

**CHAPTER 12: PROCEDURES FOR THE CONDUCT OF STANDARDISATION VISITS BY THE LICENSING AND MEDICAL STANDARDISATION TEAMS (LIST AND MEST) TO THE JAA NATIONAL AVIATION AUTHORITY AND THE FOLLOW UP ACTION REQUIRED BY THE JAA LIAISON OFFICE - LICENSING**

**12.1 The Framework Contract for the Provision of Standardisation Coordination Services by the European Aviation Safety Agency to the Joint Aviation Authorities**

12.1.1 In accordance with the above mentioned framework contract, EASA provides standardisation coordination services to the JAA.

12.1.2 In accordance with paragraph 4.2. of the working arrangements which are part of the framework contract, the responsibility of EASA will be limited to the co-ordination activities only. JAA will remain responsible for the overall standardisation process, including the issuing of recommendation for mutual recognition of the concerned JAA NAAs.

12.1.3 The co-ordination activities performed by EASA include:

- **The Preparatory Phase**

This phase consists in the preparation of the visit, and in particular:

- Planning
- Building up the standardisation team (using inspectors from JAA and EASA countries);
- Preparation of any necessary background information;
- Notification of and liaising with the organisation to be visited;
- Coordination and preparation of the visit agenda, including all relevant contacts and meetings;
- Organisation of travel arrangements.

- **The Visit Phase**

This phase consists of:

- Pre-briefing with national coordinator and team;
- Off-site coordination of the visit itself, on-site, as applicable;
- All other relevant support;
- De-briefing meeting.

- **The Follow-up Phase**

This is the most time consuming phase of the three, and comprises all work related to the follow-up of the visit, including:

- Coordination of remarks/findings;
- Agreement on corrective actions;
- Follow-up on the implementation of these remarks/findings;
- Submission to the JAA of the endorsed visit report;
- Records management of the visits and the follow-up;
- Archiving.

12.1.4 The correspondence related to the above mentioned standardisation processes should be addressed to the EASA Approvals and Standardisation Directorate.

12.1.5 All standardisation activities coordinated by EASA will use the JAA standardisation procedures which were applicable at the moment of signing the framework contract between the JAA and EASA. The JAA standardisation procedures are detailed in paragraphs 12.2 to 12.13 below. Therefore, note that some of the provisions of these procedures previously carried out by the JAA, are now carried out by EASA on behalf of the JAA.

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## **12.2 General**

12.2.1 The role of the JAA Liaison Office – Licensing is:

- to give assistance to Authorities in the implementation of JAR-FCL; and
- to monitor the performance of the Authorities by assessing the consistency with which JAR-FCL is implemented

12.2.2 The monitoring role of the JAA Liaison Office - Licensing is primarily the establishment of Licensing Standardisation Teams (LIST) and Medical Standardisation Teams (MEST). The responsibility for arranging and co-ordinating the activity of the standardisation teams rests with the JAA Liaison Office – Licensing, and it is to the JAA Liaison Office - Licensing that they will report their findings.

12.2.3 Mutually acceptable standards are essential to the principle of harmonisation. Consistency in the interpretation and application of the requirements forms the basis for achieving common high standards of safety. The wealth of experience of Member States should be a shared asset. The objective is to draw on the best of that experience to promote and support high standards, and to justify the mutual recognition between Member States, of each other's standards.

12.2.4 The LISTs and MESTs will monitor the consistency in the application of JAR-FCL approval and authorisation procedures within JAA Member States concerning the following:

- the approval of Training Organisations and all training and testing of pilots; and
- the authorisation of aeromedical centres and medical examiners for the assessment of medical fitness of flight crew.

## **12.3 Mode of operation**

12.3.1 Teams (LIST or MEST) will visit each Authority on a recurring basis to see how it applies JAR-FCL to applicants and holders of licences and medical certificates. If a LIST or MEST perceives deficiencies with applied licensing standards it will attempt to identify the reasons with the objective of assisting the Authority achieve the required standards. The JAA Liaison Office – Licensing will provide reports to the JAA Committee on a regular basis to record that (LIST and MEST) Teams visits are being conducted and show the status of achieved licensing and medical standards of the Authority. Chapter 13 covers the situation where there is a disagreement between an Authority and the JAA Liaison Office – Licensing.

## **12.4 Team Composition**

12.4.1 LIST Composition

12.4.1.1 A LIST should be composed of:

- a) a specialist in theoretical knowledge examinations,
  - b) a flight training and testing specialist, and
  - c) a licensing administration specialist,
- all from Authorities other than the Authority being visited. These specialists forming the LIST are referred to as surveyors and must be from three different Authorities.

12.3.1.2 Each Authority should keep a list of surveyors who would fulfil these requirements and forward this list to JAA Liaison Office – Licensing. The LIST members should be available for at least three visits during the course of one year.

### **12.4.2 MEST Composition**

12.4.2.1 Each MEST will consist of three aeromedical surveyors from Authorities other than the Authority being visited, and the surveyors must be each from three different Authorities.

12.4.2.2 Each Authority should keep a list of surveyors who would fulfil these requirements and forward this list to JAA Liaison Office – Licensing. The MEST members should be available for at least one year.

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**12.5 The National Co-ordinator**

12.5.1 The Authority being visited must appoint a National Co-ordinator who will be an experienced licensing/medical specialist and whose task is to work with the LIST/MEST during the visit. It is recommended that the National Co-ordinator is not changed during a visit by the LIST/MEST to the Authority.

12.5.2 The National Co-ordinator fills an important role for the Authority by forming the vital link between the LIST/MEST and the Authority staff. The National Co-ordinator's primary role is to ensure that LIST/ MEST questions are properly understood and the responses reflect how the Authority works.

**12.6 Selection of LIST and MEST members**

12.6.1 The Authorities have a commitment, under the Arrangements, to make their experts available to the JAA. It is vital, in the interests of each Authority, as well as that of the JAA, that Authorities should second, for standardisation purposes, only those people who from experience, qualification and personality are best suited to undertake such an important and sensitive task.

12.6.2 Each Authority shall nominate at least one licensing and one medical surveyor who meet the specified requirements for the Teams. It is strongly recommended that nominated surveyors serve in a Team for a minimum of 12 months for standardisation purposes.

12.6.3 To become a LIST member, the nominee should be an experienced Authority licensing/examination specialist and, have some international exposure to other Authorities licensing regulations. The member should be diplomatic in carrying out investigations of licensing requirements and have knowledge of auditing techniques.

In addition, the LIST member must have attended a JAA JAR-FCL training course for familiarisation with JAR FCL.

12.6.4 To become a MEST member, the nominee should be an experienced aeromedical examiner and have some international exposure to other Authorities' aviation medicine requirements. The member should be diplomatic in carrying out investigations of medical requirements and have knowledge of auditing techniques.

In addition, the MEST member must have attended JAA JAR-FCL training course for familiarisation with JAR FCL.

12.6.5 All nominees must have a good working knowledge of the English language.

**12.7 LIST and MEST visit programme.**

12.7.1 The JAA Liaison Office – Licensing will, in consultation with the National Co-ordinators, draw up an agreed programme of team visits to Member States.

12.7.2 A LIST and MEST is intended to visit each Authority at a frequency to ensure that requirements are being achieved. The frequency will vary in the light of experience.

12.7.3 Each Authority will be given at least 2 months notice of an intended visit by a LIST and/or MEST and will be expected to make every effort to both receive and co-operate with the Team(s).

12.7.4 Supplementary visits by a LIST/MEST to an Authority may be required as deemed necessary by the JAA Liaison Office – Licensing in agreement with, or at the request of, the concerned Authority.

**12.8 The selection of sample JAR-FCL approved or authorised organisations to be visited.**

12.8.1 Whilst a LIST and MEST is primarily intended to look at the Authorities it is also necessary to sample a selection of approved training organisations according to JAR-FCL 1 and 2 and authorised aeromedical centres according to JAR FCL 3. The JAA Liaison Office – Licensing will therefore select a representative sample of such facilities to be looked at by the LIST or MEST during the visit to the Authority. The JAA Liaison Office – Licensing will determine this selection in consultation with the Authority.

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**12.9 Briefing of LIST and MEST before visiting the Authority.**

12.9.1 The LIST and MEST will normally be briefed at JAA Headquarters before each visit to an Authority to ensure that they are fully aware of what is expected of them and to provide any pertinent information about the Authority. To ensure standardisation all LIST and MEST will be briefed at the same time and visits to a number of Authorities will be conducted simultaneously unless this proves impracticable in a particular case. National Co-ordinators will be invited, and asked to participate.

**12.10 LIST and MEST visit procedure.**

12.10.1 It is anticipated that a visit will take about four days and be conducted typically as follows:

- The LIST and MEST will brief the Authority on the purpose of the visit and how it will be conducted. The Authority will give a summary of how requirements are implemented and what problems it has met.
- The LIST and MEST will look at the section of the Authority that issues licences and/or medical certificates to study the procedure used and the adherence to requirements. Furthermore the oversight reports of approved or authorised training organisations/aeromedical centres used as the basis for approval or authorisation shall also be studied. A random selection of such reports will be made by the LIST and MEST. The number chosen will depend on any problems found, but in any case one report from a training organisation and one report from an aeromedical centre shall be studied.
- The LIST and MEST will visit with the Authority an approved training organisation or authorised aeromedical centre. These visits are specifically intended to be brief "snapshot" visits to obtain a feel for both standards and attitudes of the training organisations and medical centres and in no way give an impression of take-over by the LIST and MEST.
- The LIST and MEST will compare notes amongst the members to determine its findings.
- The LIST and MEST will debrief the Management of the Authority on its findings. These findings must be specified on JAA Form n° 156 and be the same as reported to the JAA Liaison Office – Licensing. The Authority may dispute any finding but the LIST and MEST may only change their findings if convinced that they have misunderstood some aspect in relation to the disputed finding. The LIST and MEST may identify possible findings to the Authority which the LIST and MEST may wish to discuss with JAA Liaison Office – Licensing before confirming or dropping such a finding.

12.10.2 The LIST and MEST must however clearly identify the status of all findings from their viewpoint before concluding the visit to the Authority.

Note a: The LIST or MEST members will always work together and not separate (except for observation of a skill test, if applicable) to cover different aspects. The objective is to form the joint view of three Authority surveyors about requirements, a point which would be defeated by dividing up the Team during the visit.

Note b: The LIST and MEST will complete a JAA Form in duplicate, with one copy for the JAA Liaison Office – Licensing and the other copy for the concerned Authority. The form may be completed during the visit or at the conclusion so long as the part dealing with findings is completed at the time of the visit.

Note c: It is in the interest of the Authority to ensure that the National Co-ordinator remains with LIST and MEST members throughout the visit.

Note d: Any visit by a LIST and MEST to an approved or authorised organisation has no immediate impact either way upon the particular approved or authorised organisation because the visit represents a sampling of the organisations in that country. If a visit to approved or authorised organisations results in a LIST and MEST finding, the particular Organisation will not be identified in the para 12.11 or 12.12 reports. Any action to be taken by the approved or authorised organisation will be determined by the Authority.

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12.10.3 The foregoing procedure is intended for the smaller authorities, that is, those Authorities that do not have any regional Authority offices separated from the headquarters. For the larger Authorities the following additional time may need to be allocated for the visit.

- the LIST and MEST will visit a proportion of any regional offices that issue licences, approvals or certificates.
- the LIST and MEST will additionally visit with the Authority representative a suitable proportion of approved training organisations or aeromedical centres.

**12.11 Post visit briefing of JAA Liaison Office – Licensing by LIST and MEST.**

12.10.1 Each LIST and MEST will debrief the JAA Liaison Office – Licensing in a joint forum with other LIST and MEST at the completion of each round of visits to the Authorities. The visit report JAA Form n° 156 will be submitted to the JAA Liaison Office – Licensing at the time of the debrief.

The National Co-ordinator must also sign the JAA Form n° 156 adding any comment he/she wishes against each finding. He/she should attend this post-visit briefing sessions.

**12.12 Resolution of LIST and MEST findings**

12.12.1 The JAA Liaison Office – Licensing, on receipt of the LIST or MEST findings from the LIST and MEST will determine which findings must be actioned by the concerned Authority regarding its procedures taking into account the views of the Authority. The Authority will be invited to propose appropriate actions and their timescales before the JAA Liaison Office – Licensing writes formally to the Authority on the findings and actions. This written statement from the JAA Liaison Office – Licensing will form the basis of the para 12.12 status report.

12.12.2 The JAA Liaison Office – Licensing will carry out the action of this para 12.11 at the earliest opportunity after the LIST and MEST visit but in any case it must be completed within one month of the LIST and MEST visit.

It is therefore essential that the Authority management allocates time during this post visit period to discuss the findings with the JAA Liaison Office – Licensing.

12.12.3 Supplementary visits by the LIST and MEST may be one consequence of LIST and MEST findings. Where an Authority disagrees with the decision made by the JAA Liaison Office – Licensing on actions required regarding the Authority procedures as a result of LIST or MEST findings, the procedure of Chapter 13 will apply.

**12.13 Licensing and Medical Status report by the JAA Liaison Office – Licensing**

12.13.1 The JAA Liaison Office – Licensing will provide to the JAA Committee at the end of each year with a status report containing information on all Authorities visited, the composition of the LIST and MEST, the findings made and the response from the visited Authority. Each time the report is reissued it will be updated in respect of any open findings from previous reports such that it will serve as a continuous status report.

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**Attachment 1**

**Abbreviated steps of LIST/MEST Teams procedures**

|  |           |                                     |
|--|-----------|-------------------------------------|
| LIST/MEST  |           |                                     |
| BRIEF JAA  |           |                                     |
| NAA ( <i>National co-ordinator: how are JARs implemented? Problems, questions...</i> ) |           |                                     |
| VISIT APPROPRIATE ( <i>to one or more AMC, training organisations</i> )                |           |                                     |
| DEBRIEF NAA  |           |                                     |
| DEBRIEF JAA ( <i>Teams, National co-ordinator</i> )                                    |           |                                     |
| LICENSING DIVISION FINDING   |           |                                     |
| APPROPRIATE ACTION INCLUDING TIMESCALE WITH JAA  |           |                                     |
| NAA DISAGREES<br><i>(see Chapter 13)</i>   | <b>OR</b> | NAA AGREES<br>Changes, if necessary |
| STATUS REPORT TO LST AND JAA COMMITTEE ANNUALLY  |           |                                     |

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STANDARD DOCUMENT N° 156 (Lic)

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|--|
| <b>LICENSING STANDARDISATION TEAM VISIT REPORT</b> |
|--|

**1. GENERAL DATA SECTION**

| n°    | Questions                                    | Information |
|-------|--|-------------|
| 1.1   | Authority visited:                           |             |
| 1.2   | Date(s) and place of visit:                  |             |
| 1.3   | LIST members:                                |             |
| 1.4   | National Co-ordinator(s) for visit:          |             |
| 1.5   | Principal Authority staff seen:              |             |
|       | a) Headquarters:                             |             |
|       | b) Regional offices:                         |             |
| 1.6   | FTO, TRTO's and Aeromedical Centres visited: |             |
| 1.6.1 | Organisation one:                            |             |
|       | Staff seen:                                  |             |
| 1.6.2 | Organisation two:                            |             |
|       | Staff seen                                   |             |
| 1.6.3 | Organisation three:                          |             |
|       | Staff seen:                                  |             |
| 1.6.4 | Organisation four:                           |             |
|       | Staff seen:                                  |             |
| 1.6.5 | Organisation five:                           |             |
|       | Staff seen:                                  |             |

Note: Under no circumstances may a LIST or a MEST member indicate or suggest to the FTO, TRTO or AMC that the approval, authorisation, etc. for those organisations be suspended or withdrawn.

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**2. NAA SECTION**

| n°                       | Questions   | Information      |
|--------------------------|---|------------------|
| <b>General questions</b> |   |                  |
| <b>2.1</b>               |   |                  |
| 2.1.1                    | Does the NAA have a policy for providing information on JAR-FCL and the associated Joint Implementation Procedures to their staff?  |                  |
| 2.1.2                    | At what date was JAR-FCL and the JIP fully implemented?   |                  |
| 2.1.3                    | What kind of problems did you have with implementation?   |                  |
| 2.1.4                    | Is there any area that is not covered by JAR-FCL and is related to JAR -FCL?  |                  |
| 2.1.5                    | How many staff are dealing with the implementation of JAR-FCL?  |                  |
| 2.1.6                    | How many staff have been trained by JAA HQ?<br><br>How many staff have been trained according to the JAA HQ course?   |                  |
| 2.1.7                    | Does the NAA transcribe the JAR-FCL and JIP into National Regulations/Procedures and, if so, do the National Regulations/Procedures reflect the original intent of the JAR-FCL and JIP? |                  |
| 2.1.8                    | General remarks:  |                  |
| <b>2.2</b>               | <b>Questions related to JAR-FCL 1 (Aeroplane) and 2 (Helicopter)</b>  |                  |
| <b>Licences general</b>  |   |                  |
| 2.2.1                    | How many licences and validations are currently valid?<br><br>Aeroplane<br>PPL<br>CPL<br>ATPL<br><br>Helicopter<br>PPL<br>CPL<br>ATPL   | JAR-FCL National |
| 2.2.2                    | Are national licences replaced to JAR-FCL licences in accordance with para 1.005/2.005 and Appendix 1?  |                  |
| 2.2.3                    | What format of licences are used (see JAR-FCL 1.075/2.075 and Appendix 1 to JAR-FCL 1.075/2.075)?   |                  |



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| <b>Validations</b>       |   |
|--------------------------|---|
| 2.2.4                    | How is the procedure for issuing validations carried out, and how many validations are currently valid (reference to JAR-FCL 1.015/2.015(b)(1) and Appendix 1)?   |
| 2.2.5                    | How many block validations are issued for leasing according to JAR-FCL 1.015/2.015(b)?  |
| <b>Conversions</b>       |   |
| 2.2.6                    | How is the procedure for converting licences carried out, and how many licences issued by a non-JAA State are converted to JAR-FCL licences (reference to JAR-FCL 1.015/2.015(c) or JAR-FCL 1.016)?   |
| <b>Licences specific</b> |   |
| 2.2.7                    | What ratings for special purposes are issued (according to JAR-FCL 1.017/2.017 e.g. towing, aerobatics, IMC flying)?  |
| 2.2.8                    | <p><b>PPL:</b><br/> Check samples of documents for licences issued on:</p> <ul style="list-style-type: none"> <li>• Age:</li> <li>• Class 1 or 2 Medical:</li> <li>• Experience:</li> <li>• Training course:</li> <li>• Theoretical knowledge:</li> <li>• Skill:</li> </ul> <p>According to JAR-FCL Subpart C and AMC 1.125/2.125:</p>            |
| 2.2.9                    | <p><b>CPL:</b><br/> Check samples of documents for licences issued on:</p> <ul style="list-style-type: none"> <li>• Age:</li> <li>• Class 1 Medical:</li> <li>• Experience:</li> <li>• Training course:</li> <li>• Theoretical knowledge:</li> <li>• Flight instruction:</li> <li>• Skill:</li> <li>• According to JAR-FCL Subparts D:</li> </ul> |

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|                   |  |  |
|-------------------|--|--|
| 2.2.10            | <p><b>IR:</b><br/> Check samples of documents for ratings in licences issued on:</p> <ul style="list-style-type: none"> <li>• Experience:</li> <li>• Theoretical knowledge:</li> <li>• Flight instruction:</li> <li>• Skill:</li> </ul> <p>According to JAR-FCL Subparts E:</p>                              |  |
| 2.2.11            | <p><b>Class &amp; Type ratings:</b><br/> Check samples of documents for ratings in licences issued on:</p> <ul style="list-style-type: none"> <li>• Requirements and conditions:</li> <li>• Skill:</li> <li>• According to JAR-FCL Subpart F and IEM FCL 1.240/2.240(b)(2):</li> </ul>                       |  |
| 2.2.12            | <p><b>ATPL:</b><br/> Check samples of documents for licences on:</p> <ul style="list-style-type: none"> <li>• Age:</li> <li>• Class 1 Medical:</li> <li>• Experience:</li> <li>• Training course:</li> <li>• Theoretical knowledge:</li> <li>• Skill:</li> <li>• According to JAR-FCL Subparts G:</li> </ul> |  |
| <b>Exemptions</b> |  |  |
| 2.2.13            | <p>How many exemptions are being given according to JAR-FCL 1.045/2.045 and Chapter 5 of the JIP?</p>  |  |
| 2.2.14            | <p>Based on what requirements and on what grounds?</p> <p>Does the exemptions list held by the Authority correspond with the list held by JAA HQ?</p>  |  |

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| <b>Training organisations and *Registered facilities</b> |  |  |
|--|--|--|
| 2.2.15   | <p>How many training organisations and *Registered facilities?</p> <ul style="list-style-type: none"> <li>• FTO:</li> <li>• TRTO:</li> <li>• *Registered facilities:</li> </ul>  |  |
| 2.2.16   | <p>Does the NAA follow the approval procedures laid down in Chapter 9 of the JIP for FTOs, TRTOs?</p>  |  |
| 2.2.17   | <p>How are the following JAA standard documents incorporated into the Licensing System (check documentation) ?:</p> <p>Document No. 150:<br/> Document No 151:<br/> Document No. 152:<br/> Document No. 153:<br/> Document No. 154:</p> <p>Attach appropriate documents.</p> |  |
| 2.2.18   | <p>In accordance with Chapter 9 of the JIP, who supervises the approvals of:</p> <p>Training Organisations and Training Courses:</p> <p>Aeromedical Centres:</p>   |  |
| 2.2.19   | <p>How many inspectors are assigned to the approval process, and are they suitably trained, qualified and experienced in their role (see Chapter 9.4 of the JIP) ?</p> <p>Check Staff Training records</p>   |  |
| <b>Approved training organisations JAR-FCL</b>           |  |  |
| 2.2.20   | <p>SELECT A SAMPLE OF APPROVED TRAINING ORGANISATION RECORDS (e.g. the FTO/TRTO being visited)</p> <p>Is the approval still valid?</p>   |  |

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|   |  |  |
|---|--|--|
| 2.2.21                                  | <p>Approved courses:</p> <p>COURSE TITLE    MODULAR<br/>                                  INTEGRATED</p> <p>ATP(A/H)<br/> CPL/IR(A)<br/> CPL(A)/(H)<br/> IR(A/H)<br/> TR(A/H)<br/> CR(A/H)<br/> FI(A/H)</p>  |  |
| 2.22                                    | <p>Does each approved course of training meet the requirements for that course prescribed in the appropriate appendix or AMC of JAR-FCL?</p> <ul style="list-style-type: none"> <li>• ATPL integrated course: Appendix and AMC FCL 1.160/2.160 and 1.165/2.165(a)(1)</li> <li>• CPL/IR integrated course: Appendix and AMC FCL 1.160 and 1.165(a)(2)</li> <li>• CPL integrated course: Appendix and AMC FCL 1.160/2.160 and 1.165(a)(3)/2.165(a)(2)</li> <li>• CPL modular course: Appendix and AMC FCL 1.160/2.160 and 1.165(a)(4)/2.165(a)(3)</li> <li>• IR modular course: App. 1 to JAR-FCL 1.205/2.205</li> <li>• Class / Type rating course: AMC FCL 1.261/2.261(a)</li> <li>• ATPL modular course: App. 1 to JAR-FCL 1.285/2.285</li> <li>• Flight instructor course :AMC FCL 1.340/2.340</li> <li>• Type rating instructor course: AMC FCL 1.365/2.365</li> <li>• Class rating instructor course: AMC FCL 1.380</li> <li>• Instrument rating instructor course: AMC FCL 1.395/2.395</li> </ul> |  |
| 2.2.23                                  | <p>Does the training organisation have approval for each training course for which a licence or rating is sought?</p>  |  |
| 2.2.24                                  | <p>Does the training organisation use another operation base? If so, specify details.</p>  |  |
| <b>According to JAR-FCL 1.055/2.055</b> |  |  |
| 2.2.25                                  | <p>USE THE AUTHORITY'S INSPECTION REPORT FORM AND THE ORGANISATION'S OPERATIONS AND TRAINING MANUALS FOR QUESTIONS 2.2.25 to 2.2.36</p> <p>Staffing:</p> <p>*App. 1a para 10 - 20</p> <p>*App. 2 para 11 - 15</p>  |  |
| 2.2.26                                  | <p>Documentation and Publications/Operating Information:</p> <p>*App. 1a para 31-33</p> <p>*App. 2 para 25-27</p>  |  |

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|        |   |  |
|--------|---|--|
| 2.2.27 | <p>Training Records:</p> <p>*App. 1a para 3, 21-23</p> <p>*App. 2 para 18-20</p>                  |  |
| 2.2.28 | <p>Instructional requirements</p> <p>*App. 1a para 31-33</p> <p>*App. 2 para 16</p>               |  |
| 2.2.29 | <p>Course material</p> <p>*App. 1a para 31-33</p> <p>*App. 2 para 21, 25-27</p>                   |  |
| 2.2.30 | <p>Ground school accommodation</p> <p>*App. 1a para 29</p>  |  |
| 2.2.31 | <p>Administration</p> <p>*App. 1a para 3 and 10 and 21 to 23</p> <p>*App. 2 para 11 and 18-20</p> |  |
| 2.2.32 | <p>Operational accommodation</p> <p>*App. 1a para 28</p> <p>*App. 2 para 23</p>                   |  |
| 2.2.33 | <p>Training equipment</p> <p>*App. 1a para 25</p> <p>*App. 2 para 22</p>                          |  |
| 2.2.34 | <p>Operations manual</p> <p>*App. 1a para 31 and 33</p> <p>*App. 2 para 25 and 27</p>             |  |
| 2.2.35 | <p>Training manual</p> <p>*App. 1a para 31 and 32</p> <p>*App. 2 para 25 and 26</p>               |  |
| 2.2.36 | <p>Quality System</p> <p>*App. 1a para 3</p> <p>*App. 2 para 3</p>                                |  |
| 2.2.37 | <p>Add Training Organisation Inspection reports by NAA:</p>                                       |  |

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| <b>Flight Navigation and Procedures Trainers</b> |  |  |
|--|--|--|
| 2.2.38   | Does the NAA evaluate and qualify FNPTs in accordance with JAR-STD 3(A)? If not specify?   |  |
| <b>Instructor ratings</b>                        |  |  |
| 2.2.39   | Check samples of documents of ratings in licence on: <ul style="list-style-type: none"> <li>• prerequisite requirements</li> <li>• training</li> <li>• skill tests</li> <li>• revalidation and renewal requirements</li> <li>• according to JAR-FCL Subparts H and AMCs 1.340/2.340, 1.365/2.365, 1.380 and 1.395/2.395</li> </ul> |  |
| <b>Examinations</b>                              |  |  |
| 2.2.40   | Does the NAA organise the examinations or is the task delegated?<br>*If yes to whom?   |  |
| 2.2.41   | How are the examinations organised in relation to the requirements (JAR-FCL Subpart J) and the procedures (JIP Chapter 10)?  |  |
| 2.2.42   | How many per year?   |  |
| 2.2.43   | How many candidates?   |  |
| 2.2.44   | Are the questions used from the databank <ul style="list-style-type: none"> <li>• PPL</li> <li>• CPL</li> <li>• IR</li> <li>• Type rating</li> <li>• Class rating</li> <li>• ATPL</li> </ul>   |  |
| 2.2.45   | Obtain sample of examination question papers for establishing balance and distribution of questions in accordance with JAR-FCL 1.480 and 2.480.  |  |
| 2.2.46   | How do you have access to the JAA Central Databank (mail, modem, etc.)?  |  |
| <b>Skill tests</b>                               |  |  |
| 2.2.47   | Does the NAA organise the skill tests or is the task delegated? If yes to whom?  |  |
| 2.2.48   | How are the skill tests organised in relation to the requirements and procedures?  |  |

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| 2.2.49           | <p>Is each skill test that is given by the holder of an examining authorisation equal in scope, depth, and difficulty to the comparable flight test prescribed in JAR-FCL?<br/>         (Check and attach appropriate documentation)</p> <ul style="list-style-type: none"> <li>• PPL</li> <li>• CPL</li> <li>• IR</li> <li>• Type rating</li> <li>• Class rating</li> <li>• ATPL</li> </ul>  |  |
| <b>Examiners</b> |   |  |
| 2.2.50           | How many flight examiners do you have?  |  |
| 2.2.51           | How many type rating examiners?   |  |
| 2.2.52           | How many synthetic flight examiners?  |  |
| 2.2.53           | How many class rating examiners?  |  |
| 2.2.54           | How many instrument rating examiners?   |  |
| 2.2.55           | How many flight instructor examiners?   |  |
| 2.2.56           | How many multiple roles?  |  |
| 2.2.57           | <p>Check documents for authorisations to ascertain whether these authorisations are issued according to JAR-FCL Subparts I</p> <p>Period of validity:</p> <p>Prerequisite requirements:</p> <ul style="list-style-type: none"> <li>• Flight examiner JAR-FCL 1.435/2.435</li> <li>• Type rating examiner JAR-FCL 1.440/2.440</li> <li>• Class rating examiner JAR-FCL 1.445</li> <li>• Instrument rating examiner JAR-FCL 1.450/2.450</li> <li>• Synthetic flight examiner JAR-FCL 1.455/2.455</li> <li>• Flight instructor examiner JAR-FCL 1.460/2.460</li> </ul> |  |

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**STANDARD DOCUMENT N° 156 (Med)**

|  |
|--|
| <b>MEDICAL STANDARDISATION TEAM VISIT REPORT</b> |
|--|

| n°     | Questions   | Information |
|--------|---|-------------|
| 1      | <b>General Data Section</b>                                   |             |
| 1.1    | Aeromedical Section (AMS) visited:<br>Within which Authority? |             |
| 1.2    | Date(s) and place of visit:                                   |             |
| 1.3    | MEST members:   |             |
| 1.4    | National Co-ordinator(s) for visit:                           |             |
| 1.5    | Principal Authority staff seen:<br>a) Headquarters:           |             |
|        | b) Regional offices:  |             |
| 1.6    | Aeromedical Centres (AMC) visited:                            |             |
| 1.6.1  | AMC one:<br><br>Staff seen:                                   |             |
| 1.6.2  | AMC two:<br><br>Staff seen                                    |             |
| 1.6.3. | AMC three:<br><br>Staff seen:                                 |             |
| 1.7    | Authorised Medical Examiner (AME) visited                     |             |
|        | AME one   |             |
|        | AME two   |             |
|        | AME three   |             |

Note: Under no circumstances may a LIST or a MEST member indicate or suggest to the FTO, TRTO or AMC that the approval, authorisation, etc. for those organisations be suspended or withdrawn.



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| 2     | <b>Questions related to JAR-FCL 3 (Medical)</b>   |  |
| 2.1   | <b>Questions related to the Aeromedical Section of the Authority (AMS)</b>  |  |
|       | a) What is the legal basis for the implementation of JAR-FCL 3 (administrative organisation, legal and technical findings)?                                     |  |
|       | b) Is there a translation of JAR-FCL 3 into the national language or is the original text in English?   |  |
|       | c) Is the actual amendment of JAR-FCL 3 used?   |  |
|       | d) Are addresses and contact details of AMS, AMCs and AMEs provided to the Licensing Information System (LIS) to provide for central availability of such data? |  |
|       | e) Is there an updated website providing relevant data to the aviation community (addresses, links etc.)?   |  |
|       | f) Are the relevant requirements available on the website for AMCs and AMEs or are these publications provided in hard copy to them?                            |  |
| 2.1.1 | <b>Organisation</b>   |  |
|       | a) What is the organisation and staffing of the Aeromedical Section?  |  |
|       | b) What are the Aeromedical qualifications and experience of the physicians acting as the Aeromedical Section?  |  |
|       | c) Did the NA develop a profile regarding the aeromedical qualifications needed by the Head and the physician(s) of the AMS?                                    |  |
|       | d) To whom does the Head of AMS report?   |  |
|       | e) Is the Head of the AMS independent regarding aeromedical decisions?  |  |
|       | f) Are AMS and AMC combined?<br>If so, are there procedures for independent review in place? (JIP 6.3.3)  |  |
|       | g) Are there regional offices or regional AMSs?   |  |
| 2.1.2 | <b>Responsibility and tasks:</b>  |  |
|       | a) Which of the following tasks are performed by the AMS (if not performed by the AMS - who performs the tasks?):   |  |
|       | (1) provide advice to pilots (JAR-FCL 3.040(c))   |  |
|       | (2) determine fitness (JAR-FCL 3.040 (d))   |  |
|       | (3) designate and authorize AMCs (JAR-FCL 3.085)  |  |
|       | (4) designate and authorize AMEs (JAR-FCL 3.090)  |  |

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|       | (5) issue initial Class 1 medical certificates (JAR-FCL 3.100(b))  |  |
|       | (6) issue of any other medical certificates (FCL 3.100(b)(c))  |  |
|       | (7) collate information on denial of medical certificate (JAR-FCL 3.100(f)(1))   |  |
|       | (8) any other task(s)  |  |
| 2.1.3 | <b>Documentation and its maintenance</b>   |  |
|       | a) Are adequate stocks of JAA medical standard forms maintained for circulation to AMEs or are electronic formats used?  |  |
|       | b) Are the standard documents 160 through 166 used in the format laid down in the JIP?   |  |
|       | c) Are medical files maintained on all aircrew applicants? (if not - where are they kept and would they be available should resp. need arise?)                       |  |
|       | d) How long does it take for issue of a medical certificate following attendance by an applicant at an AMC or AME?   |  |
|       | e) Is a record maintained of temporary unfitness?  |  |
|       | f) Are records maintained of applicants (including initial applicants) assessed as long term unfit?  |  |
|       | g) How is the documentation of AME authorisation and training maintained?  |  |
|       | h) How is documentation of AMC authorisation and training maintained?  |  |
| 2.1.4 | <b>Aeromedical Confidentiality</b>   |  |
|       | a) How does the Aeromedical Section ensure medical confidentiality?  |  |
|       | b) Who has access to the medical files of aircrew?<br>Is it ensured that only medical personnel of the AMS has access and access by non-medical personnel is denied? |  |
|       | c) Are there security systems in place to ensure data protection?  |  |
|       | d) Are medical data of pilots accessible for epidemiological audit while respecting medical confidentiality?   |  |
|       | e) What are the conditions under which aeromedical information is disclosed?   |  |
|       | (1) to AMEs of the own NAA (JAR-FCL 3.090(c))  |  |
|       | (2) to other Authorities of JAA Member States (JAR-FCL 3.100(f)(2))  |  |
|       | (3) to Authorities outside JAA-NAA   |  |

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|  | f) Checklist Medical Confidentiality AMS (with reference to EU- directive 95/46 1995) (see JIP 6.8.1)   |  |
|  | (1) Is medical confidentiality respected at all times?  |  |
|  | (2) Does the AMS have sole responsibility within the Authority in relation to medical matters and issuance of medical certificates?                           |  |
|  | (3) Is one of the physicians in the AMS appointed to be the Head of the AMS?  |  |
|  | (4) a) Is all staff having access to personal medical information consisting of only medical staff?   |  |
|  | b) Is the staff having access authorised by the head of AMS?  |  |
|  | c) Is the access limited to the purpose of issuing a medical certificate?   |  |
|  | d) Is there an up-to-date list listing all the staff having access?   |  |
|  | (5) Is personal medical information only available to the AMS, AMC or AME handling the application and for the purpose of completion of a medical assessment? |  |
|  | (6) a) Do the applicant or his physician have access to all such documentation according to national law?   |  |
|  | b) What does the national law state (just brief statement)?   |  |
|  | (7) a) May the head of the AMS make relevant parts of the personal medical information available to other officials in accordance with national law?          |  |
|  | b) How often does this occur?   |  |
|  | c) Are adequate safeguards in place to ensure that only authorised personnel have access to medical records?  |  |
|  | (8) Are medical records retained as long as necessary, according to national law?   |  |
|  | (9) Is a secure encoding system in place to secure electronically transmitted and stored documents?   |  |
|  | (10) Is medical confidentiality respected at all times?   |  |

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|       | (11) Does the AMS have sole responsibility within the Authority in relation to medical matters and issuance of medical certificates?                           |  |
|       | (12) Is one of the physicians in the AMS appointed to be the Head of the AMS?  |  |
|       | (13) Is all staff having access to personal medical information consisting of only medical staff?  |  |
|       | a) Is the staff having access authorised by the head of AMS?   |  |
|       | b) Is the access limited to the purpose of issuing a medical certificate?  |  |
|       | c) Is there an up-to-date list listing all the staff having access?  |  |
|       | (14) Is personal medical information only available to the AMS, AMC or AME handling the application and for the purpose of completion of a medical assessment? |  |
|       | a) Do the applicant or his physician have access to all such documentation according to national law?  |  |
|       | (15) What does the national law state (just brief statement)?  |  |
|       | (16) a) May the head of the AMS make relevant parts of the personal medical information available to other officials in accordance with national law?          |  |
|       | b) How often does this occur?  |  |
|       | c) Are adequate safeguards in place to ensure that only authorised personnel have access to medical records?   |  |
|       | (17) Are medical records retained as long as necessary, according to national law?   |  |
|       | (18) Is a secure encoding system in place to secure electronically transmitted and stored documents?   |  |
| 2.1.5 | <b>Review Procedures / Exemptions</b><br>a) Describe the review procedures being used (JAR-FCL 3.125(a) and (b) and JIP 6.9.2.2 ).                             |  |
|       | b) Are legal findings / decisions concerning granting medical certificates subsequent to a review procedure done by the AMS or delegated?                      |  |
|       | c) Is the review policy being used compliant with the requirements (JAR-FCL 3.125 (a) and (b) and JIP 6.9.2.2)?  |  |

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|       | d) Is there a list of specialists conducting the specialist's examinations (e.g. Cardiologist) necessary for the evaluation during an AMS review procedure? (e.g. App. 1 (6) to Subparts B & C) |  |
|       | e) How long does it take to complete a review procedure - either by granting or by denying a medical certificate?   |  |
|       | f) What number of medical certificates are issued following review procedures? (JAR-FCL 3.125)  |  |
|       | g) Describe the procedure being used to grant a short term exemption? (JAR-FCL 3.045, JIP 6.9.2.1.2 )   |  |
|       | h) Is the procedure to grant a short term exemption compliant with the requirements (JAR-FCL 3.045 and JIP 6.9.2.1.2)?  |  |
|       | i) What number of short term exemptions are issued? (JAR-FCL 3.045)   |  |
|       | j) Are there deviations from JAR-FCL 3 on national or JAR-FCL level?  |  |
|       | k) Are numbers of denials, exemptions and deviations forwarded to JAA for review in the LSST(M)?  |  |
| 2.1.6 | <b>Secondary review procedure</b><br>a) How does the JAA-NAA provide a secondary review procedure? (JAR-FCL 3.125(b))   |  |
|       | b) Is there a list of the names and qualifications of individuals invited to constitute the independent review?   |  |
|       | c) Are the medical advisors for secondary review procedures independent from AMS and/or AMC? (JAR-FCL 3.125(b), JIP 11.3.5)   |  |
|       | d) How are records maintained of secondary review?  |  |
|       | e) What are the numbers of secondary reviews completed and what was the outcome?  |  |
| 2.1.7 | <b>Specialist Consultants:</b><br>(a) Who are the specialist consultants used by the Aeromedical Section, what are their qualifications and clinical affiliations?                              |  |
|       | (1) for AMS review?   |  |
|       | (2) for secondary review procedure?   |  |
| 2.1.8 | <b>Communications:</b><br>a) How does the AMS communicate with its NAA licensing division (regular reporting, information exchange, mutual coordination of policy)?                             |  |
|       | b) How does the AMS relate to the Aeromedical Center(s) and Aeromedical Examiners?  |  |

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|       | c) How does the AMS communicate with other JAA AMSSs?   |  |
|       | d) How does the AMS communicate with JAA Licensing Sub Sectorial Team (Medical)?  |  |
|       | e) How does the AMS participate in the JAA Licensing Sub Sectorial Team (Medical)?  |  |
|       | f) How does or will the AMS take part in the MEST inspections?  |  |
|       | g) Are full reports of medical examinations submitted by the AMEs to the AMS on completing the examinations without delay for all Class 1 and Class 2 examinations? (JAR-FCL 3.095 (c)) |  |
| 2.1.9 | <b>Statistics</b><br>a) How many commercial licences (ATPL, CPL) are registered within the NAA?   |  |
|       | b) How many private pilot licences (PPL) are registered within the NAA?   |  |
|       | c) How many private pilot licences (PPL) holders are registered within the Regional AMS(s)?   |  |
|       | d) What number of medical certificates is issued per year?  | i) Class 1:<br>ii) Class 2:<br>iii) Other: |
|       | e) How many examinations are carried out by AMC's?  | i) Class 1:<br>ii) Class 2:<br>iii) Other: |
|       | f) How many examinations are carried out by AME's   | i) Class 1:<br>ii) Class 2:<br>iii) Other: |
| 2.2   | <b>Questions related to the Authorised Medical Examiners</b>  |  |
| 2.2.1 | <b>Authorisation:</b><br>a) How does the AMS appoint Authorised Medical Examiners Class 1 and/or Class 2?   |  |
|       | b) How many AMEs with privileges to conduct medical assessments class 1 are authorised? (JAR-FCL 3.090(b))  |  |
|       | c) How many AMEs with privileges to conduct medical assessments class 2 are authorised? (JAR-FCL 3.090(b))  |  |
|       | d) How many AMEs with residency outside JAA Member States are authorised? (JAR-FCL 3.090(a), JIP 9.6.1)   |  |
|       | e) How many AMEs (total) are authorized?  |  |
|       | f) For which period of time are the AMEs authorised? (JAR-FCL 3.090(e))   |  |
|       | g) What is considered as "qualified and licensed in the practice of medicine"? (JAR-FCL 3.090(d))   |  |
|       | h) Do the AMEs have aviation and aeromedical experience and what kind of experience? (JAR-FCL 3.090(d))   |  |

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| 2.2.2 | <b>AME Programme</b><br>a) How is basic and advanced training for AMEs carried out? (JAR-FCL 3.090(d)(1), (2))  |  |
|       | b) How is refresher training for AMEs carried out? (JAR-FCL 3.090(d)(3))  |  |
|       | c) How does the AMS provide direct supervision of 6 hours of refresher training for AMEs? (JAR-FCL 3.090(d)(3))   |  |
|       | d) How are AMEs supervised? (JAR-FCL 3.090(e))  |  |
|       | <b>Assessment</b><br>a) How does the AMS verify assessments carried out by the AMEs, particularly with respect to private pilots?   |  |
|       | b) How many examinations are carried out annually?  |  |
|       | c) How does the AMS ensure that extended examinations are carried out by or under the guidance and supervision of specialists acceptable to the Authority? (e.g. ENT, Ophthalmology)? |  |
|       | d) Are all AMEs considered to be specialists acceptable to the AMS for reporting of resting and exercise ECGs? (JAR-FCL 3.130(d))   |  |
| 2.3   | <b>Questions related to the Aeromedical Centre</b>  |  |
| 2.3.1 | <b>General - AMC Authorisation</b><br>a) How does the AMS approve and authorise Aeromedical Centers? (JIP 6.3.4)  |  |
|       | b) How many AMCs have been authorised and what is their geographic distribution? (JAR-FCL 3.085)  |  |
|       | c) What is the time period of the authorisation? (JAR-FCL 3.085)  |  |
|       | d) Which are the conditions of reauthorisation?   |  |
| 2.3.1 | <b>AMC standards</b><br>a) How many examinations do they complete?  |  |
|       | b) Which are the clinical affiliations of the AMC? (JAR-FCL 3.085(a))   |  |
|       | c) How is the AMC engaged in clinical aviation medicine and related activities? (JAR-FCL 3.085(b))  |  |
|       | d) How is advanced training/experience in aviation medicine of staff physicians ensured? (JAR-FCL 3.085(c))   |  |
|       | e) Are there TORs laid down for the AMC(s)? (JIP 6.3.6)   |  |
| 2.3.2 | <b>Specialists opinion</b><br>a) What specialists are available at the AMC and at what times are they available?  |  |

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|       | b) What are the qualifications and clinical affiliations of the specialists?                       |  |
|       | c) What is their aviation experience?  |  |
| 2.3.3 | <b>AMC Equipment</b><br>What is the equipment available?<br>a) Ophthalmological                    |  |
|       | b) Cardiovascular  |  |
|       | c) ENT   |  |
|       | d) Neurology   |  |
|       | e) Radiological equipment is available and where?  |  |
|       | f) Laboratory testing  |  |
|       | g) Respiratory testing   |  |
|       | h) Other   |  |
| 2.4   | <b>Compliance with requirements</b>  |  |
| 2.4.1 | <b>Subpart B, C, Appendices</b><br>a) Are all requirements implemented?                            |  |
|       | b) What are the intervals of<br>(1) Resting ECGs? (JAR-FCL 3.130, 3.250<br>(b))                    |  |
|       | (2) Exercise ECGs? (JAR-FCL 3.130, 3.250<br>(c))   |  |
|       | c) What laboratory testing is done? (JAR-FCL 3.130, 3.250 (e), 3.180, 3.300 (b), 3.185, 3.305 (b)) |  |
|       | d) Are medical certificates of other JAA Member States accepted without formality? (JAR-FCL 3.015) |  |



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|--|--|--|--|
| <b>ORGANISATION<br/>NAME:</b>  |  | <b>ORGANISATION<br/>NAME:</b>  |  |
| <b>LOCATION:</b>   |  | <b>LOCATION:</b>   |  |
| <b>DEPARTMENTS<br/>SEEN:</b>   |  | <b>DEPARTMENTS<br/>SEEN:</b>   |  |
| <b>COMMENTS<br/>RELATIVE TO<br/>JAA-NAA<br/>REPORTS ON<br/>THE<br/>ORGANISATION:</b> |  | <b>COMMENTS<br/>RELATIVE TO<br/>JAA-NAA<br/>REPORTS ON<br/>THE<br/>ORGANISATION:</b> |  |

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| <p><b>3. FINDINGS SECTION</b></p> <p>The following findings must be debriefed with the management of the JAA-NAA at the conclusion of the visit and one copy left with the JAA-NAA.</p> <p>Findings may only be deleted during the debrief at the discretion of the LIST/MEST team when it is evident that the finding resulted from a misunderstanding.</p> <p>The LIST/MEST Team may not determine corrective actions necessary but may record the preliminary response of the JAA-NAA if the JAA-NAA wishes to make such a response at the time of the debrief. The most important aspect for the JAA-NAA at the debrief is to ensure that it fully understands the findings even if it does not agree with such findings.</p> | <p align="center">FINDINGS:</p>  |  |
| <p align="center"><b>SIGNATURES OF THE LIST/MEST TEAM MEMBERS:</b></p> <p align="center">1..... 2.....<br/>3.....</p>   | <p align="center"><b>SIGNATURE OF NATIONAL CO-ORDINATOR:</b></p> <p align="center">.....</p> | <p align="center"><b>DATES OF SIGNATURES</b></p> <p align="center">:</p> <p align="center">.....</p> <p align="center">.....</p> |