|  |  |
| --- | --- |
|  | ATS Oversight Organization  **Audit Plan** |

|  |  |
| --- | --- |
| **Audit of** |  |

|  |  |
| --- | --- |
| **Audit Number** |  |

|  |  |
| --- | --- |
| **Executive Sponsor** |  |

|  |  |
| --- | --- |
| **Audit Team** |  |

|  |  |  |
| --- | --- | --- |
| **Audit Schedule**  (anticipated) | Notification due to the ANSP |  |
| Audit start date |  |
| Audit end date |  |
| Estimated validation date  (5 business days after audit end date) |  |
| Final report due to ANSP Safety Service  (15 business days after validation date) |  |

**Objective**

**Scope**

**Focus Areas**

The audit will focus on the following areas:

Focus Area 1:

Focus Area 2:

**Methodology**

The audit team will develop specific audit checklists and will use standard auditing techniques to conduct the audit. The auditors will observe operations, review documents and records and conduct management interviews with personnel in order to determine current status in each of the focus areas.

**Applicable Requirements**

The audit team will verify compliance with requirements in .

**Audit Dates and Locations**

|  |  |  |
| --- | --- | --- |
| **Audit Locations** | **Anticipated Dates** | **Location/Facility** |
|  |  |
|  |  |
|  |  |

**Justification for Audit Locations**

**Resource Requirements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Resource Item** | **No. of People/Item** | **Cost per Person/Item** | Total Cost |
| Airline Ticket(s) | 0 | $0 | $0 |
| Lodging | 0 | $0 | $0 |
| Transportation | 0 | $0 | $0 |
| Computers (type) | 0 | $0 | $0 |
| Equipment (type) | 0 | $0 | $0 |
| Other (explain) | 0 | $0 | $0 |
|  |  |  |  |
| **ESTIMATED TOTAL** | | **$0** | **$0** |

|  |  |
| --- | --- |
| **Other Expenses and/or Comments** | N/A |

**Audit Plan Review and Approval Sheet**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Audit Team Lead |  | | | |  | | Date |  | | |
|  |  |  |  | |  | |  |  | | |
| Executive Sponsor |  | | | |  | | Date |  | | |
|  |  | | | |  | |  |  | | |
| Director |  | | |  | | Date | | |  |
|  |  | | |  | |  | | |  |
|  | approved  not approved | | |  | |  | | |  |