

Verification Report 2017

CHC Helikopter Service AS

**External verification
DPN JOS 22122017**

Verification Report

External verification

CHC Helikopter Service AS

Classification: Internal in the participating companies Restricted distribution

Date:

Status: 08.12.2017

Verification no: Draft
DPN JOS 22122017

Verification dates: 4th – 8th December 2016

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Distribution: CHC Helikopter Service AS,
Participating oil companies

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1 Introduction

1.1 Objective and scope

Objective:

This annual verification is cooperation between the Norwegian entities of AkerBP, Centrica, ConocoPhillips, DEA, Lundin, OMV, Point Resources, Statoil, Total E&P, Wellesley and Wintershall (hereinafter called "the oil companies"). The general purpose is to verify that CHC Helikopter Service AS (hereinafter called "CHC") has documented and implemented necessary systems to ensure that the requirements stipulated in authority regulations and the contracts with the oil companies are complied with, and that the helicopter operations and maintenance are organized, planned, and performed in a safe and efficient manner.

Scope (as defined in the notification letter of 29th November 2017):

General:

- Organisation & Structure (Management, Flight Ops, Maintenance (Part M included), Operations Centre (OPS), Ground Ops)
- Safety & Compliance
- HMS, Vernetjenesten, AMU
- Planning (crew & Maintenance), workload control (overtime, fatigue management etc.)
- CHC OPS Sola (roles, functions, planning, workload)
- Training & Records; Plan & Execution for; pilots, technicians, OPS Centre, Heliports and other staff
- Logistics & support (spare parts)
- Emergency Response Plan
- Base security

Per base:

- Organisational links & reporting
- Planning locally, workload (fatigue management)
- SAR (Sola)
- HMS, Vernetjenesten

1.2 Background

The oil companies cooperate in performing annual verification (audit) of helicopter operators on the Norwegian Continental Shelf. The main objective of this verification is to demonstrate common requirements and expectations to the operators, and to verify that common safety guidelines and recognized standards from a/o the Norwegian oil and gas association and the IOGP – the International Association of Oil & Gas Producers – Aviation Sub Committee - Aircraft Management Guide, as well as individual contractual requirements, are adhered to.

1.3 Execution of the verification

The verification was performed by a team from the involved oil companies and Lloyd's Register (coordination role). The following sites were audited:

Monday 4th December Stavanger (general CHC)

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Tuesday 5th December

Kristiansund

Wednesday 6th December

Stavanger (Sola base incl. SAR)

Thursday 7th was allocated for audit team meeting and Friday 8th for the audit summary meeting.

Participants at meetings:

Name participant	Representing	Function	Opening Meeting	Sess 2	Sess 3	Sess 4	Sess 5	Sess 6	Kr.-sund	Closing Meeting
CHC HS (the name list is not complete for tours at bases):										
Per André Rykhus	CHC HS	General Operations Manager (GOM)	X			X		X		X
Morris Kjølleberg	CHC HS	S&CM Manager	X	X	X		X	X	X	X
Thor Gunnar Johansen	CHC HS	NP Part M & Accountable Manager (AM)	X					X		X
Glenn Christiansen	CHC HS	NP Crew Training	X				X			X
Tor-Andreas Horne	CHC HS	NP Flight Operations	X			X	X	X		
Øivind Tøviz	CHC HS	-	X							
Nils Rune Kolnes	CHC HS	Chief pilot base (Bases South)						X		
Ulf Sæset	CHC HS	NP Ground Operations						X		X
Egil Bjelland	CHC HS	Quality Advisor		X						X
Morten Haugseng	CHC HS	Quality Advisor								X
Ketil Kristiansen	CHC HS	HESS Advisor		X	X					X
Vidar Skaar	CHC HS	NP Part 145				X	X		X	
Jan Erik Price	CHC HS	Manager OCC				X				
Grete Johnsen	CHC HS	Coordinator Training					X			
Mari D. Sevaldsen	CHC HS	Supervisor Heliport (Bases North)							X	
Leif Rune Vang	CHC HS	Maintenance supervisor							X	
Jørgen Grande	CHC HS	Chief pilot base (Bases North)							X	
Joint Audit Team:										
Øivind Solberg	Statoil	Lead auditor	X	X	X	X	X	X	X	X
Stian Løseth	Statoil	Auditor	X	X	X	X	X	X	X	X
John Arild Gundersen	Aker BP	Auditor	X	X	X	X	X	X	X	X
Bjørn Stein (OFFB)	Centrica, DEA, Wellesley, Wintershall	Auditor	X	X	X	X	X	X	X	X
Stein Atle Puntervoll	Conoco Phillips	Auditor						X		X
Dag Runar Elvekrok	Lundin	Auditor	X	X	X	X	X	X		X
Norunn Aartun Strand	Point Resources	Auditor	X	X	X	X	X	X		X
Terje Nilsen	Lloyd's Register	Audit coordinator/ auditor	X	X	X	X	X	X	X	X
Olav Werner Ruud	Lloyd's Register	Auditor						X		X

2 Main conclusions

2.1 General impression

The organisation has faced large challenges over the last year with a significant reduction in staff and operations, and relocating the Operations Control Centre (OCC) from Bergen to Stavanger. The number of employees has been decreased by some 40% and counts 272 people by the end of November 2017. The fleet counts 15 helicopters (Sikorsky S-92 and Eurocopter AS332L/L1 Super Puma for SAR), distributed on six bases; Brønnøysund, Kristiansund, Sola, Heidrun, Statfjord/Oseberg and Vallhall.

The verification team has experienced high standard on the ability to manage challenging periods, with a dedicated management and engaged employees implementing high-standard operations.

Improvements have been observed on:

- level of housekeeping
- active management within Part 145
- utilization of data applications
- approach to risk assessment/management and management of change

The verification team has not revealed any indication of increased risk or significant threats to flight safety.

As mentioned above, CHC have been through a challenging period and extensive organizational changes. In such a period the ability to manage changes is put on trial. CHC has implemented a comprehensive management of change process in the safety management system (SM and CMM). However, there is a lack of systematic and documented management of change processes (MoC) in the organization. There is an expectation that MoC processes are proactively driven forward in the organization according to MoC process outlined in the safety management system.

This report contains 10 non-conformances and 10 observations for improvement.

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2.2 Summary of non-conformances and observations

The identified non-conformances in this report are classified and followed up according to the definition in WR0002, Internal monitoring and external supervision:

Red	Non-conformance with regulatory requirements, non-conformance with contractual or internal governing documents, or other aspects that require immediate action with attention from a high management level in order for the activity/practice to be continued.
Yellow	Non-conformance with regulatory requirements, non-conformance with contractual or internal governing documents, or other aspects that require that actions be implemented as soon as possible with attention from the local management.
Green	No non-conformance has been identified or only minor aspects that are recommended to be improved. Any actions may be included in the ordinary plans for operations, maintenance and continuous improvement.

All non-conformances with high or medium risk are labelled with the relevant colours. It is required that for each of these, actions with deadlines are defined.

Observations are not labelled with risk level. However, it is required that for each of these, actions with deadlines are defined.

Deviations

Ch.	Area	Topic	Non-conformity	Requirement	Type *)	Risk **)	Risk class
3.1	Part M/ Part 145	Change of Accountable Manager (AM)	The "Safety Policy and Accountable Manager/ Managing Director endorsement" is not updated according to new organization. Former AM/GOM is still on delivered revision of the SM and CMM.	AMC MA704, Section 8	NC		
3.2	S&CM	Accountable Manager	Missing statement from Chairman of the Board/Managing Director (GOM) to AM, covering AM obligations in relation to EASA regulation.	EASA regulation	NC		
3.3	S&CM	Use of data	Use of available data for analytic purposes (opportunities and risks) could not be demonstrated.	ISO 9001:2008/ 9.1.3.	NC		
3.4	HSE (HMS)	Employee participation	Lack of individual personnel appraisal discussions (meetings) with pilots not completed for Base south (some 50 pilots).	AML § 2-3	NC		
3.5	HSE (HMS)	Working environment	Not sufficient capacity of lockers in ladies wardrobe (SVG).	AML § 4-4	NC		
3.6	Part 145	Chemical storage	Missing batch on oil dispenser in chemical storage room (KSU).	Part 145, A.40(b) (AMC)	NC		
3.7	Part 145	Chemical storage	Missing batch on oil dispenser 2380 at SAR base (SVG).	Part 145, A.40(b) (AMC)	NC		
3.8	Part 145	Storage facilities	Lack of temperature and moisture measurements (w/logging) in store "lagerbua" (SVG).	Part 145, A.25(d), p.1 (AMC)	NC		

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Ch.	Area	Topic	Non-conformity	Requirement	Type *)	Risk **)	Risk class
3.9	Part 145	Ground run of helicopter by technician	Lack of knowledge of procedure for logging of currency requirements (SVG).	MOE 2.24	NC		
3.10	Part 145	Tool control	Jacking strap for floats and APU dolly were missing ID (SVG).	MOE 2.4.2	NC		

Observations / improvements

Ch.	Area	Topic	Observation	Requirement
4.1	EASA regulation	Change of Accountable Manager	The organization is reorganized with new persons in the position of AM. An appointed deputy is not valid if AM is not present in the company.	Comment: stated by the CAA N in previous similar processes)
4.2	General	Chemicals responsible	From the delivered documentation the position of responsible for chemicals is not found.	Responsible for requirements in AML § 4-5 should be addressed.
4-3	S&CM	Internal audits	Internal Part M audits are delayed compared to audit plan, and are postponed to December. <i>The verification team will have focus on this issue in the continuing process.</i>	
4.4	S&CM	Risk assessments	Risk assessment and risk register implemented and used in reports and MoC. With reference to MoC of the move of OPS from Bergen to Stavanger, the report does not address all relevant human factors risk (only sick leave which is more an indicator of possible risk).	SM and CMM manual chapter 4.8 MoC. SM and CMM chap. 4.1 and reference to MoC chap. 4.1.5. Section 1.
4.5	Part M / Sub-contract Heli-One	Chemicals	Presented Heli-One contract does not include chemicals.	Contract M110/ 06/CHC-HS
4.6	HSE (HMS)		Continued noise issues at the freight department in KSU. Recommend that company escalate the issue to a central level in Avinor.	AML § 4-4, Forurensningsforskriften § 5-4 og 5-9.
4.7	Part 145	Tool control	Special tools incorrectly sorted at Airbus-side.	N/A
4.8	Part 145	Tool control	Pipe and extender at single location on tool trolley. May be misinterpreted in tool control with missing pipe not detected (KSU).	MOE 2.4.2
4.9	Part 145		Lack of knowledge of procedure for reading/follow up of logged/recorded temperature and moisture levels in store. (KSU/SVG)	Part 145 A.25(d) 1.e. (AMC)
4.10	Flight operations		No dedicated local manager for flight operations at the Brønnøysund base.	

*) Type: NC = Non-conformance O = Observation I = Improvement

***) Risk: H = High M = Medium L = Low

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The complete list of findings in the Verification Report 2016 – 21 non-conformances and three observations – is shown in Appendix B. These are all closed except from one non-conformance which has been open through 2017:

Ch.	Area	Topic	Non-conformity	Risk	Risk Class	Status
3.8	Flight operations	Night operations and functional TCAS.	Remind aircrew of current customer requirements and ensure similar unfamiliarity does not exist in other areas due to lack of information or less restrictive internal requirements.	M		Open

3 Non-conformances from contractual requirements

3.1 Part M/ Part 145 – Change of Accountable Manager

The “Safety Policy and Accountable Manager/ Managing Director endorsement” is not updated according to new organization. Former AM/GOM is still on delivered revision of the S&CM.

Note: None

Referred requirement:

- EASA regulation; AMC MA704 section 8

Responsible:	CHC
Deadline:	1 st March 2018

3.2 S&CM – Accountable Manager

There is a missing statement from Chairman of the Board/Managing Director (GOM) to AM, covering AM obligations in relation to EASA regulation.

Note: None

Referred requirement: EASA regulation

Responsible:	CHC
Deadline:	1 st March 2018

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3.3 S&CM – Use of data

Use of available data for analytic purposes (opportunities and risks) could not be demonstrated.

Note:

- CHC has a large collection of data from audits and reports, but the company could not demonstrate a sound process for utilization of the data for analytic purposes and continuous improvement of the quality system.

Referred requirement:

- ISO 9001:2015/ 9.1.3.

Responsible:	CHC
Deadline:	1 st March 2018

3.4 HSE (HMS) – Employee involvement

Individual personnel appraisal discussions (meetings) with pilots are not completed for Bases South (comprises some 50 pilots) due to lack of capacity.

Note:

- Formal individual appraisal meetings are required. Unformal communication does not fully compensate these meetings. There were not sufficient capacity for individual talks with the pilots

Referred requirement:

- AML § 2-3

Responsible:	CHC
Deadline:	1 st March 2018

3.5 HSE (HMS) – Working environment

There is not sufficient capacity of lockers in ladies wardrobe (SVG).

Note:

- Sufficient capacity of private lockers shall be available for both genders.

Referred requirement:

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- AML § 4-4

Responsible:	CHC
Deadline:	1 st March 2018

3.6 Part 145 – Chemical storage

It was detected a missing batch label on an oil dispenser in chemical storage room (KSU).

Note:

- Procedure and practice to ensure marking with batch labels are required for traceability of content and information to user.

Referred requirement:

- Part 145, A.40(b) (AMC)

Responsible:	CHC
Deadline:	1 st March 2018

3.7 Part 145 – Chemical storage

It was detected a missing batch on oil dispenser 2380 at SAR base (SVG).

Note:

- Procedure and practice to ensure marking with batch labels are required for traceability of content and information to user.

Referred requirement:

- Part 145, A.40(a) (AMC)

Responsible:	CHC
Deadline:	1 st March 2018

3.8 Part 145 – Storage facilities

The verification team detected lack of temperature and moisture measurements (w/logging) in store “lagerbua” (SVG).

Note:

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- Significant changes in temperatures and/or humidity may impact parts and reduce remaining shelf life. Procedure for securing compliance with manufacturers requirements is necessary.

Referred requirement:

- Part 145, A.25(d), sec.1 (AMC)

Responsible:	CHC
Deadline:	1 st March 2018

3.9 Part 145 – Ground operations – Ground run of helicopter

Regarding ground run of helicopters by technicians (SVG), the verification team discovered lack of knowledge versus procedure for logging of currency requirements (SVG).

Note:

- Training and recurrent training must be followed up and status available to ensure due technicians for performance of ground runs of helicopters. A system for currency status must be in place and available.

Referred requirement:

- MOE 2.24

Responsible:	CHC
Deadline:	1 st March 2018

3.10 Part 145 – Incomplete tool control

ID numbers were missing on supplement tools for strap used on floating devices and APU dolly tool (SVG).

Note:

- ID numbers for such equipment shall be tagged to ensure control and traceability.

Referred requirement:

- MOE 2.4.2

Responsible:	CHC
Deadline:	1 st March 2018

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3.11 Non-conformance from 2016: Flight operations – Night operations and functional TCAS (2016 item 3.8)

Aircrew at Brønnøysund and Stavanger is not familiar with restrictions on night operations to vessels as well as the requirement for fully operational TCAS equipment (MER/MEL).

Note:

- MER requires operative TCAS
- Statoil requires use of TCAS for all flights
- The current CHC MEL allows for dispatch with inoperative TCAS
- New revision of OMC, strengthening the MER, was planned for being issued spring 2017
- Flight with inoperative TCAS was documented in FSI and signed by pilot (FSI in place September 2016)
- Ref. joint audit report 2012

Referred requirement:

- **Statoil contract**

Action:	Remind aircrew of current customer requirements and ensure that similar unfamiliarity does not exist in other areas due to lack of information or less restrictive internal requirements
Responsible:	CHC
Deadline:	Originally the deadline was 20 th January 2017, then extended to 31.03.2017 by application, further extended to 15.06.2017 by new application. Extension to 15.08.2017 was rejected.

4 Other observations for improvement

4.1 EASA regulation – Change of Accountable Manager

The organization is reorganized with new persons in the positions of AM. In a transition period an appointed deputy is not valid if AM is not present in the company.

Note:

- The interpretation of EASA regulations.

Referred requirement:

- EASA regulation, Terms of Part 21 POA

Responsible:	CHC
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4.2 'Arbeidsmiljøloven' – Responsible for chemicals

Arbeidsmiljøloven § 4-5 states a number of requirements linked to preventing chemical and biological health hazards. Top management has the overall responsibility for keeping the company activities within the requirements of the law(s). However, in practice, a *permanent* responsible person would be needed for keeping track on the requirements on a day-by-day basis. From the delivered documentation the position of responsible for chemicals is not found within the CHC organization.

Note:

- Chemicals are featured in the Chess system, added by Heli-One. The dates are checked monthly, with appointed responsible for each time.
- Responsible person in CHC is not appointed to follow up handling of chemicals.

Referred requirement:

- AML § 4-5

Responsible: CHC

4.3 S&CM – Internal audits

The verification team learned that Internal Part M audits are delayed compared to audit plan. The audits are postponed to December 2017 due to lack of resources. *The verification team will have focus on this issue in the continuing process with the joint audits.*

Note:

- Part M audits require high priority.
- Not sufficient capacity for the audit plan of 2017
- Not complete plan for postponed audits

Referred requirement:

- Safety & Compliance Monitoring Department – Audit Program 2017, rev. 2, 12 10 2017

Responsible: CHC

4.4 S&CM – Risk assessment

Risk assessment and risk register are implemented and used in reports and MoC, Management of Change. However, with reference to MoC and the move of OPS from Bergen to Stavanger, the report does not address all relevant human factor risks (only sick leave which is more an indicator of possible risk).

Note:

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- The procedures described in S&CM is consistent as an approach to risk assessment methods. However, the practice using the methods should be improved and described to ensure that possible threats due to the change processes are addressed and involves employees with sufficient and relevant knowledge and experience.
- Competence requirements should be included in the procedure

Referred requirement:

- SM and CMM manual chapter 4.8 MoC. SM and CMM chap. 4.1 and reference to MoC chap. 4.1.5. Section 1.

Responsible: CHC

4.5 Part M – Sub-contract Heli-One (chemicals)

Chemicals are featured in the Chess system, added by Heli-One. The presented Heli-One maintenance contract does not include anything about handling of chemicals.

Note:

- The reference is Heli-One subcontract M110/06/CHC-HS, revised on 14th January 2011.

Referred requirement:

- ISO 14001:2015

Responsible: CHC

4.6 HSE (HMS) – Noise level at terminal/cargo

There is a continued noise issues at the KSU freight department.

Note:

- The Terminal/Cargo has extensive noise level. The noise level was measured some years ago above recommended values. Complaints are submitted to Avinor who has responded with no measures since the buildings shall be restored/rebuild in the near future. Noise requirements shall be met continuously even for shorter periods. New measurements have to be conducted to state noise level and approach Avinor on a central level for required measures.

Referred requirement:

- AML § 4-4
- Forurensningsforskriften § 5-4 og 5-9.

Responsible: CHC

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4.7 Flight operations – Local manager for flight operations

There is no dedicated local manager for flight operations at the Brønnøysund base.

Note:

- None.

Referred requirement:

- None

Responsible: CHC

4.8 Part 145 – Incomplete tool control

Special tools incorrectly sorted at Airbus-side. Traceability markings (labels) on tools and toolboard were wrongly placed on the Airbus tool rack.

Note:

- System requires discipline and is vulnerable for mishandling and misplacing of markings by users.

Referred requirement:

- None

Responsible: CHC

4.9 Part 145 – Incomplete tool control

Pipe and extender was found at as one piece of equipment at single location on tool trolley (KSU). This may be misinterpreted in tool control with missing pipe not detected.

Note:

- Tool control is a safety issue.

Referred requirement:

- MOE 2.4.2

Responsible: CHC

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4.10 Part 145 – Knowledge of procedure

The verification team observed lack of knowledge of procedure for reading/follow up of logged/recorded temperature and moisture levels in store (KSU/SVG).

Note:

- Procedures and training must be implemented to ensure the intention of installed control equipment.

Referred requirement:

- Part 145 A.25(d) 1.e. (AMC).

Responsible: CHC

5 Appendices

Appendix A – Reference documents

- Contracts between the participating oil companies and CHC
- Aviation Regulations (EASA, CAA-N, Part M, Part 145, Part 147)
- OGP Report No 390 – Aircraft Management Guidelines
- Norwegian Petroleum regulations ('Norsk Olje & Gass' - Norog):
 - Norog guidelines (002, 003, 066, 074, 095, 098, 099)
- AML and HMS-regulations and other relevant regulations as per contract requirements, ref: individual company contracts.
- CHC:
 - Safety Management & Compliance Monitoring Manual (SMCM)
 - Emergency Response Plan (ERP)
 - HMS (HSE) Manual
 - Operations Control Centre Manual(s) (OCCM)
 - Health, Environment Safety and Security Manual (HESS)
 - Audit Programme 2016
 - Audit Programme 2017
 - Safety & Quality Annual Report 2016
 - Safety & Quality Annual Report 2017
 - Management of Change (MoC) documents for
 - ➔ Change of manager CHC HS
 - ➔ Moving the OPS from Bergen to Sola
 - Presentations made by CHC during the verification

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Appendix B – Verification Report 2016 – Status of findings

Deviations 2016

Ch.	Area	Topic	Action	Risk	Risk class	Status
3.1	S&CM	Management of change (MoC)	Ensure that postholders proactively drive the MoC process forward and ensure compliance between governing documents and ongoing changes.	M		Closed
3.2	S&CM	Internal audit, due dates in past	Ensure that non-conformances in audit report K51R2016 / AUD-001561 are given realistic due dates.	L		Closed
3.3	S&CM	Follow-up of HID-/OCC-reports	Ensure that occurrence- and hazard identification reports are reported and followed up according to requirements.	L		Closed
3.4	S&CM/ OCC	Notifications to/from customers	Look for improvements in communication with individual oil companies.	L		Closed
3.5	Emergency response	Bridging documents/ notification lists	Ensure that requirements to bridging documents incl. routines for notification are formalized and followed up accordingly. This applies to all flights/all companies.	M		Closed
3.6	Emergency response	Annual exercise	Connect directly with relevant function in the respective oil company to actively seek opportunities for mutual training, either on a case by case basis or as part of establishing the annual exercise.	M		Closed
3.7	Flight operations	Guidelines for recency checks after absence	CHC and oil companies should aim at common instruction for recency checks for pilots after absence.	L		Closed
3.8	Flight operations	Night operations and functional TCAS	Remind aircrew of current restrictions and ensure similar unfamiliarity does not exist in other areas due to lack of information or less restrictive internal requirements.	M		Open
3.9	Flight operations	Airport safety meeting with Avinor at Brønnøysund	Ensure participation and right competence in airport safety meeting with Avinor at Brønnøysund and other bases.	M		Closed
3.10	Ground operations	Competence records	Ensure that registration of competence for ground terminal operators (Securitas) at Brønnøysund is according to requirements	L		Closed
3.11	Ground operations	Security monitors and bomb sweeper	Ensure acceptable technical standard on monitors for security checking of bags/ luggage including the bomb sweeper at Brønnøysund.	L		Closed
3.12	Part 145	Technical training, CAE simulator	Training not effective. Seek to provide training on dedicated visual interactive system fit for purpose.	L		Closed

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Ch.	Area	Topic	Action	Risk	Risk class	Status
3.13	Part 145	Lone work	Establish, implement and comply with "lone work" procedure at Brønnøysund and other relevant bases with similar staffing/work.	M		Closed
3.14	Part 145	Inlet blanking	No action. Corrected on the spot.	L		Closed
3.15	Part 145	Competence records, technical personnel	Ensure that routines/systems for registration of competence for technical personnel are effective and minimize the potential for incomplete or wrong registrations.	L		Closed
3.16	Part 145	Worn-out seat belt, S-92A OQD	Ensure that all seat belts are according to requirements.	L		Closed
3.17	Part 145	Cargo compartment, S-92A	Ensure that door inner-liner and fastening of inner wall plates are according to requirements.	L		Closed
3.18	Part 145	Incomplete tool control	Evaluate either to remove tool or officially assign tool to rack.	L		Closed
3.19	Part 145	Incomplete tool control	Ensure that tools in tool trolleys are according to requirements.	L		Closed
3.20	Part 145	Incomplete tool control	Ensure compliance with tool control requirements.	L		Closed
3.21	Part 145	Marking of Ground Power Unit	CHC should ensure that GPU is marked with due date. Corrected during the audit.	L		Closed

Observations 2016

Ch.	Area	Topic	Action	Risk	Risk class	Status
4.1	S&CM/OCC	Customer notification	Ensure that communication on medium- and high risk issues are given immediately after the occurrence and to all oil companies.	L		Closed
4.2	Flight operations	Aircrew acknowledgement of latest instructions	Ensure flight crew planning process capture aircrew acknowledgement of latest company instructions.	L		Closed
4.3	Part M	Passenger door hinges, S-92A	Evaluate how known issue with wearing/ cracking of passenger door hinges can be safeguarded.	L		Closed