

# Compliance Checklist - OM

according AMC1 ORA.ATO 230 (b)



Please fill in the blue framed fields of the form, sign it and send it together with attachments to the competent authority:  
AUSTRO CONTROL GmbH, Aviation Agency, Wagramer Straße 19, 1220 Wien, Austria

## 1 | STATEMENT TYPE

Compliance Checklist OM according AMC1 ORA.ATO 230 (b)

## 2 | ORGANISATION REQUIREMENTS FOR AIRCREW [PART-ORA]

Please mark rules not applicable for your organisation with „n.a.“

Requirement	Title	documented in	Chapter/Page
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### REQUIREMENTS FOR OPERATIONS MANUALS (according AMC1 ORA.ATO.230)

#### Section I - General

(a)(1)	A list and description of all volumes in the operations manual	<input type="text"/>	<input type="text"/>
(a)(2)	Administration (function and management)	<input type="text"/>	<input type="text"/>
(a)(3)	Responsibilities (all management and administrative staff)	<input type="text"/>	<input type="text"/>
(a)(4)	Student discipline and disciplinary action	<input type="text"/>	<input type="text"/>
(a)(5)	Approval or authorisation of flights	<input type="text"/>	<input type="text"/>
(a)(6)	Preparation of flying programme	<input type="text"/>	<input type="text"/>
(a)(7)	Command of aircraft	<input type="text"/>	<input type="text"/>
(a)(8)	Responsibilities of the PIC	<input type="text"/>	<input type="text"/>
(a)(9)	Carriage of passengers	<input type="text"/>	<input type="text"/>
(a)(10)	Aircraft documentation	<input type="text"/>	<input type="text"/>
(a)(11)	Retention of documents	<input type="text"/>	<input type="text"/>
(a)(12)	Flight crew qualification records (licences and ratings)	<input type="text"/>	<input type="text"/>
(a)(13)	Revalidation (medical certificates and ratings)	<input type="text"/>	<input type="text"/>
(a)(14)	Flight duty period and flight time limitations (flying instructors)	<input type="text"/>	<input type="text"/>
(a)(15)	Flight duty period and flight time limitations (students)	<input type="text"/>	<input type="text"/>
(a)(16)	Rest periods (flight instructors)	<input type="text"/>	<input type="text"/>
(a)(17)	Rest periods (students)	<input type="text"/>	<input type="text"/>
(a)(18)	Pilots' log books	<input type="text"/>	<input type="text"/>
(a)(19)	Flight planning (general)	<input type="text"/>	<input type="text"/>
(a)(20)	Safety (general)	<input type="text"/>	<input type="text"/>

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according AMC1 ORA.ATO 230 (b)

## AMC1 ORA.ATO.230(b) - Technical

(b)(1)	Aircraft descriptive notes	<input type="text"/>	<input type="text"/>
(b)(2)	Aircraft handling	<input type="text"/>	<input type="text"/>
(b)(3)	Emergency procedures	<input type="text"/>	<input type="text"/>
(b)(4)	Radio and radio navigation aids	<input type="text"/>	<input type="text"/>
(b)(5)	Allowable deficiencies	<input type="text"/>	<input type="text"/>

## AMC1 ORA.ATO.230(b) - Route

(c)(1)	Performance (legislation, take-off, route, landing, etc.)	<input type="text"/>	<input type="text"/>
(c)(2)	Flight planning (fuel, oil, minimum safe altitude, etc.)	<input type="text"/>	<input type="text"/>
(c)(3)	Loading (load sheets, mass, balance and limitations)	<input type="text"/>	<input type="text"/>
(c)(4)	Weather minima (flying instructors)	<input type="text"/>	<input type="text"/>
(c)(5)	Weather minima (students - at various stages of training)	<input type="text"/>	<input type="text"/>
(c)(6)	Training routes or areas	<input type="text"/>	<input type="text"/>

## AMC1 ORA.ATO.230(b) - Personal training

(d)(1)	Appointments of persons responsible for standards etc.	<input type="text"/>	<input type="text"/>
(d)(2)	Initial training	<input type="text"/>	<input type="text"/>
(d)(3)	Refresher training	<input type="text"/>	<input type="text"/>
(d)(4)	Standardisation training	<input type="text"/>	<input type="text"/>
(d)(5)	Proficiency checks	<input type="text"/>	<input type="text"/>
(d)(6)	Upgrading training	<input type="text"/>	<input type="text"/>
(d)(7)	ATO personnel standards evaluation	<input type="text"/>	<input type="text"/>

### 3 SIGNATURE

I declare that I have the legal capacity to submit this application to Austro Control GmbH and that all information provided in this application form is correct and complete.

Place	Date	Signature of Accountable Manager
<input type="text"/>	<input type="text"/>	<input type="text"/>