



### STATION FACILITY INSPECTION

OPERATOR:..... REF:.....  
 STATION LOCATION:..... STATION MANAGER:.....  
 AIRCRAFT TYPE OPERATED AT STATION:.....  
 AERODROME OPERATOR:..... DATE:.....

PERSONNEL		SAT	UNSAT- ACTION TO BE TAKEN
Post Title	Number		
Office Coordinator			
Assistant Co-ordinators			
Mass and Balance Officers			
Teletype Operators			
Reservation Officers			
Facility Staffing			
Training			
Personnel proficiency			
Duty time limitations			
Records			
Currency/adequacy of manuals			
Preparation of load manifests			
Facility organization effectiveness			
Emergency telephone listing			
System for disseminating information to personnel			
Emergency plans			
Certificated personnel			
DISPATCH/FLIGHT RELEASE			
Dispatch/flight release procedures			
Determination of runway conditions			
NOTAM			
Flight planning			
Mass/balance			
Equipment/space			
Communications			
Emergency procedures			
Hours of operation			
Aerodrome inspection procedure			
Standby power: communications			
Flight following procedures			
Procedures for suspending/restricting operations			
Duty time limitations			
Dispatch area of responsibility			
Dispatch recurrent training			
Member of aerodrome snow committee			
Weather reporting facility			
APRON			
Public safety ramp gate			
Aircraft loading area			
Fuelling			
Fire protect-engine start			
Control of ramp vehicles			
Severe weather plan			
Cargo loading			
FOD protection (Foreign Object Damage)			
Lighting condition			



AERODROME	SAT	UNSAT- ACTION TO BE TAKEN
Taxiway/lighting condition		
Runway lighting condition		
Approach lighting aids		
Navigation facilities		
Obstruction/lighting marking		
Fire-fighting equipment		
Medical service		
Aerodrome traffic advisory		
Boundary lighting		
Windsock/tetrahedron ((lighting)		
Stop way		
Clearway		
Displaced threshold		
Runway width/length		
Runway marking (paint lighting)		
Blast fences		
Erosion/lip areas		
Cargo loading area		
Aircraft parking area		
Security of aircraft		

**FOR OFFICIAL USE ONLY**

REMARKS:.....  
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DISCREPANCIES OBSERVED:.....  
 .....  
 .....

NAME OF PERSONNEL BRIEFED:.....  
 .....

CORRECTIVE ACTION REQUIRED:.....  
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 .....

LETTER OF CORRECTION SENT:.....  
 OPERATOR'S RESPONSE RECEIVED/ACCCEPTED:.....  
 CORRECTIVE ACTION ACCOMPLISHED:.....  
 FOLLOW-UP INSPECTION DATE:.....  
 CLOSE-OUT DATE:..... OR PURSUE VIOLATION ACTION:.....

Inspector's Name & ASI #

Signature

Date