



**GUIDANCE MATERIAL
FOR
FILLING UP THE AUDIT FINDING FORM
(AIR-16)**

Issue 01, Revision 00

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Foreword

This document has been collaboratively prepared to benefit both BCAA Airworthiness officials and auditee representatives. Its primary purpose is to provide comprehensive, step-by-step guidance for accurately completing each section of the Finding Form (AIR-16). The aim is to minimize potential miscommunication.

Our main objective is to promote significant improvements in quality by encouraging the use of transparent and standardized Audit Reports. To ensure absolute clarity and prevent any misunderstandings about expectations, we have included valuable suggestions. We emphasize the vital role of an organization's active engagement in effectively addressing identified non-conformities. Properly following the provided instructions when completing all sections of the finding form will expedite the tracking and resolution process.

Promptly addressing findings is crucial, as it significantly contributes to the continuous enhancement of safety and compliance.

If you encounter any challenges or have questions related to this guidance material, please feel free to reach out directly to the Airworthiness section.



(Kinley Wangchuk)
Director



Audit Finding Form (AIR-16) Instruction

File Reference:

The "File Reference" section on the audit finding form is used to document relevant reference numbers that are associated with that particular type of audit.

Finding Number:

The "Finding Number" section on an audit finding form is used to assign an identifier to each individual finding. They are usually numbered sequentially, for example Finding N^o1, Finding N^o 2, Finding N^o 3, etc.

The finding number allows easy tracking of each finding through to closure. It provides a simple way to refer to specific findings throughout the process, for example in communications, follow-up, etc.

Finding Level:

The "Finding Level" section of an audit finding form is used to categorize the severity and significance of the non-conformity. Finding levels are typically classified as:

- ❖ A **Level 1 Finding** is any significant non-compliance with the regulations which lowers the safety standard and hazards seriously the flight safety.
- ❖ A **Level 2 Finding** is any non-compliance with the regulations which could lower the safety standard and possibly hazard the flight safety.

After reaching an agreement with the auditee, BCAA also makes an observation for minor discrepancies that do not present safety hazards or concerns. A Corrective Action Plan (CAP) is not necessary for those observations, but the organization should take suitable actions. These actions will be verified during the next audit.

Due Date:

The "Due Date" section of the audit finding form specifies the date by which the auditee must take appropriate actions on the proposed corrective action plan and where findings officially get closed.

The due date provides accountability for the auditee to act promptly to address findings.

Corrective Action Plan Requested:

The "Corrective Action Plan Requested" check box on the audit finding form is used to indicate whether a formal corrective action plan is required to be submitted by the auditee.

Area of Audit:

The "Area of Audit" section of the finding form identifies the general area or process, where the non-conformity was found. Examples: Quality System, Facilities, Documentation, Human Resources, Training, etc.

Non-compliance With:

The "Non-compliance With" section of the finding form identifies the specific requirement or standard that was not met, leading to the finding. Example: Policies, Regulations, SOPs, Standards, etc.

It provides the auditee with details on the exact area of non-conformance.

BCAA Comment Relating to Finding or Example:

The "BCAA Comments Relating to Finding or Example" section provides details and context around the specific non-conformity the auditor found.

Some guidelines for completing this section:

- ❖ Fully describe the deficient condition observed by the auditor.
- ❖ Include objective evidence like documents reviewed, interview responses, data, photo evidence, etc. that support the finding.
- ❖ Provide specific examples that demonstrate the non-conformance, rather than generalities.

- ❖ Reference relevant procedures, requirements, and regulations related to the deficiency.
- ❖ Explain why this issue is considered unacceptable and requires corrective action.
- ❖ Describe any potential risks or impacts if not addressed.
- ❖ Use clear, concise, professional language.
- ❖ Maintain an evidentiary, fact-based tone.

The goal is to give the auditee substantive, actionable details on what requires improvement. Sufficient background and examples enable the auditee to respond appropriately.

Name & Signature of BCAA Auditor:

The "Name & Signature of BCAA Auditor" section records who conducted the audit and issued the finding.

This provides:

- ❖ Accountability - The auditor takes ownership of the finding content.
- ❖ Traceability - Links the finding to the specific auditor for any follow-up.
- ❖ Professionalism - Demonstrates the auditor stands behind the facts.
- ❖ Due Diligence - Shows the finding was reviewed and formally issued.

When completing this section:

- ❖ Use a full name for clarity.
- ❖ The signature must be handwritten or electronic, not typed text.
- ❖ Date must match or closely align with the issue date.
- ❖ Amend if the finding is re-issued or updated.

Properly recording the auditor's name and signature adds credibility, reinforces authority, and provides a point of contact for resolution. This builds confidence in the professionalism of the audit program.

Response Date:

The date when the auditor's response was completed and sent to the auditee. This establishes a timeline for tracking the sequence of events.

Curative Action (Auditee) (Immediate/Corrective/Preventive):

The "Curative Action (Auditee)" section is where the auditee provides details on the actions they have taken to resolve the non-conformance and restore compliance. This can take either of the following forms:

❖ Immediate Actions:

- Any containment actions taken quickly to mitigate the risks associated with the finding. These are intended to be temporary measures until more permanent solutions can be implemented. For example, increasing inspection frequency, suspending processes, recalling products, etc.

❖ Corrective Actions:

- Actions taken to directly correct the specific non-conformance cited in the finding. Corrective actions address the symptom itself, but may not resolve the root cause. For example, reworking/reprocessing, repairs, retraining personnel, etc.

❖ Preventive Actions:

- Proactive measures that target the root cause of the non-conformance to prevent recurrence. Preventive actions get at the source of the problem. For example, process/procedure revisions, equipment modifications, addressing QA program weaknesses, etc.

Any supporting evidence like documents, records, and photos could also be provided.

Root Cause Analysis (Auditee):

The "Root Cause Analysis" section is where the auditee documents their investigation into why the non-conformance occurred. The purpose is to identify the underlying factors that led to the issue so that proper corrective actions can be developed to prevent recurrence.

Some key points on the root cause analysis:

- ❖ Should use structured tools like the 5 Whys, fishbone diagrams, fault tree analysis, etc. to probe deeper into the reasons behind the finding.
- ❖ Identify root causes rather than just the surface issues or symptoms. Ask "why" questions multiple times to get to the source.
- ❖ Consider all potential factors - people, procedures, materials, equipment, management/leadership, environment, etc.
- ❖ Determine if the issue relates to isolated circumstances or systemic deficiencies.
- ❖ Identify any gaps or weaknesses in the quality management system.

The analysis should trace back from the specific non-conformance to fundamental process, management, resource, or organizational issues.

Support the analysis with data, documented evidence, and input from involved personnel.

The final root causes identified should align with and inform the corrective and preventive actions proposed.

Thorough root cause analysis is crucial for developing effective corrective actions that will improve the system and prevent further non-conformities.

Corrective Action Plan:

The Corrective Action Plan section is where the auditee provides their detailed proposals for correcting existing non-conformities and eliminating the causes to prevent recurrence.

Some key points on what should be included:

- ❖ Specific actions to be taken listed step-by-step.
- ❖ Assigned responsibility - who will carry out each action.
- ❖ Target completion dates for each action.
- ❖ Resource needs - budget, equipment, materials, personnel, etc.

- ❖ Proposed changes to procedures, processes, systems.
- ❖ Training needs to communicate and implement changes.
- ❖ Measures to evaluate effectiveness and prevent recurrence.
- ❖ Process for monitoring and reporting progress to management.
- ❖ Supporting evidence like data analysis, document revisions.

The actions should address the root causes identified previously. The plan should have enough detail that the auditor can clearly evaluate whether it will be effective.

The auditee representative signs that they are making a commitment to implement the corrective action plan. The BCAA auditor then reviews and formally accepts the plan if they determine it is appropriate.

The corrective action plan details the auditee's roadmap for taking systematic action to not just fix the immediate issue, but improve their overall management system. A robust plan is key to achieving lasting corrective action.

Time Extension Requested:

The "Time Extension Requested" section allows the auditee to formally request more time to implement corrective actions, if necessary.

Some key points on time extension requests:

- ❖ Should only be used if the original due date is unreasonable or unrealistic.
- ❖ Justification must be provided, such as:
 - Magnitude of changes required
 - Equipment/parts delivery times
 - Need to coordinate multiple departments etc.
- ❖ The auditee suggests a new due date based on the justification.

- ❖ Extension requests should be submitted as early as possible, not at the last minute.
- ❖ The BCAA auditor reviews the request and determines if it is reasonable.
- ❖ They can accept, reject, or propose an alternative timeline.

Approved extensions may require interim containment actions until permanent corrections are made. The auditor documents their decision with signature and date.

The purpose of allowing time extensions is to recognize that quality improvements sometimes take significant time and resources to fully implement. However, extensions should not be abused to indefinitely delay the resolution of findings.

BCAA Corrective Action Plan & Time Extension Requested Acceptance:

The "BCAA Corrective Action Plan & Time Extension Requested Acceptance" section is where the auditor documents their review and approval of the corrective action plan proposed by the auditee as well as any requests for extended due dates.

When reviewing the corrective action plan, the auditor should verify that:

- ❖ The actions address the specific non-conformity and root causes identified.
- ❖ The scope and details are adequate to reasonably expect the actions to be effective if properly implemented.
- ❖ Roles, responsibilities, budgets, and timelines are realistic.
- ❖ Changes align with regulations, standards, and best practices.
- ❖ Processes will be in place to measure effectiveness.
- ❖ For time extensions, the auditor evaluates if:
 - The justification provides good cause for missing the original due date.
 - The proposed new due date is reasonable based on the rationale.
 - Interim containment actions are sufficient to mitigate risks.

The auditor then documents their decision by:

- ❖ Signing and dating the acceptance section.
- ❖ Stating any modifications or additions required for approval.
- ❖ Approving or rejecting time extension requests.

The purpose is for the auditor to formally communicate that the auditee's corrective action plan and schedule are acceptable. This provides confirmation that the auditee can proceed with implementation.

Corrective and/or Preventive Action (Auditee):

The "Corrective and/or Preventive Action (Auditee)" section is where the auditee provides confirmation that the accepted corrective action plan has been fully implemented.

The auditee should give details on:

- ❖ Each corrective and preventive action step and whether it was completed as planned.
- ❖ Any modifications or variances from the original plan.
- ❖ Supporting evidence of implementation such as documents, records, photos, data analysis.
- ❖ Results of any effectiveness reviews conducted.
- ❖ Lessons learned and opportunities for improvement.

The auditee representative then signs and dates to formally notify the auditor that the correction is complete.

Some key points:

- ❖ Actions should align with the original accepted plan.
- ❖ Notify the auditor of any changes or deviations.
- ❖ Be thorough in reporting to facilitate the auditor's closure activities.

- ❖ Honestly disclose any deficiencies or actions still in progress.
- ❖ Provide sufficient details and proof to demonstrate diligent follow-through.

Name & Signature of Post holder:

The "Name & Signature of Post Holder" section on the audit finding form is used to document the specific individual representing the auditee organization who is taking responsibility and accountability for the associated response.

When completing this section, the following should be included:

- ❖ Name: The full legal name of the responsible individual should be printed clearly. Initials alone are insufficient.
- ❖ Signature: A handwritten signature or official electronic signature of the named individual. Simply typing a name is not acceptable.

Properly documenting the post holder's name and signature demonstrates the auditee's management has reviewed the response and stands behind it formally. This lends credibility and seriousness showing the auditee's commitment to properly addressing the finding.

Response Date:

The date when the auditee response was completed and sent to the audit team. This establishes a timeline for tracking the sequence of events.

Corrective Action Acceptance:

The "Corrective Action Acceptance" section is where the auditor documents their review and formal acceptance that the corrective actions have been satisfactorily implemented by the auditee.

When evaluating implementation, the auditor should:

- ❖ Review records, evidence, and documentation provided by the auditee.
- ❖ Interview personnel on the changes made.
- ❖ Verify preventive actions are integrated into procedures and processes.

- ❖ Confirm training was completed.
- ❖ Assess whether actions taken reasonably address the original non-conformity and root causes.
- ❖ Validate the effectiveness of actions through audits, observations, or tests.

Once satisfied, the auditor documents acceptance by:

- ❖ Signing and dating the section.
- ❖ Clarifying if only certain actions were verified.
- ❖ Describing the verification methods used.

By signing the acceptance, the auditor communicates that the corrective actions are deemed sufficient, marking closure from the auditor's perspective. Once the corrective action is accepted, the organization can proceed to print out the audit report for record-keeping purposes.

Appendix - I

Sample Audit Finding Form (AIR-16)

Audit Finding N°X

File Reference:	Finding Number:	Finding Level:	Due Date:
BCAA/AIR/XX	1	2	xx/08/19
Corrective Action Plan Requested:		Yes:	No:
Area of Audit:			
Non-compliance With:			
BCAA Comment Relating to Finding or Example :			
Name & Signature of BCAA Auditor:			Date: 26/06/19

Curative Action (Auditee):(Immediate/Corrective/Preventive):	
Name & Signature of Post holder:	Response Date:

Root Cause Analysis (Auditee):	
Name & Signature of Post holder:	Response Date:

Corrective Action Plan:	BCAA Request Date: 12/07/19
Name & Signature of Post holder:	Response Date:

Time Extension Requested (If any):	
Name & Signature of Post holder:	Request Date:

BCAA Corrective Action Plan & Time Extension Requested Acceptance:	
Name & Signature of BCAA Auditor:	Response Date:

Corrective and/or Preventive Action (Auditee):	
Name & Signature of Post holder :	Response Date:

Corrective Action Acceptance:	
Name & Signature of BCAA Auditor:	Acceptance Date:

BCAA Follow-up Audit and Comment:	
Name & Signature of BCAA Auditor:	Closure Date:

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