

	POST COVID-19 AIRLINE RESTART PROTOCOL	Local Office	
	ASSESSMENT CHECKLIST & REPORT	AOC Number	
Name of Airline/AOC Holder		Date	

ASSESSMENT TEAM FUNCTIONAL AREAS

APPENDIX A

AIR		1 ALL (AIR/OPS/PEL)	9 COVID-19 PUBLIC HEALTH CORRIDOR CONCEPT
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Assessment Number			
	FUNCTIONAL AREAS		Assessor initials
1.	ALL (AIR/OPS/PEL)		Assessment Date
2.	AIRWORTHINESS		Closure Date
3.	FLIGHT OPERATIONS		
4.	PERSONNEL LICENSING		
5.	GROUND HANDLING		
6.	CONSUMER PROTECTION		
7.	AVIATION SECURITY		
8.	SMS/SSP		
9.	COVID-19 PUBLIC HEALTH CORRIDOR CONCEPT		
10.	ECONOMIC REGULATION		

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Name of Airline				AOC Number
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Location & Participants				

Complete the right part of each box with one of three indicators:

- A cross (X) which means in compliance with COVID-19 guidelines
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- N/A which means the requirement is Not applicable to the airline.

1 ALL (AIR/OPS/PEL) Reference: SLCARs Parts 2, 5, 6,8,9,17,18.									
Application to obtain SLCAA approval to resume operation post COVID -19 lockdown		Designated Manager for The Airline Restart Plan							
						Inspector Signature			

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2 AIRWORTHINESS Reference : SLCAR Part 5						
Evidence of compliance with AOL DG/SLCAA00125/20 for each aircraft relating to aircraft maintenance requirements during lockdown period	Evidence of compliance AOL DG/SLCAA00125/20 for each aircraft disinfection	Evidence of certifying staff recency	Evidence of HSE specific training with emphasis on COVID-19	Evidence of provision of PPEs for maintenance personnel		
Submit Airline restart plan						
Evidence of COVID -19 SOPs (Maintenance Related)	Aircraft Maintenance Programme current with source documents	Assures Correction of Deferred Defects/MEL	Assures Accomplishment of Mandatory Continued Airworthiness Instruction (MCAI)	Ensures C of A is Valid for Aircraft Fleet		
Aircraft Monthly Status Report	Maintenance Management	Quality System				
	Arrangement for aircraft spares					
	Due heavy maintenance					
				AWS Inspector Signature		

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FLIGHT OPERATIONS		REFERENCE : SLCAR Part 8						
Flight Crew : evidence		Cabin Crew : evidence		Flight Dispatchers evidence		Flight Operations Management		
LPC/OPC (training plan in lieu of Simulator)		Medicals		Licenses		Evidence of provision of PPEs for flight crew and ground staff		
Medicals		Drills		Recency		Evidence of revised First Aid Training for Flight Crew wrt COVID-19		
Instrument Check		Recency		Refresher course		Evidence of Revised Passenger and Cargo Handling Procedure		
Check Airman status		Refresher courses				Evidence of serviceability of aircraft and emergency equipment		
Refresher courses						Current Management Post Holders		
HSE specific training with emphasis on COVID-19		HSE specific training with emphasis on COVID-19		HSE specific training with emphasis on COVID-19		Evidence of COVID -19 SOPs (Flight Operations Related)		
List of designated training and checking personnel						Submit online approval pages of Manuals to be carried on board aircraft		
Check airman current and qualified								
Check airman meet the minimum requirements								
						OPS Inspector	Signature	

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4 PERSONNEL LICENSING REFERENCE: SLCAR Part 2									
Flight Crew. For flight crew whose simulator are due for renewal and are unable to access training facility are to submit evidence of :		AME. AMEs requiring AME renewal will be required to submit evidence of		Cabin Crew : Submit evidence of :		Flight Dispatchers: Submit evidence of :			
LPC/OPC (training plan in lieu of Simulator)		Human Factors Training		Medicals		Recency (ops Control/Flight following			
Current medical Certificate		Recent aircraft maintenance experience		Drills		Recurrent/Refresher course			
Last Simulator				Recency		Evidence of Revised Passenger and Cargo Handling Procedure			
Last actual Flight				Recency					
Check Airman/Instructor Status									
						<div style="display: flex; justify-content: space-between;"> PEL Inspector Signature </div>			

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5. GROUND HANDLING ARRANGEMENT									
Ground Handling Arrangement with WHO COVID-19 guidelines									
Evidence of COVID-19 SOPs (Ground Operations Related)									
						OPS Inspector Signature			

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6. CONSUMER PROTECTION		Reference : AOL DG/SLCAA/00125/20 SLCAR Part 10 SLCAR Part 18		
Evidence of Airline information on Safe Means of Ticket Purchase and Check-in	Evidence of Airline information on		Evidence of a schedule showing list of unutilized tickets indicating its plan/agreement with the holder of such tickets for	
Passengers to choose the option of online ticket purchase and online check-in	General Flight commencements	Evidence of arrangement to provide passengers with hand sanitizers/ disinfectant wipes	<input type="checkbox"/> Ticket utilisation <input type="checkbox"/> Ticket redemption <input type="checkbox"/> Ticket refund	
Online platforms for ticket purchase and flight checking are functioning optimally	Notification to passengers to be at the airport in good time so as to have ample time to undergo all security and Pandemic/health protocols before the flight	Evidence of provision of PPEs for Airline Ticketing, Customer Service and Checking personnel		
	Route/destination commencement			
	To passengers to wear face masks at all stages of the trip			
	Passengers and ground handlers maintaining physical distance to board a maximum of 10 passengers at a time			
COVID-19/Pandemic protocols for all walk-in passengers		Evidence of COVID - 19 SOPs (Customer Service Related)	CPD Officer	Signature

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7. AVIATION SECURITY		Reference : SLCAR Part 17					
Evidence of COVID-19 SOPs (AVSEC Related)		Set up de-gowning area for security personnel to divest and dispose PPEs		Evidence of HSE specific training with emphasis on COVID-19		Evidence of provision of PPEs for screeners /security personnel	
Develop procedures for the use and disposal of used PPEs							
Outsourced services compliance with COVID-19 SOPs							
					AVSEC Inspector Signature		

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8 .SMS/SSP							
Safety Risk Assessment		Safety Measures		Management of Change Process			
					<div>SMS Inspector</div> <div>Signature</div>		

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9. COVID-19 PUBLIC HEALTH CORRIDOR CONCEPT									
Plan and process put in place to comply with COVID-19 Public Health Corridor Concept :									
Entry and exit screening of crew members at airports									
Pre-flight									
In-flight									
Post-flight									
Layover / transits / night stops									
Suspected COVID-19 case on board an aircraft									
Airport check-in, boarding of passengers, in-flight and disembarkation restrictions									
Arrangements for aircraft disinfection									
COVID-19 training to flight crew									
							PEL/AMS Inspector	Signature	

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10. ECONOMIC REGULATIONS Reference : SLCAR Part 18					
FINANCIAL HEALTH					
Evidence of airline's valid Economic Authorization (i.e. Licence/Permit)		Submit estimated financial loss incurred during the Covid-19 lockdown period		Submit estimated financial obligations to service providers & others e.g. Leasing Company, In-flight Caterer, Aviation Fuel Suppliers, Ground Handlers etc	
Evidence to meet the airline's immediate financial obligations for at least 3 months from the available cash Post COVID-19 Lockdown		Evidence of up to date staff salary payment and if not, how many months Outstanding?		Evidence of adequate insurance cover and premium fully paid or premium payment plan agreed with Insurance Broker or Firm.	
				ATR and Legal service Manager Signature	

LIST OF FINDINGS/NON-COMPLIANCES

Name of Airline				AOC Number	
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Note: Each finding or recommendation must be identified by a number cross-related to the same number in checklist protocol item. The first column of the array must contain that number. The second column must contain the associated submitted document

[illegible]

RECOMMENDATION ON POST COVID-19 AIRLINE RESTART PLAN

-
- ☐ Airlines Restart Plan was found to comply with requirements of SLCAA COVID-19 Guidelines inter alia
- ☐ Airlines Restart Plan was found to comply with requirements of SLCAA COVID-19 Guidelines inter alia except for deficiencies listed above. Airline must forward a letter to the SLCAA addressing corrective action to deficiencies before an Airline Restart approval is issued.

The undersigned hereby recommends acceptance of the Airline Post COVID-19 Restart Plan.

Name of SLCAA Lead Inspector: _____

Signature of SLCAA Lead Inspector: _____

Department _____ Date: _____

The undersigned hereby accepts and recommends for the DG's approval of the airline post COVID-19 Restart Plan.

Name of SLCAA Director: _____

Signature of SLCAA Director accepting Plan: _____

Designation _____ Date: _____

The SLCAA Post COVID-19 Airline Restart Protocol Checklist shall be submitted to the Director General along with a letter accepting the Restart Plan and granting approval to commence flight operations that will be endorsed by the Director General.

Director General's approval.	
Having fulfilled all the COVID-19 requirements to restart operations, the referenced airline in this COVID-19 restart protocol ASSESSMENT CHECKLIST & REPORT, is hereby authorized to return to service and required to be compliant with all COVID-19 protocols issued by the Authority and other relevant authorities.	
Name:	
Signature	
Date	