

	<p>Aeronautical Services</p> <p>Advisory Memorandum</p> <p>(ASAM)</p> <p>Focal Point: Gen</p>	<p>ASAM</p> <p>No: 034</p> <p>Issue 3.0</p> <p>Date 10/01/2024</p>
<p>Title</p>	<p>ANSD Audit procedures: Guidance on the Competent Authority / National Supervisory Authority Oversight Audit Programme, Ad-hoc Audit and Special Audit Procedures.</p>	

1. Introduction

EC Regulation (EU) 2017/373 [ATM/ANS.AR.C.015 'Oversight programme'](#) states

(a) The competent authority shall establish and update annually an oversight programme taking into account the specific nature of the service providers, the complexity of their activities, the results of past certification and/or oversight activities and shall be based on the assessment of associated risks. It shall include audits, which shall:

- (1) cover all the areas of potential safety concern, with a focus on those areas where problems have been identified;*
- (2) cover all the service providers under the supervision of the competent authority;*
- (3) cover the means implemented by the service provider to ensure the competency of personnel;*
- (4) ensure that audits are conducted in a manner commensurate with the level of the risk posed by the service provider operations and services provided; and*
- (5) ensure that for service providers under its supervision, an oversight planning cycle not exceeding 24 months is applied.*

EC Regulation (EU) 2015/340 [ATCO.AR.C.005 'Oversight programme'](#) states

(a) The competent authority shall establish and maintain an oversight programme covering the oversight activities required by ATCO.AR.C.001.

(b) For organisations certified by the competent authority the oversight programme shall be developed taking into account the specific nature of the organisation, the complexity of its activities and past certification and/or oversight activities. It shall include within each oversight planning cycle:

- (1) audits and inspections, if needed, including unannounced inspections as appropriate; and*
- (2) meetings convened between the management of the training organisation and the competent authority to ensure that both remain informed of significant issues*

(c) For organisations certified by the competent authority an oversight planning cycle not exceeding 24 months shall be applied.

(d) The oversight programme for training organisations shall include the monitoring of training standards including the sampling of training delivery if appropriate.

(e) For persons holding a licence, rating or endorsement issued by the competent authority the oversight programme shall include inspections, including unannounced inspections, if appropriate.

ANSD has established a programme of safety regulatory audits to ensure all certified organisations are audited in an oversight cycle not exceeding 24 months. This programme produced annually shall ensure ANSD fulfils its NSA/CA responsibilities as defined in European Commission Implementing Regulations in respect of auditing the effective implementation of the applicable safety regulatory requirements.

2. Aim

The aim of this document is to provide guidance to certified service providers (SPs) and air traffic controller training organisations (TOs) and licensed Air Traffic Controllers on the NSA/CA Annual, Ad-hoc and Special Audit procedures. These audits are carried out by the Air Navigation Services Division (ANSD) as the Competent Authority and National Supervisory Authority for Ireland.

3. Scope

The information described in this document form part of the suite of ANSD procedures for the verification of compliance by SP / TO organisations, and persons holding a licence, rating, or endorsement, in accordance with the regulatory requirements of European Regulation (EU) 2018/1139 and Commission Implementing Regulations (EU) 2017/373 and (EU) 2015/340.

4. Audits - General

ANSD oversight audit processes will, through appropriate audit sampling, verify:

1. compliance with applicable safety regulatory requirements prior to the issue of a certificate necessary to provide ATM/ANS, including safety-related conditions attached to it.
2. compliance with applicable safety regulatory requirements prior to the issue or renewal of a certificate necessary to provide ATCO Training.
3. compliance with any safety-related obligations in the designation act issued in accordance with Article 8 of Regulation (EC) No 550/2004 (as amended).
4. ongoing compliance of certified organisations and for persons holding a licence, rating, or endorsement with applicable safety regulatory requirements.
5. implementation of safety requirements and other safety-related conditions identified in:
 - (i) EC declarations of verification of systems, including any relevant EC declaration of conformity or suitability for use of constituents of systems.
 - (ii) risk assessment and mitigation procedures required by safety regulatory requirements applicable to air navigation services, ATFM and ASM.

6. the implementation of safety directives.

5. Annual Audits

5.1 Pre-Audit activities

1. The CA audit leads nominated for each SP/TO will consult with each organisation in sufficient time to agree the annual audit date.
2. Subsequently, the audit leads will notify each SP/TO of the audit scope and timetable as soon as practicable prior to the scheduled commencement of an audit. Where interviews of staff are scheduled the SP/TO shall ensure that the nominated persons are adequately briefed on the conduct, expectations, and reasons for such interviews. The SP/TO should seek clarification from the CA if they are uncertain of any aspect in sufficient time to be able to brief their staff such that they are adequately prepared.
3. The CA may request documentation to be provided in advance of an audit, in which case the SP/TO shall facilitate that request in a timeline manner.
4. The Manager ANSD may, where information or evidence identifies a need, additionally select specific areas for audit at short notice. In such circumstances notification to the SP or TO organisation shall be at the discretion of the Manager ANSD.

5.2 Audit Opening meeting

1. The lead auditor will formally open the audit by conducting a meeting with the nominated representative(s) of the SP or TO. The audit will follow the timetable unless the SP, TO or CA request a change, or an unexpected event occurs which necessitates a change, and it can be accommodated.
2. Where a change is made to the published timetable this should be noted by the lead auditor and recorded in the audit report.
3. Where interviews of SP personnel such as ATCO licence holders are to be held i.e., separate of SP/TO staff who are designated as auditees for a particular management area, they shall be conducted in line with ASAM No 48 which is the CA advisory material on conducting interviews.

5.3 Non compliances and Observations

Level 1 findings

1. For a level 1 non-compliance the SP/TO may be required by the CA to limit or suspend in whole or in part their services, provided safety is not compromised. The measure(s) taken shall depend upon the severity and extent of the finding and shall remain until a successful corrective action(s) has been taken by the service provider.
2. ANSD shall require that the immediate action(s) taken be documented and they, with the root cause and a corrective action plan (CAP), be submitted by a SP/TO no later

than 5 working days from the date the finding was relayed by the CA (or sooner if the CA determine its required). For a licence holder see also section 5.5.

3. A noncompliance shall be written up in an ASD Non-Compliance Report (NCR) 'ASD.F.237' and can be presented during the audit (if the situation requires it) or at the closing meeting.

Level 2 findings

1. The audit team shall verbally inform the audit closing meeting of the audit findings (denoted as potential until they are formally laid in writing) by describing the details of the nonconformity and the regulatory or organisational requirement it was found against.
2. Audit findings will be formally laid in written format no later than 3 working days commencing the day after the closing meeting. This allows for a short regulatory review period to ensure the non-compliance is confirmed and written with as much clarity and accuracy as possible.
3. For traceability purposes each potential audit finding at the closing meeting will be given a draft number commencing at 01 e.g., draft 01, draft 02.
4. When the NCR is formally written up it shall be numbered in accordance with the following numbering convention i.e., the unit designator; year of audit; and a two-digit number (commencing at 01 in an ascending order e.g. EIWF-2023-01).

Observations

1. In addition to findings, auditors may present observations. Like NCRs these will be given verbally at the closing meeting and can be recorded in one consolidated 'Audit Observations Report Form' (ASD.F.238) and sent to the SP/TO post audit. These observations are for consideration by the audited organisation.
2. Implementation by the audited organisation is at their discretion following consideration of the benefits associated with their action. If an organisation chooses not to implement an observation it should close the observation with the date and rationale for closing and provide this information to the CA in writing. The CA may query the rationale on receipt of the closure notification or at the next audit.

5.4 Audit Closing meeting

1. Upon completion of the on-site audit, the lead auditor will formally close the audit by conducting a closing meeting with the nominated representatives of the SP or TO.
2. At that meeting the SP, TO or if a licence holder is required to attend, can record the potential findings and observations, and may ask for clarifications. They can indicate they may appeal the potential finding if it is subsequently laid and can give reason as to why. An auditor may make note and take this into consideration during their post audit review (max 3 working days). However, it is important to state that the closing meeting is not elongated by argument or long discussions, and this will be managed by the lead auditor. The final decision to lay a finding of non-compliance will be made by the audit team post audit following its review.
3. The SP/TO/licence holder can appeal a finding by following the appeals process outlined at 6.0 once an ASD.F.237 NCR report form has been received. However,

the use of the appeals process should be used for genuine reasons of appeal and not as a tactic to delay or negate taking corrective actions.

5.5 Person holding a licence issued in accordance with EC Regulation (EU) 2015/340

EC Regulation (EU) 2015/340 [ATCO.AR.C.010 \(a\)](#) states

If during oversight or by any other means evidence is found that shows non-compliance with the applicable requirements by a person holding a licence, the competent authority shall raise a finding, record it and communicate it in writing to the licence holder, as well as communicate the finding to the employing organisation, if applicable.

1. If an auditor has any doubt concerning the ability of a licence holder to safely exercise the privileges of the licence, they shall in the first instance ensure the safety of the ATS system by requesting the SP to declare provisional inability of the licence holder. Where an SP does not accede to this request, manager ANSD shall be informed.
2. For a non-compliance, the CA shall raise a finding, record it, and communicate it in writing to the licence holder and the employing organisation. Non-compliances and observations will be issued as per under section 5.3.
3. The licence holder shall not return to exercise the privileges of their licence until such time as the CA and SP agree on the course of action to be undertaken in line with the approved UCS. The licence holder will be kept informed. The auditor may also need to understand why the SP management system did not detect the issue and if applicable issue a finding. In all cases the principles of Just Culture will be applied.

EC Regulation (EU) 2015/340 [ATCO.AR.C.010 \(b\)](#) states

When the competent authority that raised the finding is the competent authority responsible for the issuing of the licence:

- (1) *it may suspend or revoke the licence, rating or endorsement, as applicable, when a safety issue has been identified; and*
 - (2) *it shall take any further enforcement measures necessary to prevent the continuation of the non-compliance.*
4. If a safety issue has been identified which in the opinion of the auditor may warrant a licence, rating, or endorsement as applicable, to be suspended or revoked, the auditor after ensuring the safety of the system (as outlined above), shall consult with the Manager ANSD who will in turn inform the Head of Aviation Infrastructure. The CA management will then discuss the safety issue with the SP and the licence holder and decide on a course of action.
 5. The CA shall raise a finding, record it, and communicate it in writing to the licence holder, as well as communicate the finding to the employing organisation, if applicable.
 6. For ATCOs and ATCO training organisations, for licensing or certification issues which fall within the scope of **S.I. No. 305 of 2008 European Communities (Air Traffic Controller Licence) Regulations 2008**, then the regulations under this statutory instrument which do not contravene EC Regulation (EU) 2015/340 shall apply. In all cases the principles of Just Culture will be applied.

EC Regulation (EU) 2015/340 [ATCO.AR.C.010 \(c\)](#) states

If the CA that raised the finding is not the CA responsible for the issuing of the licence, it shall inform the CA that issued the licence. In this case, the CA that issued the licence shall take action in accordance with point (b) [ATCO.AR.C.010 (b)] above and inform the CA that raised the finding.

7. The auditor shall inform the CA responsible for the issuing of the licence. Manager ANSD will be informed, and the IAA will assist the CA that issued the licence to act in accordance with ATCO.AR.C.010 (b) .

5.6 Post Audit activities

1. No later than 3 working days after the closing meeting, an individual ASD.F.237 NCR report form for each level 2 non-compliance will be sent to the SP/TO and if applicable the licence holder. Where a finding, verbalised at the closing meeting is not formally laid, the SP/TO and if applicable the licence holder shall be informed.
2. The SP/TO, and if applicable the licence holder, is required to take immediate actions where warranted, identify root cause(s) and take corrective action(s) to address each finding in accordance with the requirements of either Commission Regulation (EU) 2017/373 or Commission Regulation (EU) 2015/340. The auditee should refer to ASAM No. 004 'NSA/CA Audit Finding Corrective Action Process'.
3. The SP/TO, or where a licence holder is required, shall submit a CAP with timelines for implementation no later than 15 working days commencing the day after receipt of the written NCR reports. Although the SP/TO/licence holder will not have the written NCRs at the audit closing meeting they can still start the process of root cause analysis and drafting corrective action plans.
4. For any level 1 finding (or a level 2 finding to the functional system), as part of an SP/TO CAP timeline determination, the NSA/CA requires an assessment of the risk during the noncompliance exposure period i.e. the time from identification of the noncompliance to CAP closure.
5. The CA will normally not request a safety assessment (safety support assessment) to be submitted for a level 2 finding in a non-functional system area, but this does not preclude the SP /TO from assuring itself at all times of the overall organisational risk tolerability.

5.7 Audit report

EC Regulation (EU) 2017/373 [ATM/ANS.AR.C.015 Oversight programme](#) states

An audit report, including the details of the findings and observations, shall be drawn up and communicated to the service provider concerned.

1. No later than two months (approximately 60 working days) post-closing meeting, a consolidated audit report will be furnished to the SP/TO.
2. At a minimum the report will record the audit scope, the date the audit was conducted, where it was conducted, the key personnel involved (auditees and auditors), and a consolidation of the findings of noncompliance and observations.

6.0 NCR appeal process

1. The SP/TO/licence holder has 5 working days post written receipt to formally appeal a finding or the severity categorisation of a finding. They must do this by writing to the Manager ANSD¹ and cc the auditor and lead auditor outlining their reasons why the finding should be withdrawn or changed. If the Manager, in consultation with the auditor (and the lead auditor if necessary) agrees with the reasoning, the auditor shall as soon as practicable inform the SP/TO/licence holder by email. The auditor will remove any NCR record from the database or change the severity level. A record of the objection and notification of the appeal being upheld shall be stored in the audit folder and the final audit report will record the change referencing the NCR number and the reason.
2. If the manager does not uphold the appeal, they shall inform the SP/TO/licence holder by email. If the decision is accepted the SP/TO/licence holder has 10 working days to identify a root cause and corrective action plan from the day after receipt of the managers decision.
3. If the SP/TO/licence holder wish to appeal the managers decision, they can make a further appeal to the IAA Finding Appeals Committee (FAC) no later than 2 working days after receipt of the managers decision.
4. The FAC, made up of the Head of Aviation Infrastructure and a manager and/or inspector with audit experience from another division, shall reach a determination within 10 working days of receipt of a request being made of them. A record of the objection and notification of the appeal being upheld or not shall be stored in the audit folder and the final audit report will record the outcome. The FAC shall inform the auditor and the SP/TO/licence holder of the outcome by email. If the appeal is not upheld the SP/TO/licence holder has 10 working days to identify a root cause and corrective action plan from receipt of the FAC decision.
5. For a person holding a licence issued in accordance with EC Regulation (EU) 2015/340, para 6. section 5.5 also applies.

Note¹ If the manger ANSD is the auditor who lays the finding that is appealed they can still consider the request and if they believe it should stand they can offer the outcome to be accepted or to escalate it to the Finding Appeals Committee (FAC).

7. Ad-hoc & Special Audits

EC Regulation (EU) 2017/373 [ATM/ANS.AR.C.010](#) states

- (a) *The competent authority shall, on the basis of the evidence at its disposal, monitor the continuous compliance with the applicable requirements of this Regulation of the service providers under its oversight.*

The following procedures are in addition and complementary to those outlined here and in other CA published material which are used for audits carried out by the ANSD.

7.1. Ad-hoc Audit

1. ANSD may initiate an Ad-hoc audit when received information or other evidence relating to an SP or TO, or in respect of a person holding a licence issued in accordance with Commission Regulation (EU) 2015/340, suggests that such action is necessary. Evidence may arise from various sources e.g. oversight of changes /

desktop audits, inspections, safety performance monitoring etc. ANSD will notify the SP/TO or the licence holder, identify the audit scope and arrange a date for the audit either onsite or remotely (e.g. via MS TEAMS etc).

2. Non-Compliances & Observations

1. Non-compliances and observations will be issued as per section 5.3.
2. For a person holding a licence issued in accordance with EC Regulation (EU) 2015/340 ATCO.AR.C.010 'Findings and enforcement measures for personnel' section 5.5 also applies.
3. Where the safety issue identified is such that the CA deem it necessary to inform the accountable manager (or in their absence a person of appropriate responsibility within the organisation) then they must attend the audit closing meeting (e.g., a severity level 1 or of a nature at level 2 it needs the accountable managers immediate attention). The manager ANSD and Head of Aviation Infrastructure shall be consulted should this arise.
4. For other level 2 non-compliances the CA can issue it at an appropriate level of management e.g., operational/technical manager.
5. For a level 2 non-compliance the SP/TO (and the licence holder if required) shall submit a CAP with timelines no later than 15 working days commencing the day after the written NCR is received. For NCR appeal process see section 6.
6. For any level 1 finding (or a level 2 finding to the functional system), as part of an SP/TO CAP timeline determination, the NSA/CA requires an assessment of the risk exposure during the noncompliance period i.e. the interval from identification of the noncompliance to CAP closure.
7. The CA will normally not request a safety assessment (safety support assessment) to be submitted for a level 2 finding in a non-functional system area, but this does not preclude the SP /TO from assuring itself at all times of the overall organisational risk tolerability.
8. At the end of the ad-hoc audit where the CA needs more time to determine whether a non-compliance exists, the CA will indicate that there is still an area or potential areas to check and that a determination has yet to be made therefore the ad-hoc audit will be suspended, and the SP/TO/licence holder will be advised. The ad-hoc audit will either
 - be reconvened in due course if more info is required of the auditees, or
 - elevated to a special audit if a non-compliance is determined, or
 - notified as audit closed (i.e., no non-compliances found).

3. Post suspended ad-hoc audit.

1. The CA will check the evidence(s) and other areas it needs to verify. The SP/TO/licence holder shall be informed no later than 10 working days of the original ad-hoc audit what the CA has determined.

a) Non-compliance not determined.

- (i) The SP/TO/licence holder shall be informed either at a reconvened ad-hoc audit or via letter/email that the audit is closed; or
 - (ii) Where the CA, following its 10-day check requires further time, it shall inform the SP/TO/licence holder and will no later than 20 working days after the initial audit close the audit as per a) (i); or
- b) Non-compliance determined.
- (a) Following a suspended ad-hoc audit a non-compliance is determined a special audit shall be convened.

(No further text on this page)

7.2. Special Audit

1. Where there is evidence, through the safety performance monitoring process, following an ad-hoc audit or otherwise, that an SP, TO or a licence holder is non-compliant with regulatory requirements, then the CA will initiate a special audit to address the non-compliance.
2. ANSD will notify the SP, TO or licence holder and arrange a date for the audit. Special audits will be conducted at short notice i.e., within five days of notification to the organisation or licence holder and will have a scope specific to the identified non-compliance.

3. Non-Compliances & Observations

1. At a special audit all non-compliances and observations shall be laid as per section 5.3.
2. For a person holding a licence issued in accordance with EC Regulation (EU) 2015/340 ATCO.AR.C.010 'Findings and enforcement measures for personnel' section 5.5 also applies.
3. Where a noncompliance has a severity level 1 or a safety issue at level 2 such that the CA deem it necessary to inform the accountable manager (or in their absence a person of appropriate responsibility within the organisation) then they must attend the audit. The manager ANSD and Head of Aviation Infrastructure shall be consulted should this arise.
4. For other level 2 non-compliances the CA can issue it at an appropriate level of management e.g., operational/technical manager or head of service.
5. For all level 2 findings the SP/TO (and the licence holder if required) shall submit a CAP with timelines no later than 15 working days commencing the day after the written NCR is received. For NCR appeal process see section 6.
6. For any level 1 finding (or a level 2 finding to the functional system), as part of an SP/TO CAP timeline determination, the NSA/CA requires an assessment of the risk during the noncompliance exposure period i.e. the interval from identification of the noncompliance to CAP closure.
7. The CA will normally not request a safety assessment (safety support assessment) to be submitted for a level 2 finding in a non-functional system area, but this does not preclude the SP /TO from assuring itself at all times of the overall organisational risk tolerability.

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8. Summary of Ad-hoc and Special Audit

Ad-hoc	Special
Convened to ascertain if a noncompliance exists	Convened to issue a finding for a detected non-compliance.
No set time parameter to convened but must be reasonable timeframe so that the area(s) can be assessed for a non-compliance.	Potential impact on safety and level of severity will determine how quickly it is convened. However, it should be convened <u>within 5 working days</u> of a detected noncompliance.
Where the safety issue identified is such that the CA deem it necessary to inform the accountable manager (or in their absence a person of appropriate responsibility within the organisation) then they must attend the audit (e.g., a severity level 1 or of a nature at level 2 it needs the accountable managers immediate attention). For other level 2 findings an appropriate level of management e.g., operational/technical manager is sufficient.	
Level 1 findings are laid in written format at the audit. Level 2 findings are advised verbally and communicated in written format no later than 3 working days after meeting close.	NCRs are written in advance and laid at the audit.
<p>Where more time is needed the SP/TO shall be informed within 10 working days of the original ad-hoc audit what the CA has determined is its course of action i.e.</p> <ul style="list-style-type: none"> • More time to evaluate, or • another ad-hoc, or • a special audit or • audit closed. <p>Following another 10 working days the CA must</p> <ul style="list-style-type: none"> • call a special audit or • audit closed. 	N/A
For any level 1 finding (or a level 2 finding to the functional system), as part of an SP/TO CAP timeline determination, the NSA/CA requires an assessment of the risk during the noncompliance exposure period i.e. the interval from identification of the noncompliance to CAP closure. The CA will normally not request a safety assessment to be submitted for a level 2 finding in a non-functional system area, but this does not preclude the SP /TO to assure itself at all times of the overall organisational risk tolerability.	

9. Further Information

Requests for further information on the contents of this notice should be addressed to ansdinfo@iaa.ie.