QUALITY SYSTEM MANUAL

Rev. No.: 00

8 November 2021

PT. Smart Cakrawala Aviation

SCA/SFD/2-002

RECORD OF REVISION

REVISION (ISSUE)	REVISION DATE	ENTERED DATE	ENTERED BY	REMARKS
00	8 November 2021	8 November 2021	Sonia E.N	

FOREWORD

The Quality System Manual is to accomplish our Company Mission in a way that results in satisfied customers, motivated and challenged employees.

This Quality System Manual is:

a. A reference for any related parties having business relation with PT. Smart Cakrawala Aviation.

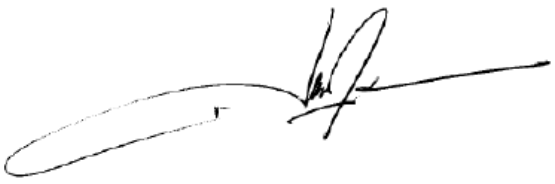
b. A reference for Quality System in each Directorate and/or local unit/function within PT. Smart Cakrawala Aviation.

c. A dynamic document that shall always be continually developed and updated to meet company needs, other relevant requirements, national and international law & regulations, and best industry standards and recommended practices.

All persons in PT. Smart Cakrawala Aviation share responsibility for achieving these quality objectives. Every Department and/or unit/function within PT. Smart Cakarawala Aviation shall be responsible for quality target achievement, at all time and when deemed necessary the President Director has the highest authority to modify the contents of this Quality System Manual to meet the demand of customer satisfaction and Quality Assurance.

Jakarta, 8 November 2021

PT. Smart Cakrawala Aviation



Pongky Majaya
President Director

The Quality Policy reflects commitment of senior management to ensure measuring and evaluating on a continuing basis, and making changes that improve the management system and the culture.

Ideas for improvement may come from internal and external sources; therefore the organization would be constantly monitoring all sources and willing to make changes as necessary to keep the management system refreshed and strongly focused on improving operational Quality and Safety performance.

PT. Smart Cakrawala Aviation Quality Policy commits the organization to:

(i) Regular review of performance-based indicators by senior management;

(ii) Regular analysis of malfunctions or undesirable operational results;

(iii) Follow-up of corrective actions and their effectiveness in improving operational performance.

The Quality Policy shall be reviewed periodically to ensure that the policies:

(i) Are appropriate to the purpose of the organization,

(ii) Includes a commitment to comply with requirements and continually improve the effectiveness of the quality management system,

(iii) Are communicated and understood within the organization, and

(iv) Are reviewed for continuing suitability and relevance to the organization.

PT. Smart Cakrawala Aviation

Pongky Majaya
President Director

MANUAL DISTRIBUTION LIST

The Safety & Quality Manager will distribute this Quality System Manual to the listed functions below:

List of Quality System Manual holders:

Control No.	Quality System Manual Holder	
01.	Safety & Quality Manager	Hard Copy
02.	President Director	Soft Copy
03.	Indonesian DGCA	Soft Copy
04.	Operation Manager	Soft Copy
05.	Chief Pilot	Soft Copy
06.	Technical Manager	Soft Copy
07.	Chief Inspector	Soft Copy
08.	Base Maintenance Singkawang	Hard Copy
09.	Base Maintenance and Operation Nabire	Hard Copy
10.	Base Operation Tarakan	Hard Copy
11.	Base Operation Timika	Hard Copy
12.	Base Operation Tanah Merah	Hard Copy
13.	Others	Soft Copy

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PT. SMART CAKRAWALA AVIATION	D G C A
SONIA ERLYN NASUTION **SAFETY & QUALITY MANAGER**	**CAPT ALFIN BASTIAN FIRDAUS, S.E.** **PRINCIPLE OPERATION INSPECTOR**
	AGUS RAHMAT.ST **PRINCIPLE AIRWORTHINESS INSPECTOR**

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1. INTRODUCTION

1.1. QSM INTRODUCTION

This Quality System Manual has been compiled to provide information and instruction to all personnel in order for them to fulfill their role in meeting corporate objectives through a Quality Management System. This manual lays down policies, rules, standards and procedures that govern Quality activities in the company.

This manual is published by the Safety and Quality Department as guidance for all employees of PT Smart Cakrawala Aviation and third parties and intends to ensure the management system has continuity throughout the company and ensures control of operations and management of system outcomes accordance to the Quality Management System.

The Quality System Manual (QSM) is designed to comply with Article 42 (l) of The Republic of Indonesia Act Number 1 on Aviation, CASR Part 135.373 and the additional standards specified by PT Smart Cakrawala Aviation it constitutes the reference for the implementation and maintenance of the quality system.

1.2. MANUAL CONTROL SYSTEM

1.2.1. Policy

Manuals are distributed on a required basis to the PT. Smart Cakrawala Aviation's Office and DGCA's office, and should be used accordingly.

a. The manuals are not transferable. Holder shall retain the manuals originally issued regardless of change of station or location.

b. Upon termination of employment, the manuals shall be returned to Safety & Quality Department.

c. Text within a section (subject matter) should not be taken out of context. The reader should read the entire section for a complete understanding of the policies and procedures regarding a specific subject. If question arise, contact the Safety and Quality Manager for clarification. A written response shall be made to clarify the matter in question.

1.2.2. Page Control System

a. Record of Revision

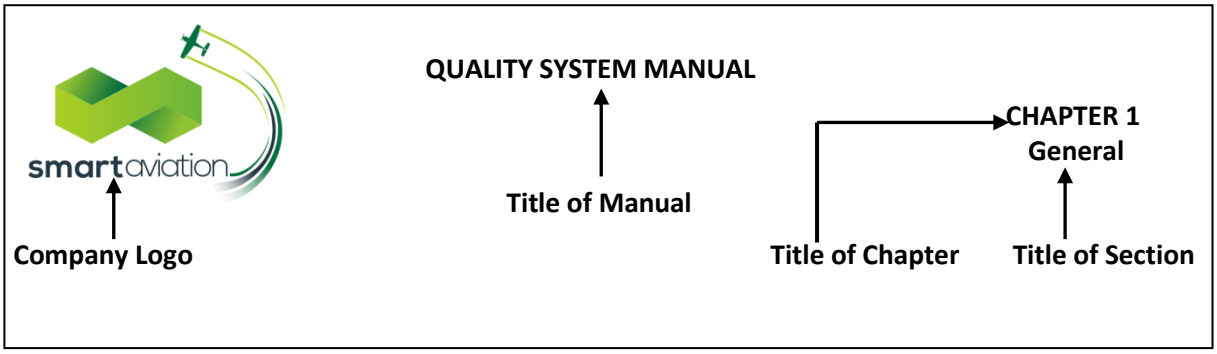
Designed are for quickly identify the current revision status of the manual.

b. List of Effective Pages

Designed to provide a summary listing of all applicable pages and the revision date for the entire manual

c. Page Format

Top of the Page



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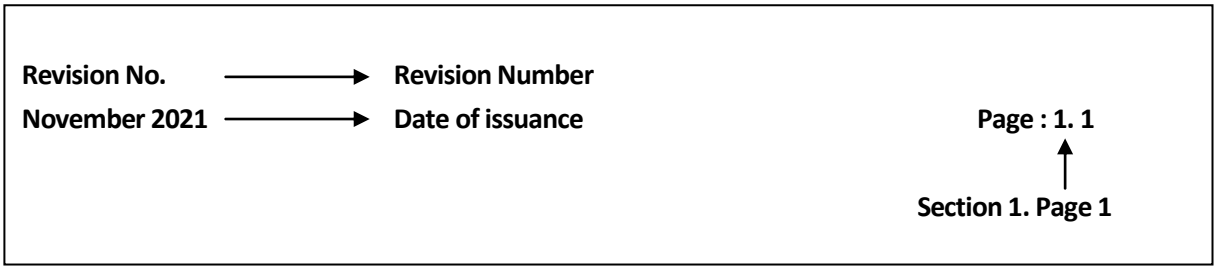


1.3. MANUAL REVISION AND DISTRIBUTION PROCEDURE

1.3.1. Revision Procedures

a. Revision to the Quality System Manual is the responsibility of Safety and Quality Manager. The revisions are made on an as needed or as required basis to correct, add to, and/or more clearly define policies, procedures, methods, and techniques and to reflect new or revised procedures.

b. Whenever revisions are made, Safety & Quality Department shall route them to the holders of manuals. The responsibility for inserting revisions is the direct responsibility of the manual holder.

c. On occasion, minor revisions to pages will be necessary to correct spelling, add or delete a word, or number. The corrections may be made in pen and ink. Such changes will be annotated in pen above the word, or number or as directed on Revision Transmittal Sheet and a single line drawn through the word or number changed or delete. Pen and ink changes will be incorporated in the next revision of the manual.

d. A vertical bar will be placed on the lefthand margin of each page to indicate changes.

e. If the only change was to the page number a vertical bar will be placed in the left hand margin next to the revision number.

f. Safety and Quality Manager will periodically review the Audit Program Manual at least once in a year for minimum. These reviews will either confirm that the manual still current and valid for the Air Operator Certificate use, or will be identified needed change.

h. This manual and revision there to will be approved by the Safety & Quality Manager, and sufficient copies will be made and distributed the revision page to each manual holder.

i. A list of effective pages will be issued with each revision so each manual can be checked and kept current.

1.3.2. Record of Revisions

"Keep the Quality System Manual up to date by inserting revisions immediately"

Revisions for the Quality System Manual will be distributed with transmittal form containing instructions for inserting and/ or removal of pages.

The transmittal form are numbered consecutively and upon receipt and filling, the date of insertion and the name of the person filling it shall be entered to the corresponding number in therecord of revision page.

The list of effective pages will be included in order to continuously check at any time whether theQuality System Manual updated. The list of effective pages will be revised upon revision with eachpage.

1.3.3. Distribution List

The purpose of the Quality System Manual is to provide instruction and guidance for Safety and Quality Manager and all staff at all level on performing his/her duties and activities.

In addition to that also building rapped culture which is effective Safety Management System requires a free exchange of safety information within an organization and between the organization and its safety partners. This applies both to actual incidents and accidents occurring within the organization, and to up any hazards, accident precursors and systemic vulnerable that may be identified. Therefore, the organization must not only have a reporting system in place, but must also foster a culture that agilely encourages its use by staff at all levels and in all departments.

Such a culture will not only avoid disincentives, such as "blaming the messenger" or penalizing individuals who make honest errors, but will also provide staff with positive confirmation that all reports are taken seriously and subjected to an appropriate safety assessment. This is not to imply that there should be a ''blame

free'' environment. Rather, the idea is to achieve a ''fair'' or ''just'' environment that distinguishes between errors and willful ads acceptable and unacceptable risks.
The original ''signed' copy of QSM is maintained in the office of the Safety and Quality Manager of PT. Smart Cakrawala Aviation. At least one complete, master copy of the manual shall be kept at PT. Smart Cakrawala Aviation Head Office. Copies of the entire manual, or relevant portions of it, shall be furnished as per Manual Distribution list page (MDL.1).

1.4. Definitions

The following are general terms and definitions associated with PT Smart Cakrawala Aviation Quality System Manual activities including their application and limitations.

President Director
The person who has corporate authority for ensuring that all operations and maintenance activities can be financed and carried out to the standard required as well as any additional requirements defined by PT. Smart Cakrawala Aviation.

Analysis
An *analysis* is a comprehensive and detailed evaluation of the facts to understand how and why an incident or process deficiency occurred.

Audit
- An in depth review of the activities of an organization to verify compliance /conformance with current regulatory and company standards.
- Systematically and interdependent surveillance or review to determine that the interconnected activity conforms to the rules or planned procedure and whether the activity executed effectively and according to target.

Auditee
The company or unit/department being audited.

Auditor
The person that has qualification to perform internal audit or a quality audit.

Audit Manager
The appointed leader of a group of individuals given official authority to manage the conduct of an audit.

Audit Leader
A person appointed by Audit Manager to lead a team of auditors, responsible to organize the audit, communicate with the appropriate Unit representative, and adhere to the roles and duties as outlined in this document. Reports to the Audit Manager.

Audit Member

- A person appointed by the Audit Manager or Audit Leader to conduct assigned audit activities.
- Reports to Audit Leader.

Best Practices

Best Practices are operations that exemplify safety practices that exceed compliance and conformance of a carrier's policy or procedure. These practices are to be noted and shared among the airline to promote continuous safety improvement.

Close Out

A *close out* is the process by which any Corrective Action Plan item is deemed corrected to the satisfaction of the applicable Unit Head.

Closing Meeting

The purpose of the *closing meeting* is to present the auditee with a brief and objective review of the audit. At this point the findings of the audit are presented and any adverse findings along with the supporting objective evidence will be summarized.

NOTE: THE PARTICIPATION OF ALL PARTIES IS REQUIRED TO ENSURE NO MIS-UNDERSTANDINGS HAVE OCCURRED.

Typically, agreement on the existence of a non-conformance or non-compliance issue is achieved during the daily team briefing. Discussions regarding possible corrective and/or preventive actions are also discussed during the audit.
Discussion now focuses on the classification, response time and nature of the action required.

Conformity

The state of specification as being *documented* and *implemented.*

Controlled

The state of a specification as being both *documented* AND *implemented.* Implemented includes the monitoring and evaluation, as necessary, by a designated person (or persons) for continued effectiveness.

Convening authority

- The person responsible for authorizing and overseeing an internal audit.
- Usually the Director of his delegate.

Safety and Quality Manager (SQM)

The person reporting directly to the President Director has overall corporate authority for the management of PT. Smart Cakrawala Aviation Safety/Quality System, monitoring functions, and corrective action implementation process.

Corrective Action
A system of Quality Assurance that develop corrective and preventive action as a way of continuous improvement.

Corrective Action Plan
A *corrective action plan* is any measure taken to rectify findings that are having an adverse effect on quality.

Daily Briefing
A *daily briefing* is a meeting given at a prearranged time each day to convey and discuss any findings observed during that day's auditing events. It is during this brief that any questions and/ or comments can be shared to clarify or answer the finding presented.
It is imperative that representatives from the audited company and/or unit be present to have the opportunity to help clarify any issues that may have been raised in error.

Documented
The state of a specification as being published and accurately represented in an operational manual, handbook or other official company medium.

External (3rd Party) Audit
An *external audit* is a quality assurance audit carried out by a specialist-auditing firm to independently evaluate the activities of the Company or its suppliers (e.g., an IOSA audit conducted on Smart Cakrawala Aviation by an Accredited Audit Organization).

Extrinsic Audit
An *extrinsic audit* is a safety assurance audit carried out by a client, regulatory authority etc., on Smart Cakrawala Aviation or an affiliated company to assess the activities against specified requirements.

Fact
Facts include a brief description of the incident or process deficiency using only substantiated factual information. Facts include information obtained through interviews or analysis of written evidence.

Final Report
A *final report* is issued to the Corporation Unit, or 2nd party supplier listing all findings and observations made (and agreed to by the appropriate divisions) during the audit. This report is issued for reference in the development of a Corrective Action Plan.

Findings/ Audit finding
Findings are issues raised by the auditor, which demonstrate a weakness or failure to conform to company standard processes or comply with regulatory requirements.
A *list of findings* is a summary of the facts and conclusions yielded through analysis. Findings may be divided into four categories:

1. **Critical** - when operator safety is compromised. A critical finding will require the operation or process to cease until it is rectified;
2. **Non-compliance** - when the operator is not in compliance with a **regulatory** requirement;
3. **Non-conformance** - when the operator is not in conformance with **company** processes; or
4. **Observation** - when a process is observed during actual visits to appear disjointed and in need of attention.

Implemented

The state of a specification as being activated, integrated, incorporated, deployed, installed, or made available as part of the operational system, and monitored and evaluated as necessary for continued effectiveness.

Internal (first party) Audit

An *internal (first party) audit* is a quality assurance audit carried out by PT. Smart Cakrawala Aviation to evaluate its own performance.

Management Review

At periodic intervals, top management must review the performance of the Safety Management System. Among the specified outputs of top management's review of the Safety Management System:

a. Decisions about whether the SMS requires updates or changes; the need for continual improvement of the product/service supplied to the customer; and

b. Decisions concerning allocation of the organization's resources to attain the quality policy and objectives.

Non-Compliance

A *non-compliance* event is when a specific regulatory requirement has not been fulfilled within an active process.

Non-Conformance

A *non-conformance* event is when a specific Company requirement or standard has not been fulfilled for an active process.

Noteworthy Programs

Specific programs or processes that have been identified by the Audit Team as particularly well structured, managed, and effective. This annotation is used to identify programs that significantly exceed the PT. Smart Cakrawala Aviation standard or are particularly innovative and should be of interest to other PT. Smart Cakrawala Aviation Business Unit.

Notification

Safety and Quality Manager will advise a Unit before a scheduled audit and will provide them with a copy of the audit checklist to be used. A tentative audit schedule will be published to assist management representatives with planning the staffing and other resources necessary for conducting a review and coordinating audits outside of peak operating periods.

Observations

- *Observations* are assessments being made by an auditor in relation to the health and efficiency of the system (activities, processes and/or record keeping). These are process deficiencies (risks) as identified utilizing a process-auditing tool, or
- A finding which relates to an unacceptable practice or concern but is not tied to a regulatory or company standard.

Objective Evidence

Objective evidence is the utilization of documented records and facts to verify the existence of a non-compliance or non-conformance. Objective evidence is also used to confirm the resolution of a corrective action plan.

Parallel finding/Safety Concern

A record demonstrating an error or problem exists within the company standards that would either officially induce or allow a nonconformance or safety situation to exist

Periodic

Recurring at regular intervals.

Opening Meeting

The *opening meeting* is conducted at the beginning of the on-site audit and is relatively brief, but provides the opportunity for all participants to clarify any conditions or problems relating to the audit plan.

At the opening meeting, the audit team leader will:

- Ensure the opening meeting agenda is passed out; ensure the audit team is introduced;
- Circulate an attendance sheet for the opening meeting;
- Provide an explanation of the purpose for the opening interview;
- Ensure minutes of the meeting are recorded;
- Introduce any observers with a brief outline of their role and the reason for attendance;
- Confirm the objectives and scope of the audit, ensuring that all concerned are aware of the applicable standards;
- Discuss the results of the document review;
- Confirm the working hours for the audit;
- Review the audit timetable;
- Confirm that any requests can be satisfied (for example, escorts and office facilities);

explain the documentation to be used in the audit (including checklists);

- Discuss the need, if any, for future daily meetings;
- Tentatively schedule a time and date for the exit meeting; and
- Assure the auditee of the level of confidence concerning the findings and results of the audit.

Problem Solving/ Process-Improvement Model - from *The Memory Jogger II,* Michael Brassard & Diane Ritter, GOAL/QPC 1994.

There are many standard models for making improvements. They all attempt to provide a repeatable set of steps that a team or individual can learn and follow. The Improvement Story-board (Plan, Do, Check, Act) is only one of many models that include typical steps using typical tools.

Plan:

1. Select the problem / process that will be addressed first (or next) and describe the improvement opportunity.
   a) Look for changes in important business indicators;
   b) Assemble and support the right team;
   c) Review Customer data; and
   d) Narrow down project focus. Develop project purpose statement.
2. Describe the current process surrounding the improvement opportunity.
   a) Select the relevant process or process segment to define the scope of the project; and
   b) Describe the process under study.
3. Describe all of the possible causes of the problem and agree on the root cause(s).
   a) Identify and gather helpful facts and opinions on the cause(s) of the problem; and
   b) Confirm opinions on root cause(s) with data whenever possible.
4. Develop an effective and workable solution and action plan, including targets for improvement.
   a) Define and rank solutions;
   b) Plan the change process: What? Who? When?
   c) Do contingency planning when dealing with new and risky plans; and
   d) Set targets for improvement and establish monitoring methods.

Do:

5. Implement the solution or process change.
   a) It is often recommended to try the solution on a small scale first; and
   b) Follow the plan and monitor the milestones and measures.

Check:

6. Review and evaluate the result of the change.
   a) Confirm or establish the means of monitoring the solution. Are the measures valid?
   b) Is the solution having the intended effect? Any unintended consequences?

Act:

7. Reflect and act on learning's.
   a) Assess the results and problem-solving process and recommend changes;
   b) Continue the improvement process where needed; standardize where possible; and
   c) Celebrate success!

Purpose

The *purpose* of a procedure describes the essential and fundamental reason for the procedure's existence.

Safety/Quality Assurance

All those planned or systematic actions necessary to provide adequate confidence that a product or service will satisfy given requirements and will include a continuing evaluation of adequacy and effectiveness with a view to having timely corrective measures and feedback initiated where necessary.

Safety/Quality Audit

A safety/*quality audit* is a systematic and independent examination to determine whether quality activities and related results comply with planned arrangements, and whether these arrangements are implemented effectively and are suitable to achieve objectives - ISO/DIS 8401 (1992).

There are four (4) types of Quality Audits:

1) **System Audit**: A documented activity performed to verify, by the examination and evaluation of objective evidence, that applicable elements of the quality system are suitable and have been developed, documented and effectively implemented in accordance with specified requirements - ANSI/ASQ A3 (1987). A quality system audit is characterized by its emphasis on the macro nature of the organization's quality management system: it is "*an inch deep but a mile wide*" in scope.

2) **Process Audit**: Where the quality system audit is general in nature, the process audit is much more narrowly defined. Unlike the system audit, the process audit is "*an inch wide but a mile deep*" in scope. It revolves around verification of the manner in which: people, material, machines, etc. combine to produce a product. Process audits can be summed up in two key words - appraisal and analysis.

3) **Product Audit**: A product audit is a detailed inspection of a finished product performed prior to delivering the product to the customer.

4) **Compliance Audit**: The compliance audit centers on comparing and contrasting written source documentation (usually the contract) to objective evidence in an attempt to prove (or disprove) compliance with that source documentation. It is a "say what you do - do what you say" type of audit.

Quality Control
Specific methodology used to ensure that process outcomes are consistently meeting required specification standards.

Quality Inspection
The primary purpose of a *quality inspection* is to observe a particular event/action/document, etc., in order to verify whether established operational procedures and requirements are followed during the accomplishment of that event and whether the required standard is achieved.

Safety/ Quality Objectives
Quality Objectives are based on the Safety Quality Policy and make the generalized goals stated in the Quality Policy more specific. They must be defined, measurable and appropriate throughout the organization.

Safety /Quality Policy
A commitment by President Director as to what the Safety/Quality System is intended to achieve, and reflects the achievement and continued compliance with appropriate government regulations together with additional standards specific to the airline.

Root Cause
The most basic cause (or causes) that can reasonably be identified that management has control to fix and, when fixed, will prevent (or significantly reduce the likelihood or consequences of) the problem's recurrence.

Root Cause Analysis
A structured questioning process that enables people to recognize and discuss the underlying beliefs and practices that result in poor quality in an organization. Effective root cause analysis requires both the use of a variety of methodologies and the adoption of a taxonomy of root causes that digs deep enough to foster discussion about the real root causes of problems. This is normally done as part of the Plan phase of the Problem-Solving / Process-Improvement Model by subject matter experts within the Business Unit. It begins with a description of all the possible causes of the problem and ends with agreement on the root cause(s), i.e., identify and gather helpful facts and opinions on the cause(s) of the problem and then confirm opinions on root causes with data whenever possible. Corrective actions can then be fashioned using various Quality Management Tools.
Root causes may reside in the values and beliefs of an organization.

Recommendation
A *recommendation* is an informed opinion expressed by the auditor to help improve the quality of the system. *Recommendations* are a list of corrective or preventive actions appropriate to the organization. Recommendations may include implementation of specific Best Practices or management techniques used to improve the process.

Response Time

Response time is the time given to reply to findings presented. It also allows for a timetable to be constructed for implementing a Corrective Action Plan.

Scope

The *Scope* describes the depth of the audit. It provides boundaries, which helps focus the purpose of the audit.

Second Party Audit

A *second party audit* is an audit conducted by Smart Cakrawala Aviation to evaluate the activities of a supplier/contractor.

Taxonomy

A taxonomy is a method for organizing and classifying information. A body of knowledge, such as quality, is often organized by a taxonomy that seeks to identify major categories, which may include an organization's belief system (e.g., placing budgetary schedule ahead of quality or schedule considerations ahead of quality) - John Dew, *The Seven Deadly Sins of Quality Management,* Quality Progress, September 2003.

Third Party Audit

Third party audits are external audits which are performed by independent (disinterested) external organizations, customers, authorities and other external parties. Third party audits are used to determine whether or not an organization complies with regulations and standards.

Unscheduled Audit

An *unsheduled audit* is a Safety Assurance Audit prompted by significant changes in a Smart Cakrawala Aviation's quality system, procedures, or route structure. It may also be required after an accident or incident, or as follow-up action to a Corrective Action Plan.

Vendor

A *vendor* is an individual or company that provides a product or service that affects an operating Unit (this is the same as a *Second Party Audit).*

2. QUALITY SYSTEM

2.1 PT SMART CAKRAWALA AVIATION

2.1.1. General

PT Smart Cakrawala Aviation Quality System will ensure that Flight Operations, Ground Operations, Maintenance activities conform to the standards specified by PT Smart Cakrawala Aviation as laid out in the respective.

PT Smart Cakrawala Aviation Quality System includes a feedback system to the Accountable Manager to ensure that corrective action shall both be identified and promptly addressed. The feedback system shall also specify who is required to rectify discrepancies and non- compliance in each particular case, and the procedure to be followed when remedial action is not completed within an appropriate time scale.

PT Smart Cakrawala Aviation Quality Assurance Program is independent and an ongoing process designed to identify potential problems areas, to advise and follow remedial actions.

PT Smart Cakrawala Aviation Quality System has been integrated within the entire operations and it is not to be considered as the reasonability of a person or department.

2.1.2 Purpose

The Quality System enables PT Smart Cakrawala Aviation to monitor compliance with standards, regulations, procedures and policies in the Company Manual and other standards specified by PT Smart Cakrawala Aviation to ensure a safe and quality lead operation.

2.1.3 Scope

The Quality and Safety Department guarantees and ensures that every training implementation of the Quality and Safety Officer and the Quality and Safety Manager will be updated in a new file.

As a minimum, the PT Smart Cakrawala Aviation Quality System under Safety and Quality Department addresses the following:

a. Quality Policy and Objective
b. Quality Assurance Program
c. Corrective and Preventive Action
d. Management Review Meeting

2.1.4 Continual Improvement

Continual improvement is an ongoing effort to improve products, services or process. These efforts can seek "incremental" improvement over time or "breakthrough" improvement all at once. Among the most widely used tools for continuous improvement, PT Smart Cakrawala Aviation uses a four- step quality model-the plan-do-check-act (PDCA) cycle:

PLAN

Identify an opportunity and plan for change. After discussion with unit concerned and agreed upon recommendations/remedial action, Safety and Quality Manager then might issue a Quality Notice to address change and/or improvement in company policy, procedures, and process.

DO

Implement the process in accordance with established standards.

CHECK

Use data to analyze the results of the change and determine whether it made a difference.

ACTION

If the change was successful, implement it on a wider scale and continuously assess your results. If the change did not work, the cycle is started again

2.2 QUALITY OBJECTIVES AND INDICATORS

2.2.1 Overview

A quality objective is a quality-oriented goal. A quality objective is something the department aims for or tries to achieve.

Quality objectives are generally based on or derived from an organization's quality policy and must be consistent with it and are formulated to be relevant for all functions and levels within the organization.

Quality objectives apply to all indicators and parameters to be followed up to ensures an adequate reporting system concerning the quality of all operational activities of PT Smart Cakrawala Aviation.

Each department manager is responsible to define and agree with Safety and Quality Manager the quality indicators, and parameters to be followed up concerning the activities in his/her department.

Quality indicator is a measure of the performance of the company. The quality indicators reflect the goals to be achieved.

2.2.2 Quality Objectives

Safety and Quality Manager will ensure that quality objectives are established at relevant functions and levels within operational department of PT Smart Cakrawala Aviation. The achievement and effectiveness of Quality Objectives will be reviewed periodically, every twelve months, in Management Review Meeting.

Quality Objectives shall be consistent with the Quality Policy. PT Smart Cakrawala Aviation has defined the following Quality Objectives :

a. Improve Organization Compliance with Current and Applicable Regulations;
b. Reduce the Average Time for Completing Corrective Actions;
c. Completion of Planned Training Program for Each Department;

2.2.3 Quality Indicator

Quality Indicator is a measurable indicator to monitor the performance of the company and linked with the quality objectives. Additional Indicator may be added for company monitoring purposes.

Quality Indicators will have associated target to be evaluated. PT Smart Cakrawala Aviation has defined the following Quality Indicators:

a. Number of Internal Audit Conducted per Year
b. Number of Significant Finding (Level 1 – Non-Compliance Finding)
c. Average Time for Completing Corrective Actions
d. Number of New Standard Operating Procedures Created (each Department),

whenever a new SOP is required.

e. Number of Training Conducted vs Training Planned (Each Department)
f. Number of Management Review Meeting/Safety Review Board
g. Number of Training or Briefing Conducted for New Tools/Equipment Familiarization.

2.2.4 Follow-Up of The Objectives and Indicators

The achievement of the Quality Objectives will be monitored by Safety and Quality Department. Safety and Quality Department will use Quality Indicator and associated target in monitoring activity. The indicators and targets will give a specific and measurable means to measure the achievement of Quality Objectives. The achievement will be reviewed for every twelve (12) months in the Management Review Meeting and published in the company.

2.2.5 Corrective Actions and Preventive Measures

In the case that the results are very different from the defined objectives, the Safety and Quality Manager will conduct an analysis and decide on the corrective/preventive actions and/or the preventive measures to be taken. The Department Manager concerned is responsible for the follow up of these corrective actions and/or preventive measures.

Corrective actions and/or preventive measures will be discussed in Management Meeting anda PIC will be assigned to be responsible for action and measure.

2.2.6 Records

Records of Control and Follow Up of the Quality Objectives will be stored in the Safety and Quality Department and related department in hard or soft copy permanently. The documents are:

a. Evidence of Quality Objective Achievement;
b. Records of Quality Indicators monitoring and associated Targets.

2.3 REFERENCE DOCUMENTATION

The documents on which the quality system is established based on the following:

a. Civil Aviation Safety Regulations (CASR) of Republic of Indonesia
b. International Civil Aviation Organization (ICAO) Annex and Standard and
c. Recommended Practices
d. Quality Management System (QMS)

And PT Smart Cakrawala Aviation's company manuals:

a. Safety Management System Manual
b. Operations Manual
c. Company Maintenance Manual
d. Departmental SOP's

2.4 RECORD KEEPING

All PT Smart Cakrawala Aviation Quality record or documents will be kept in a paper/hard copy format and will be stored in the PT Smart Cakrawala Aviation's Head Office. For training records are used to listing the records of training and qualification status including its capability of the personnel in performing their tasks. Detail training records files are based on each one individual operation and maintenance personnel kept current and retained by the Operation Department and Technical Department.
Records or documents Safety and Quality Department that will be kept are as follows:

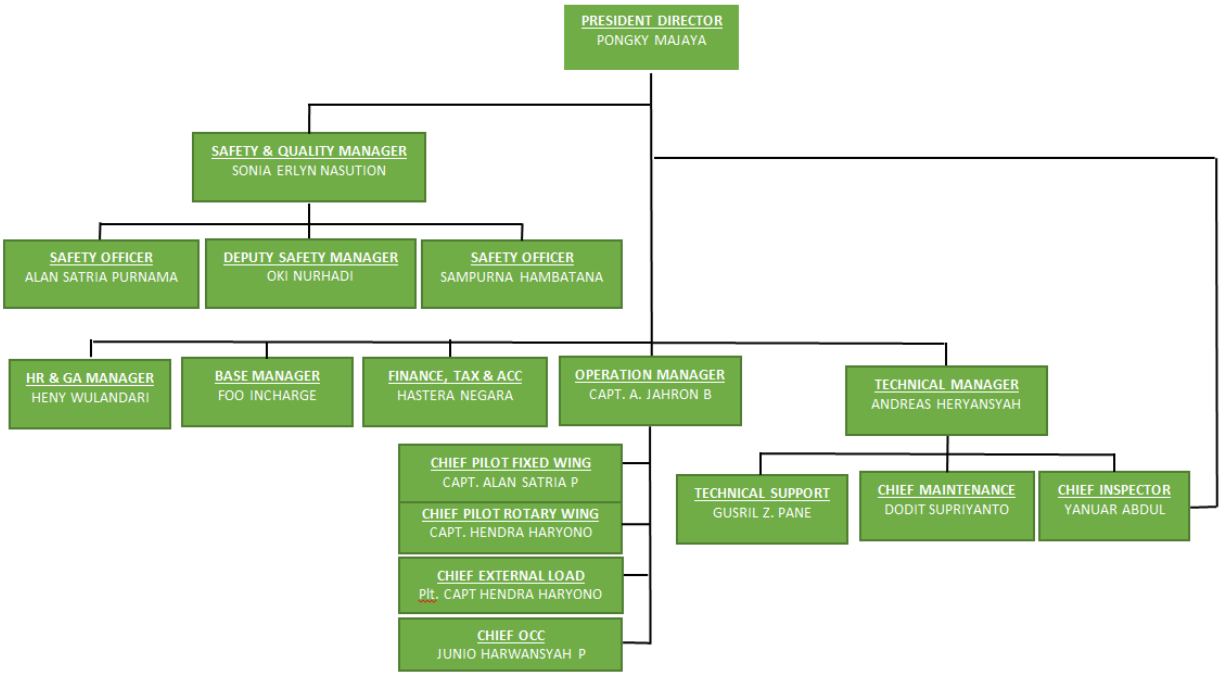
RECORDS	PERSON IN CHARGE	RECORD KEEPING PERIOD
Quality Objectives and Target	Safety and Quality Manager	1 year
Management Review Meeting	Safety and Quality Manager	1 year
Quality Personnel Records	Safety and Quality Manager	1 year
Audit Plan	Safety and Quality Officer	1 year
Audit Report	Safety and Quality Officer	1 year
Finding, Root Cause Analysis and Corrective Action Plan	Safety and Quality Officer	1 year
Audit Follow Up and Corrective Action Evidence	Safety and Quality Officer	1 year
Safety and Quality Notice	Safety and Quality Officer	1 year

The Person in Charge of each record will also be responsible to review the record's accuracy and completeness. Each record will be classified into groups and placed into folders/binders.

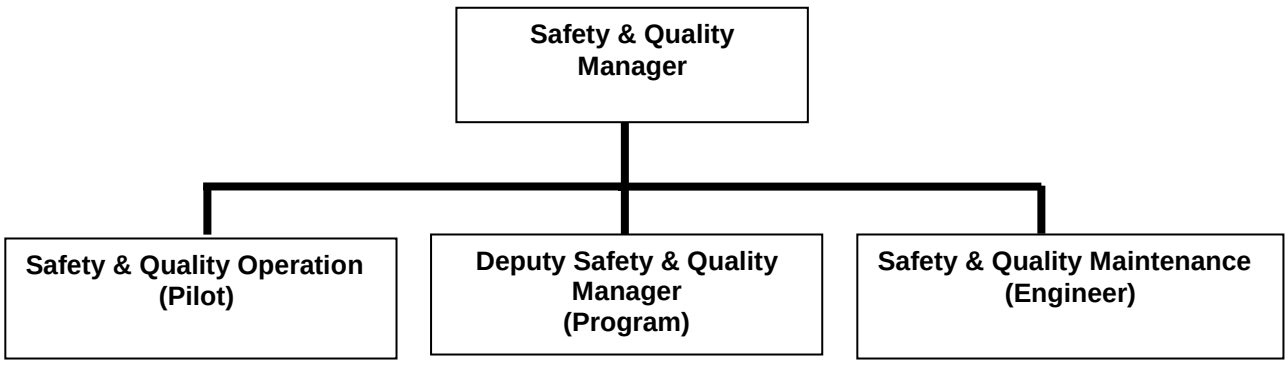
Retrieval of certain record or documents shall be under permission from Person in Charge of each record.

3. ORGANIZATION AND MANAGEMENT

3.1. ORGANIZATION STRUCTURE OF PT SMART CAKRAWALA AVIATION



3.2. ORGANIZATION STRUCTURE OF SAFETY AND QUALITY DEPARTMENT



3.2.1 Safety and Quality Department Profile

Safety and Quality Department is one of the Departments in PT Smart Cakrawala Aviation which responsible for establishing, developing and maintaining Safety Management System (SMS) and Quality System.

Responsibilities for Safety and Quality Department, related to Quality System, are:

a. The Quality Assurance Internal and External Audit Program will be set and conducted on an annual basis.
b. Plan and Implement Quality Training Program to ensure personnel who plan, implement,monitor, evaluate, and follow up on issues related to quality has met the appropriate qualification standards.
c. Implement a regular management review to evaluate the organization's Quality

Management System are planned intervals and to ensure its continuing suitability, adequacy and effectiveness. The result of this meeting will be reported to the President Director.

3.3 DUTIES AND RESPONSIBILITIES OF QUALITY MANAGEMENT RELATED PERSONNEL

3.3.1 President Director (Accountable Manager)

President Director of PT Smart Cakrawala Aviation is responsible for the general leadership, ensuringthe profitable long-term development of the company, development and execution of annual plans, marketing and contracting, approval of purchases and expenditures as well as the objectives to be pursued to ensure a continuous improvement of the company's safety and efficiency performance.

a. The President Director is the Accountable Manager, and he is responsible for ensuring the entire operation of the company in compliance with standards required by the DGCA Indonesia.

b. He is responsible to ensure that the necessary finance, manpower resources and facilities are available to enable the company to perform the company operation to which it is committed for and any additional work which may be under taken.

c. The President Director shall have the ultimate authority and responsibility to ensure compliance with all laws, regulations, and rules governing company operation.

d. Has the overall responsibility for the management of the Quality System, including the frequency, format and structure of the internal Management Evaluation activities.

e. Developing and signing PT Smart Cakrawala Aviation Safety Policy and Quality Policy statement.

f. Shall establish a quality system and nominate Safety and Quality Manager to monitor compliance with, and adequacy of the procedures required to ensure safe operational

practices and airworthy aircraft.

g. Ensures that the quality audit corrective actions are accomplished in compliance with the Quality Assurance Procedures.

h. Has the ultimate responsibility for resourcing the corrective actions and ensuring, through the Safety and Quality Manager, that the corrective actions have met the standards required by the DGCA and the additional requirements defined by PT Smart Cakrawala Aviation

i. Chair the Management Review meetings.

j. Review outstanding Quality Actions as part of the Quality Management System.

3.3.2 Safety and Quality Manager

The Safety and Quality Manager is responsible to the President Director for the Company Safety Management System and Quality System. For Quality System, he/she is responsible for:

a. Establishing, developing and maintaining an independent Quality Assurance program to monitor compliance with and the adequacy of procedures required to ensure safe operational practices and airworthy aircrafts.
b. Maintaining close liaisons with the Directorate General of Civil Aviation (DGCA) and National Transport Safety Commission (NTSC).
c. Maintaining close liaisons with industry safety associations.
d. Maintaining quality policies and procedures in compliance with DGCA requirements.
e. Establishing suitable personnel and procedure to carry out Quality Audits as detailed in this manual.
f. Promoting quality assurance issues and quality mind set to all employees.
g. Performing an annual review of the Quality Assurance Program and advice on steps to improve.
h. Performing a review of the implementation and relevance of the quality assurance manual.
i. Monitoring and keeping up to date on all changes regarding regulations and standards.
j. Preparing company audit plan or program.

Qualifications required:

a. Employed by the company as a fixed employee (on full time basis)
b. Has a 2 (two) years of experience in Quality and/or Safety industries.
c. Must be familiar with the content of SMS Manual, Quality Manual Operations Manual and Company Maintenance Manual.
d. Has a sound knowledge of the Aviation Regulations, Air Operator Certificate (AOC),

operations specifications, and the company operations and technical manuals.

e. Has received specialized training in Quality Assurance to prepare him for the duties and responsibilities.
f. Possess an operational management experience.

3.3.3 Safety and Quality Officer

Quality Officer is responsible to the Safety and Quality Manager. He/she is responsible for:

a. Preparing the necessary audit team.
b. Preparing standard practices and procedure for use within the organization, derivedfrom appropriate sources, and keeping them up to date.
c. Keeping all the records of the company auditors.
d. Compiling and documenting all the audit reports and results
e. Assisting in performing an annual review of the Quality Assurance program and advice steps to improve.
f. Assisting in performing a review of the implementation and relevance of the quality manual.
g. Monitoring and keeping up to date on all changes regarding related regulations and othercompany requirements.

Qualifications required:

a. Good working records; attitude; integrity
b. Good analytical/evaluating skills; leadership; teamwork; comprehensive description in verbal and written; listening/understanding skill..
c. Knowledge in aviation rules and regulations (CASR).
d. Knowledge in flight and/or technical manual and operations.
e. Knowledge in auditing procedure and technique.

3.3.4 Auditors

Based on PT Smart Cakrawala Aviation size, nature and complexity of its operations the auditor may include personnel from other department in PT Smart Cakrawala Aviation (Operations or Maintenance) and will be trained for Internal Quality Auditor as described in this manual. Assigning auditors from other department for an audit program will be with an approval from associate manager. As the commitment to Quality System, PT Smart Cakrawala Aviation will ensure the quality function takes precedence for auditors with responsibility in other functional areas.

The auditor will be responsible to Safety and Quality Manager. Auditor is responsible for:

a. Preparing the audit checklist according to the manuals and additional requirements

to evaluate the field to be audited.

b. Performing evaluations, audits, and inspections as a part of quality assurance program and in the event of special cases, so as to:
   - Identify and record any findings and concerns,
   - Collect the evidences for related findings or concerns,
   - Find out and recommend solutions to the findings or concerns,
   - Advise a reasonable time scale for findings or concerns,

c. Reporting the results of auditing, bringing any findings or concerns to the attention of theperson concerned and the safety and Quality Manager.
d. Verifying that effective corrective and preventive actions takes place, within set timescales.

Qualifications required:

a. Has been trained Auditor procedures and technique.
b. Good working records; attitude; integrity.
c. Good analytical/evaluating skill; leadership; team work; comprehensive description inverbal and written; listening/understanding skill.
d. Knowledge in aviation rules and regulations (CASR).
e. Knowledge in flight and/or technical manual and operations.
f. Relevant operational and/or maintenance experience.

3.4. COMMUNICATION SYSTEM

Safety and Quality Department has a communication system that unable and ensure an exchange of operationally relevant information including deficiencies and other significant issue throughout the management system and the areas where operations and activities are conducted.

Methods of communication will vary according to the size and scope of the different departments.

The Safety and Quality Department will disseminate Quality information to management and non-management in the following ways:

a. PT Smart Cakrawala Aviation Meetings (Management Review Meeting)
b. Internet, Inter Office Memo’s, E-mail, Short Messages Services (SMS)
c. Safety & Quality Notice.

4. QUALITY ASSURANCE PROGRAM

4.1. INTRODUCTION

4.1.1. Definition and Explanation

Quality Assurance is part of quality management systems focused on providing confidence that quality requirement will be fulfilled. The Quality Assurance Program includes all those systematic measures needed to ensure that Company operations is well planned, organized, maintained, developed and supported in accordance with DGCA regulations and PT Smart Cakrawala Aviation own additional standards.

The most important objective of Quality Assurance Program is to eliminate or reduce the number of deviations from policies and standards. This is also a primary objective of the Quality Management System.

PT Smart Cakrawala Aviation Quality Assurance Program has been prepared to ensure regulatory compliance with the DGCA and PT Smart Cakrawala Aviation additional requirements, by achieving operational standards based on regulations and standards mentioned above.

The Quality Assurance Program includes all planned and systematic action necessary to provide confidence that all operations, maintenance and ground handling are conducted in accordance with all applicable requirements, standards, and procedures.

4.1.2. Quality Assurance Program

PT Smart Cakrawala Aviation Quality Assurance Program provides for the audit and evaluation of the management and control system and to ensure the organization is:

a. Complying with applicable regulations and standards of the company
b. Satisfying stated operational needs
c. Identifying areas requiring improvement
d. Identifying hazards to operations
e. Assessing the effectiveness of safety risk controls

The Quality Assurance Program ensures a scope of auditing that encompasses all areas of the organization that impact operational quality. Departmental processes and effective methods of oversight within PT Smart Cakrawala Aviation and those external to PT Smart Cakrawala Aviation will be audited.

Audit program includes:

a. Audit initiation, including scope and objectives;
b. Planning and preparation, including audit plan and checklist development;
c. Observation and gathering of evidence;
d. Analysis, findings, actions;

e. Reporting and audit summary;
f. Follow-up and close out

The audit process typically includes a means whereby the auditor and responsible personnel from the audited area have a comprehensive discussion and reach agreement on the findings and corresponding corrective actions. Clear procedures may be established to resolve any disagreement between the auditor and audited area.

All action items require follow-up to ensure closeout within an appropriate period of time.

4.2. QUALITY AUDITOR TRAINING

Quality Auditors will be trained on the Quality System and related topics to meet PT Smart Cakrawala Aviation requirements for qualified auditors. Training will be conducted In-House and for selected or nominated employee from all departments.

4.2.1. Training Objective

Upon completion of the training, Quality Auditors will understand the basic principles of auditing and aware of the area or scope of Internal Audit and related regulations. The Quality Auditor will also be able to prepare audit program and audit report.

4.2.2. Curriculum

Initial Training

DAY	HOURS	TRAINING SYLLABUS
1	**8**	1. Regulations: • ICAO Annex • UU No. 1 Tahun 2009 Aviation Law • Related Indonesia Civil Aviation Safety Regulations (CASR) • Related Indonesia DGCA Staff Instructions and Advisory Circulars 2. Company Manuals and Procedures: • Operations Manual Part A, B, C and D • Company Maintenance Manual • Quality System Manual • Safety Management System Manual • Dangerous Goods Handling Manual • Aircraft Operator Security Program • Minimum Equipment List (MEL) • Maintenance Program • Cargo Handling Manual

2	**8**	1. Quality System PT Smart Cakrawala Aviation 2. Quality Management System (QMS) Awareness 3. Auditing Overview: • Audit Types • Audit Function and Objectives • Audit Ethic and Professional Standard
3	**8**	1. Developing Audit Program; 2. Audit Procedures: • Audit Planning • Document Review • Pre-Audit Activities
4	**8**	1. Audit Procedures (continued): • On-site Audit • Audit Report Preparation • Audit Follow Up 2. Exam / Test

4.2.3. Recurrent Training

Recurrent Training for Quality Auditor will be conducted on interval not exceed 36 months. The content of the training will be similar with the initial training and include any applicable changes in regulations and auditing or quality procedure.

4.2.4. Courseware

a. Quality Manual
b. Related CASR
c. Related SI and AC
d. Other applicable material as necessary

4.2.5. Instructional Delivery Methods

Lecture, slides, and videos.

4.2.6. Training Environment

Classroom.

4.2.7. Record Keeping

Each participant has to fill the attendance record; the record will be kept by Safety and Quality Department. Training participant who successfully complete the training (pass

the exam) will be presented a certificate of completion. Records will be retained as long as the employee works with PT Smart Cakrawala Aviation.

4.3. AUDIT PLAN

PT Smart Cakrawala Aviation's audit plan will be prepared by Safety and Quality Department.

A bi-annual (2 years) audit plan will cover all necessary areas within operations and maintenance department, operations station related Sub Contractor.

The Audit Plan will be discussed in Management Review Meeting and approved by the President Director.

The performance or implementation of the Audit Plan will be monitored by the Safety and Quality Manager.

Any special or unscheduled audit may be added when trends, specific incidents, changes in technology or procedures require a monitoring audit to verify the implementation of corrective actions and their effectiveness.

The frequency of the audits may be increased according to the needs. The results of previous audits and any significant incident will be taken into account for the preparation of Audit Plan.

4.4. AUDIT SYSTEM

An Audit is a systematic and independent comparison of the way in which an activity is designed and conducted in comparison with the applicable requirements.

The basic objectives of the Audits are:

a. To verify whether the way in which the operational and maintenance activities are beingconducted comply with the published procedures.
b. To enable PT Smart Cakrawala Aviation to detect possible deviations from set directive rulesand standard that have been established.
c. To determine the effectiveness of the Quality System.
d. Audits are performed according to the audit plan and at least the following areas will becontrolled in the audits.

4.4.1. Maintenance

a. Management and Administration
b. Approvals, Manual and Procedure
c. Training Program and Records
d. Aircraft and Technical Record System
e. Maintenance Facilities
f. Weight and Balance Procedures
g. Contractual Arrangement
h. MEL Management Program
i. Maintenance Program

j. Reporting Procedure and SDR
k. Part & Tools Control
l. Fuelling and Defueling

4.4.2. Operations

a. Management and Administration
b. Approvals, Manual and Procedure
c. Operation Control System
d. Training Program and Record
e. Aerodrome/Airstrip, Route Data and Record
f. Flight Procedures

4.4.3. Stations

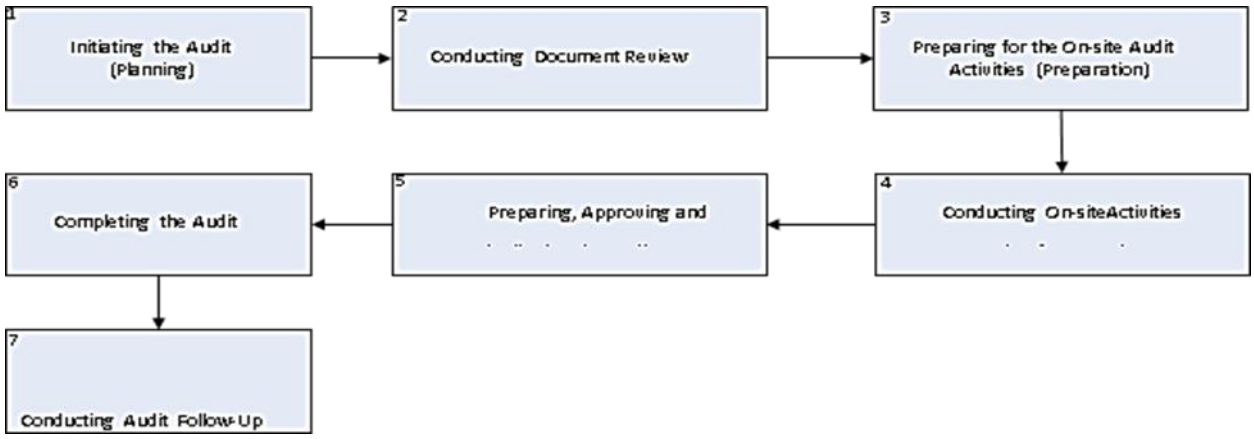
a. Flight Operations (FLOPS)
b. Line Maintenance
c. Station Facility
d. Warehouse
e. Ground Handling
f. Dangerous Goods Handling

4.4.4. Dangerous Goods

a. Management and Administration
b. Approvals, Manual and Procedure
c. Training Program and Record
d. Emergency Procedure and Occurrence Follow-Up

4.5. AUDIT PROCEDURES

The general procedure includes the preparation and development of all phases for each audit, conducted in accordance with the timetable, it is documented on forms approved for this purpose, is consolidated in the Plan as completed and integrated into the overall audit file.



4.5.1. Initations

The Safety and Quality Manager and/or Quality Officer are appointing as the team leader, selecting the audit team, and defining the audit objectives, scope and criteria logistics data gathering.

4.5.1.1. The Audit Team

The audit team will make sure that the task can be carried out effectively and economically in the shortest practicable period, with the minimum of manpower and resources. Auditors selected must not audit their own work. Minimum member of audit team necessary for conducting PT Smart Cakrawala Aviation internal audit is 2 (two) members, consist of team leader / lead auditor and auditor.

a. Responsibilities:

1) Team leader / lead auditor responsibilities:

- overall responsibility for all stages of the audit
- Notify team members of scope, logistics and responsibilities
- Allocate tasks to team members
- Direct team efforts in audit preparation
- Ensure availability of all parties
- Chair the opening meeting
- Final decision on audit conduct

- Final decision on nonconformities
- Chair the closing meeting
- Submit final report
- Make follow-up verification /surveillance arrangement

2) Auditor Responsibilities:

- Cooperation with/and support team leader
- Be available for the planned start of the audit
- Participate in the opening meeting
- Carry out assigned responsibilities effectively and efficiently
- Keep to planned timetable
- Document all observations
- Present observations to other team members
- Assist the team leader to report the audit results
- Prepare nonconformity report as requested by team leader
- Safeguard all documents relating to the audit
- Maintain the confidentiality the audit and audit results

3) Auditee responsibilities

- Provide explanation/information during the audit
- Provide records of compliance with requirements, as requested Accept nonconformities for action
- Investigate nonconformities and decide with root cause analysis for anycorrective actions within timescales
- Implements corrective actions and confirm they are effective

4.5.1.2. Audit Scope

The scope of the audit is based on the PT Smart Cakrawala Aviation's audit plan. The audit willconsider system adequacy (document review) and then be developed into one of reviewing compliance with documented procedures.

4.5.2. Document Review

At this stage of audit, the audit team will review relevant documents, including records, and determining their adequacy with respect to audit criteria. In overall terms the preparation phase of an audit will involve gathering as much information as possible about the area and activities that will be assessed prior to the audit.

The purpose of reviewing and checking the documents before the site audit is to:

a. Provides background information - this information can be used for the site audit preparation

b. Saves time on site - information that needs to be provided but may not need discussing(such as licenses, qualifications)
c. Frees up time at the site audit for questioning and inspection

4.5.2.1. Desktop Audit

On the process of obtaining and evaluating the latest applicable documentation against the stated criteria, commonly referred to as the "Desk- top Audit", these following points may be used by the audit team but not limited to:

a. Review the company files to gain an understanding of current and past events / occurrences making notes and flag items for further reference;
b. Review the auditee (department) manuals against the applicable requirements. The manuals could be reviewed will include: Operations Manual, Maintenance Manual, Dangerous Goods Handling Manual, Operating Certificate, Operations Specifications, Operating Procedures, Work Instructions, etc., making notes and flagging items for further reference. The manuals describe how the organization intends to comply with all relevant CASR;
c. During the documentary review, record anything and everything that may be non-compliance, suspect or curious.

The following questions will also assist in assessing the company's, documentation:

a. Scope: Is there a scope statement identifying what each procedure/description covers? Does it include the purpose?
b. Completeness: Are all the activities described?
c. Language: Does the documentation written in language that can easily be understood by the people who have to read it, follow it or implement? Is it simple and practical? isit free of all ambiguity "double talk" and conflicting statements.
d. Responsibilities: Does it clearly specify who is responsible for what?
e. References: Are the required documents and records identified and their use explained?
f. Forms: Are sample forms included and referenced in the descriptions?
g. Review: Are there arrangements to ensure that the documentations is reviewed bythe appropriate people? Is there a mechanism for ensuring the documentations kept current, up to date and properly supported?
h. Access: Does it clearly identify all the areas and individuals that might need access to the documentation and ensure that access?
i. Changes: Is there provision to ensure that all changes receive the same care and authorization as the original?
j. Obsolete Documents: Is there provision for removal of obsolete documents?

After the Desk-top audit, the audit team will continue to:

a. Reviewing previous audit records where applicable.
b. Starting to compile checklist from procedures to be audited.

c. Preparing the site audit plan / timetable as required.

d. Reporting the results of the Desk-top Audit to the auditee or person responsible. Atthis stage, the site audit date(s) are usually agreed.

4.5.2.2. Document Review Report

Once the desk-top compliance audit has been completed a document review report maybe raised. The report may record:

a. **Deficiencies**, items that don't satisfy standard requirements.

b. **Ambiguities**; discrepancies or areas difficult to understand;

c. **Anything** and everything suspect or curious;

d. Areas that are uncontrolled; and

e. Areas requiring clarification.

If any documentation problems do exist then these must be pointed out to auditee to enable them to review and implement the necessary revisions.

If time permitted, these revisions will be submitted for a "mini" desk-top audit to ensure that the system is totally adequate prior to the site visit.

4.5.3. Preparation On Site Audit Activities

A fundamental part of audit preparation is getting a clear picture of the functions to be audited and understanding the criteria against which the audit findings will be measured.

This can come as a result of a document review and the gathering of necessary data through previous audit results, significant Non-Conformities and Corrective Actions.

Information can also include any risk information brought from safety management program and discussions with interested parties. The Lead Auditor could as well establish contact withthe auditee to gather more information and confirm or expand any previous ideas to ensure that a professional audit can be carried out and no critical points are overlooked.

All this information is vital in preparing an effective audit checklist.

4.5.3.1. The Audit Checklist

Checklists perform four functions valuable to the auditor:

a. The preparation of the checklists causes the auditor to read the procedures and gives an additional insight into the "flow" of the activity being described.

b. They are a "tool" that focuses on the essential operation and activities. They allow an auditor to investigation unforeseen items and still return to the audit "plan."

c. They are a point of reference to procedural statements that may have to be consulted during the audit.

d. They provide a basis for recording all objective evidence seen and, therefore, provide a record of audit.

A checklist should consist of simple words or phrases that are enough to assist the auditor in terms of who, what, where, when and how regarding procedures as described in the manuals.

Some key items that would appear on an audit checklist are:

a. The critical points of the process

b. The personnel to be interviewed

c. he records that need to be sighted or pointed out as reference

4.5.3.2. The Audit Timetable

The audit timetable is essential to:

a. Allow the auditee to understand which staff must be available for interview and arrange for this to be possible.

b. Allow the Audit team (if used) to understand the "flow" of the site visit.

The timetable should include:

a. The Opening Meeting

b. The areas/activities to be reviewed

c. The allocated audit time for each area/activity

d. The auditor and auditee responsible

e. The Closing Meeting

4.5.3.3. Audit Confirmation

After all the necessary arrangements have been made for the up-coming audit, an Audit Assignment Letter will be prepared and signed by the President Director as the Accountable Manager.

The Audit Assignment Letter will include:

a. Scope and Objective of the audit;

b. The date, time and place of the audit;

c. List of the audit team members;

The letter will be sent, along with the audit team table, at least two weeks prior to the audit. Any additional information could also include the following information:

a. Any document review findings,

b. Applicable reference documents,

c. The techniques and methods to be used,

d. Any need for escorts or accommodations; and

e. A list of key personnel to attend the entry and exit meetings.

4.5.3.4. Team Briefing

Prior to the actual on-site audit, the audit team leader will meet with the audit team for a final briefing. An agenda for such a briefing should be prepared to ensure that the team Leader:

a. Clearly explain the roles & responsibilities to team members

b. Clearly explain objectives of the audit to team members

c. Clearly explain the purpose & scope of the audit to team members

d. Communicate the requirements of the audit plan and schedule to the team members

e. Discuss and clarify the methods and techniques to be used during the audit

f. Clearly address any questions or concerns regarding the planned audit A record of thisdiscussion will be kept in the audit file.

4.5.4. On Site Activities

On-Site Audit Activities can be separated into four activities:

a. The Opening Meeting.

b. The Examination of the system.

c. The Review of the findings.

d. The Closing Meeting

4.5.4.1. The Opening Meeting

The purpose of this meeting is to:

a. Bring the different persons into contact with each other

b. Receiving a short summary from the auditor of the methods and procedures to be usedin conducting the audit.

c. Agreeing the methods of communication between the auditor and the personnelconcerned

d. Confirming the arrangements for the closing meeting between the auditor and thepersons responsible for the area/task/function subject to audit

e. Confirming the audit program and clarifying unclear details.

Attendees:

a. Audit team

b. Auditee

Content of the opening meeting:

a. Introduction
b. Scope
c. Work schedule
d. Reporting method/timing
e. Domestic arrangements (office accommodation, meals, etc.)
f. Questions
g. Confidentiality

4.5.4.2. Examination of The System

In the examination phase, the auditee level of conformance with regulations and standardscontained appropriate manuals will be assessed. The following are possible means of examination:

a. Audit Checklists

The prepared checklist will give guidance to check whether the pre- determined area to be evaluated is being properly controlled and designed. Based on the results of the checklist, a summary of the strengths and weakness of the auditee's control system willbe developed. This system will be most effective if all prepared questions/items on the checklists are answered.

b. Interviews

Interviews with auditee are important during the evaluation phase to determine whether the control system documented in the appropriate manuals is that in use, and to assess the knowledge of the auditee of their duties and responsibilities. Interviews may also confirm the validity of audit findings. The following guidelines will be useful when preparing for an interview:

a. Prepare carefully prior to the interview by defining the areas to be explored andsetting specific objectives;
b. Explain why the interview is taking places;
c. Use open questions and void complex questions or phrases;
d. Listen carefully to answers and allow interviewee to do most of the talking;
e. Avoid being side-tracked from your original objectives;
f. Ensure the questions are understood;
g. Terminate the interview if the atmosphere becomes highly negative;
h. Documents all responses; and
i. Thank the interviewee at the conclusion of the review.

While conducting the examination phase, the auditor will gather necessary data to becollected as evidence.

Objective evidence includes such items as:

a. Documents,
b. Physical evidence, and, where applicable
c. Environmental conditions

The auditor needs to fully examine evidence presented, for examples:

a. Is the data complete?
b. Is the data accurate?
c. Is compliance indicated?
d. Is non-compliance indicated?
e. Is investigation of non-compliance recorded?
f. Is preventative action for non-compliance in place?
g. Is the frequency of operation correct?
h. Activities are being carried out as described by the procedure and is the performancelogical & effective
i. Is reference to Work Instructions necessary and possible?
j. Is housekeeping maintained?
k. Is storage of “quality sensitive" material adequate?

Personnel involved in activities do understand the methods of work and control described in the procedures

4.5.4.3. Finding (Non-Confirmities)

A finding is generated as the result of non-conformity to a standard: CASR, company rules and procedures. A finding can be of 3 different types:

a. **Non-compliance (NCP)** (immediate corrective action/Level 1), means a deficiency in characteristic, documentation, or procedure with respect to provisions of the Aviation Act No. 01 of 2009 or a CASR.

b. **Non-conformance (NCF)** (Short-Term Corrective Action/Level 2), means a deficiency in a characteristics, documentation, or procedures. Which renders the quality or the safety of a product or service unacceptable or indeterminate, or not according to specified requirements, e.g. Physical defects, test failures, inadequate documentation.

c. **Non-adherence (NAD)** (Long-Term Corrective Action/Level 3), means a deficiency in characteristic, documentation, or procedure with respect to a recommended practice, procedure, guideline or good aviation safety.

All findings will be written on the Finding or Non-conformities Form SCA/QMS/004 Forms must be completed accurately as the form a basis of the audit report and a successful audit.

A standardized approach to inputting data on the form should be taken to reduce the number of data entry errors.

If necessary, all supporting documentation should be included with the completed finding form for review by the Audit Manager / Team Leader.

4.5.4.4. Closing Meeting

At the end of the audit a closing meeting will be held. The purpose of the meeting is to present and explain the audit findings, stating areas of strength and weakness.

All the audit findings will be discussed with the auditee. New audit finding should not normally be identified at the closing meeting. The meeting should provide an overview of the audit and not become a debate between the audit team and auditee. The auditee should be advised that the company will have an opportunity to respond formally to the audit report.

A record should be kept of this meeting and the subject discussed.

4.5.5. Preparation, Approval, Distribution The Audit Report

The auditor has a responsibility for preparing the report which should contain only those findings declared at the closing meeting.

The Audit Report are made using the Audit Report Form show in Appendix 2 and will normally be presented to the auditee within 10 (ten) working days. The Audit Manager / Team Leader is responsible for the preparation of the audit report.

The content of Audit Report:

a. Preamble
b. Statement of Confidentiality
c. Distribution List
d. Objectives and Scope of the Audit
e. Auditor and Auditee
f. Finding Categorization
g. Audit Time Table
h. Audit Finding
i. Analysis
j. Unresolved Issues/Differences of Opinions
k. Audit Conclusions
l. Follow-up Actions

m. Improvement Opportunities

The Audit Manager / Team Leader and Safety and Quality Manager should be sign the covering letter and forward it, with the copy of the audit report, to the auditee. The letter will outline the procedure for responding the audit findings and specify the required response time of 15 (fifteen) working days from the time auditee receives the report.

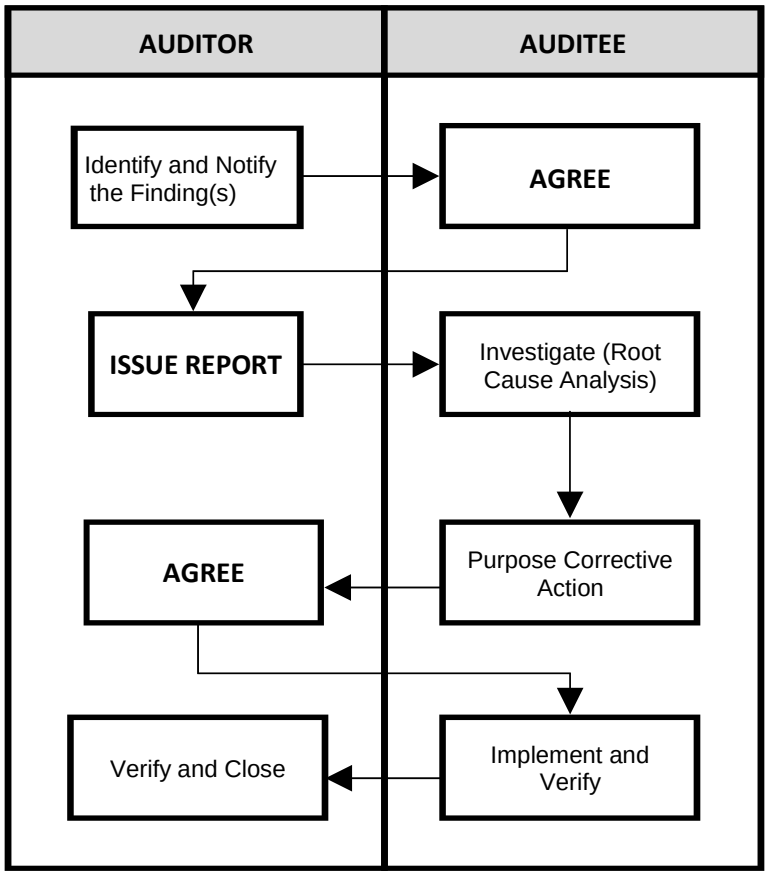
4.5.6. Complete The Audit

The audit is completed when all activities described in the audit plan have been carried out and the letter and the copy of audit report has been distributed to the auditee within 10 (ten)working days after the audit closing meeting.

4.5.7. Audit Follow-Up

The final phase of any audit is to ensure that all audit findings have been resolved in accordance with an implemented corrective action and/or approved corrective action plan.

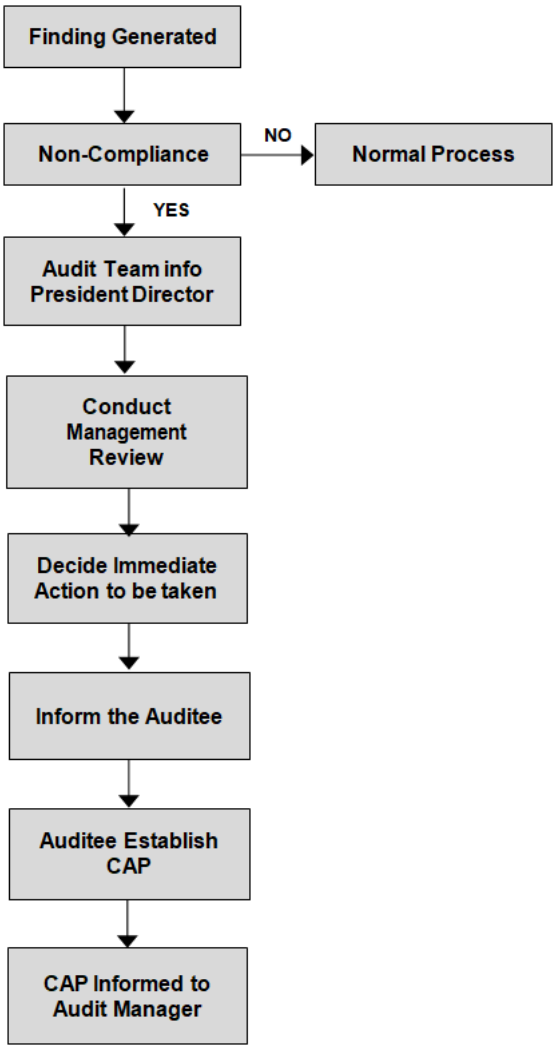
The procedure related to identifying findings, issuing audit report, proposing a corrective action plan and implementing the corrective action is as follow:



4.5.7.1. Immidiate Action

Immediate action will be taken by PT Smart Cakrawala Aviation on any finding of non- compliance against Civil Aviation Safety Regulations or Aviation Act.

After generate the finding, the Audit Manager / Team Leader will immediately inform the President Director. Based on the report, the President Director, together with the management, determine the type of immediate actions to be taken. The type could be varied, from issuing warning letter, restriction or limitation of operation. The decision will then be informed to the auditee, which in turn will need to establish corrective action plan and informed the President Director and management within the time frame established in accordance with the type of associated finding. The schematic process is as follow:



4.5.7.2. Root Cause Analysis

In order to ensure that finding is permanently corrected, a root cause analysis is needed for each of the finding from the audit. It is the responsibility of the auditee to determine theroot cause(s) of any finding.

The suggested tool or techniques for root cause analysis for each finding is the 5-whys process. The table below could be used by the auditor and auditee when conducting theroot cause analysis using 5-whys process.

5 WHY QUESTION TABLE			
Team Members: Line Production		**Date:** November 2021	
Problem Statement: The automatic packaging robot stopped working.			
Estimated Total Business-Wide Cost: Estimated lost from production delay: US$ 1,000 per hours.			
Why Question	**Answers**	**Evidence**	**Solution**
1. **Why** did the robot stop?	The circuit has overloaded, causing a fuse to blow.	A robot stops on the circuit and broken on the fuse.	Check the circuit and change the fuse.
2. **Why** is the circuit overloaded?	There was insufficient lubrication on the bearings, so they locked up.	The bearing is locked.	Lubricate the bearings.
3. **Why** was there insufficient lubrication on the bearings?	The oil pump on the robot is not circulating sufficient oil.	Oil pump is halted.	Change the oil pump.
4. **Why** is the pump not circulating sufficient oil?	The pump intake is clogged with metal shavings.	Metal shaving at theintake part of the pump.	Clean up the metal shaving.
5. **Why** is the intake clogged with metal shavings?	Because there is no filter on the pump.	No filter present in the pump.	Install a filter on the pump.
Latent Issues: Inadequate inspection program for the robot.			
Recommend Solution: Create daily inspection program and prepare a spare robot / parts for replacement.			

The summary of the root cause analysis and the result will be written in the Finding or Non- Conformities Form SCA/QMS/004 and will be evaluated by the Audit Manager and Audit member, as a mandatory requirement for closing finding.

It is likely that the majority of findings (minor) will require minimal root cause analysis with increasing depth of analysis and increase involvement of auditor as the severity and/or number of findings and the complexity of the causal factors increases.

Ultimately, the auditee will need to satisfy the auditor that the root cause has been correctly identified and, in the more complex situations, that the root causes analysis has been appropriately and thoroughly conducted.

4.5.7.3. Coorective Action

After findings have been raised and root causes determined the auditor will agree with the auditee on corrective actions and/or a corrective action plan. It is the auditee who has the resources and authority to implement corrective actions.

The covering letter of the audit report will advise the auditee to:

a. Submit root cause analysis and corrective action in Finding or Non- Conformities Form SCA/QMS/004 for each audit finding requiring corrective actions by the date specified in the corrective action section of the finding form; and
b. Submit a corrective action plan addressing all other audit findings within 15 working days from the date of receipt of the audit report. Normally, this deadline will not be extended without the approval of Audit Manager / Team Leader.

Depending on the type of the findings, the corrective action will be:

a. Immediate corrective action/Level 1 for Non-Compliance finding.

This is action must be taken immediately but not exceed than 15 days upon identification of the audit finding. Audit findings that have direct impact on aviation safety may be taken to stop the operation of aircraft, maintenance, suspend of personnel licensing or termination of AOC activities.

b. Short-Term Corrective Action/Level 2 for Non-Conformance finding.

This is short-term action to correct a non-conformance that does not pose an immediate threat to aviation safety, which ensures that conformance is established quickly until long-term action is completed to prevent recurrence of the problem. Short-term corrective action will maximum take place within 30 days.

c. Long-Term Corrective Action/Level 3 for Non-Adherence finding.

This is longer-term action and has two components. The first will involve identifying the cause of the problem and indicating the measures the company will take to prevent a recurrence. These measures should focus on a system change. The second component will include a timetable for company implementation of the long-term corrective action. Long-term corrective action will maximum take place within 60 days. Non-adherence finding including safety observation is linked to safety and evaluation of the risks linked to operational hazards and raised when the risk pertaining to a specific hazard is evaluated by auditor as non-acceptable for safety.

Long-term corrective action should be accompanied with supporting documents for review. Short term corrective action should also be accompanied by the forwarding of supporting documents, which may take form of logbook entries, purchase orders, memo, revised procedures, photograph evident, etc.

Before approving plans for findings that include long-term corrective actions, the Audit Team Leader must be satisfied that the proposed corrective actions are reasonable and that safety will not be jeopardized. The Team Leader with all member will review the proposed corrective action plan to determine whether the plan can be implemented within reasonable timetable and ensure the timetable has prioritized the corrective actions to address the most critical findings first.

If the auditee's corrective action plan is not acceptable, the Audit Team Leader will indicate the reasons, propose changes and negotiate a revised corrective action plan. Where the auditee is unresponsive to this action, an alternative action may be pursued; where applicable, such action could include the sending of a Warning Letter by the Director.

An audit will be formally closed when every audit finding has been corrected through the corrective action plan; the corrections have been found to be acceptable by the Audit Team.

Corrective action plans received from the auditee should include completed corrective action in Finding or Non-Conformities Form SCA/QMS/004 and where applicable, supporting documentation that may take the form of memo, manual amendments, etc.

The Audit Team Leader will ensure that a letter has been sent to the auditee, confirming that all audit findings have been completed and that the audit has been closed.

All related documents in the audit activity, including letters, finding forms, audit reports, evidence, etc. will be recorded and stored in the Safety-Quality office.

4.5.7.4. Monitoring of Corrective Action

The implementation of the corrective action and/or corrective action plan will be monitor by the Safety and Quality Department. All established corrective action and/or corrective action plan from the audit activity will be entered in the Finding or Non-Conformities Status List Finding or Non-Conformities Status. The purpose of the list is to monitor the status of implementation and the effectiveness by determining period of evaluation and conducting the evaluation.

The Safety and Quality Department is responsible to maintain the completeness of the list and to conduct the evaluation. The evaluation may be in a way of interviewing the auditee via phone or a "mini" on-site visit. Any necessary improvement of the implemented corrective action will be discussed with the auditee and the auditee is responsible to implement the recommendations.

All documents and records for this evaluation will be recorded in the Safety and Quality Department Office.

4.6. MANAGEMENT REVIEW MEETING

Management Review Meeting is chaired by the President Director to discuss related issues to quality performance. The meeting could be incorporated as part of Safety Review Board (SRB). The Management Review Meeting will:

a. Ensure the Quality Management System remains in accordance with the Quality Policy defined by the Management of the company.
b. Ensure management at all levels are aware of changes, updates, revisions of procedures or policies that affecting quality

4.6.1. Participant of The Management Review Meeting

a. President Director (as the Accountable Manager)
b. Safety and Quality Manager
c. Operations Manager
d. Technical Manager
e. Another parties/department as deemed necessary by the President Director

4.6.2. Management Review Meeting Agenda

a. Review any changes in regulations or company requirements
b. Review company quality policy
c. Approve the company audit program/plan
d. Review the summary of audits conducted and planned, as well as open/close/delayedfindings.
e. Review status of corrective/preventive actions.

f. Set and review quality objectives and indicators achievement

4.6.3. Frequency of Meeting

Management Review Meeting will be conducted minimum once every year. In case of any significant issues or non-conformities arise, the Safety and Quality Manager will inform the President Director to hold additional Management Review Meeting.

4.6.4. Record Keeping

Records of Management Review Meeting are:

a. Minutes of Meeting
b. Attendance List
c. Evidences or other related documents

All the records will be stored in the Safety and Quality Department for a period of at least one (1) year.

4.7. QUALITY CAMPAIGN

The quality information will be disseminated to relevant management and non-management personnel as appropriate.

The information may be disseminated in the various media such as:

a. Safety & Quality Notice
b. Safety & Quality Information Poster and Banner

4.7.1. Safety & Quality Notice and Recommendation

Safety and Quality Department will issue Quality Notice for disseminate information to management personnel regarding quality program, such as:

a. The trends of audit findings
b. Feedback on the achievements of quality objectives
c. Management review meetings
d. Etc

4.7.2. SAFETY & QUALITY INFORMATION POSTER BANNER

Safety & Quality Information Poster and Banner are for disseminating quality information to all PT Smart Cakrawala Aviation employees and other related parties. Quality information will be distributed to the all PT Smart Cakrawala Aviation office, stations and any suitable locations.

5. CONTROLLING MANUAL

5.1. PURPOSE

This procedure is intended to describe Quality Control process at PT. Smart Cakrawala Aviation, in order to creating, updating, maintaining, revision, identification, retention and distribution process on the company documents around PT. Smart Cakrawala Aviation are controlled effectively.

5.2. SCOPE

This procedure covers controlling internal and external documents, cover the revision/addition proposal document process, creating/composing document, approval, copying document, document distribution, withdrawal obsolete document and identification or retention document process.

5.3. DEFINITION

a. Document is a guidance used to perform a job covers Quality Policy, Quality System Manual, Quality Procedure, Work reference and Quality Planning also other supporting
b. External Document is a document which is published out of company which used as reference to perform work at PT. Smart Cakrawala Aviation.
c. Controlled Document is the documents which are distributed based on Document List Holder and if any revision, so the name listed in the document Holder will be given with last revised document revised.
d. Un-controlled document is a document which distributed out of Document List Holder and if any revision he is not given with the last revision.

5.4. GENERAL

a. The internal document (such as Quality System Manual, Work Instructions, etc) and external document such as (CASR, Government's Regulations, Aircraft Manuals, etc) are kept current and available at the point of use.
b. The internal control documentation comprises: level 1 (one). The Quality System Manual contains the basic QA principles for the assurance of product and process quality for compliance with internal and external requirements. The documentation level 2 (two) called "procedures" is provided for the implementation in works of the requirement contained in part 1. The purpose of these "procedure" is to set out the structural organization (job description) and to provide methods, responsibilities and sequences applicable to specific job. If necessary to ensure the quality and efficiency of work, the procedure is provided with the work instruction/ SOP for the detail process is called level 3 (three).
c. Applicable internal document at PT. Smart Cakrawala Aviation is marked by logo, type of document (paper or electronically), name of document, revision number, published date, page number and signature of approval. In the case that the documentation and the

revisions produced in final form need approval or acceptance from authority, upon accepted the sufficient copies will be made and distributed to the manual holders.

d. The documentation media are to be secured from unauthorized access and manipulation.

e. External document is controlled by related department head. If any status external document change shall be reported to Safety and Quality department in order to update Master List Document.

f. Company has the Master List Documentations (MLD), internal and external includes document holder list for controlling document distribution. The Safety and Quality department secretariat held the company MLD and appointed person by head of each department also held the list of documentations applicable to their department.

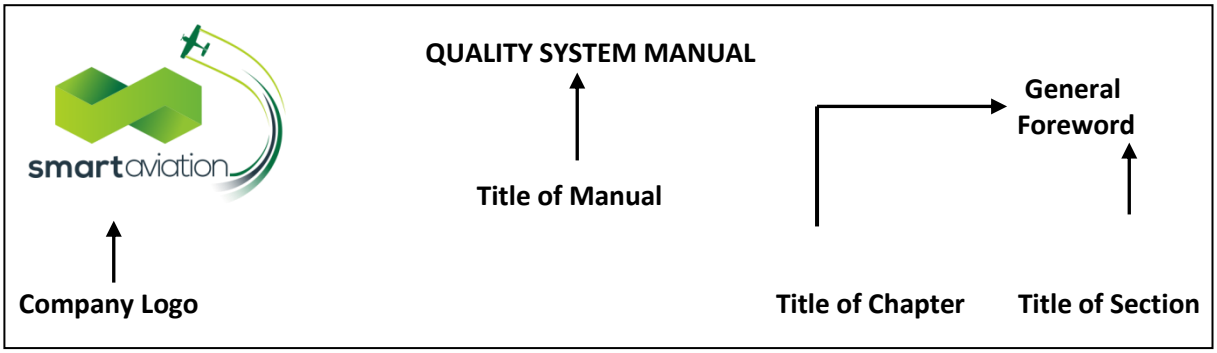
g. Internal documentation will have a control number an assignment entry. The Numbering method is stated as follows:

DEPARTMENT CODE		
SFD	:	Safety and Quality Department
OPS	:	Operations Department
TEK	:	Technical Department

h. Page Control System

1. Record of Revision
   Designed to quickly identify the current revision status of the manual.
2. List of Effective Pages
   Designed to provide a summary listing of all applicable pages and the revision date for the entire manual
3. Page Format

Top of the Page



i. The original documents are kept by Safety And Quality, marked by stamp ‘MASTER” and the copy distributed according to the name of document holder or to field and marked by “CONTROLLED COPY” Documentation changes are to be effected by the department responsible for the issue of the initial version. Amendments to the document are numbered consecutively starting with number 1.

j. The following sample of applicable stamps:

M A S T E R	CONTROLLED COPY	INFORMATION ONLY	EXPIRED
	Date : Sign :	Date : Sign :	

k. In the event of changes (revision), the documents replaced must be withdrawn from further use by cutting or crossing mark..

l. Documentation must be protected against damage, loss or important due to environment influences.

5.5. REVISION PROCEDURES

a. Revisions to the Manuals are the responsibility of each department or manual holder. The revisions are made on an as needed basis to correct, add to, and/or more clearly define policies, procedures, methods, and techniques and to reflect new or revised procedures. All revisions will be submitted based on a manual change request and forwarded to the Operations Publications library.

b. Revisions to manufacturer's manuals are received by PT. Smart Cakrawala Aviation on a subscription basis as information, additions, changes, etc., occur. These revisions may be implemented without prior acceptance from the DGCA.

c. Whenever revisions are made, Technical Publications library shall route them to the holders of manuals. The responsibility for inserting revisions is the direct responsibility of the manual holder.

d. A vertical bar will be placed on the right hand margin of each page to indicate changes.

e. The manual is re-issued when a single amendment affects 50% or more the manual content or deemed appropriate by the Safety & Quality Manager.

f. This manual and any revisions will be approved by the related Manager of departments. The revision of company manual which need to be approved by DGCA shall be notified to DGCA-POI or PMI and forward it to the DGCA for approval. Upon approval by DGCA, sufficient copies will be made and distributed to each manual holder.

g. Upon receipt of a revision, each manual holder shall be responsible for inserting the revised pages in the manual, the record of revision of the manual, and the superseded pages will be returned to the Operations Department Office.

h. A list of effective pages will be issued with each revision so each manual can be checked and kept current.

5.6. DISTRIBUTION

The current Manuals shall be distributed to all related department or units and each PT Smart Cakrawala Aviation. Department has responsibility for the distribution of manuals for each operational area in PT. Smart Cakrawala Aviation as the Controlled Copy. The list of manuals at each place is described on the list of publication status.

The other personnel may obtain copy of Manuals if needed but will not receive the revisions. "Uncontrolled Copy" stamp will be provided in the selected pages manual copy.

Method of manual distribution by using a Transmittal Publication and feedback form and document will be sent to each department , out bases of SCA trough personnel who responsible to keep manuals or document in work place . The recipients of document are requested to understand the written instruction thereof.

The transmitter feedback letter should be sent to related department after the form is signed by recipient and shall not be later than 15 days after it has been received.

5.7. MONITORING AND KEEPING DOCUMENT

PT. Smart Cakrawala Aviation will assign personnel who responsible for keeping manual in every place and that can be explained as follows:

Department : Standard personnel in each department.
Out bases : FOO in charge or designated personnel.
Aircraft : FOO in charge or designated personnel and PIC shall assure that all manuals on board are complete and current before flight

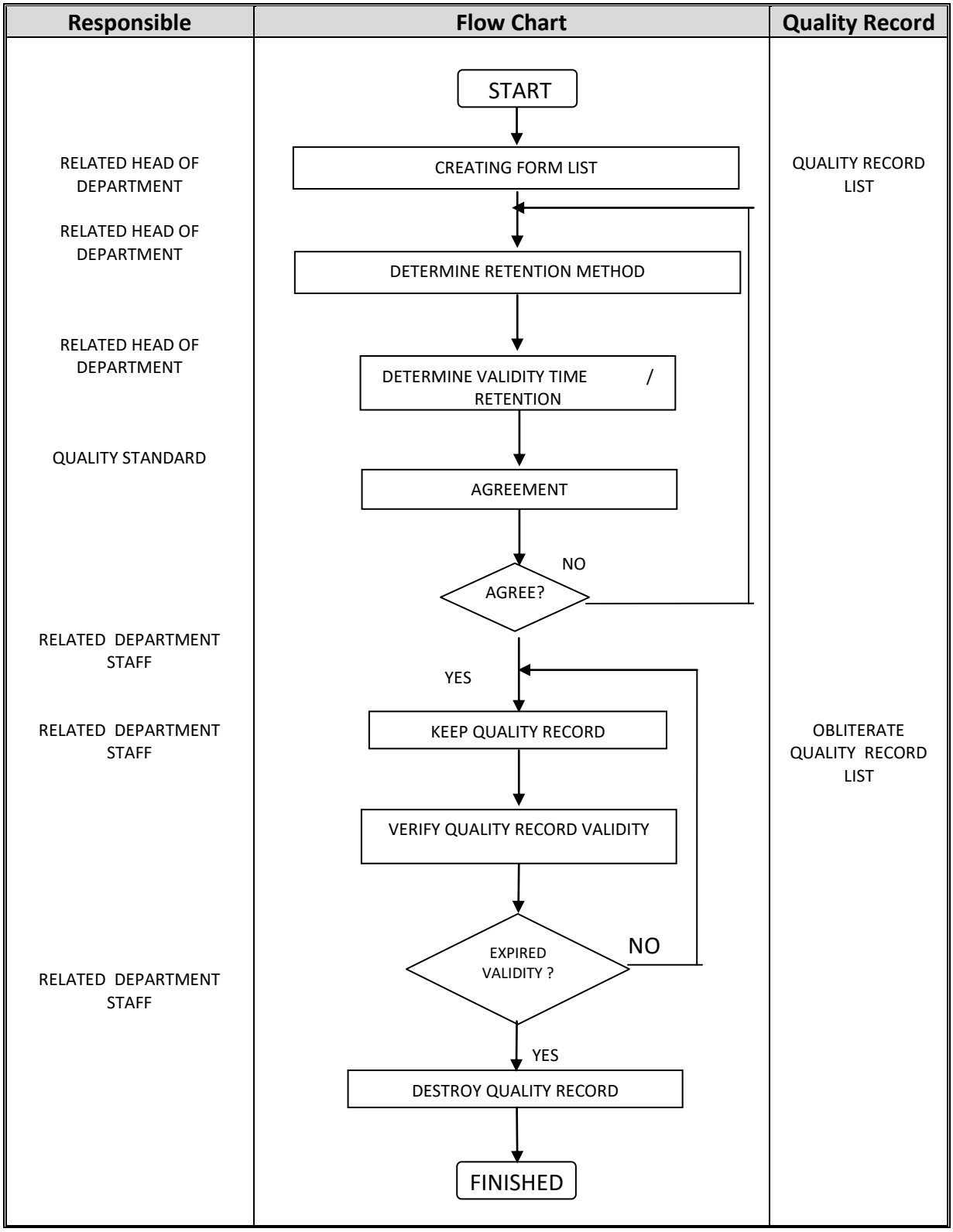
Each designated personnel who responsible for keeping the publication status at each place/unit shall performing check the availability and update of manual according to the current manual publication status which issued by Safety And Quality department and shall report if any deviation of manual publication status to QSM.

5.8. REMOVAL AND DESTRUCTION OF MANUALS

In the event of revision, the documents replaced must be withdrawn and sent back to Safety & Quality Department and further the obsolete document will be destroyed with method such as cutting, crossing mark, nor burned.
An obsolete document is not available for publication however If we still need an obsolete document for other purpose the document shall be displayed with Expired marking on the document title. This display gives a visual indication to all users that the document is obsolete and should not be used. And maximum of document retained shall not exceed 1 year.

5.9. FLOW CHART AND FORMS

5.9.1 Flow Chart



5.9.2 Form Transmittal Publication & Feed Back Form

REVISION TRANSMITTAL

Form: SCA/…../…

MANUAL TITLE:

REVISION NO _____ REVISION DATE_____

Review this revision and file in your manual in accordance with the following instructions:

Where dots are shown in the **INSERT** column, remove the sheet in your manual and replace it with the closed page of the same page number, **ADD** or **DESTROY** pages as indicated.

Sign off record of revision sheet in front of your manual for REMOVED temporary revisions.

This form is not part of this manual, if you wish you may keep in manual or remove it from this manual.

Sign off record of revision sheet in front of your manual.

5.9.3 Manual/ Document Numbering System

NUMBER OF MANUAL	Level Of DOC	CODE OF DEPARTMENT						AIM
		SFD		OPS		TEK		
		Safety		Operation		Technical Departement		
	1			1	OM PART A	1	MP	PROCEDURE
				2	OM PART B			
				3	OM PART C			
				4	OM PART D			
				5	MEL C208/208B			
	2	1	SMS	1	CHM	1	CMM	**SOP** or **Quality Work Instruction (QWI)**
		2	QSM	2	DGM	2	TPM	
		3	AOSP /PKAU					
	3	1	IATA DGR	1	AFM/POH			OTHERS
				2	AIP			
				3	INDOAVIS			

A. AUDIT PROGRAM (YEARLY AUDIT PLAN)

Audit Proram Form Year XXX

Audit Title	Objectives	Scope / Area	Type of Audit	Criteria	Location	Auditee	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Contractor Audit	To monitor, evaluate and ensure the service provider delivering the service as per agreement / SLA	SLA : Effectiveness, Quality Control, Timeliness, Safety, Qualification	External Audit	Applicable Manual / SOP from the Service Provider	(Name the Place of the Service Provider / Vendor located)	(Name of the Service Provider Vendor												
Created by :			Approved by :															

Form SCA/QMS/001

Below is the explanation of the above Form:

Component	Explanation
Company logo (upper-right corner)	SCA Logo
Title (upper-middle corner)	SCA Quality Audit Program Year xxxx
Audit Title	Self-explained
Objectives	Self-explained
Scope / Area	Scope or Area of the Audit
Type of Audit	Internal or External Audit
Criteria	Reference Document / Manual / SOP / Agreement / SLA
Location	Where the Audit taken place
Auditee	Self-explained
Month	Self-explained
Created by	Self-explained
Approved by	Self-explained

B. AUDIT PLAN (NOTIFICATION)

Audit detail :

Audit Date				
Scope / Area of Audit				
Audit Type				
Audit Objective				
Audit Criteria				
Auditee				
Auditor				
Checklist Use				
Document to be reviewed Prior Audit beingconducted				
Audit Timetable (can be adjusted during Audit)	Day 1: 0900-1600 LT (IncludeEntry Meeting)		Day 2: 0900-1600 LT (Include Exit Meeting)	
	Entry Meeting	Training Record review	Observation	xxxx
	Document Review andVerification	xxx	xxxxx	xxxxx
	xxxxxx	xxxxxx	xxxxxxx	xxxxxx
Prepared by		Approved by		

Form SCA/QMS/002

Below is the explanation on how to use the Audit Plan Form (Audit Notification):

Component	**Explanation**
Company logo (upper-right corner)	SCA Logo
Form Title (upper-middle corner)	SCA Quality Audit Program Year xxxx
Title, Audit Plan Number, Audit Plancreated date	Self-explained
Audit Date	Self-explained
Audit Area	Area / Specific area of the Audit
Audit Type	Internal or External Type of Audit
Audit Objective	Self-explained
Audit Scope	Self-explained
Audit Criteria	Document / Manual / SOP / Agreement / SLA to be usedas reference
Auditee	Self-explained
Auditor	Self-explained
Checklist Use	Checklist that will be used by the Auditor, it may refer to

	applicable regulator checklist or customized checklist build by the Lead Auditor.
Document to be reviewed prior audit being conducted	Document / Manual / SOP / Agreement / SLA to be usedas reference
Created by	Self-explained
Approved by	Self-explained

C. AUDIT CHECKLIST

CHECKLIST AUDIT

No. AUDIT : SFD /AN –……./…./….

To :

From : Safety and Quality Department, PT. Smart Cakrawala Aviation
Date :

This memorandum is to formally – notify than an Audit has been scheduled as detail below:
Audit date (s) :

Audit Scope :

☐	Personnel & Qualification	☐	Calibration	☐	Safety
☐	Documentation	☐	Housing & Facility	☐	NDT
☐	Procedure/Manual	☐	Aircraft Ground Handling	☐	Flop Facility
☐	Planning & Technical Records	☐	Fuel Delivery	☐	
☐	Tools, Store & Equipment	☐	Aircraft Maintenance	☐	
☐	Flight Following	☐	Operation record	☐	

Lead Auditor : ……
Audit Member : ……..

Please confirm that the above details and the following are satisfactory

1. A suitable qualified Audit guide is available for auditor.
2. Availability of your Quality System Documentation for duration of inspection audit processes.
3. Meeting facilities for the Entry and Exit Meeting.
4. An office from where the auditor may base their activities

PT. SMART CAKRAWALA AVIATION
SAFETY & QUALITY DEPARTMENT

NO	ITEM	ACCEPTABLE	UNACCEPTABLE			REMARKS
			NC	NCF	OBS	
A. MANAGEMENT AND PERSONNEL QUALIFICATION						
1	Are staff numbers sufficient?					
	-Flight Crew -FOO					
2	Staff training procedures: Is work pattern satisfactory?					
3	Availability of Training program					
3.1	Flight crew					
	Initial Training , Mandatory Training and recurrent					
	Wind shear, CRM, AVSEC, DG, SMS, flight proficiency					
	Additional Training such as Instructor, ALAR, etc					
3.2	FOO/ Ground Support					
	AVSEC, DG, SMS					
B. OPERATION PROCEDURES						
1	Flight planning preparation area					
2	Maps/ charts of local area					
3	Load and balance sheets					
4	Flight safety notice board and dissemination of info					
5	Flight and duty times recorded correctly					
6	Emergency procedures available					
7	Procedure to advise crews of any route changes					
8	Procedure to advise pax handling/ client of route changes					

Note:

NC : Non Compliance
NCF: Non Conformance
OBS: Observation

No	Item	Acceptable	Unacceptable			Remarks
			NC	NCF	OBS	
C. OPSPEC AND OPERATION MANUALS						
1	List of publication Manual					
2	Availability of Manual such as: OM PART A,B,C,D,					
3	Navigation manual such as: AIP, Indoavis					
4	Standard Operating Procedure					
5	Availability/ Completeness of OPSPEC					
D. OPERATION FORMS						
1	Aircraft Manifest forms					
2	Flight Release forms					
3	Operational Flight Plans					
4	Weight and Balance forms					
5	Accident / incident / occurrence forms					
6	Volcanic Ash report forms					
7	Alcohol and Blood Test Forms					
8	NOTOC.					
E. PERFORMANCE & RECORDING						
1	Email or message for information flight for the next day's flying and record					
3	Crew licensing up to date and record					
4	Crew training in date and record					
5	Crew medicals in date and record					
6	Duty limitation control					
7	Flight watch /flight following procedure and record					
8	Ramp inspection record					
9	En route Check record					
10	Crew briefing and de briefing					

	Item	Acceptable	Unacceptable			Comments
			NC	NCF	OBS	
F. FACILITIES						
1	Dispatch/ Flops office condition and Facility: briefing room, Radio Communication, Weather forecast, A/C tracking devices, NOTAM, Alcohol Test and Blood Test					
2	Crisis Center condition					
3	Availability of Assigned person as Flight operation					
G. AIRCRAFT DOCUMENT ONBOARD						
1	C of A, C of R, Special C of A (if Aerial Survey Flight) Radio Permit, W& B and Swing compass					
2	Operation Manual OM A, OM B, OM C and MEL					
3	Noise Certificate					
4	AFM & SOP					
5	Navigation Chart/ AIP/ Indoavis					
6	AFML					
7	ELT 406 certificate					
8	Aircraft Insurance					
9	Authority Approval AOC (True Copy) ACL & OPSPEC					
10	Search and Rescue Information					

Note:

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No	Item	Acceptable	Unacceptable			Remarks
			NC	NCF	OBS	
H. TECHNICAL PROCEDURES						
1.1	Are staff numbers sufficient?					
1.2	Staff training procedures					
1.3	Is work pattern satisfactory?					
1.4	Operation of communications systems					
1.5	Operation of other relevant equipment					
1.6	Aircraft Flight and Maintenance Logs correctly completed					
1.7	Required Inspection Items (RII) consistently followed					
1.8	"Hold Item"/"Maintenance Carry Over Forward properly recorded and conform with MEL item criteria / Item category					
1.9	Maintenance man-hours and shift patterns monitored					
1.10	Authorized / licensed Maintenance Personnel on duty					
1.11	Necessary records for all maintenance work are in use					
1.12	Required engine performance check is complied with					
1.13	Required aircraft preservation maintenance followed as appropriate					
2.1	Authority approved CMM					
2.2	Authority Approved Aircraft Maintenance Specifications					
2.3	Applicable airframe Maintenance Manual					
2.4	Applicable Airframe Parts Catalogue					
2.5	Applicable Engine Maintenance Manual and Parts Catalogues					

2.6	Other Applicable Miscellaneous Manual / Publications					
2.7	Applicable A.D. / Service Bulletins Publications					
2.8	Applicable Maintenance Notices					
2.9	Appropriate Inspection Worksheets for Maintenance Data Recording					
2.10	Appropriate Flight Maintenance Log records					
2.11	Appropriate Engine Power Assurance records					
2.12	Up to date Master document amendment list					
2.13	Up to date Maintenance planning schedule					
2.14	Certificates of Airworthiness					
2.15	Maintenance staff read and sign sheets					

Note:

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D. NON CONFORMANCE REPORT (NCR) FORM

PT Smart Cakrawala Aviation use Non-Conformance Report/NCR to record identified findings (Non-Conformities or Non- Compliance) during an audit/inspection/surveillance. The NCR has at least the following sections:

a. Audit Information
b. Description of the Non-Conformity/Compliance
c. Root Cause Analysis
d. Planned Corrective Action
e. Final Action Taken
f. Verification of Implementation or Review Comments

<table>
<tr><td rowspan="3">Non-Conformance Report (NCR)</td><td>NCR No:</td><td colspan="2"></td></tr>
<tr><td>Issued date:</td><td colspan="2"></td></tr>
<tr><td>☐ Audit</td><td>☐ Observation</td><td>☐ Inspection/ Surveillance</td></tr>
<tr><td colspan="4">☐ Audited Department: ☐ Audited External Provider:</td></tr>
<tr><td colspan="4">Specific Area:</td></tr>
<tr><td colspan="4">Date/Period of Audit/Inspection/Observation:</td></tr>
<tr><td colspan="4">Audit Criteria: Requirement, Standard, Regulation, Manual: (filled by Auditor)</td></tr>
<tr><td colspan="2" rowspan="2">☐ Non-compliance ☐ Non-conformance ☐Non adherence
(filled by Auditor)</td><td colspan="2">Type of Non-Conformance (NC)</td></tr>
<tr><td>☐ 1</td><td>Non-Compliance against provisions of applicable rules/regulations or significant/ critical non- conformance that will significantly affect safety and security of operations. <u>Corrective Action Plan must be in 15 days since NCR publication/issued</u>.</td></tr>
<tr><td colspan="2"></td><td>☐ 2</td><td>A minor or conditional non-conformance caused by deficiency in a characteristic, documentation, or procedures which renders the quality of a product or service unacceptable or indeterminate, ornot according to specified requirements. <u>Corrective Action</u></td></tr>
</table>

		Plan must be in 60 days since NCR publication/issued.
	☐ **3**	A **non-adherence** with respect to a recommended practice, procedure or guideline or a good quality/safety practice. These are not non-conformances; these are only observations. **Corrective Action Plan as soon as practical and agreed by both auditee and auditor.**

Auditor/Inspector (name): Date:	Auditee (name/position): Date:
Root Cause *(filled by Auditee, refer to IAA Root Cause Classification)* Area: Category: Code: Sub Category:	**Hazard and Risk** *(filled by Auditor)* Risk: ☐ **High** ☐ **Medium** ☐ **Low** Hazard identified *(refer to IAA Hazard Taxonomy)*
Corrective Action(s) Plan: *(filled by Auditee)*	
Acknowledged by (name/position): Date:	Target Date:
(Final) Action Taken: *(filled by Auditee)*	
Follow Up/Monitoring: *(filled by Auditor)*	**List of Evident:**

Status: ☐ **Open** ☐ **Close**	**Verified by Auditor/Inspector (name and signed):**

Form SCA/QMS/004

Below is the detail of use NCR Form:

COMPONENT	**EXPLANATION**
Company Logo	SCA Logo
Title	Non-Conformance Report (NCR)
NCR Number	The Auditor must fill in the number in sequence refer to the finding, eg. SCA/OPS/001, etc
NCR Issued Date	The auditor must fill in the date of the NCR when it is officially issued or published. The NCR will be attached with correspondent Audit Report.
Audit / Observation / Inspection / Surveillance tick or cross box	The Auditor shall tick or cross the applicable box and write down the name of the auditee. If the finding is from the Audit, then the Auditor shall tick the Audit box.
Audited department / Audited contractor	The auditor shall tick/cross the applicable box and write down name of department or contractor. If the auditee is Internal organization, tick the Audited department box and fill in with department name e.g. “Operation” or “Maintenance”. If the auditee is a vendor or service provider for SCA, then tick the Audited Contractor and fill the name of the contractor e.g “Muladatu”
Specific Area	The auditor shall fill in with scope of audit or area where the finding occurred.
Date / Period of Audit	The auditor shall fill in with date or period, It is the date/period the audit was conducted.
Audit Criteria	The auditor shall fill in with reference documents(such as the Auditee's policies, standards or procedures manual).

COMPONENT	EXPLANATION
Company Logo	SCA Logo
Title	Non-Conformance Report (NCR)
NCR Number	The Auditor must fill in the number in sequence refer to the finding, eg. SCA/OPS/001, etc
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Audited department / Audited contractor	The auditor shall tick/cross the applicable box and write down name of department or contractor. If the auditee is Internal organization, tick the Audited department box and fill in with department name e.g. “Operation” or “Maintenance”. If the auditee is a vendor or service provider for SCA, then tick the Audited Contractor and fill the name of the contractor e.g “Kalimasada”
Specific Area	The auditor shall fill in with scope of audit or area where the finding occurred.
Date / Period of Audit	The auditor shall fill in with date or period, It is the date/period the audit was conducted.
Audit Criteria	The auditor shall fill in with reference documents(such as the Auditee's policies, standards or procedures manual).

E. AUDIT SUMMARY OF FINDING (S) FORM

Audit Period: dd - mm-yyyy
Location: xxxxxxx

No.	Requirement / Standard / Regulation	Criteria / References	Finding(s)	Finding Category (Level)	Finding Status
1	SLA / Service Level Agreement	SLA section xxx	Found that xxxx	Non-Conformance (NC-2)	CLOSED
2	Flight and Duty Time Limitation	OM Part A Ch.xxx	Found that xxxxx	Non-Compliance	OPEN
3	xxxxxx	xxxxxx	xxxxxx	xxxxxx	xxxxxx

Form SCA/QMS/005

P

Below is the explanation on how to use the Audit Summary Finding(s) Form:

Component	Explanation
Company logo (upper-left corner)	SCA Logo
Form Title (upper-middle corner)	SCA Quality Audit Program Year xxxx
Audit Period	Self-explained
Audit Location	Location of the Audit taken placed
Requirement / Standard / Regulation	Based on the Criteria / References used for the Audit
Criteria / References	Document / Manual / SOP / Agreement / SLA used forthe Audit
Finding(s)	Self-explained
Finding Status	Self-explained

F. AUDIT REPORT FORM

Audit Report Number:

Published Date:

Audit Detail :

Audit Date				
Audit Objective				
Audit Type				
Audit Scope				
Audit Criteria				
Audit Methodology	Site Audit / Remote Audit			
Auditee	Name of the Department or Service Provider (Vendor)			
Auditor				
Finding(s)	NCR Number	Level of Finding	Target Date	Control
Executive Summary of Audit				
Prepared by		Acknowledged by		

Form SCA/QMS/006