| Logo of Federal Aviation Administration | **Air Traffic Safety Oversight Service**  **Audit Report** | Airplane |
| --- | --- | --- |

**Title**

XXX-FYXX-XXX

*Insert dates audit conducted*

*(ex. January 1-5, 2017)*

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director, Air Traffic Safety Oversight Service

**EXECUTIVE SUMMARY**

The Air Traffic Safety Oversight Service (AOV) audited the Air Traffic Organization (ATO) from *insert date* to *insert date* to determine compliance with requirements relating to…

I. **OVERVIEW**

Background

*Start writing the background here. Explain the events that led to the decision to audit and any other extenuating factors. Avoid extraneous information.*

**Objective**

To determine ATO compliance with FAA requirements relating to *(Can be copied from Audit Plan and pasted in)*

**Scope**

*(Can be copied from Audit Plan and pasted in)*

AOV conducted the audit on the dates and at the facilities noted below.

| **Date** | **Location** |
| --- | --- |
| *insert date here* | *insert location here* |
| *insert date here* | *insert location here* |
| *insert date here* | *insert location here* |
| *insert date here* | *insert location here* |

**Focus Areas** ***(can be pasted in from Audit Plan)***

**1.**

**2.**

**Requirements**

AOV conducted this audit based on requirements noted in the following FAA orders:

| **Order Number** | **Title** |
| --- | --- |
| *Insert order number here* | *Insert title here* |
| *Insert order number here* | *Insert title here* |
| *Insert order number here* | *Insert title here* |

The specific requirements audited are noted within each Focus Area.

**Methodology**

The auditors developed requirement checklists containing questions on which interviews with facility managers were based, reviewed documents, and observed operations relating to …..

*(The text above can be edited to reflect the actual methodology used for the audit.)*

**II. AUDIT RESULTS**

This section provides the auditors’ observations as they relate to each Focus Area. An observation explains an observed action, procedure, condition, situation etc. that may or may not comply with FAA requirements or the ATO Safety Management System requirements.

**Focus Area 1:** ***insert name of focus area here***

1. **Description**

The purpose of this focus area was to determine ATO compliance with requirements relating to … *continue with description.*

1. **Methodology**

*Explain methodology for this focus area.*

1. **Requirements**

AOV determined compliance for this focus area based on the following requirements:  *Include requirements here just as they appear in the original order. Use the 10‑point Arial font.*

1. **Observations of Noncompliance**

*Include each observation, in numbered sequence (e.g. 1., 2., etc.). If the auditors made no observations of noncompliance, insert the following:*

There were no observations of noncompliance for this focus area.

1. **Observations of Potential Adverse Safety Impact (OPASI)**

*Include each observation, in numbered sequence (e.g. 1), 2) etc.). If the auditors made no other observations of safety concern, insert the following*

There were no additional observations of potential adverse safety impact for this focus area.

1. **Comments**

*Insert any comments you may have here. Eliminate this heading if there are no comments.*

**III. ASSESSMENT RESULTS**

This section provides the auditors’ assessment of management oversight of required and recommended procedures and processes.

**Focus Area 1***:* ***insert name of focus area here***

1. **Description**

The purpose of this focus area was to assess (continue writing description.)

1. **Controls**

*Include all related controls here.*

1. **Methodology**

**Data Collected:** *Input data here*

**Data Analysis Method:** *Input analysis type here*

1. **Results**

*Report the results of the assessment here.*

1. **Observations of Potential Adverse Safety Impact**

*Include each observation, in numbered sequence. If the auditors made no observations of safety concern, insert the following*

There were no observations of potential adverse safety impact for this focus area.

1. **Comments**

*Include any comments that do not fit under results or Observations of Potential Adverse Safety Impact here. If there are no comments, eliminate this heading.*

**APPENDIX A: Auditors**

*Project manager name* (project manager)

*auditor name* (audit lead)

*auditor name*

*auditor name*

*auditor name \**

*auditor name*

*auditor name*

*auditor name \**

*auditor name*

*auditor name*

\* team lead

**Checklist Number *#: title***

**Audit Project Number: ADT-FYXX-XXX**

**Requirements:**

*Insert audited requirements*

| **Questions** | **Compliance verified?** | **Evidence / Observations** |
| --- | --- | --- |
| 1. *only one question per line* |  |  |
| 2. *add lines as necessary* |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Audit Sampling Methods *(where to look, how many to look at, find, discuss, interview)*

Additional Comments*(use additional pages as needed)*

**Checklist Number #: Title**

**Assessment Project Number: ASM-FYXX-XXX**

**Safety Control:**

*Insert specific control being assessed (e.g., FAA Order XXXX.X, Title, paragraph x.1.y)*

| **Checklist Questions** | **Data Collection** | **Comments** |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

**Audit Sampling Methods** (where to look and how many to look at, find, discuss or interview)

**Additional Comments** (use additional pages as needed)