OPERATIONAL CONTROL ASSESSMENT REPORT (Supplement to LEASING APPLICATION FORMS)

Operator	
Aircraft	
Type of Lease Sought	

#	Item	Operator's Response (to be filled by the Applicant/ Lessee)	Remarks (S/NS/A) (to be completed by SCAA Inspector) **Legend:** S –Satisfactory NS–Not Satisfactory A–Additional information required
1	Flight Crew Training		
2	Cabin Crew Training		
3	Operational Control		
4	Dispatch and flight watch, and		
5	Crew members scheduling.		
6	Ascertain following approvals (as applicable):		
6.1	– The method for establishing minimum flight altitudes;		
6.2	– The method of determining aerodrome operating minima;		
6.3	– Flight time, flight duty periods and rest periods;		
6.4	– EDTO		
6.5	– Aircraft-specific minimum equipment list (MEL);		
6.6	– Performance-based navigation operations;		
6.7	– MNPS operations;		
6.8	– RVSM operations;		
6.9	– Procedures for electronic navigation data management;		
6.10	– Training in the transport of dangerous goods;		
6.11	– Pilot-in-command area, route and aerodrome qualifications; and		
6.12	– Use of flight simulation training devices.		
6.13	– Electronic Flight Bags (EFB)		
6.14	– Low Visibility Operations (LVO)		

Remarks:

Date:	Signature of Flight Operations Inspector:_____ Name of Flight Operations Inspector:_____