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| Declaration  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the address and any other information on the DTO declaration still up to date?(DTO.GEN.115) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are the representative of the DTO and the head of training correctly stated in the declaration?(DTO.GEN.115) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is all training that has been conducted listed on the DTO declaration and within the scope of training for DTOs?(DTO.GEN.110, DTO.GEN.115) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| If applicable, are all aircraft models and FSTDs used for training listed on the declaration?(DTO.GEN.115) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Have any changes to the declaration been declared to the competent authority?(DTO.GEN.115, DTO.GEN.116) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Training syllabi and course material  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are the training programs up to date and adequate for their purpose?(DTO.GEN.230) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the training practice in compliance with the declared training programs, with Part-FCL, Part-DTO and the safety policy?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Aerodromes and facilities  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Do the facilities meet the criteria defined in DTO.GEN.215?(DTO.GEN.215) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are only aerodromes/operating sites used, that have the appropriate facilities and characteristics to allow training of the relevant manoeuvres, taking into account the training provided and the category and type of aircraft used?(DTO.GEN.250) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Training aircraft and FSTDs  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are the aircraft and FSTDs appropriate to the training?(DTO.GEN.240) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the list of aircraft (incl. registration mark) and FSTDs (incl. qualification certificate) up to date?(DTO.GEN.240) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are the documents and maintenance records of the aircraft used for training up to date and valid (NCO.GEN.135, resp. «blue booklet»)?(DTO.GEN.240) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| If applicable, do all agreements for use of privately owned aircraft exist and have they been sent to the competent authority?(DTO.GEN.240) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| In case of aircraft requiring type ratings, if applicable, are all available OSDs present, up to date?(DTO.GEN.230, FCL.725) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Personnel  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Does all personnel have the required qualifications for their function?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the compliance of the DTO ensured by the representative, the safety policy and the promotion of safety carried out in an effective manner?(ORA.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the list of instructors up to date?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are sufficient resources available?(DTO.GEN.250) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Training and safety promotion |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the personnel made aware of the safety policy by the representative and is that policy applied during all training activities?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is safety actively promoted by the representative of the DTO?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Is the safety policy, including its means and methods, adequate and up to date (refer to AMC1 DTO.GEN.210)?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Have mitigation measures been effectively implemented, as foreseen in the safety policy?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Record keeping  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Do the records cover all training activities?(DTO.GEN.220) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are the training records available and in compliance with the minimum record keeping periods (random checks)?(DTO.GEN.220) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| Are course completion certificates issued, as applicable, for any completed training (random checks)?(FCL.135.S, FCL.205.S, FCL.135.B, FCL.225.B, FCL.740, FCL.800, FCL.805, FCL.810) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Hazards, risks and mitigation  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| After reporting occurrences to the competent authority, are hazards identified, their risks assessed and effectively mitigated?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
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| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Compliance |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| If there were changes to EU regulations, are the training course syllabi and material in compliance with the applicable requirements, as last amended (including changes to learning objectives)?(DTO.GEN.210) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| In reaction to safety problems, are the necessary measures, relevant mandatory safety information from the agency and airworthiness directives (ADs) implemented?(DTO.GEN.155) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| In case of type ratings, if applicable, are the training programs compliant with the OSDs?(DTO.GEN.230, FCL.725) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| In case of findings communicated by the competent authority, are the following steps taken? 1. Root cause analysis 2. Corrective action 3. Notification to the competent authority, informing about the corrective action.(DTO.GEN.150) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| If non-compliances (findings) have been detected internally or by the competent authority, were the follow-up, corrective and remedial action taken adequate and effective?(DTO.GEN.150) |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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|  OK [ ]  |  Not OK [ ]  | Finding, recommendation, comments, suggestion: | Root-cause, corrective-/preventive action: | Verification Date: |
| … |
| Sign representative of the DTO: |
| Responsible: | Due Date: | Closing Date: | Signature: | Report Closed | [ ]  |

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| Statement of completion of the DTO annual internal review |

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| Representative for the DTO | Date | Signature |