



## THE GLIDING FEDERATION OF AUSTRALIA INC

ABN 82 433 264 489  
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# AIRWORTHINESS SAFETY AUDIT REPORT

### AUDITEE DETAILS

Club Name: .....  
ARN: ..... Trading Name (if different): .....  
Address for Correspondence: .....  
.....  
President: ..... AAO: .....

### AUDIT DETAILS

Type: ..... Scheduled / Special\*  
Location(s): .....  
Dates (On Site): .....  
Audit Scope: ..... **Airworthiness**

### AUDIT TEAM

Lead Auditor: ..... Second Auditor: .....

### DISTRIBUTION

To: ..... (President)  
..... (AAO)  
Cc: CAP@glidingaustralia.org.au  
EMA@glidingaustralia.org.au  
EMO@glidingaustralia.org.au  
.....

### CONFIDENTIAL DOCUMENT

This Audit Report is a confidential document between the GFA and the Auditee. The GFA shall not disclose the contents of this report or part thereof, except in pursuance of its functions, without the express permission of the Gliding Club Airworthiness Administration Officer.

## EXECUTIVE SUMMARY

### BACKGROUND

*[Insert a brief history of the club, when was it formed, how many members, how many Annual Inspectors, who is the Club Airworthiness Administration Officer, who is the lead airworthiness inspector. Record details of the club fleet by aircraft type, how many syndicate and private aircraft and of what type. Rough estimates suffice.]*

### SUMMARY

*[Record when the audit team arrived and who welcomed them at the gliding club.]*

*[The opening meeting must outline to the Club representatives the scope of the airworthiness safety audit and the audit finding process. The scope of the audit should be in accordance with the audit check list/s shown in the body of this document however in extenuating circumstances the scope of the audit may vary.]*

*[Elaborate in detail on the findings of the airworthiness audit here, including findings from the detailed inspection of individual gliders]*

Lead Auditor Signature: .....

Date: .....

Name: .....

GFA No: M-.....

**AIRWORTHINESS CHECK LIST****Club Sailplanes Inspected/ Listed (All Club owned sailplanes):**

(Detailed reports for individual sailplanes must be presented in Annex B and should follow the format shown in the template.)

	<b>Sailplane Description (Registration and Type)</b>	<b>Condition</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Private Sailplanes Inspected/ Listed (Only those considered in this audit):**

1		
2		
3		
4		

**WORKSHOP INSPECTION:**

Adequate size	
Premises clean and tidy	
Sufficient lighting	
Sufficient ventilation	
Dedicated area for administration work	
Storage of ADs, ANs and drawings including process for maintaining access to latest issues	
Availability of a current set of General ADs including process for checking for latest issues.	
Accommodation for tools	
Adequacy of tools	
Adequacy of work benches	
Satisfactory storage of aircraft materials	
Adequacy of Fire Extinguishers	
Provision of smoke detectors - if appropriate to building environment and location.	
Availability of Personal Protection Equipment: dust masks, eye protection, gloves, etc as appropriate	
First Aid Kit: availability and contents current and adequate for type of work performed in the facility.	
Provision of earth leakage protection	
Adequacy of facilities for safe storage and use of oxygen re-filling equipment if applicable.	
Adequacy of facilities for safe storage of flammable chemicals (fuels, oils, lubricants, solvents, etc)	

**INSPECTION CAPABILITIES:**

Number of Annual Inspectors in club	
Number of Annual Inspectors actually active, last two years	
Number of inspectors active on Club Aircraft	
Number of inspectors active on private aircraft	
Maximum number of inspections by any inspector	
Do you have enough competent inspectors?	

**OVERALL COMMENTS ON THE CLUB AIRWORTHINESS RESOURCES:**

*[Include details of non-conformances, observations (both +ve and -ve), and any opportunities for improvement]*

## Required Corrective Actions

**Club / Organisation:**.....

An Airworthiness Safety Audit conducted on (date) ..... has revealed the deficiencies detailed in the following Non Compliance Notices (NCNs):

[insert details of problem areas identified]

**Action to correct the NCNs listed below is required. Please report actions to the auditor as they are completed.**

NCN No	Brief Description of non-conformance	Due Date for Compliance
1		
2		
3		
4		
5		

Auditors Signature: ..... Date: .....

Name: ..... GFA No: M-.....

**RTOA Certification of NCN corrective action completed satisfactorily:**

<b>NCN No</b>	<b>Corrective Action Taken</b>	<b>Date of Compliance</b>
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		

RTOA      Signature: .....      Date: .....  
                 Name: .....      GFA No: M-.....