appeal a decision of the Authority in accordance with Part XI of the Civil Aviation Act.
- 10.4 The holder of a licence, rating, authorisation or certificate that has been suspended, varied or revoked shall surrender it to the Authority within fourteen (14) days (PEL regulation 197(3); ATO regulation 42(4)). The status of the electronic licence or approval is updated in CASP and is shown when its QR code is verified.

11.0 REPORTING OF NON-COMPLIANCE

Any person who knows of a violation of the Regulations shall report it to the Authority (PEL regulation 199). Licence holders and ATOs are encouraged to report to the Authority any non-compliance they identify themselves, together with the corrective action taken. Self-identified and promptly corrected non-compliance is taken into account when the Authority determines its response.

12.0 RECORDS

The surveillance plan, notification, report, CAR forms, CAPs, evidence and closure letter are kept in CASP as the oversight history of the licence holder or ATO. The auditee should keep its own copies of the report, CAPs and evidence, and ATOs shall include them in their quality system records.



JOHN NZULULE
DIRECTOR OF SAFETY REGULATION

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APPENDIX A – SAMPLE CORRECTIVE ACTION REQUEST (CAR) FORM

Form TCAA/FRM/SR/GEN-12A (ISAM Appendix C). Completed by the inspector in CASP for each finding and issued to the auditee.

Finding No. (CASP Ref.):	Name of Operator/Service Provider:	Level of Finding: ☐ Level 1 ☐ Level 2 ☐ Level 3
Audit/Inspection Date:	Area Audited:	Repeat finding: ☐ Yes ☐ No
Applicable Regulatory Requirement Reference: (cite the consolidated Regulations)		
Description of Finding/deficiency: (requirement, condition found and objective evidence)		
Correction / containment required by (date):		
Corrective Action Plan, Root Cause and Risk Assessment of the Corrective Action Plan to be submitted by: _____ (The time frame is determined by the level of finding)		
Name of Inspector(s):	Signature:	Date of this CAR:
Supervisory review before release – Name, signature, date:		
Note: Description of deficiency levels on safety. Level 1 (Serious Finding) requires immediate correction; CAP with root cause analysis within 7 days. Level 2 (Major Finding) requires corrective action within 30 days of identification; CAP within 14 days. Level 3 (Minor Finding) requires corrective action within 90 days of identification; CAP within 30 days.		

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APPENDIX B – SAMPLE CORRECTIVE ACTION PLAN (CAP) FORM

Form TCAA/FRM/SR/GEN-13A (ISAM Appendix D). The first part is completed by the auditee for each finding; the “TCAA Corrective Action Plan Evaluation” and verification parts are completed by the Authority.

CORRECTIVE ACTION PLAN (CAP)				
Finding No.:	Name of Operator/Service Provider:	Level of Finding: ☐ Level 1 ☐ Level 2 ☐ Level 3		
Audit/Inspection Date:	Area Audited:	CASP Ref.:		
Description of Finding/deficiency:				
Correction (immediate action taken) and date:				
Root Cause(s) of Problem: (state the method used, e.g. 5-Whys or fishbone, and the extent of the condition; attach the analysis)				
Proposed Corrective and Preventive Action(s) (per root cause)	Action Office / Responsible person	Estimated Implementation Date	Evidence to be provided	Evidence ref. (on completion)
Risk Assessment of the Corrective Action Plan:				
Action	Risk if Not Fully Implemented	Likelihood	Impact	Mitigation measures

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TCAA CORRECTIVE ACTION PLAN EVALUATION		
Root cause analysis: ☐ Accepted ☐ Not accepted		
☐ CAP Accepted	☐ CAP Returned (return no. ☐ 1 ☐ 2) – reasons recorded in CASP	
Comments:		
Proposed Follow-Up: ☐ On-site ☐ Off-site ☐ Administrative		
Proposed Follow-Up Date:		
Inspector(s) Name:	Inspector(s) Signature:	Date:
VERIFICATION OF IMPLEMENTATION		
Evidence verified (ref.) / method: ☐ On-site ☐ Administrative		
Verified by (name, signature, date):		Supervisory review – name, signature, date:
Finding Closed: ☐ Yes	Finding Closed By: Name: Signature and Stamp:	Date of closure:

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APPENDIX C – PREPARATION CHECKLIST FOR SURVEILLANCE

No.	Item to have ready	Applies to
1	Valid electronic licence on a mobile device, verifiable by QR code	Licence holders, instructors, examiners
2	Current medical certificate and ELP certificate	Licence holders
3	Up-to-date logbook and recency records (ATC logbook signed in UTC)	Licence holders
4	Written authorisations of instructors, OJTIs and examiners	Licence holders, ATOs
5	Approval certificate, training specifications and current approved Training and Procedures Manual	ATOs
6	Approved training programmes and syllabi, including online and competency-based courses	ATOs
7	Student records, progress reports, assessment and examination files (last 10 years)	ATOs
8	Instructor and examiner qualification and training files	ATOs
9	Internal audit programme, reports and status of internal corrective actions, with root cause analyses	ATOs
10	Approved SMM, safety policy, hazard and risk register, safety reports, safety performance indicators and management of change records	ATOs
11	Evidence that changes were notified within 30 days	ATOs
12	Status of CAPs and evidence from the previous surveillance	Licence holders, ATOs
13	Focal point, Accountable Manager, Quality Manager, Safety Manager and Head of Training available on the agreed date	ATOs