IOSA Audit Handbook for Airlines

Effective 1 January 2015

3rd Edition

DISCLAIMER

The International Air Transport Association (IATA) Operational Safety Audit Program (IOSA) is an international evaluation system designed to assess the operational management and control systems of an airline. Under this program, internationally recognized quality audit principles are used to conduct the audit in a standardized and consistent manner.

This IOSA Auditor Handbook (IAH) is intended to provide each IOSA Auditor with guidelines for the proper conduct, and completion of official records and results of the safety audit, conducted by an auditee on an audit organization, in accordance with the terms of the IOSA Program and Manuals.

Although every effort is made to ensure accuracy, IATA:

- shall not be held responsible for loss or damage caused by errors, omissions, misprints or misinterpretation of the contents hereof; and
- disclaims any and all liability to any person, in respect of anything done or omitted, and the consequences of such action by any such person reliant on the contents of this publication.

No person should act on the basis of any IAH information without referring to applicable laws and regulations and/or without taking appropriate professional advice.

The contents of this IAH:

- is subject to continuous revision resulting from changing government regulations or IOSA Program requirements; and
- is confidential, and any reproduction, in whole or in part, by any means whatsoever (including electronic and hardcopy) is strictly prohibited, without the written authorization of IATA.

Senior Vice President
Safety & Flight Operations
International Air Transport Association
800 Place Victoria
P.O. Box 113
Montreal, Quebec
CANADA H4Z 1M1

IOSA Audit Handbook for Airlines
ISBN 978-92-9252-597-2

Montreal–Geneva

TABLE OF CONTENTS

Record of Revisions

Edition Number	Revision Number	Issue date	Effective date
Edition 1	-----	August 2013	1 September 2013
Edition 2	-----	May 2014	1 June 2014
Edition 3	----	December 2014	1 January 2015

Revision Highlights

Description of Significant Changes	
General	Changed name from “Procedures and Guidance for Airlines Manual” to “IOSA Audit Handbook for Airlines”
General	Changes to formatting of numbered lists
General	Editorial changes

Section 0 — Introduction

0.1 General

The introduction of Enhanced IOSA (E-IOSA) is a result of industry demand for IATA to identify methods of making IOSA more effective and productive. After an extensive analysis of the options, it was agreed that, under E-IOSA, Operators will incorporate the ISARPs into their internal quality assurance programs. With Enhanced IOSA, the IOSA Audit will support the achievement of the following four pillars:

The information from the internal assessments using the ISARPs will be recorded in a Conformance Report and assessed by the Audit Organizations, adding additional depth, accuracy and value to the overall result of the IOSA audit.

0.2 Applicability and Purpose of this Manual

This manual has been provided as part of the support being given to IOSA Registered Operators for the introduction and incorporation of Enhanced IOSA.

Most of the procedures and guidance in this manual are specific to the IOSA audit model and are in regular use by the IOSA Audit Organizations. However, it is recognized that many Operators have established procedures in place for the conduct of internal audit processes.

The information in this manual is therefore not intended to replace procedures currently being used by Operators, but is available to internal auditors who wish to implement the audit methodology developed for IOSA and currently being used by the Audit Organizations.

Recommendations for the implementation of key functions in the Enhanced IOSA process are displayed as "Best Practices" throughout the manual.

0.3 Description of Manual Sections

(a) IOSA Overview

A description of the program documentation and key functions of the IOSA process.

(b) Internal Audit Program Management

A description of overall quality assurance functions essential to IOSA.

(c) Audit Methodology

The specific audit methodology and techniques used for the IOSA audit model.

(d) Conformance Report

Details of the techniques and options for completion of the Conformance Report.

(e) Audit Procedures

Once familiar with Sections 1 – 4 above, this section contains detailed procedures and guidance on how to audit the ISARPs, focusing on audit methodology and functions and program options specific to the IOSA process. Procedures are also included for completing the CR.

0.4 How to Use this Manual Effectively

Sections 1, 2, 3, and 4 should be reviewed, to become familiar with the structure, functionality, auditing methodologies and documentation associated with Enhanced IOSA.

Section 5 provides step by step procedures to assist auditors through the entire audit process, supported by additional guidance and background where necessary. Auditors can at any time refer back to the appropriate Sections of the Manual, as needed.

All relevant information on IOSA has been provided and internal auditors can utilize the specific section(s) as needed, to supplement current quality assurance processes and procedures. Certain information from Sections 1, 2, 3, and 4 is repeated in procedural format in Section 5.

Auditors should also review the ISM Introduction, which contains a detailed summary of the IOSA Program applicability, structure, rules, terminology, options, etc.

0.5 Training Modules

IATA has developed two training modules on the incorporation of E-IOSA into airline quality assurance systems. The modules will assist in the preparation for E-IOSA and the use of this manual and are available by sending a request to IATA at: e-iosa@iata.org

0.6 Feedback to IATA

IATA is committed to provide all possible support to airlines preparing to incorporate E-IOSA in their quality assurance program. Airlines are encouraged to provide feedback on the content, usability, or any other aspect of this manual to the following email address: iosa@iata.org

0.7 Conventions Used in this Manual

Reference:	Name or Presentation Used:
Airline on the IOSA Registry	IOSA Operator
Airline internal auditor	Auditor
AO auditor	AO Auditor
Auditor Actions	AA
IOSA Standards and Recommended Practices	ISARPs
A standalone IOSA standard *or* recommended practice	ISARP
Requirements or recommendations specified in the ISARPs	Specifications or Sub-specifications
Procedures for Auditors	Contained in bold lined boxes

Reference:	Name or Presentation Used:
Guidance and examples for auditors, and: "Best Practices" (recommended audit processes and procedures for implementing Enhanced IOSA)	Contained in lined boxes with a grey background
Hyperlinks to referenced sections of the manual	Annotated as colored, underlined text Control + click on the underlined reference to navigate to that section of the manual
Certain ISARPs in ISM Edition 7 applicable to Enhanced IOSA and SMS which will be upgraded to Standards are repeated. Current recommended Practice are presented with an "A" following the ISARP number. The Standard which will become effective at a future date has a "B" following the ISARP number.	As the content of the ISARPs applicable to Enhanced IOSA is the same, for ease of presentation and interpretation, such ISARPs will only be referenced once, displayed with the suffix "A/B", representing the current Recommended Practice and the future Standard.
The two formats available for the production of a Conformance Report (CR) will be referred to as follows:	IATA Excel Template CR produced entirely from an electronic database

Section 1 — IOSA Overview

1.1 IOSA Standards Manual (ISM)

1.1.1 Description

The ISM contains the IOSA Standards and Recommended Practices (ISARPs) that provide the basis for audits conducted under IOSA. Most ISARPs also include guidance material.

A new edition of the ISM is normally published each year in April and is effective on 1 September of the same year, which always allows for a minimum of four months from the time of publication to the effective date.

Should critical issues arise that affect the content of the ISM, a temporary revision (TR) will be issued. A TR is normally effective immediately after it is issued.

Audits under IOSA are conducted using the ISM edition that is effective at the time of the audit. However, an airline may conduct internal audits using an ISM edition that has been published, but is not yet effective.

The effective edition of the ISM, as well as any edition that has been published but is not yet effective, is always available for free download on the IOSA website (http://www.iata.org/iosa.

Many abbreviations and definitions of terms used in the ISM may be found in the IATA Reference Manual for Audit Programs (IRM), which also is available for download on the IOSA website.

1.2 IOSA Standards and Recommended Practices (ISARPs)

1.2.1 Sources for ISARPs

The safety and security requirements published in the ICAO Annexes (as applicable to operators) are the primary source for specifications contained the ISARPs.

FAA and EASA regulations, IATA manuals and industry best practices are also sources for specifications in the ISARPs.

1.2.2 Standards

IOSA Standards contain specifications (e.g. systems, policies, programs, processes, procedures, plans, set of measures, facilities, components, types of equipment and other aspect of operations) that are assessed for conformity during an audit.

An operator must be in conformity with all Standards in order to maintain IOSA registration.

Standards always contain the word “shall” (e.g., “The Operator shall have a process…”) in order to indicate that conformance is required.

Non-conformity with a standard will always result in a Finding, which then must be closed with appropriate corrective action in order to achieve or regain conformance.

1.2.3 Recommended Practices

IOSA Recommended Practices contain specifications (similar to Standards) that are assessed for conformity during an audit.

It is desirable for an airline to be in conformity with IOSA Recommended Practices; however, conformance is not required in order to maintain IOSA registration.

Recommended practices always contain the italicized word “should” (e.g., “The Operator *should* have a process…”) in order to indicate that conformance is desired, but not required.

Non-conformity with a recommended practice will always result in an Observation, which may then be closed with appropriate corrective action to achieve or regain conformance.

1.2.4 ISARPs Applicability

An applicability box, which is found at the beginning of each section of the ISM, contains guidance that describes the general applicability of the ISARPs contained in the section.

The applicability of individual ISARPs must be determined by the airline. As a means to assist with the interpretation of individual application, many ISARPs begin with a conditional phrase as described below.

When determining the applicability of individual ISARPs, it is important to include operations that are conducted, not only at the home station, but *at all stations and other locations throughout the airline's entire system.*.

1.2.5 Conditional Phrases

Certain Standards and Recommended Practices, or certain sub-specifications contained within an ISARP, begin with a conditional phrase that states the specific conditions (one or more) that define the applicability to the individual airline.

A conditional phrase always begins with the words “If the Operator…”.

To determine the applicability of a standard or recommended practice, the airline first decides whether it meets the condition(s) that are stated in the conditional phrase.

Refer to 3.4.2 Use of the Conditional Phrase for guidance that addresses the use of the conditional phrase during audits.

1.2.6 Parallel Conformity Option (PCO)

A Parallel Conformity Option (PCO) is included in certain Standards and provides an optional means for an airline to be in conformity with the standard.

PCOs were introduced to provide an optional means for the Operator to be in conformity with an IOSA provision that contains a basic operational specification which, due to technical or logistical factors, has been determined to be generally not achievable by the industry. Such additional option(s) are only introduced after completion of a Safety Risk Analysis has confirmed that there is no appreciable degradation of primary safety requirements.

Where a PCO is included in a standard, it will be clearly identified in a following note that includes the PCO expiration date.

Example of PCO Note

Note: Item (ii) is a Parallel Conformity Option in effect until 31 December 2016.

Standards that contain a PCO will provide one or more primary specifications that are followed by an optional specification (the PCO).

To be in conformity with a standard that contains a PCO, the airline must conform to either the basic specification(s) or the PCO.

Refer to 5.2.2 for procedures for auditing a PCO.

1.2.7 Notes and Symbols

(a) An italicized Note: immediately following a standard contains information relevant to the specification(s) in the standard, and is to be considered as part of the provision.

(b) A <PA> symbol in the reference number of a standard or recommended practice indicates that the provision is applicable only to an airline that conducts passenger flights with a cabin crew.

(c) An <AC> symbol in the reference number of a standard or recommended practice indicates that the provision is applicable only to an airline that conducts flights utilizing cargo aircraft.

(d) A standard or recommended practice with neither <PA> nor <AC> in the reference number is applicable to the operations associated with both passenger and cargo aircraft.

(e) An [SMS] symbol in bold text immediately following the last sentence of standard or recommended practice indicates the provision addresses one or more of the elements of a safety management system (SMS).

(f) A (GM) symbol in bold text at the end of a standard or recommended practice indicates the existence of explanatory guidance material.

(g) A ► symbol at the end of an individual standard or recommended practice in the ORG section indicates the specific provision is repeated almost verbatim in one or more of the other seven sections of the ISM.

(h) A ◄ symbol at the end of a provision in the FLT, DSP, MNT, CAB, GRH, CGO & SEC Sections indicates the standard or recommended practice is also contained in the ORG section and has been repeated almost verbatim.

(i) A ▲ symbol is the identifier for a paragraph that immediately follows a standard or recommended practice and designates the provision as eligible for the application of Active Implementation.

1.2.8 Guidance Material in the ISM

Guidance material follows the wording of an ISARP and is preceded by the bold sub-heading “Guidance

Guidance material is informational only and supplements or clarifies the meaning or intent of the standard or recommended practice. Standards and Recommended Practices that are self-explanatory do not have guidance material. Guidance material is designed to ensure a common interpretation of the standard or recommended practice and to provide additional detail that assists the airline Audit Organization and airline auditors to understand what is required in order to achieve conformance. Where applicable, guidance material also presents examples of acceptable means of conformance.

Many Standards and Recommended Practices do not have guidance material.

Audit specifications are contained only in the standard or recommended practice, and never in the guidance material.

1.3 Conformity with ISARPs

1.3.1 Audit Objective

The objective of audits conducted under the IOSA Program (by both AOs and Operators) is to determine an Operator's level of conformity with the ISARPs.

Conformity with a Standard or Recommended Practice requires that the applicable specifications contained therein are documented and implemented by the airline.

The function of the auditor is to gather sufficient evidence to indicate whether or not the specifications are, *documented* and *implemented* by the airline.

Note: *Proper evidence collection is critical to ensuring an accurate conclusion of conformity or non-conformity with IOSA Standards or Recommended Practices.*

The requirement for specifications to be documented and implemented applies to all ISARPs unless indicated otherwise.

Refer to 3.2 and 3.3 for guidance that addresses evidence collection and the use of Auditor Actions during audits.

1.3.2 Documented and Implemented

Documented

Documented means the specifications contained in the ISARPs are published and accurately represented by the airline in a controlled document.

A controlled document is defined as a document (e.g. a manual) that is subject to oversight in accordance with the airline's documentation management and control system as specified in **ORG 2.1.1** (and repeated in other ISM sections).

Note: *Key elements of a documentation management and control system include content, revision, publication, distribution, availability and retention.*

Implemented

Implemented means the specifications contained in a standard or recommended practice are established, integrated, deployed, installed and/or carried out within the management system and in day-to-day operations, and are also monitored to ensure continued effectiveness.

Note: *Implementation is linked to documentation in that specifications (e.g. systems, programs, policies, processes, procedures, plans) must be implemented in a manner that is consistent with way they are published in the airline's controlled documents.*

1.4 Outsourced Operational Functions

1.4.1 Overview

When operational functions specified in IOSA standard or Recommended Practices are outsourced, conformance will be based on the airline having acceptable processes (i.e. in accordance with IOSA Standards) in place for monitoring the external service providers that conduct such functions for the airline (see **ORG 3.5.2**).

Auditing is the recommended method for an airline to effectively monitor the performance of external service providers.

Refer to 3.7 Monitoring of Outsourced Functions, for guidance that addresses the auditing of outsourced functions.

1.5 Active Implementation

1.5.1 Description

Certain IOSA Standards are designated for the possible application of “Active Implementation”, which permits an AO to consider an airline as being in conformity with a standard, based on execution of an Implementation Action Plan (IAP).

A standard that is designated for application of Active Implementation will be clearly identified (see Notes and Symbols above).

Conformance based on Active Implementation may be determined only by an AO during a renewal audit.

Note: *Active Implementation is not applicable to internal auditing conducted by the airline.*

1.6 Repeated ORG ISARPs

1.6.1 Overview

Certain ORG ISARPs are repeated in *one or more* of the other ISM sections.

Certain SMS ORG ISARPs are repeated in *all* of the other ISM sections (except SEC).

Repeated ORG ISARPs (both SMS and non-SMS) are identified by a right-facing triangle symbol (►) after the provision in the ORG section and a left-facing triangle symbol (◄) after all repetitions in the other sections (see Notes and Symbols above).

Example of an ORG Standard and Repeated CAB Standard

ORG 1.3.2 The Operator shall have a process for the delegation of duties within the management system that ensures managerial continuity is maintained when operational managers, including nominated post holders, if applicable, are absent from the workplace. **(GM)** ►

CAB 1.2.2 If the Operator conducts passenger flights with cabin crew, the Operator shall have a process for the delegation of duties within the cabin operations management system that ensures managerial continuity is maintained when operational managers, including nominated post holders, if applicable, are absent from the workplace. **(GM)** ◄

Refer to 3.6 for guidance that addresses the auditing of repeated ORG ISARPs.

Refer to 5.2.3 for procedures for the auditing of repeated ORG ISARPs.

Refer to IOSA Audit Handbook (IAH) Part 3, Table 2 for a listing of all repeated ORG ISARPs.

1.7 ISM Applicability for Internal Assessments

1.7.1 Description

An Operator will conduct internal audits using the effective edition of the IOSA Standards Manual (ISM).

If a new edition of the ISM becomes effective during the first 19 months of the 24-month IOSA registration period, the Operator shall take into account all changes that might affect previous internal audit results. Please see the Note to **ORG 3.4.6A/B**.

If a new ISM edition is issued during the last five months of the 24-month registration period, the Operator may choose to submit a Conformance Report that reflects results from auditing against either the new edition or the previous edition.

Refer to 2.1.2 for a description of the IOSA registration period.

1.7.2 ISM Revisions

(a) When the ISM is revised and becomes effective during the first 19 months of an Operator's registration period as described under 1.7.1 (ii), the Operator must incorporate the new ISM Edition in the internal audit process. In this case, only relevant changes in the new ISM Edition may have to be audited or re-audited, if an assessment against a particular provision already had been performed within the current registration period. The Operator does not have to re-audit against the complete new Edition (see Figure 1).

(b) In order to determine which ISARPs may require auditing or re-auditing, the Operator needs to review the "Description of Changes" Section of the new ISM Edition. This Section lists ISARPs that have been added or deleted and highlights significant changes to the ISARPs, etc.

(c) The following gives a list of changes in the ISM that might require auditing or re-auditing of the provisions in the new ISM Edition:

- New Recommended Practice added
- New Standard added
- Recommended Practice, upgraded to Standard
- Significant change to content of a Recommended Practice
- Significant change to content of a Standard

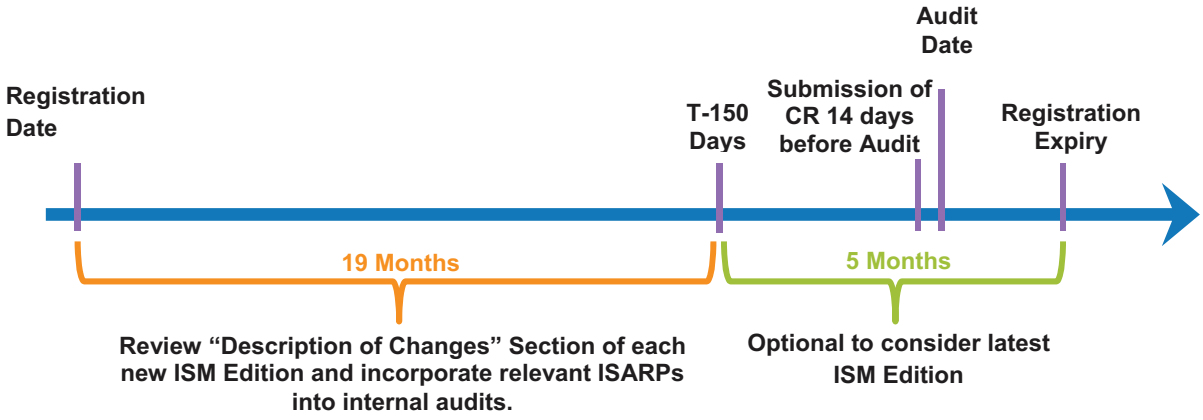
The responsible manager(s) will determine the need to audit the affected provisions and will incorporate those into the internal audit plan. Typically, editorial changes to ISARPs (e.g. "IRM reference revised") would not require a re-audit of the revised ISARP.

(d) Significant changes to the content of ISARPs can contain changes to the technical specifications, text, notes or symbols (e.g. "[SMS]" designator, "►" symbol, etc.), related to the provision.

(e) When new ISM Editions have been incorporated, at the end of its registration period the Operator will probably have assessments in the Conformance Report that contain ISARPs from multiple ISM Editions. This is acceptable, as long as the ISARPs in the CR are in accordance with the requirement as described above and **ORG 3.4.6A/B**.

Note: *The AO, will audit against the effective ISM, as per IPM requirements.*

Figure 1 — ISM Applicability for Internal Assessments



Example of ISM Applicability

The ISM is published every year in April and becomes effective September 1st of the same year.

Example 1: The Operator's registration expiry date is on October 1st - the Operator will not have to audit against any Edition that becomes effective between June and September (less than five months prior to expiry date).

Example 2: The Operator's registration expiry date is in February – the new ISM becomes effective before the five month window of the expiry date and all applicable ISARPs in that new ISM Edition have to be incorporated into the Operator's audit process before the IOSA audit.

1.8 Upgrades to Standards

1.8.1 Quality Assurance Recommended Practices

The IOSA Standards and Recommended Practices that define an Operator's quality assurance program are found in ORG subsection 3.4, Quality Assurance Program.

Certain ORG quality assurance Standards are repeated in other ISM sections as interlinked ORG ISARPs.

Effective 1 September 2015, all current ORG quality assurance Recommended Practices, as well as those repeated in other sections, will be upgraded to Standards, thus requiring conformance by all IOSA airlines.

1.8.2 SMS Recommended Practices

The IOSA Standards and Recommended Practices that define an Operator's safety management system (SMS) are found throughout the ISM ORG section.

Certain ORG SMS Standards and Recommended Practices are repeated in other ISM sections as interlinked ORG ISARPs. Certain ORG SMS Standards and Recommended Practices are repeated in other ISM sections as interlinked ORG ISARPs.

SMS Recommended Practices in the ISM ORG section, as well as those repeated in other sections, will be incrementally upgraded to Standards over a four-year period ending on 1 September 2016.

Effective 1 September 2016, all current SMS Recommended Practices will have been upgraded to Standards, thus requiring conformance by IOSA airlines.

Best Practice

The Operator should have a published process that ensures results of internal auditing against the ISARPs are based on the effective edition of ISM (and/or an edition of the ISM that has been published but is not yet effective) and any temporary revision to the ISM.

1.8.3 Presentation of ISARPs which will be Upgraded

Certain ISARPs in ISM are presented with an “A”, “B” or “C” following the ISARP number.

These ISARPs fall into two groups:

(a) Those applicable to Enhanced IOSA and SMS, currently Recommended Practices, which will be upgraded at future dates. The ISARP with an “A” suffix describes the current, effective Recommended Practice. The ISARP with a “B” suffix describes the upgraded, future Standards, usually beginning with, for example, “Effective 1 September 2015, …”;

(b) Those which have been expanded from a single ISARP to ISARPs with an A, B and/or C identifier, to keep related provisions grouped together. These ISARPs are all effective.

Examples are: **ORG 3.4.6A and ORG 3.4.6B** (group (a) above), **DSP 4.6.1A, DSP 4.6.1B** and **DSP 4.6.1C** (group (b) above).

It is important to identify the ISARPs in these groups which are applicable. Auditors should check for Notes following any ISARPs with A, B suffixes, which specify effective dates, to confirm if they are only applicable at a future.

1.9 Interlinked ISARPs

1.9.1 Overview

There are many ISARPs in the different IOSA disciplines which have the same or related specifications.

IATA has compiled lists of these Interlinked ISARPs which can be used by auditors to harmonize assessments from different disciplines.

The lists have direct, associated and reverse links.

Refer to 5.2.5 below for guidance that addresses the auditing of interlinked ISARPs.

Best Practice

The Operator should have published processes that provide for the identification of all interlinked ISARPs and define the coordination necessary to ensure there is consistent applicability of interlinked ISARPs in the internal audit process.

Section 2 — Internal Audit Program Management

2.1 Quality Assurance Program

2.1.1 Program Requirements

An IOSA Operator will have a quality assurance program that provides for internal auditing of the management system, as well as operations and maintenance functions, as specified in **ORG 3.4.1**. Such program includes:

(a) A designated program manager as specified in **ORG 3.4.2**.

(b) A process for addressing program Findings that result from internal audits as specified in **ORG 3.4.3**.

(c) A process to ensure significant program issues are subject to management review as specified in **ORG 3.4.4**.

(d) A means for disseminating program information to management and non-management operational personnel as specified in **ORG 3.4.5**.

(e) A database to ensure an effective management of data derived from the internal audits of ISARPs under the quality assurance program as specified in **ORG 3.4.14A/B**.

In addition to requirements stated in (i) above, an IOSA Operator will ensure the quality assurance program includes internal auditing of the ISARPs and production of a Conformance Report during each IOSA registration period as specified in **ORG 3.4.6A/B.**

Refer to Section 3, Audit Methodology, and Section 5, Audit Procedures, for procedures and guidance that address auditing of the ISARPs.

Note: *The Operator should, to the extent possible, spread out auditing of the ISARPs over the full registration period, rather than waiting to conduct all auditing just prior to the renewal audit.*

2.1.2 IOSA Registration Period

An IOSA Operator should conduct an internal audit against all applicable ISARPs during each IOSA registration period.

The registration period and renewal processes are defined in the IOSA Program Manual Section 7.

2.1.3 Alignment of ISARPs with Regulations

Many ISARPs contain specifications that are the same as, or at least consistent with, national regulatory requirements. In such cases, efficiency might be gained by ensuring IOSA and regulatory requirements are audited concurrently (i.e. to avoid duplication of effort).

As a means of creating such efficiency, an airline might consider creating a cross-reference listing or matrix that links specific ISARPs with relevant regulations.

To assist in creating such a matrix, airlines should consult with IATA regarding the availability of existing cross-reference comparisons between the ISARPs and ICAO requirements, as well as with FAA and EASA regulations.

2.2 Auditors

Auditors used to conduct audits under the Operator's quality assurance program must be appropriately trained and qualified in order to effectively audit standards and regulations including the ISARPs. The type and content of training is specified in ORG 3.4.12 and ORG 3.4.13A/B.

2.2.1 General Auditor Qualification and Independence (ORG 3.4.12)

Auditors must be appropriately trained and qualified to perform audits. As such, **ORG 3.4.12** does not require an IOSA-specific qualification process: it addresses the general training and qualification as an auditor.

ORG 3.4.12 also requires that the auditors have to be independent from the activity they are auditing. For example, an auditor that is also current as a flight crew member, while auditing line flight operations from the jump seat as an independent observer, may not participate in any line crew duties at the time of the audit.

Typically, the internal audits are performed, for example, under the authority of the quality assurance department of the Operator. To avoid risking independency, the internal auditing of the quality assurance ISARPs (e.g. **ORG 3.4**) may be performed by another, qualified auditor from a different division or department within the Operator's organization.

Note: *Guidance may be found in ISO 19011, which provides internationally recognized Standards for auditor training and qualification.*

2.2.2 Training and Qualification Program for Internal Auditors (ORG 3.4.13A/B)

(a) **ORG 3.4.13A/B** requires a training and qualification program for the internal auditors. It also requires specific initial and continuing training for auditors that perform internal audits against the ISARPs (see ORG 3.4.13 (iii)(b)).

(b) This training and qualification program must, like for any other ISARP, be documented and implemented. The Operator can hereby choose whether to develop an internal training or to purchase specialized training from third party providers. In any case, the Operator has to document the whole training and qualification program, including training contents and all requirements as per the sub-specifications of **ORG 3.4.13**.

(c) Individuals selected as auditors must have the knowledge, skills and work experience that permits an effective assessment of areas within the organization where the individual will conduct audits and that are in alignment with the qualification criteria that the Operator has defined as per **ORG 3.4.13**.

(d) To ensure basic and on-going competence, auditors must:

(i) Complete initial and continuing auditor training (provided either internally or externally) that develops and maintains quality auditing skills and techniques to audit against applicable regulations and standards.

If the Operator is currently on the IOSA Registry, the auditors must also be trained to audit against the ISARPs. This would include initial and continuing training in regards to the understanding of the IOSA Standards Manual, the interpretation of ISARPs and the correct application of the IOSA audit methodology as explained in this manual and in the ISM.

(ii) Be scheduled and utilized in a manner that maintains an appropriate level of current audit experience (the criteria for audit currency need to be defined by the Operator).

(iii) Be evaluated on a periodic basis.

All above items under (iv) have to be defined, documented and implemented by the Operator. It is the Operator's responsibility to define all specifications as required by the provisions **ORG 3.4.12** and **3.4.13**.

(e) Operators may make use of subject matter experts (SMEs) when auditing against the ISARPs in a specific area. SMEs are technical experts that support the auditor in assessing certain areas.

Audit results that were produced in cooperation with an SME remain the sole responsibility of the qualified auditor/lead auditor.

SMEs that are used for the purpose of supporting the audit process of a specific area may not need specific auditor training as per **ORG 3.4.13**. The following describes the criteria for the use of subject matter experts in internal audits:

(i) SMEs would not be classified as auditors under an Operator's QA program, but rather would be identified in a separate classification.

(ii) SMEs would always operate under the supervision of a lead auditor from the QA program when conducting audit activities against the ISARPs.

(iii) SMEs would undergo mission-specific on-site training conducted by the lead auditor prior to each participation in an audit activity.

(iv) SMEs that must act independently during the internal audit would be classified as auditors, and thus be required to complete auditor training as per **ORG 3.4.12** and **ORG 3.4.13** (e.g. pilots that conduct QA observations of line flights/simulator sessions).

Best Practice

The Operator should establish a comprehensive management program for internal auditors that includes a policy, standards and guidelines relevant to auditor selection, training and qualification in accordance with **ORG 3.4.12** and **ORG 3.4.13A/B.**

2.2.3 Record of Internal Auditors

The Operator is required to complete the Record of Auditors, which is a listing of all the auditors that performed auditing against the ISARPs.

The Operator is required to submit the Record of Auditors form to the AO no less than 14 days prior to the renewal audit (along with the Conformance Report).

The Record of Auditors form is included in the Conformance Report (CR) template, or it can be produced separately.

2.2.4 Use of External Resources for Internal Audits

Operators may use external resources (e.g. consultants) to conduct internal audits against the ISARPs.

When external resources are used to conduct internal audits, the Operator needs to ensure such auditors meet the requirements for auditors in **ORG 3.4.12** and **ORG 3.4.13A/B**.

In addition to requirements specified above, the following should be considered when using external resources to ensure effective auditing against the ISARPs:

(a) The external resource must be provided with the current effective version of the ISM, all supporting IOSA manuals and any internal documentation that is relevant for the internal audit activities.

(b) The external auditors might need familiarization and training to effectively conduct audits against the ISARPs.

(c) The external resource must have the capability, including being appropriately trained and qualified auditors.

(d) The external resource must have familiarity with the airline's organizational structure and operational processes.

(e) The external resource (or any external auditors) must not have a conflict of interest in relation to the airline.

External subject matter experts can be used to support auditors in their assessments, refer to 2.2.2 (v).

Note: *Conflict of interest would include the provision of recent consulting services to the airline (e.g. training, audit guidance) related to areas or functions within the scope of IOSA.*

Best Practice

If external resources are used to conduct internal auditing against the ISARPs, the Operator should have published guidelines that specify appropriate criteria for the selection and use of such external resources.

Section 3 — Audit Methodology

3.1 Assessing Conformance

3.1.1 Overview

IOSA requires a two stage auditing function to assess conformity with ISARPs when auditing any Standard or Recommended Practice, the specification(s) contained in the provision will first be identified in the Operator's documentation system (i.e. documented) and then assessed for implementation (i.e. implemented).

The following explanation is contained in the ISM Introduction: “The continuity of implementation is directly linked to documentation. To ensure standardization within the management system and in the conduct of operations, an (airline) must ensure specified systems, programs, policies, processes, procedures and plans are implemented as published in its controlled documents.”

This core IOSA principle ensures that the assessment of implementation is based on standard operating practices and not on undocumented, handed down and traditional operating practices for which standardization cannot be assured.

During an audit, the degree to which specifications are documented and implemented by the airline becomes the basis for overall conformity or non-conformity with all IOSA Standards and Recommended Practices. Therefore, it is critical that auditors fully understand the meaning and intent of these terms in the context of the audit process.

3.1.2 Documented

To determine conformity with ISARPs as *documented*, the auditor must be able to find the applicable IOSA specification(s) published in a controlled document (e.g. manual, handbook or other similar publication) that part of the Operator's documentation system.

A controlled document must be subjected to elements of the Operator's documentation management and control system as specified in **ORG 2.1.1**, which is a specification that is repeated in all other ISM sections.

The following also apply:

(a) Documents in paper or electronic form are acceptable as long as the medium meets the criteria for a controlled document and is traceable.

(b) The content of a document must be written in a style and format that clearly and accurately represents the meaning and intent of the IOSA specification(s), and can be understood by applicable personnel.

(c) Documents of a temporary or transitory nature (e.g. letters, email, memos, flyers, posters, MS PowerPoint presentations) are not acceptable as controlled documents.

☐ Operators must refrain from copying the text from the provisions of the ISARPs into their manuals. The contents of the manual should reflect the requirements in a manner that will be understood by all concerned.

3.1.3 Implemented

To determine conformity with ISARPs as *implemented*, the auditor must be able to determine that applicable IOSA specifications have been established or deployed by the Operator as either:

(a) An active and integral part of the organization or operations, or

(b) An outsourced operational function.

The following also apply:

(a) Implementation must be consistent with the way the specification is documented.

(b) The specification(s) must be monitored to ensure desired outcomes are achieved.

The Auditor Actions that will be used during the internal audits will provide support in assessing the implementation of the ISARPs (see Section 3.3).

3.1.4 Systemic Application

Specifications contained in individual IOSA Standards and Recommended Practices have *systemic* applicability to the airline.

When auditing an individual IOSA Standards and Recommended Practice, auditors must make an overall assessment of operations (relevant to the individual Standard or Recommended Practice) that are conducted everywhere (i.e. not at individual locations or the home station, but at all locations and all stations throughout the Operator's system).

The result of auditing should represent the Operator's overall conformity or non-conformity with the IOSA provision across its entire system. The Operator does not have to perform audits of each station in its network, however, in line with industry norms, a monitoring process must be in place, to ensure the safety and security of operations of all outstations. The means and metrics for such monitoring must be established by the Operator.

Example of Systemic Application

When assessing the Operator's de-/anti-icing program, the auditor must gather evidence that shows that the de-/anti-icing program is implemented, not only at the home station, but at all applicable locations where flights might be operated (including locations where de-/anti-icing operations are conducted by external service providers). The Operator does not have to audit each location, but will have, through its monitoring processes, a means of gathering evidence of implementation (e.g. inspections, evaluation questionnaires, Service Level Agreements and other measurables). If evidence indicates the de-/anti-icing program is, in fact, implemented at all applicable locations throughout the Operator's system, then the Operator is in conformity with the IOSA standard.

3.2 Conformance and Evidence

3.2.1 Overview

As previously described, conformity under IOSA requires that the specifications contained in the ISARPs are *documented* and *implemented* by an Operator (as determined during an audit).

A determination of conformity or non-conformity must always be based on the analysis of appropriate factual or objective evidence collected by the auditors.

Conversely, conformity or non-conformity must never be based on subjective evidence or opinion.

The auditor must secure sufficient factual evidence from various sources during the audit process to determine that the airline either is, or is not, in conformity with the ISARPs.

3.2.2 Evidence Collection

Evidence is gathered as a result of various activities typically undertaken by the auditor during the course of auditing, such as:

(a) Examining documentation.

(b) Interviewing personnel.

(c) Observing facilities, equipment and other physical resources.

(d) Observing the conduct of operational activities and processes.

(e) Examining data collected from day-to-day operations (e.g. flight data analysis, quality control inspections).

Note: *Auditor Actions (see 3.3 below) are generally based on these types of activities for evidence collection.*

The usefulness of evidence depends on the source; not all evidence is objective or factual. Auditors must exercise healthy skepticism and professional judgment when evaluating information derived from:

(a) Individuals that might be operationally uninformed, misinformed or not fully aware of all audit requirements.

(b) Representatives of the area being audited that might be attempting to influence the objectivity of the auditor.

(c) Sources that could have negative intentions designed specifically to mislead, hinder or prejudice the auditor.

A valid conclusion of conformity or non-conformity with an IOSA provision requires that evidence has been carefully collected, corroborated and analyzed by the individual auditor(s).

3.2.3 Examining Documents

Normally, the first step in the evidence collection process is an examination of manuals and other relevant controlled documentation to determine if and how specifications contained in ISARPs are documented by the Operator.

Assuming specifications are properly documented, the examination of documents will typically () provide the auditor with descriptive information (i.e. systems, programs, standards, policies, processes and procedures) that indicates how the Operator exercises management and control of its operations.

There will be references to regulatory documentation, but the specification would typically be contained in Operator controlled documentation as well.

The fact that IOSA specifications are properly documented is not evidence that they are properly implemented. Equally important is the collection of evidence that indicates whether or not the specifications that are documented are, in fact, implemented.

3.2.4 Interviewing Personnel

Auditors conduct interviews of operational personnel primarily for the purpose of gathering the supporting evidence needed to determine conformity with IOSA specifications. To ensure effective audit interviews, preparation is important: an auditor must study the applicable ISARPs in advance and prepare specific questions for each anticipated interview situation.

An auditor must be proficient in posing questions in a way that will create productive dialogue and enhance the return of desired information from those being interviewed.

Information gained from interviews should normally be considered as subjective evidence and will seldom be sufficient by itself to substantiate a final audit conclusion regarding conformance or nonconformance. Interview evidence should always be accompanied by corroborative evidence (preferably objective evidence), all of which must be analyzed together in order to arrive at a confident determination of conformance or nonconformance.

3.2.5 Observing Operational Activities

Observing and assessing facilities, equipment and front line operational activities generally yield objective evidence that specifications contained in ISARPs are implemented.

When observing front line operations, every effort should be made to observe activities that are indicative of *normal* operations. Operational activities performed by individuals with a significantly higher level of qualification (e.g. instructors, supervisors) would not be indicative of normal operations conducted by typical front line personnel.

3.2.6 Corroborative Evidence

Corroborative evidence provides a basis for comparison with other evidence that has been collected and could include:

(a) Additional interviews (perhaps of individuals of varied levels of responsibility or from different departments). Again, information gained from interviews should be considered subjective evidence.

(b) Examination of applicable records and/or documents (e.g. reports, agendas, minutes, logs, databases).

(c) Observation of facilities, equipment and other physical resources.

(d) Observation of front line operational activities.

(e) Quality control activities (e.g. line flight evaluations, ramp inspections, cargo handling inspections, security control inspections).

Evidence from any source is acceptable for corroboration as long as such evidence can be verified as factual. Other types of corroborative evidence might include:

(a) Records and reports that reflect completion of operational requirements (e.g. training, checking, inspections, audits, maintenance, component changes, modifications).

(b) Documents that provide the history or output of management activities (e.g. agendas, minutes, action items).

(c) Statistical summaries of operational performance (accidents, incidents, failure rates).

(d) Reports of accidents, incidents, irregularities or other events.

3.2.7 Sampling of Evidence

Assessment of selected samples is a common component of evidence collection in the audit process to ensure specifications of a standard or recommended practice are implemented. The type of items that are sampled will be dictated by the exact specifications in the standard or recommended practice that is being assessed (e.g. records, data, reports, documents, parts, aircraft).

To be confident that a provision is implemented, the auditor should ensure a representative amount of samples are selected. As a guideline, for smaller groups of data, an auditor might select a minimum of three samples. The diversity and quality of the selected samples should be representative, to the extent possible, of the entire range of the type of items that are being assessed.

When sampling is necessary, the selection of samples must be controlled by the auditor, not by the auditee.

Selection of samples is accomplished by using either a random or targeted selection method (at the option of the auditor). If the auditor is not satisfied with information seen in the initial samples, then the sample size must be progressively increased until the auditor can confidently determine the level of implementation.

Example of Sampling #1

When it is necessary to assess training records during an audit, rather than reviewing all training records, the auditor will select a subset of records (i.e. the samples) to be reviewed. The auditor will control the selection process by either:

Ensuring the subset of records is selected completely at random, or

Identifying the specific records that are to be selected.

Example of Sampling #2

When auditing aircraft equipment, the auditor should first determine that an entire fleet has been equipped in accordance with specifications contained in the standard (e.g. through maintenance orders, approved or controlled listings, database matching the AOC). Then, to confirm implementation, the auditor selects the maintenance records for a sample number of specific aircraft (by tail number) until satisfied that the equipment specified in the standard is, in fact, installed.

Best Practice

The IOSA Operator should have published guidelines that specify the sampling techniques that are to be used by auditors in the collection of evidence when auditing the ISARPs.

3.3 Auditor Actions

3.3.1 Overview

Auditor Actions published by IATA are action steps that have been specifically compiled for each individual IOSA Standard and Recommended Practice.

Auditor Actions have been incorporated in the IOSA Program for the following reasons:

(a) To address industry concerns that *implementation* of the ISARPs was not being adequately assessed.

(b) To provide a record of the actions taken by auditors to assess implementation.

(c) To provide a basis for standardizing the assessment of implementation across the IOSA program.

(d) To provide transparency and traceability to the audit process.

Most importantly, accomplishing the action steps will ensure the collection of sufficient evidence to support a conclusion of either conformity or non-conformity with an IOSA Standard or Recommended Practice.

3.3.2 Options for the Use of Auditor Actions (AAs)

The Operator must record all actions that were taken for the assessment of each ISARP as required by ORG 3.4.6, and ORG 3.4.8. There are two options of applying auditor actions:

Option 1: The Operator can use the auditor actions that are published by IATA and are available on www.iata.org/iosa **or**;

Option 2: The Operator can choose not to use the auditor action steps that are published by IATA. In this case, the Operator must document its own defined auditor actions. The auditor actions must comprise a list of multiple actions that lead to the effective collection and evaluation of evidence in order to assess a particular ISARP.

The Operator needs to define the procedure that describes how to apply auditor actions during the internal audits and must implement the procedure as documented.

3.3.3 Application of Auditor Actions

When using the auditor actions that are published by IATA, the Operator can:

(a) Substitute or add one or more auditor actions (i.e. accomplishing action step(s) that are different from those published by IATA). Substituted or additional action steps will be specified under "Other Actions" (see examples in 5.2.1).

(b) Skip the accomplishment of an auditor action published by IATA, when there are valid existing conditions that justify not accomplishing that auditor action.

The Operator will not be required to record auditor actions for ISARPs that have been determined to be not applicable (N/A), however the Operator can choose to still use the auditor actions to determine that the provision is not applicable.

The Operator will record the accomplishment of all AAs on the Conformance Report or other medium (e.g. internal audit checklist or other controlled document). The Conformance Report must at least contain references to the internal database or document, where the auditor actions are captured.

Where an auditor action requires sampling (i.e. where the action step specifies the assessment of selected items as evidence), auditors will determine the sampling size and selection in accordance with sampling guidance specified in 3.2.7 (or sampling guidelines published by the Operator).

Best Practice

The IOSA Operator should have published procedures that require its internal auditors, to the extent possible, to complete all Auditor Actions when auditing the ISARPs.

3.4 Applicability of Individual ISARPs

3.4.1 Use of N/A (Not Applicable)

Before any standard or recommended practice is assessed, the auditor must first make a determination if the ISARP is applicable to the airline.

When a specific IOSA Standard or Recommended Practice is determined to be not applicable, it is not audited and is recorded on the Conformance Report as N/A. Every N/A assessment in the Conformance Report must have an explanation of the reason why the ISARP was assessed as N/A.

Incorrect use of N/A means a Standard or Recommended Practice that is within the audit scope, has not been audited.

Functions currently outsourced cannot be recorded as N/A, but must audited as part of the Operator's oversight program of outsourced functions. An IOSA Standard or Recommended Practice can only be recorded as N/A when it has been confirmed that the specifications do not apply to the airline anywhere within its organization or throughout its operational system.

3.4.2 Use of the Conditional Phrase

Certain ISARPs begin with a conditional phrase as a means for assisting an airline (or an auditor) in determining the applicability of the standard or recommended practice to the airline.

A conditional phrase always starts with the words “If the Operator…” and states one or more specific conditions.

To determine applicability, the airline first decides whether it meets the condition(s) that are stated in the conditional phrase:

(a) If the Operator meets the stated condition(s) *anywhere in its system*, then the standard or recommended practice is applicable and must be included in the scope of the audit.

(b) If the Operator does not meet the stated condition(s) *anywhere in its system*, then the standard or recommended practice is not applicable to the airline (i.e. is recorded as N/A).

If the conditions stated in a conditional phrase are performed by external service providers (i.e. outsourced), then the Standard or Recommended Practice is applicable to the Operator and must be included in the scope of the audit.

3.4.3 Inactive Approved Operations

ISM Introduction, section 7, Operational Audit, defines the applicability of operations for which the Operator has regulatory approval (e.g. transport of dangerous goods).

If such operations are not active, they can only be assessed as not applicable during an audit if it is stated clearly in a controlled document (e.g. Operations Manual) that the specified operations are not conducted by the Operator.

3.5 Auditing ORG ISARPs

3.5.1 Overview

The assessment of the ISARPs contained in the ISM ORG section provides the opportunity for IOSA Operators to identify weaknesses in organizational management systems, and to then make improvements through implementation of corrective actions.

Under Enhanced IOSA, Operators are required to conduct internal audits of all ORG ISARPs.

To determine conformity with ORG ISARPs, auditors will accomplish auditor actions as the means to collect sufficient evidence that verifies whether or not the specifications in each ORG provision are documented and implemented.

If possible, the Operator will make arrangements that allow the auditing of the quality assurance program by qualified auditors that are independent from the quality assurance program.

3.6 Auditing Repeated ORG ISARPs

3.6.1 Overview

Certain ORG ISARPs (SMS and non-SMS) are repeated in other ISM sections. When ORG ISARPs are repeated, the ORG provision must be assessed *in conjunction with* the repetitive provisions in the other ISM sections.

Conformity with the ORG provision is determined by a combination of the results of:

(a) The assessment of the individual ORG provision, and

(b) The assessments of the repetitive provisions in the other ISM sections.

Refer to 5.2.3 for procedures for the auditing of Repeated ORG ISARPs.

Refer to IOSA Audit Handbook Part 3 Table 2 for a listing of all repeated ORG ISARPs (www.iata.org/iosa).

3.6.2 Repeated Non-SMS ORG ISARPs

To be in conformity with a *non-SMS* ORG Standard or Recommended Practice that is repeated in other ISM sections, auditors must determine that there is *general overall conformity* with the repetitive ORG provisions in the other ISM sections. This could mean either:

(a) There is conformity with the repetitive ORG provision in *all* other ISM sections, or

(b) There is a Finding against the repeated ORG provision in another ISM section, but the non-conformance is minor and does not significantly affect the overall functionality or implementation of the system (as defined by the total group of repeated ORG ISARPs).

A Finding or Observation should result against a non-SMS ORG standard or recommended practice when it has been determined that there are multiple Findings against the repeated ORG provision in another ISM section or sections that significantly affects the overall functionality or implementation of the system.

Example of Conformance, Involving a Repeated non-SMS ORG Standard

ORG 1.3.2 is a non-SMS ORG standard that specifies delegation of duties (to cover the absence of personnel) and is repeated in other ISM sections.

1. The airline *is in conformity* with **ORG 1.3.2** when it has been determined through internal auditing that there is conformity with **ORG 1.3.2** at the corporate level, and:

(a) There are no Findings against the repeated provision in any other operational discipline, or:

(b) There are one or more Finding(s) in the repeated provisions in other discipline(s), but the Findings are minor in nature and do not significantly affect the functionality or implementation of delegation of duties.

2. The airline *is not in conformity* with **ORG 1.3.2** when it has been determined through internal auditing that the repeated ORG provision is *not implemented* in other discipline(s). Such a non-conformance would have a significant effect on overall system implementation.

3.6.3 Repeated SMS ORG ISARPs

To be in conformity with an SMS ORG standard or recommended practice that is repeated in other ISM sections, (which contain a ► symbol following the ISARP text), auditors must determine that there is conformity with the repetitive ORG ISARPs in all other ISM sections.

ORG 1.1.10A is a SMS "control" standard and represents the outcome of the assessments of all other SMS ISARPs. A finding or observation must result against **ORG 1.1.10A** when it has been determined that there is a Finding or Observation for any one (or more) SMS ISARPs.

Five of the SMS ORG Standards and Recommended Practices, **ORG 3.1.1, 3.1.2, 3.1.3, 3.2.1** and **1.6.5**, which are repeated in six other disciplines, require a specific audit process.

A finding or observation must result against these ORG ISARPs when it has been determined that there is a finding against that repeated ORG provision in any other of the six operational disciplines See 5.2.4, Procedure for Auditing SMS ISARPs with linked assessments.

Example of Conformance Involving a Repeated SMS ORG Standard

ORG 3.1.3 is an SMS ORG standard that specifies an organization-wide safety reporting system and is repeated in all other ISM sections (except SEC).

The Operator *is in conformity* with **ORG 3.1.3** only when it has been determined through internal auditing that there is conformity with **ORG 3.1.3** at the corporate level and also conformity with the repeated provisions in *all* operational disciplines.

The Operator *is not in conformity* with **ORG 3.1.3** when it has been determined through internal auditing that there is a Finding for any reason against the repeated provision is any other operational discipline.

3.7 Monitoring of Outsourced Functions

3.7.1 Overview

When operational functions are outsourced, the airline has the responsibility to monitor external service providers, including affiliated (parent or sister) companies, to verify that operational functions are being performed in a manner that satisfies safety and security requirements.

When functions specified in IOSA Standards are outsourced by an Operator, such Standards are still fully applicable to the Operator and must be audited. An assessment of N/A for such Standards is not appropriate.

The Standards used to audit outsourced operational functions are contained in ORG Subsection 3.5 (Outsourcing Quality Control) and repeated as interlinked ISARPs in other ISM sections.

Auditors will apply Auditor Actions to ensure sufficient evidence is gathered to provide confirmation that the activity or function is implemented in accordance with IOSA Standards.

For the monitoring of outsourced functions in the area of ground operations, an Operator might choose to participate in one or more IATA audit pools such as the ISAGO, DAQCP, IFQP or IDQP (please visit www.iata.org/whatwedo/safety/audit for further information). Participation in a pool as mentioned above can be used to complement the monitoring activities of an Operator on a particular external service provider. The Operator will typically have more monitoring elements in place to cover other requirements that are not included in the above mentioned audit pools, or that do not address a particular service (for example catering, cleaning, etc.)

To sum up, the Operator has to audit each ISARP, regardless whether the relevant process or activity is outsourced or not. However, the external service provider as such, does not have to be audited, but can be monitored to ensure that the provider operates in conformity with the ISARPs.

Notes:

1. *There is a difference between the monitoring of outsourced activities by the Operator, and the assessment of outsourced activities by an AO during an IOSA audit.*
2. *Operators conduct oversight directly on the external providers of external services, but IOSA auditors cannot assess the third party provider and the audit procedure will change to a confirmation that the Operator has an adequate system in place to monitor the external provider, to ensure that safety and security requirements are being met.*

3.8 Recording of Non-Conformities

3.8.1 Overview

When non-conformities are identified, it is essential that there is accurate and complete record of the corrective action process, to ensure that the appropriate actions are taken to implement permanent changes, to avoid a re-occurrence and ensure that improvements are introduced, as necessary.

3.8.2 Identification of the Root Cause

To ensure that non-conformities are permanently corrected. it is important to carefully assess the reason(s) for:

(a) A lack of existence, or only a partial introduction of the Standard or Recommended Practice;

(b) Failure to conform with the Standard or Recommended Practice.

This will assist in identifying appropriate and effective corrective actions.

The identification of root causes is also an essential input to an effective SMS.

3.8.3 Recording of Non-Conformities

When a non-conformity is identified, the description of the non-conformity must be factual, clear and complete, and include descriptions of all the evidence which led to the identification the non-conformity.

For example, if a non-conformity relating to documentation prevents the specification from being implemented, the description of evidence must contain sufficient detail on why the documentation was deficient, as well as the reasons why certain functions had been assessed as not implemented.

In the example in above, more than one type of corrective action will be needed, to correct both the documentation and implementation non-conformities.

Section 4 — Conformance Report (CR)

4.1 Overview

The CR is the only record of the Enhanced IOSA process and should provide an accurate and complete summary of the internal assessment process.

As of 1 September 2015, **ORG 3.4.6, 3.4.7, 3.4.8 & 3.4.14**, which address the internal audit process, production of a CR and the need for an audit database, as well as other ISARPs, will be upgraded to Standards. In addition, **ORG 3.4.8**, further specifying CR content, is introduced as a new Standard in ISM Edition 8.

When incorporating the E-IOSA process into their internal QA programs, Operators should be aware that once the related ISARPs are upgraded to Standards in September 2015, any Finding against these Standards could require additional internal auditing to be carried out, as well as verification of the audit result by an AO. It should be taken into account that there could be difficulties in closing any such Findings within the recurrent audit window time frame.

4.1.1 Description of the CR

The Conformance Report is a compilation of information prepared by the Operator and certified by the Accountable Executive (or designated senior management official) as an accurate record of:

(a) General information with respect to the Operator's quality assurance program.

(b) Internal auditing conducted against the ISARPs.

(c) The current status of conformity with ISARPs.

The CR will be submitted together with other documentation, as specified in **ORG 3.4.6, ORG 3.4.7** and **ORG 3.4.8**.

The CR must be submitted in English.

Information contained in the CR will be extensively used by the AO before and during the conduct of the IOSA renewal audit.

4.1.2 CR Template

IATA provides a standard CR template in Microsoft Excel as an option for use by Operators.

The IATA template contains fields for all required information in the CR, as well as instructions for completing each of the fields. The CR template is available online and can be downloaded from http://www.iata.org/whatwedo/safety/audit/iosa

However, as specified in the table in 4.1.3 below, the Operator may also produce the CR using internal software, as per **ORG 3.4.14**

4.1.3 Options for the Production and Format of the Conformance Report

Figure 1 — CR Completion Options

1. Using only the IATA CR Template (CRT)	2. Using the IATA CR Template (CRT) with References to an Electronic Database.	3. Producing a CR only from an Electronic Database
Completion of all fields in the CR provides all the information required in **ORG 3.4.7, ORG 3.4.8** and **3.4.14**.	Completion of the IATA CR template for all items listed in **ORG 3.4.7**, for sub-specifications (i), (ii) and (vii) of **ORG 3.4.8**. For items listed in **ORG 3.4.8** (iii), (iv), (v) and (vi), a reference is provided to an internal electronic database that is in accordance with **ORG 3.4.14**.	The entire CR is produced from the Operator's electronic database. The information contained in the electronic database has to be in accordance with **ORG 3.4.7, 3.4.8** and **3.4.14**.

Notes:

1. *A fully completed IATA Conformance Report Template is considered as an acceptable equivalent of a database, in accordance with **ORG 3.4.14**.*
2. *It is essential that any information in a CR referenced in an electronic database (option 2 and 3 above) is easily and readily accessible to IOSA auditors.*
3. *Option 2 and 3 above depend essentially on whether the Operator has all internal audit results and other required information for the CR stored in an electronic database.*
4. *If the Operator chooses to submit the document reference list using the IATA CR template, the document references may allow for a transfer into the IATA Information Sources section for the use by the IOSA Auditors.*

4.1.4 Description of the ISARPs which Define CR Content

The four ISARPs which address the production of the CR specify the following:

(a) ORG 3.4.6A/B

The completion of at least one internal audit during the two year registration period, against an effective version of the ISM, using Auditor Actions.

(b) ORG 3.4.7A/B

The production of a CR to represent the audit process specified in **ORG 3.4.6**, containing all the information specified in **ORG 3.4.7** and certified by the Accountable Executive (or designated senior management official). **ORG 3.4.7** describes all documents that have to be submitted together with the CR. The operational profile (see template in CR template file) can change during the registration period of the Operator, but needs to reflect the latest version of the CR).

(c) ORG 3.4.8A/B

The specific technical information from the audit and audit follow up process which needs to be recorded in the CR for each ISARP.

(d) ORG 3.4.12

Auditors must be appropriately trained and qualified to perform audits as such. **ORG 3.4.12** does not require an IOSA-specific qualification process. **ORG 3.4.12** addresses the general training and qualification as an auditor.

(e) ORG 3.4.13

ORG 3.4.13A/B requires a training and qualification program for the internal auditors. If the Operator is on the IOSA Registry, the provision requires specific training for auditors that perform internal audits against the ISARPs.

(f) ORG 3.4.14A/B

The need for an electronic database to effectively manage data derived from the quality assurance program, including all information specified in **ORG 3.4.8**.

(g) See 5.3, procedures for details of content and completion of the CR.

4.1.5 CR Completion Process

The airline should establish a formal process for completing the CR. This will depend on the organization structure of the Quality Assurance department. The audit schedule and CR production process should be planned to ensure the CR is submitted by the deadline, to avoid Findings against **ORG 3.4.6, ORG 3.4.7** and/or **ORG 3.4.8**.

One of the four pillars of E-IOSA is continuous conformity with the ISARPs. For Operators to ensure that the operational and management system is in continuous conformity with IOSA, the internal audit program needs to be planned to cover the full 24 month period until the CR is submitted to the AO.

4.1.6 CR Submission Deadline

The Operator must submit the complete CR and all accompanying documents to the AO no less than 14 days prior to the start date of the renewal audit.

The AO will review the CR before the audit and may contact the airline if any clarification is needed.

If the airline does not submit a complete CR by the deadline given above, the AO might need to issue nonconformities against the respective ISARPs (**ORG 3.4.6, ORG 3.4.7, ORG 3.4.8 & ORG 3.4.14**).

4.1.7 Contradictions between Assessments

The final assessment of any ISARP always remains at the discretion of the IOSA Auditors.

If there are any discrepancies between an assessment in the CR and the assessment by the IOSA Auditor, the IOSA Auditor will record the assessment in the final IOSA Report according to the table below.

If an IOSA Auditor issues a non-conformity against **ORG 3.4.6, ORG 3.4.7, ORG 3.4.8, ORG 3.4.14** or other provisions related to E-IOSA after the upgrading of these provisions on or after 1 September 2015, such nonconformities must be closed by the airline as per the conventional closure process as described in the IOSA Program Manual (IPM) 6.4.

Figure 2 — Assessment Contradiction Table

	Conformance Report	AO Assessment	IOSA Audit Report (IAR)
1.	Finding/Observation	N/A	Record N/A in the IAR
2.	Finding/Observation	Conformity	Record Conformity in the IAR
3.	N/A	Applicable: Conformity	Record Conformity in the IAR
4.	N/A	Applicable: Finding/Observation	Record Finding/Observation in the IAR
5.	Conformity	Finding/Observation	Record Finding/Observation in the IAR
6.	Conformity	N/A	Record N/A in the IAR

Section 5 — Audit Procedures

5.1 General Procedures

5.1.1 Overview

The IOSA operating principles, functions and audit techniques in this manual are based on the audit model being used by the IOSA Audit Organizations, which has proven to be effective in producing effective and standardized audit results.

The procedures in this section are intended to assist auditors in applying these principles, functions and techniques when conducting internal audits of the ISARPs.

IOSA was structured to ensure that Audit Organizations could effectively assess conformity with the ISARPs over a period of five days. Airline auditors have two significant advantages over IOSA auditors:

(a) Information and evidence needed to assess conformity with all IOSA Standards can be gathered over the 24 month registration period (rather than a five day snapshot);

(b) The airline operating structure, authorizations, limitations, policies, processes, and/or procedures, etc. are typically familiar to auditors.

5.1.2 Application of IOSA Procedures

It is important that the working principles of IOSA, as described in Sections 1–4, are understood and applied correctly. For example:

(a) **Implementation:** How implementation is checked is one of the key elements of IOSA. As specified the ISM Introduction, it can generally only be assessed once the controlled documentation structure has been reviewed, the auditor is familiar with the documented policy, process and/or procedure, and is seeking evidence to confirm that the specification is in operation throughout the airline.

(b) **Outsourcing:** When a specified function is outsourced, the Operator still carries full responsibility for ensuring that safety and security requirements are met. Therefore, the assessment must focus on the Operator's process(es) for assessment or monitoring of the external service provider(s), to ensure that all safety and security requirements are being satisfied;

(c) **Assessments of Not Applicable (N/A):** Typically, 5–10% of the ISARPs will not be applicable to the Operator. The procedure for assessing whether an ISARP is applicable to the operation is therefore very important in avoiding the risk of mistakenly not auditing one or more ISARPs which are applicable.

Auditor Actions (AAs): AAs are specific to each ISARP and provide the actions that will typically be taken to collect the evidence needed to assess conformity for that ISARP. AAs can also be used as a guide to the audit flow for each ISARP.

5.1.3 Techniques for the Interpretation of ISARPs

All safety requirements in the ICAO Annexes, as well as regulations from the major regulatory bodies worldwide are included in the ISARPs. All efforts have been made to present these provisions as clearly and consistently as possible, while still ensuring that the intent of the original specification is not changed.

Auditors should review the entire ISARP text and identify the primary and any secondary requirements, as well as any conditions and notes. If applicable, the Guidance Material (GM) should then be reviewed, for additional information on the applicability and intent of the specification.

Many ISARPs refer to Tables, which contain lists or summaries of supplementary requirements which, although separately listed, are fully a part of the ISARP requirement.

5.1.4 Procedure for Assessing Documentation

a. Identify the manuals and/or other document(s) that contain the information relevant to the specification(s) in the particular ISARP. It is a fundamental principle of IOSA that the relevant information must be contained in a controlled document.

b. The manuals and/or documents being assessed must be available for use by all the staff and/or crews involved.

c. The references for documents or manuals must include an edition or revision number, and/or a date of issue, or other means of recording traceability of the information.

d. Manuals and/or documents of a temporary or transitory nature (e.g. letters, emails, memos, flyers, posters, PowerPoint presentations, etc.) are not controlled documents.

e. If the ISARP covers a broad range of procedures and there are documentary references from the majority of the sections of a manual, a generalized reference can be used, i.e. a phrase such as “GOM – entire manual” or “OMA – all sections”.

f. Confirming that the process, procedure, etc., is documented is not sufficient, the content must be assessed, to confirm that all elements of the ISARP requirement have been addressed.

Guidance:

A fundamental principle of IOSA is all systems, plans, policies, processes, procedures, etc. are documented in controlled documents that are freely available to all staff and crews – this is an essential step in striving for consistency and standardization of day-to-day airline operations.

5.1.5 Procedure for Assessing Implementation

a. The auditor needs to become familiar with the controlled document(s) containing the specific system, plan, policy, process or procedure being assessed.

b. Evidence must then be identified to confirm that the specification(s) is/are being used on a day-to-day basis by the personnel or crew concerned, in accordance with the documented requirement.

c. The Auditor Actions (see 5.2.1) provide specific information on the actions that would be conventionally used to confirm implementation for that ISARP. If local circumstances result in different actions being needed to confirm implementation, these actions should be recorded in the CR, under the last listed AA, “Other Actions”.

Guidance:

The separate assessment of implementation after identification of the required documents is another of the fundamental principles of the IOSA process, as specified in the Introduction of the IOSA Standards Manual:

“The continuity of implementation is directly linked to documentation. To ensure standardization within the management system and in the conduct of operations, an Operator must ensure specified systems, programs, policies, processes, procedures and plans are implemented as published in its controlled documents”.

5.1.6 Procedure used for Sampling

When assessing implementation, the use of sampling for larger groups of data, records, or information is inevitable and the following audit methodology must be used:

(a) The sample size needs to have an acceptable size and spread throughout the population.

(b) The selection of the samples to be assessed must be left to the auditor, who may ask for information/records for a particular aircraft, operating base, crew or staff member, audit activity, etc.

(c) If an auditor is not satisfied with the information seen in the initial samples, then the sample size can be progressively increased, until the auditor can confirm an acceptable level of implementation to assess conformity.

(d) Sampling is an inherent part of the audit process, information or records which will be provided later as samples must not be accepted.

5.1.7 Procedure for the Identification of ISARPs that are Not Applicable (N/A)

a. An N/A assessment can only be used if the process, function, equipment requirement, etc., is completely inactive, or does not apply to the Operator, or is outside of the scope of operations.

b. Sub-specifications within ISARPs which are not applicable to the Operator must also be recorded as N/A, irrespective of whether the overall ISARP is applicable or not.

c. An N/A assessment cannot be used if a specific function has been outsourced. (See section 5.1.8 below).

d. Descriptions for each N/A assessment must be provided and must be clear, to ensure that any reviewer of the report has a clear understanding of why that ISARP was not applicable.

e. The entire CAB and CGO sections are presented as “conditional” ISARPs, i.e. they will only be applicable if the Operator utilizes cabin crew and/or carries cargo. If the Operator does not utilize cabin crew at all, or carry any cargo, the respective section of the IOSA checklist does not have to be audited.

Note: *Incorrect use of an N/A assessment effectively results in one or more ISARPs not being audited: the audit is therefore technically not complete.*

Examples of Reasons for N/A Assessments	
a. Propeller driven aircraft	*ABC Airlines does not utilize propeller driven aircraft.*
b. Aircraft with three or more engines	*ABC Airlines does not utilize aircraft with three or more engines.*
c. Operators not carrying cargo	*ABC Airlines has a documented policy of not carrying cargo.*
d. Operators not operating all cargo fleets or aircraft	*ABC Airlines is not authorized to operate all cargo aircraft.*
e. Data Linking	*ABC Airlines does not utilize data link communications.*
f. Auditing of the external service providers	*ABC Airlines does not use service providers for operational control, but has fully documented the process, should service providers be required.*
g. RVSM operations	*ABC Airlines is not yet authorized for RVSM operations, but has implemented all maintenance requirements and completed the required training for all crews and staff.*

Notes:

1. *For examples f. and g., the ISARP is not applicable, but in the explanation, credit has been given to the Operator for operational functions or qualifications which are already in place.*
2. *For examples d. and g., the lack of authorization is included in the explanation, rather than statements such as "not operating all cargo fleets", or "not conducting RVSM operations", which could be temporary in nature.*

5.1.8 Procedure for Assessing Systemic Applicability of ISARPs

The applicability of IOSA Standards and Recommended Practices to airline operations is clearly stated in the Introduction of the IOSA Standards Manual (see Guidance below).

a. The assessment under the quality assurance program must ensure that the Operator's process takes into account all stations and locations – However, the Operator does not have to audit all stations in the network. The Operator would typically monitor the conformity with the ISARPs in the whole network and collect necessary information to assess the relevant ISARPs. The assessment of one single ISARP represents the conformity status of all applicable stations, processes, fleets, etc.

b. This will typically include a combination of primary auditing (the home base) and the checking of audits (oversight) of the other stations in the network.

Guidance: Systemic Applicability (as stated in the ISM Introduction, page INT-1)

"When making a determination as to the applicability of individual ISARPs, it is important to take into account operations (relevant to the individual standard or recommended practice) that are conducted, not only at the home station, but *at all stations and other locations throughout the Operator's entire system*".

Example of Systemic Applicability of an ISARP

GRH 2.1.1 The Operator shall have a process to ensure personnel who perform operational duties in functions within the scope of ground handling operations for the Operator, to include personnel of external service providers, complete:

(i) Initial training prior to being assigned to perform such operational duties;

(ii) Recurrent training, except recurrent training in dangerous goods as specified in **GRH 2.2.1** or **GRH 2.2.2**, on a frequency in accordance with requirements of the regulatory authority, but not less than once during every 36-month period. **(GM)**.

The Operator will need to assess:

(a) That ground handling personnel with operational duties at the home base and other locations throughout the system have all received 1). Initial training; 2). Recurrent training, once in every 36-month period;

(b) If ground handling operations have been contracted to external service providers; that the assigned ground handling personnel used at the home base and other locations throughout the system have all received: 1). Initial training; 2). Recurrent training, once in every 36-month period;

(c) The Operator does not need to audit all stations and all service providers in the network. However, an audit of the overall conformity with **GRH 2.1.1** has to be performed. The conformity status with individual stations or external service providers can be determined through monitoring activities, inspections, surveys and other means.

5.1.9 Procedure for Assessing Outsourced Functions

Operators may out-sourced a wide variety of activities, but, as per the approvals contained in the AOC and/or Ops Spec, responsibility for all operational functions always remains with the Operator, including those functions, activities, etc., provided by third parties.

As per 5.1.6 above, if the specific activity or function is active or in use by the Operator (whether performed by the Operator or a third party), it is an integral part of the airline operation, therefore the ISARP is applicable and cannot be assessed as N/A.

a. The activity or function being provided by the third party must be assessed or monitored, to ensure that all safety and security requirements are being met.

b. The oversight of outsourced functions and/or services by the Operator must include all stations and locations used by the Operator at which the function(s) are active (see 5.1.7 above for Guidance on Systemic Applicability).

c. Auditing of outsourced functions is the recommended method of monitoring (see **ORG 3.5.3**, repeated in the other disciplines), but other methods of oversight can be used.

d. What is important is that the method of monitoring the outsourced function is effective and ensures that all safety and security requirements are being satisfied.

5.1.10 Changes in the Operator's Fleets and Operational Functions

The Operator may change its fleet during the IOSA registration period. Changes to the fleets can be significant, for example when all the fleets are replaced with another aircraft type. However, fleet changes can also contain the addition of new aircraft variants to the existing aircraft types or new technology in the erstwhile fleet type.

The Operator has to individually assess and evaluate each fleet change and determine the assessment activities in order to ensure conformity with all ISARPs. This may require additional auditing of relevant ISARPs.

Changes in the operations might also affect other areas. An Operator might, for example, decide to transport dangerous goods. In this case, all relevant ISARPs have to be reviewed and audited, if not done before.

The ISARP containing evaluation of changes that might have an effect on safety, **ORG 3.2.2A**, is currently a Recommended Practice and will be upgraded to a Standard in September 2016. Operators should include the evaluation of new fleets as part of the change management process addressed in **ORG 3.2.2A/B**.

Note: *The IOSA Program Manual (IPM) chapter 7.7 describes the reporting responsibilities of an Operator towards IATA in case of fleet changes, significant structural changes to the management or operating structure of the organization, etc. The IPM can be downloaded at: www.iata.org/iosa.*

5.2 Specific Procedures and Options used in the IOSA Process

5.2.1 Auditor Actions Published by IATA (www.iata.org/iosa)

AAs need to be accomplished, unless there are valid, existing conditions that justify not accomplishing an AA or if an Operator has substituted one or more AAs.

AAs published by IATA are generally grouped as follows:

a.	First AA	Identification and review of the documentation requirement;
b.	Second AA	Interview with the responsible Manager(s), for a description of the function, activity, process or procedure, etc.;
c.	Follow-on AA(s)	An AA or group of AAs used to check physical implementation of the function or activity specifically for that ISARP;
d.	Last AA	Used to describe additional action(s) which are not listed.

Groups a. and b above are the actions typically taken during the initial part of the assessment.

Group c. contains the key action(s) which will provide the confirmation that the ISARP requirement has physically been implemented.

5.2.2 Procedure for using the AAs Published by IATA

a. Review the ISARP and the AAs, to gain an understanding of what actions will be needed to assess documentation and implementation.

b. Once the controlled documentation has been identified, use the interview with the responsible manager to identify the process flow and functionality.

c. Pay particular attention to the follow-on AAs (c) above), the actions needed to confirm implementation of the ISARP requirement.

d. The last AA, “Other Actions”, should be used describe AAs that either were substituted or added to the AAs that were published for that particular ISARP.

Notes:

1. The AAs provide a logical audit path and can be used by auditors as a general checklist of actions needed to audit each ISARP.
2. The Operator can choose to document, define and follow its own auditor action steps, instead of using the AAs published by IATA, refer to 3.3.2.

Example of Auditor Actions Published by IATA
GRH 2.2.3 The Operator shall have a process to ensure ground handling personnel assigned to perform ground handling duties in airside operations for the Operator, to include the operation of ground support equipment, complete initial and recurrent airside safety training in accordance with **GRH 2.1.1**. **(GM)**
GRH 2.2.3 Auditor Actions (action steps to establish specifications are documented and implemented)
1. ☐ **Identified/Assessed** process that ensures personnel with duties in airside operations, complete initial and recurrent airside safety training. 2. ☐ **Interviewed** responsible manager(s) in ground handling operations. 3. ☐ **Examined** selected initial/recurrent training curricula/syllabi for airside safety training for applicable personnel. 4. ☐ **Examined** initial and recurrent training records of selected personnel with operational duties in airside operations. ☐ **Other Actions** (Specify)
Example of using the AAs above to audit this ISARP 1. Identify the controlled document specifying the process for completing initial and recurrent airside safety training (AA 1 above); 2. Interview the Ground Operations Manager (or equivalent) for a description of who manages the training and how and when it takes place (AA 2 above); 3. Check that the training curricula/syllabi is current and covers all initial and recurrent training requirements (AA 3 above); 4. Sample training records, to ensure that initial and recurrent training took place and is up to date (AA 4 above).

5.2.3 Procedure for Auditing ISARPs with a Parallel Conformity Option

A standard that contains a PCO will have one or more primary specifications, followed by the PCO, which offers alternative option(s) for conforming to the standard.

a. The auditor must review between the options and assess which is applicable to the Operator. b. The primary specification(s) and the PCO are separated by the words “or”, “either”, “one or more”, “any one of the following”, to indicate the alternative option. c. Once the applicable option has been identified, the other options can be ignored. d. Evidence must then be found to support conformity with the applicable option.

5.2.4 Procedure for Harmonizing Assessments of Repeated ORG ISARPs

Repeated ORG ISARPs have a “►” symbol facing towards the right. The corresponding repeated ISARP in the other disciplines have the triangle facing towards the left. See Guidance below, for the reasons for repeating the ORG ISARPs.

The ORG ISARPs repeated in FLT, DSP, MNT, CAB, GRH, CGO & SEC are audited conventionally.

However, before finalizing each ORG assessment, the auditor auditing ORG must collect and review the assessments of the corresponding repeated ISARPs in all the other disciplines:

(a) If there were only minor nonconformities in one or two of the corresponding disciplines which did not affect the functionality and implementation of the overall system, the ORG provision could be assessed in conformity.

(b) If there were substantial nonconformities in multiple disciplines which affected the functionality and implementation of the overall system, (a systemic deficiency) a Finding would need to be recorded against the overall corporate management and control of the ORG provision.

5.2.5 Procedure for Auditing SMS ISARPs with Linked Assessments

See 3.6.3, Repeated SMS ORG ISARPs.

ORG 1.1.10A is a SMS "control" standard and must be assessed as a non-conformity if any other SMS ISARP has been assessed as a non-conformity.

ORG 3.1.1, 3.1.2, 3.1.3, 3.2.1 and **1.6.5** in the table below must be assessed as a non-conformity if any of the corresponding repeated SMS ISARPs has been assessed as a non-conformity.

Figure 3 — ORG SMS ISARPs Repeated in other Operational Disciplines

			FLT	DSP	MNT	CAB	GRH	CGO
1	**ORG 3.1.1**	Reactive & proactive methods of safety data collection and analysis	1.12.1	1.12.1	1.12.1	1.11.1	1.11.1	1.11.1
2	**ORG 3.1.2**	Safety risk assessment & mitigation program.	1.12.2	1.12.2	1.12.2	1.11.2	1.11.2	1.11.2
3	**ORG 3.1.3 (a "shall")**	Operational safety reporting system.	1.12.3	1.12.3	1.12.3	1.11.3	1.11.3	1.11.3
4	**ORG 3.2.1**	Setting Performance Measures.	1.12.5	1.12.5	1.12.5	1.11.5	1.11.5	1.11.5
5	**ORG 1.6.5**	SMS Training.	2.5.1	2.5.1	1.12.6	2.4.1	2.3.1	2.3.1

Notes:

1. *The procedure above does not apply to ORG 3.4.1 and 3.4.4 (also repeated SMS ORG ISARPs). These ISARPs should be audited using the procedures in 5.2.3 above.*
2. *The above table is demonstrative and not kept up-to-date; the accurate table is available in the IAH Part 3.*

Guidance:

Soon after the launch of IOSA, it became evident that systemic deficiencies such as deficient QA or safety reporting systems in more than one department could not be adequately described under one ORG ISARP and Corrective Action Record.

To address this weakness, 29 ORG specifications for key systems are repeated in the other seven disciplines. When faced with systemic deficiencies in more than one airline department, auditors can record individual nonconformities and corrective action(s) in each discipline, and use the corresponding ORG ISARP to record a consolidated non-conformity and corrective action(s) against the corporate management and control for the systemic deficiency.

This provides more detail, accuracy and value to the audit result.

5.2.6 Interlinked ISARPs

The IOSA Audit Handbook Part 3 Table 1 contains lists of interlinked ISARPs, categorized as direct, associated or reverse links. These lists are published www.iata.org/iosa to assist auditors in harmonizing assessments for similar or related specifications within a discipline and across multiples different disciplines.

As an example, there are 70+ ISARPS in ORG, FLT, DSP, CAB, GRH and CGO which have either a direct, associated or reverse requirements relating to Dangerous Goods.

There are no formal procedures for the use of interlinked ISARPs; Auditors should establish the most appropriate method of harmonizing the assessments for the linked ISARPs across all disciplines, to ensure there are no contradictory assessments.

Example of the Applicability of Interlinked ISARPs

If an airline transports dangerous goods as cargo, the ISARPs in ORG, FLT, DSP, CAB, GRH and CGO sections that address dangerous goods are all applicable and must all be audited (unless there are specific conditions which result in one or more ISARPs not being applicable).

5.2.7 Procedure for Identifying and Recording the Root Cause

To identify the permanent corrective action needed, and to prevent the problem from recurring, the primary root cause for the non-conformity has to be identified.

a. Identify the reasons and evidence that resulted in the Findings or Observation.

b. Analyse why the system, program, policy, process, procedure, plan, or other ISARP specification, had not been incorporated in the Operator's structure.

c. The analysis should identify all the factors which led to the problem, but must focus on identifying the fundamental reasons that the specification had not been introduced.

5.2.8 Procedure for Recording of Non-conformities

See Section 3.8, Recording of Non-conformities

a. Identify which specifications (and/or sub specifications) in the ISARP are not in conformity.

b. Identify which specifications in the ISARP are not documented.

c. Identify which specifications in the ISARP are not implemented.

d. Describe the non-conformity in simple, factual terms that will be easily understood by any reviewer.

e. This will ensure that all personnel/airline departments involved implement appropriate and permanent corrective actions.

5.3 Procedures for the Completion of the CR

The following two tables detail the information required in the CR, for both the IATA Template (CRT), and a CR sourced from an electronic database.

All fields in the CR must be completed for all ISARPs.

5.3.1 Procedures for the Completion of Documents accompanying the CR (as per ORG 3.4.7)

Using the IATA Template (CRT)	Providing a CR from an Electronic Database
1. Completed and signed Declaration of Internal Assessment Completion	
Complete the "Declaration of Internal Assessment Completion" spread sheet.	Provide a "Completion of Declaration of Internal Assessment Completion".
2. Record of Internal Auditors	
Complete the "Record of Internal Auditors for Enhanced IOSA" spread sheet.	Provide a "Record of Internal Auditors for Enhanced IOSA".
3. Operational Profile	
Complete the "Operational Profile" spread sheet.	Provide an Operational Profile containing the details specified in the "Operational Profile" spread sheet in the IATA Template.
4. List of Document References	
Complete the "List of Document References" spread sheet, as a record of all controlled manuals and documents used during the audit of all ISARPs.	Provide a List of Documents containing the details specified in the "List of Document References" spread sheet in the IATA Template, as a record of all controlled manuals and documents used during the audit of all ISARPs.

5.3.2 Procedures for the Completion of the CR (as per ORG 3.4.8 and ORG 3.4.14)

Using the IATA Template (CRT)	Providing a CR other than in the IATA CR Template
1. Alpha-numeric Identifier	
Included in CR Template (Column B).	Alpha-numeric identifier and the ISARP content
2. Documentation References	
List of all controlled documents used during the auditing of the ISARP (Column F).	List of all controlled manuals and documents used during the auditing of the ISARP.
3. Name of Last Auditor	
List names of auditor(s) that conducted the last assessment (Column E) or a reference to the internal database where the information is recorded.	List names of auditor(s) that conducted the last assessment or a reference to the internal database where the information is recorded.

Using the IATA Template (CRT)	Providing a CR other than in the IATA CR Template
4. Date of Last Audit	
List the date of the latest assessment or a reference to the internal database where the information is recorded. (Column D).	List the date of the latest assessment or a reference to the internal database where the information is recorded.
5. Auditor Actions	
Either: **(a)** use the numbered columns (K to Y) for the AAs which were accomplished (see 5.2.1, "Auditor Actions", procedures for using AAs), OR; **(b)** or a reference to the internal database where the information is recorded (e.g. audit checklist(s)). If an ISARP is N/A, the AAs do not need to be used (see 5.1.7, "Identification of ISARPs which are Not Applicable N/A).	Provide either: **(a)** A list of the AAs (published by IATA) which were accomplished, OR; **(b)** A list of the AAs that the Operator developed and that the internal auditors took, to assess the ISARPs. The AAs can be either indicated in the CR or can be referenced to an internal database (e.g. audit checklist(s)). If an ISARP is N/A, the AAs do not need to be used (see 5.1.7, "Identification of ISARPs which are Not Applicable N/A).
6. If Applicable, Description of Non-conformity	
1. Clear, accurate description of non-conformity. 2. Description of root cause(s): The factual, objective reason why a specification was not active or had not been implemented. Generalized phrases or brief statements such as "ISARP not considered" are not appropriate (Column I). 3. If already corrected, record the corrective action taken to permanently close the Finding or Observation (Column J). All items above can be either indicated in the CR or can be referenced to an internal database	1. Clear, accurate description of non-conformity. 2. Description of root cause(s): The factual, objective reason why a specification was not active or had not been implemented. Generalized phrases or brief statements such as "ISARP not considered" are not appropriate. 3. If already corrected, record the corrective action taken to permanently close the Finding or Observation. All items above can be either indicated in the CR or can be referenced to an internal database
7. If Applicable, Description of N/A	
A reason must be provided for all ISARPs assessed as N/A (see 3.4.1 and 5.1.7 for information on N/A assessments) (Column H).	A reason must be provided for all ISARPs assessed as N/A (see 3.4.1 and 5.1.7 for information on N/A assessments).

Using the IATA Template (CRT)	Providing a CR other than in the IATA CR Template
8. Status of Conformity	
List the current status of the assessment: – conformity, open finding or observation, or assessment of N/A (Column G) (see also 5.3.1)	List the current status of the assessment: – conformity, open finding or observation, or an assessment of N/A (see also 5.3.1)

Notes:

1. *It is essential that any information in the CR referenced in an electronic database is easily and readily accessible to IOSA auditors.*
2. *For items 2, 3, 6, 7, 8 and 9, a reference to an electronic database containing this information may be provided.*
3. *The CR does not need not be revised if the document references changed after the provision was assessed.*

5.3.3 Findings and Observations in the Conformance Report

The Conformance Report always contains the most recent assessment of the ISARPs:

Examples of Nonconformities in the CR, when Submitting the CR

1. An ISARP was assessed as a finding/observation and was closed:

The CR will contain the description for the finding/observation, the root cause and the corrective action that was taken to close the nonconformity (root cause and corrective actions can also be referenced to another, electronic database).

2. An ISARP was assessed as a finding/observation and is still open:

As a minimum, the CR will contain the description for the finding/observation and the root cause.

3. An ISARP was assessed as finding/observation and was closed. Afterwards, the same ISARP was audited again and was assessed as conformity:

The CR will show conformity for that ISARP.

4. A Recommended Practice was assessed as an observation and it was decided not to close the observation:

The CR will show the description for the nonconformity and the root cause.

5.3.4 Submission Deadline

The Operator must submit the complete CR to the AO no less than 14 days prior to the start date of the renewal audit.

5.3.5 Operational Changes during the Registration Period

(i) If, during the registration period, the Operator undergoes significant changes in the operational structure (e.g. fleet changes, transportation of dangerous goods, flights without cabin crews, etc.), as per section 5.1.10: “Changes in the Operator's Fleets and Operational Functions”, the Operator needs to review the changes and may need to audit ISARPs that had been assessed as N/A before, or may need to re-audit ISARPs that already had been audited before the changes took place.

(ii) The CR will always contain the most recent assessment results from the latest audit that has been performed on any ISARP.

5.3.6 Changes to Documentation and Manuals after an Internal Audit

(i) If, during the registration period, the Operator audits against the ISARPs and uses different versions of internal manuals or documents, the latest version must always be recorded in the List of Document References, as per ORG 3.4.7.

Example of the Manual or Document Changes during Internal Audits

Sub-section 1 of FLT was audited against Operations Manual revision 4. After a few months, the operator audited FLT 2, 3, after the Operations Manual has been revised to revision 5. In this case, the operator will refer to version 5 when entering the documentation references for FLT in the List of Document References. The Conformance Report will contain individual references to the Operations Manual revision 4 for all ISARPs in FLT sub-section 1, and will contain references to the Operations Manual revision 5 for all ISARPs in FLT sub-section 2, 3 and 4.

5.3.7 CR Changes after Submission

(i) If the content of the CR changes after submission to the AO, it is not necessary to resubmit any of the CR documents. However it is recommend that the Operator informs the AO about significant changes in the CR prior to the Audit.

www.iata.org/losa

Follow us on Twitter: www.twitter.com/iata

Join us on Linkedin: www.iata.org/linkedin

Follow us on Youtube: www.youtube.com/iatatv

ISBN 978-92-9252-597-2