

FLIGHT SIMULATION TRAINING DEVICE (FSTD) DESKTOP EVALUATION CHECKLIST

Initial Evaluation		Recurrent Evaluation		Upgrade Evaluation		Special Evaluation	
Date of inspection / evaluation							
Name of Organisation							
Trade name (as applicable)							
SACAA ATO Number		SACAA/1		/ATO			
Base of operation							
Postal address						Postal code	
e-mail address							
Telephone number				Cellular number			
Chief Simulator Instructor							
Chief Simulator Technician							
SIMULATOR INFORMATION							
SIMULATOR REGISTRATION		Z		-			
Qualification Level							
Manufacturer							
Serial Number							
ICAO Type Designator & Variant							
Simulator Computer							
Visual System <i>(Degrees FOV)</i>							
Motion System <i>(DOF)</i>							
RSA Airfields <i>(Specific Modelling)</i>							
Entry into Service RSA				First Entered Service			
Engine Fit							
Flight Management System							
Avionics Suite							
INSTRUCTIONS, DEFINITIONS AND ABBREVIATIONS							
<ul style="list-style-type: none"> • √ - shall mean fully compliant (FC). [Yes] • X - shall mean not compliant (NC). [No] • N/A - shall mean that the requirement is not relevant to the FSTD. (N/A) • - - shall mean Not Reviewed (NR). [Not Checked] 							
DESCRIPTION OF FINDINGS/ REMARKS/ COMMENTS							
<ul style="list-style-type: none"> • LEVEL 1 A Level 1 finding will require immediate action. This is an item which fails to comply with the required standard and therefore affects the level of qualification or the qualification itself. <ul style="list-style-type: none"> - If these items will not be corrected or clarified within a given time limit, the SACAA may have to suspend, vary, restrict, or revoke the FSTD qualification. • LEVEL 2 A Level 2 finding will require the submission of a corrective action plan (CAP) within 7 days of the finding. • LEVEL 3 A Level 3 finding will require the submission of a corrective action plan (CAP) within 14 days of the finding. • RESERVATION: An item where compliance with the required standard is not clearly proven and the issue will be reserved for later decision. Resolution of these items will require either: <ul style="list-style-type: none"> - A SACAA policy ruling or - Additional substantiation 							

- **UNSERVICEABILITY:** A device, which is temporarily inoperative or performing below its normal level.
- **RESTRICTION:** An item which prevents the full usage of the FSTD according to the training, testing and checking considerations due to unusable devices, systems or parts thereof.
- **RECOMMENDATION FOR IMPROVEMENT:** An item which meets the required standard, but where considerable improvement is strongly recommended.
- **COMMENT:** Self-explanatory.

INITIAL EVALUATION TOWARDS QUALIFICATION:

Conduct a complete evaluation of all systems and functionality of the FSTD.

RECURRENT EVALUATION:

Conduct a sampling evaluation to establish working of systems and functionality.

UPGRADE, POST-MODIFICATION OR SPECIAL EVALUATION:

Conduct evaluation of only those systems or functions that are/ have been affected.

A. CAA RESPONSIBILITY: DETAILS VERIFICATION		N/A	FC	NC	Note
1.	Has the organisation formally applied for the evaluation of this simulator?				
2.	Is there proof of payment for this renewal inspection?				
3.	Does the application clearly indicate the following:				
	➤ CEO and/ or Post Holders				
	➤ Contact telephone numbers				
	➤ Postal address				
	➤ Physical place of installation/ business				
	➤ Email address				
	➤ Cell contact numbers				
4.	Does the organisation hold a valid ATO Certificate?				
5.	Does the Operations Specification currently make provision for FSTD training?				
B. DOCUMENTS REQUIRED VIA EMAIL					
1. QUARTERLY QTG					
a.	Complete set available for the evaluation period?				
b.	QTG's containing date and time of run?				
c.	QTG's within tolerances?				
d.	QTG's evaluated and signed by operator?				
e.	QTG's evaluated and signed by QA or person responsible FSTD?				
f.	Any movement in QTG/s or specific OOT QTG/s that may affect the qualification of the device, or likely needs future intervention? <i>[consider recommendation for on-site when time permits]</i>				
2. INTERNAL COMPLETED QA CHECKLISTS					
a.	QTG Tracker sign-off?				
b.	QTG Tracker completeness?				
c.	Periodic QA audits?				
d.	Management review of QA audits?				
e.	Daily function pre-flight records?				
f.	IOS Certificates?				
g.	Records stored?				
h.	Any indication of deficiencies in quality oversight that may present questions regarding utilization or maintenance of device? <i>[consider recommendation for on-site when time permits]</i>				
3. COPY OF AUTHORISATION SHEET					
a.	Complete, correct entries for training (Reg, date, time, crew, exercise)?				
b.	Acceptance before and sign-off after training?				

		N/A	FC	NC	Note
c.	Lost time written up?				
d.	Any indication of deficiencies in quality oversight that may present questions pertaining to utilization of device? <i>[consider recommendation for on-site when time permits]</i>				
4. COPY OF SNAG SHEET/ DEFECT SHEET					
a.	Defects recorded?				
b.	Defects rectified/ corrected?				
c.	Defects signed-off?				
d.	Any defects that were corrected that may have affected the qualification of the device? <i>[consider recommendation for on-site when time permits]</i>				
5. LIST OF OPEN SNAGS/ DEFECTS					
a.	Open defects recorded?				
b.	Any effect of specific open defect on Qualification or Device Specification considered and mitigated?				
c.	Any indication of deficiencies in quality oversight pertaining to open defects that may present questions concerning utilization of device? <i>[consider recommendation for on-site when time permits]</i>				
6. LIST OF QUARTERLY SUBJECTIVE FLY-OUTS					
a.	Date, time and crew names?				
b.	Write-up of findings/ observations during fly-out?				
c.	List of manoeuvres flown/ systems checked?				
d.	Is the complete list for functions and subjective tests evaluated between SACAA audits?				
e.	Any indication of deficiencies in subjective oversight that may present questions pertaining to operating of device? <i>[consider recommendation for on-site when time permits]</i>				
7. COPY OF UTILISATION AND READINESS REPORT (Not applicable to FNPT I/III/II MCC)					
a.	Acceptable utilisation vs time lost?				
b.	Acceptable reliability?				
c.	Any discernible disconcerting trends?				

NOTES ON FSTD DEVICE REMARKS

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COMMENT: Self-explanatory.

<u>NUMBER</u>	<u>FINDINGS/ COMMENTS/ NOTES</u>

CONCLUSION

CAA Representatives:		
Verification of Operator oversight of simulator subjective performance and suitability:		
Satisfactory:		Unsatisfactory:
Verification of Operator oversight of simulator objective performance:		
Satisfactory:		Unsatisfactory:
Verification of Operator quality oversight of simulator:		
Satisfactory:		Unsatisfactory:
Verification of Operator oversight of Flight recording / training file:		
Satisfactory:		Unsatisfactory:

RECOMMENDATIONS BY EVALUATION TEAM

<i>That this FSTD be</i>	RECOMMENDED:	NOT RECOMMENDED:
Reason for desktop:		
Conditions:		
(ELECTRONIC) SIGNATURE OF PEL INSPECTOR	NAME IN BLOCK LETTERS	DATE

RECOMMENDATION BY MANAGER PEL: TRAINING

ISSUE:		RECURRENT:	
<i>of FSTD registration</i>	Z	-	
<i>is hereby</i>	APPROVED:	NOT APPROVED:	
COMMENTS / RESTRICTIONS			
(ELECTRONIC) SIGNATURE OF MANAGER: TRAINING	NAME IN BLOCK LETTERS	DATE	