[Sponsor]

Simulator Quality Management System

Disclaimer:

This manual is provided as an example document and intended only for guidance. The contents represent a fictional scenario depicting the processes, policies, and procedures of an FSTD sponsor’s Simulator Quality Management System (SQMS).

This “mock” SQMS intends to at least meet the minimum requirements of 14 CFR Part 60 Appendix E Table E.1 however no guarantee, implicit or explicit, is provided. In addition, there may or may not be areas of this manual that exceed minimum standards.

Anything in this manual may be used in whole or in part with the understanding that this by no means implies FAA validation, certification, or approval.

Record of Revisions

All revisions shall be consecutively numbered upon issue and each new revision page shall bear the revision number as well as the revision date.

| Revision Number | Revision Date | Nature of Change | Affected Pages  | Revision Approval |
| --- | --- | --- | --- | --- |
| 1 | 4/14/10 | Enhance Process 11 for clarity regarding 10 & 45 day NSP notification requirements.Enhance Process 22 for clarity regarding intermittent discrep, aircraft config, &MMI vs. NSP reportable MMI | 25, 39 | OK |
| 2 | 9/15/19 | Updated and reformatted content. | All | OK |

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# Glossary of Terms.

## National Simulator Program Manager (NSPM).

The FAA manager responsible for overall administration and direction of the National Simulator Program (NSP).

## NSPM-Assigned Program Manager [PM].

The primary NSP-SQMS contact point for the Sponsor, unless otherwise stipulated. If time sensitive communication pertaining to SQMS is required and the PM is not available, contact NSP Duty Officer, an NSP Supervisor, the NSP SQMS Coordinator, or the NSPM in that order.

## Management Representative (MR).

The person assigned by Sponsor to fulfill duties prescribed in §60.9. MR and MR (Management Representative) convey the same meaning throughout this document and other NSP-originated SQMS/QMS documents, including Part 60.

## Simulator Quality Management System (SQMS).

A collection of policies, processes, and work instructions employed by the Sponsor with the purpose of improving FSTD consistency with respect to meeting qualification requirements for credible flight crewmember training, evaluation, and experience. SQMS and QMS convey the same meaning throughout this document and other associated FAA-originated SQMS/QMS-related documents, including Part 60. SQMS Manual and QMS Manual (see Appendix E to Part 60 Table E.1: E.1.1) also convey the same meaning throughout this document and other NSP-originated SQMS/QMS documents, including Part 60.

# Quality Policy Statement

***[SPONSOR]*** is committed to providing flight simulation training devices that consistently meet qualification requirements and enable the successful accomplishment of flight crew training, flight crew evaluation, and of meeting the experience requirements of our customers. We accomplish this through the contributions of our select, professional staff that effectively implement the SQMS, achieve our established objectives, and continuously improve our operation.

# Quality Management System Overview

This document contains policies, processes, and work instructions considered essential for meeting the objectives of our quality statement. Each policy, process, procedure and/or work instruction is numbered for identification and includes a reference to the applicable regulatory rule in the “Purpose” section.

An electronic office software system is utilized to record events and milestones in order to effectively manage the overall program. This system is referred to as the “Event Scheduler” and has reminder, alert and follow-up features embedded in the software which are used for notification and/or triggering events. Because this application is a digital system, events and milestones can be recorded and used as records which show evidence of meeting certain requirements. These records may be solicited during internal and external assessments.

The SQMS Management Representative (MR) is a key person in our system and responsible for establishing, implementing, maintaining, and modifying the program as needed. A more detailed description of duties and responsibilities is provided in the Management Representative Policy. The following details describe other important SQMS tools:

## Event Scheduler.

The Event Scheduler is a tool used to ensure events required by this SQMS program are scheduled and executed. It is essentially an electronic calendar, to-do list and journal that allows creation and management of events, actions, and milestones. The date, time, person(s) involved, location, description, etc can be recorded and automated alarms, notification triggers, etc can be easily programmed.

During the forth quarter of the current year, the MR will create the following year’s Event Scheduler. All required checks, events, and milestones will be entered based on a review of the previous year and known upcoming evolutions. Each policy, process, and procedure should also be reviewed to ensure it is accounted for.

## Discrepancy Tracking and Reporting System (DRTS).

***[SPONSOR]*** employs a stand-alone, computer-based software utility called DRTS (pronounced darts - which stands for Discrepancy Reporting & Tracking System). DRTS provides multiple reporting and tracking capabilities for discrepancies, MMI’s FSTD usage, down-time, availability, FSTD preflight, and maintenance status. Terminals are available at each FSTD Information Center adjacent to the FSTD as well as in instructor, maintenance, and administrative offices.

## Work Instructions.

Work instructions supplement policies, procedures, and/or processes and help those responsible complete tasks.

## Event Planner.

The Event Planner is a quality management tool designed to ensure important tasks related to SQMS policies, procedures and processes are addressed. It is an aide for the MR to ensure critical events and milestones are adequately identified and tracked.

## Responsibilities Matrix.

Contains the names, titles, or positions of all the people associated with the [SPONSOR] SQMS activities or functions.

**Responsibilities Matrix**

| No | Function/Policy/Process/Procedure/Item | Name/Position/Title |
| --- | --- | --- |
| 1. | Individual w/ Overall SQMS Management Responsibility. MR is a direct report. | Chief Instructor |
| 2. | Simulation Management Representative or Site-specific MR Designee  | Alfred E NewmanANewman@funny.com123-456-7890(O)987-654-3210 (C) |
| 3. | SQMS Implementation | MR |
| 4. | SQMS Manual & Quality Policy | MR |
| 5. | Organizational Chart | Chief Instructor |
| 6. | Responsibilities Matrix | MR |
| 7. | FSTD Document/Form/Record Preparation, Presentation, Control | Chief Engineer |
| 8. | Adequate Technical Staffing to cover FSTD operating periods | Chief Instructor |
| 9. | FSTD Inspection, Testing, and Maintenance Scheduling and Tracking. | Chief Engineer |
| 10. | FSTD Discrepancy Log(s) | Chief Engineer |
| 11. | Objective Testing; QTG Test Inspection Schedules | Chief Engineer |
| 12. | QTG(s) | Chief Engineer |
| 13. | FSTD Evaluation Scheduling & FSTD Evaluations | Chief Engineer |
| 14. | SOQ(s) | Chief Engineer |
| 15. | Documented FSTD Usage or Annual “FSTD Performance-Handling” Statement | MR |
| 16. | FSTD Functional Pre-flight |  |
| 17. | FSTD User Comments | MR |
| 18. | Tracking, Measurement, and Analysis of FSTD Quality | MR |
| 19. | FSTD “Training” Restrictions | Chief Engineer |
| 20. | FSTD Software and Hardware Control | Chief Engineer |
| 21. | Corrective Action / MMI Tracking, Posting, Resolution; DPS if applicable | Chief Engineer |
| 22. | FSTD Modification / FSTD Directive | Chief Engineer |
| 23. | FSTD “Aircraft” Conformance (Engineering Order, Airworthiness Directive) | Chief Engineer |
| 24. | A/C Avionics and Simulated Avionics Revision Control | Chief Engineer |
| 25. | NAV-Aid Database Currency; Airport Model Currency; Flight Deck Configuration Control; Liaison with Aircraft Manufacturer | Chief Engineer |
| 26. | Sponsor-conducted Periodic SQMS Assessment | MR |
| 27. | Resolution and reporting of SQMS Assessment results | MR |

Policies & Procedures

# Internal Assessments

## Purpose.

This policy defines requirements for conducting internal SQMS program assessments including procedures for scheduling. It intends to satisfy requirements found in 14 CFR Part 60 §60.5(b), Appendix E, Table E1, Elements 1.2, 1.3, and QPS sections (a), (d)(2), and (e).

## Scope.

This policy applies to the ***[SPONSOR]*** SQMS program.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; [Name or Position] is/are responsible for execution.

## Policy.

***[SPONSOR]*** will conduct at least one internal assessment every six months (or as extended by NSPM) using a cycle that complements scheduled NSP On-Site Assessment(s).

Internal assessments shall be conducted on NSPM-approved segments and the entire QMS program shall be assessed internally every 24 months

These assessments are an important means of determining conformity to SQMS documented policies, processes, and procedures. It also ensures the program is producing effective results.

The combination of all reviews shall cover all elements in Table E.1 and Appendix E QPS requirements.

Scheduling and execution will be assured by entering each assessment on the Event Scheduler.

Any discrepancies noted will be entered on IA – Internal Assessment Form and handled in accordance with procedures below.

## Procedure.

### Scheduling Internal Assessments.

* Make an entry for the internal assessment of the first SQMS program in the Event Scheduler 6 months after the NSP initial assessment date. [Example entry: SQMS IA Segment 1]
* Make an entry for the internal assessment of the second SQMS program segments in the Event Scheduler 12 months after the NSP initial assessment date. [Example entry: SQMS IA Segment 2]
* Make an entry for the internal assessment of the third SQMS program segment in the Event Scheduler 18 months after the NSP initial assessment date. [Example entry: SQMS IA Segment 3]

### Conducting Internal Assessments

* Prior to the scheduled assessment, review the “Policy” section above.
* Prior to the scheduled assessment, review Appendix document “Internal Assessment Guidelines.”
* Obtain the appropriate assessment form (IA – Internal Assessment Form) for the segment(s) being assessed.

### Complete the internal assessment.

* Document findings on the IA form.
* Forward assessment document(s) to MR for review.
* MR reviews results and takes appropriate action IAW 18 - Discrepancy Management Policy.
* MR makes an entry in the Event Scheduler indicating completion of internal assessment. [Example entry: Completed IA Segment 1]

## Record Retention.

Refer to Records Control Policy for details on record documentation and retention.

# SQMS Program Review Policy

## Purpose.

This outlines the policy for identifying deficiencies in the SQMS program itself, addressing those deficiencies and communicating actions. This policy intends to satisfy requirements found in 14 CFR Part 60 §60.5(b)(c), Appendix E QPS and Table E1, Element 1.2, 1.3, 1.4.

## Scope.

This policy applies to ***[SPONSOR]*** operations and the SQMS program.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; [***Name or Position]*** is/are responsible for execution.

## Policy.

SQMS deficiencies may be identified multiple ways including: NSP review, Internal Assessment, Normal Operations, and Management Review. These important “continuous improvement” elements contribute to fulfilling our Quality Management Policy.

Documenting deficiencies in the SQMS program shall be made with WI 1 – Comments and Recommendation Form; IA – Internal Assessment Form; and/or NSP assessment documents. These records shall be tracked to ensure appropriate attention is given to the issue. The MR is responsible for this and is expected to review daily and take action (or assign action). The action taken will depend on the issue and may range from “No Action Taken” to modification, creation, deletion, or training of policies, processes, and work instructions. The Record of Revisions page shall be properly annotated if changes to processes, procedures, and work instructions are made.

Changes to address minimum requirements as notified by the NSP must be reviewed and approved by the NSPM prior to implementation. The MR is responsible for this process and shall contact the NSPM via e-mail utilizing the address listed on the NSPM web page: http://www.faa.gov/about/initiatives/nsp/index.cfm. As an alternative, communication can be via regular mail using the following address: FAA National Simulator Program AFS-205, ATTN: SQMS, 1701 Columbia Ave., College Park, GA 30337.

The MR has leeway to modify policies, procedures and processes to strengthen areas above the minimum requirements and shall consult upper management as appropriate depending on the scope of the change, i.e. capital expenditures, significant operational changes, etc. Communication to upper management on all changes will be made quarterly at a minimum but may occur sooner depending on scope and significance.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Scheduling Regulatory Review of SQMS

## Purpose.

This procedure defines the process for scheduling NSP review of our SQMS program and intends to satisfy requirements found in 14 CFR Part 60, Appendix E QPS requirements (a).

## Scope.

This policy applies to ***[SPONSOR]*** SQMS program.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

Upon initial SQMS program creation, NSP will conduct an Initial (Desk) Review as part of the application for registration. During initial review, NSP may identify “non” or partially compliant areas which ***[SPONSOR]*** will address and resubmit. Ultimately NSP will issue an Initial or Conditional Program Approval. Following this, an on-site review must be conducted. Complete the following in the SQMS program:

* Following issuance of Initial (or Conditional) Program Approval/Acceptance, enter date of initial program approval on the Event Scheduler as an event. [Example entry: 3 - SQMS Program Approval/Acceptance [date]]
* Enter a milestone on the Event Scheduler corresponding to 5 months after SQMS program acceptance. [Example entry: 3 - SQMS Program Implementation Deadline & NSP on-site review [date]]. By setting this milestone at 5 months after program acceptance, it provides a 1 month cushion to deal with any unforeseen events.
* Implement the NSP approved program.
* Perform internal assessments(s) IAW 1 - Internal Assessment
* Make required program adjustments.
* Request NSPM on-site initial assessment and enter an event on the Event Scheduler marking this date. [Example entry: 3 - NSP on-site review requested].
* Enter a milestone on the Event Scheduler corresponding to the scheduled NSPM on-site assessment. [Example entry: 3 - NSP on-site assessments of SQMS Program].

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Minimum Usage.

## Purpose

14 CFR Part 60 contains minimum use requirements for FSTD’s. This procedure defines the process for ensuring and documenting that at least one FSTD is used within ***[SPONSOR]*** FAA-approved flight training program once every twelve months. This process intends to satisfy requirements found in 14 CFR Part 60, §60.7(b)(5), (b)(6), (c), (d) and Appendix E, Table E1, Element 1.5, 1.6, and 1.7.

## Scope

This policy shall include all FSTD’s owned, operated and sponsored by ***[SPONSOR]***.

## Responsibility

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedures.

### FSTD Minimum Usage Requirements.

Determine FSTD “Zero Time” as it pertains to FSTD minimum usage requirements.

**Note:** “Zero Time” for an FSTD’s twelve month minimum usage requirement begins with the completion of a successful initial or upgrade evaluation. With every Continuing evaluation, the elapsed time is once again set to zero.

### Event Scheduler

Make an entry ten months from the date of each of these events:

* Initial evaluation of an FSTD
* Upgrade evaluation of an FSTD
* Continuing evaluation of an FSTD
* Example entry: “FSTD\_### -4 – FSTD Minimum Usage Check.” ***[SPONSOR]*** will have a safety margin of two months to ensure the FSTD is used as part of the training program or be checked by a qualified pilot before the close of the 12 month period.

### Log Checking.

When the 10-month mark is reached, check the FSTD Crew Log for Training, Testing or Checking events.

### Noncompliance of Minimum Usage Requirements.

If not in compliance with the minimum usage requirements, determine if usage of FSTD can be scheduled prior to reaching the 12-month cut-off.

#### One Device.

If only one device is sponsored the performance and handling check is not authorized to meet usage minimums §60.7(b)(5)(6). If not in compliance with the minimum usage requirements, the FSTD will be scheduled for training, testing or checking prior to the 12-month cut-off.

#### More than One Device.

If more than one device is sponsored, and usage cannot be scheduled, a performance and Handling Check must be performed by a Qualified pilot as per §60.7(d)(2). Said pilot will be required to provide a written statement verifying that the performance and Handling Qualities of the FSTD accurately represent those of the aircraft being simulated.

### Schedule a date for performance and handling check.

Query the Chief Instructor to determine an on-staff pilot who is qualified in the subject aircraft. If there is no qualified pilot on staff, make a formal request for services and engage a qualified pilot. Use the following procedure:

* Notify pilot of his/her duties and role explaining that a written statement is required as per 14 CFR Part 60, § 60.7(d)(2).
* The pilot and the MR (or designee) will carry out Subjective Tests Procedure D and its sub-parts.
* Conduct feedback interview with the pilot and process results in accordance with Independent Feedback process.
* Review, sign and file pilot statement.
* Document the pilot conducted performance and handling check on the Event Scheduler [Example: FSTD ### 4 – Min Usage Qualified Pilot Check-Out]

## Record Retention.

Retain the two most current written statements for NSP review. Refer to Records Control Policy for others details on record documentation and retention.

# Subjective Tests

## Purpose.

This procedure defines the process for completing a documented subjective check of an FSTD to verify correct Performance and Handling, correct Flight Deck Configuration, and correctly functioning FSTD System/Subsystems and Simulated Aircraft Systems in conjunction with: 1.) An initial/upgrade evaluation, or when 2.) An FSTD has not been operated in ***[SPONSOR]*** FAA-approved flight training program at least once every 12 months (more than one FSTD sponsored). Completing the first procedure below will satisfy the minimum usage check. Completing all three procedures below will satisfy the letter of compliance requirement and subjective test requirements associated with an initial or upgrade evaluation. This process intends to satisfy requirements found in 14 CFR Part 60, § 60.7(d)(2) and Appendix E, Table E1, Element 1.7, § 60.15(b)(1), (2), (3) and Appendix E, Table E1, Element 1.14 (a)(b)(c), and Section 11.(a)(3) of the appropriate QPS Appendix (A,B,C,D).

## Scope.

This policy shall include all FSTDs owned, operated and sponsored by ***[SPONSOR]***

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Performance and Handling Check.

The Performance and Handling Check shall verify that the performance and handling qualities of the FSTD accurately represent those of the aircraft being simulated within the normal operating envelope and shall be accomplished by a qualified pilot.

**Note:**  Oversee and confirm that the qualified pilot will fly all Operations Tasks listed in the applicable QPS appendix (i.e. Appx. A,B,C,D; Table A3A , B3A, etc.) relevant to the qualification level of the FSTD. Document by checking off each line item. Any discrepancies shall be noted in the discrepancy log.

#### Minimum Use Requirement.

If the Performance and Handling Check is done to satisfy FSTD minimum use requirement, obtain a written statement [ref § 60.7(d)(2)] on official letterhead from the evaluating pilot identifying himself/herself, noting their credentials, and verifying that the Performance and Handling characteristics of the FSTD accurately represent those of the aircraft being simulated. Return to FSTD Minimum Usage policy and complete remaining steps.

#### Initial or Upgrade Evaluation.

If the Performance and Handling Check is done to satisfy compliance requirements for an initial or upgrade evaluation, complete the remaining procedures of this process.

### Systems Check.

The Systems Check shall verify that the FSTD systems and sub-systems (including simulated aircraft systems) functionally represent those in the aircraft and shall be accomplished by a qualified pilot and/or by persons trained on the FSTD and aircraft systems.

**Note:**  Oversee and confirm that qualified personnel will complete all Functions and Subjective Tests listed in the applicable QPS appendix (i.e. Appx. A,B,C,D; Table A3B, C,D,E,F,G; B3A, etc.) relevant to the qualification level of the FSTD. Document by checking off each line item. Any discrepancies shall be noted in the discrepancy log.

### Flight Deck Configuration.

The Flight Deck Configuration check shall verify that the cockpit represents the configuration of the specific type; or make, model, and series aircraft being simulated. It shall be accomplished by a qualified pilot and/or by persons trained on the configuration and operation of the aircraft being simulated.

**Note:**  Oversee and confirm that qualified personnel check the flight deck for compatibility based on the make, model and series of aircraft being simulated. Line numbers 1.a and 1.b listed in Attachment One (Minimum Simulator Requirements) of the applicable QPS appendix (i.e. Appx. A,B,C,D; Table A1A , B1A, etc.) will be used as evaluation criteria relevant to the qualification level of the FSTD. Document as complete. Any discrepancies shall be noted in the discrepancy log.

### Completion. Return to Requesting Initial FSTD Qualification and complete remaining steps.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Independent Feedback

## Purpose.

This procedure defines the requirements for seeking feedback regarding the FSTD and its operation. The intention of this policy is to obtain information beyond what is collected via the Discrepancy Report process. Independent feedback shall be obtained through interviews to allow person to person interaction which may lead to clearer, more actionable feedback. This procedure intends to satisfy requirements found in 14 CFR Part 60 § 60.9(b)(1) and Appendix E, Table E1, Element 1.8.

## Scope.

This policy applies to all persons recently completing training, evaluation, or obtaining flight experience using a ***[SPONSOR]*** FSTD. Also, instructors and check airmen using a ***[SPONSOR]*** FSTD for training, evaluation or flight experience sessions and ***[SPONSOR]*** technicians and maintenance personnel regarding the FSTD and its operation.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

* Review schedules to determine FSTD usage sessions.
* Obtain WI 1 – Comments and Recommendation Form.
* Interview exiting crew, instructors and/or check airmen, technicians and/or maintenance personnel.
* Forward feedback to MR for review.
* MR shall review and action as necessary.
* The MR will add comments to the feedback obtained from other interviews and summarize, analyze, and present to management in the MR quarterly report.

## Records Retention.

Completed forms shall be placed in the Independent Feedback Log for the subject FSTD and retained for 90 days. Refer to Records Control Policy for more details on record documentation and retention.

# Posting FSTD Statement of Qualification

## Purpose.

This procedure defines the requirements for posting the Statement of Qualification (SOQ) for each FSTD. Each FSTD successfully completing an NSP qualification is issued an SOQ which is sent directly to ***[SPONSOR]***, with a copy to the POI. This procedure intends to satisfy requirements found in 14 CFR Part 60 § 60.9(b)(2) and Appendix E, Table E1, Element 1.9

## Scope.

This policy shall include all FSTDs sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

* Locate the bulletin board near the discrepancy log area outside of the FSTD.
* Place the SOQ on the board so that it is visible.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Selection of Management Representative

## Purpose.

This procedure defines the selection requirements for the SQMS Management Representative (MR). Each FSTD must have an MR assigned and made known to the NSPM. The MR is responsible and authorized to establish and modify ***[SPONSOR]*** SQMS processes. Specific responsibilities are covered in Management Representative Policy. This procedure intends to satisfy requirements found in 14 CFR Part 60 § 60.9(c) and Appendix E, Table E1, Element 1.10.

## Scope.

This policy shall include all FSTDs sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Candidate Review. Review candidates based on the following and select the most qualified:

* Level of FSTD technical background/experience.
* Experience with and knowledge of ***[SPONSOR]*** operations.
* Experience with and knowledge of flight crew training requirements.
* Experience with and knowledge of 14 CFR Part 60 requirements
* Experience interacting with FAA representatives.
* Knowledge of ***[SPONSOR]*** quality management system.
* Experience directing individuals in internal assessment, evaluation and/or FSTD checkout.

### Notification of Selected Person. Notify the selected person in writing.

### Notification of NSPM. Notify the NSPM and identify the MR(s), by name.

### Documentation.

Document MR selection/assignment by creating an event on the Event Scheduler. [Example Record: 8 - MR Selection. FSTD ###,###,###... etc. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Update Information. Update the Responsibilities Matrix.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Management Representative Policy

## Purpose.

This policy defines the authority and responsibility of Management Representatives (MR) and intends to satisfy requirements found in 14 CFR Part 60 § 60.9(c)(2)(3)(4), and Appendix E, Table E1, Element 1.11(a)(b)(c)(d)(e).

## Scope.

This policy pertains to the SQMS program within ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

* Each FSTD shall have an assigned MR identified and made known to the NSPM.
* The MR may delegate duties to an individual at each [***SPONSOR***] location.
* Each FSTD shall have no more than one person serving as its MR.
* MR shall be an employee of [***SPONSOR***].
* MR is responsible and authorized to monitor on-going qualification of assigned FSTDs and ensure all matters regarding FSTD qualification are carried out.
* MR is responsible and authorized to ensure the SQMS is properly established, implemented, maintained, and modified as necessary.
* MR shall brief upper management quarterly on FSTD qualification status as well as the overall effectiveness and efficiency of the SQMS.
* MR shall submit a quarterly, written report to upper management covering FSTD qualifications.
* MR shall submit a quarterly, written report to management covering the effectiveness and efficiency of the SQMS.
* MR shall serve as primary contact point for all matters between [***SPONSOR***] and NSPM regarding FSTD qualification.

## Records Retention.

A signed MR designation letter shall exist. If duties are assigned to individuals at other sponsor locations, delegation letters specifying name, location and duties will also exist. Refer to Records Control Policy for details on record documentation and retention.

# Validation Data Suitability and Availability

## Purpose.

This policy defines requirements for flight test data acquisition and availability. It intends to satisfy requirements found in 14 CFR Part 60 § 60.13, the appropriate QPS Appendix , and Appendix E, Table E1, Element 1.12(a).

## Scope.

This policy includes all FSTDs sponsored by ***[SPONSOR]***.

## Responsibility

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

Qualification Test Guides (QTG's) developed in support of an initial evaluation for new FSTD's entering into service will be reviewed to ensure that all validation data has been derived from an acceptable source such as:

* Aircraft manufacturer’s flight test data and/or other data as defined in a Validation Data Roadmap (VDR) found to be acceptable by the FAA.
* Other validation data source found to be acceptable by the FAA.

Furthermore, the validation data source will be evaluated to ensure that it incorporates any relevant changes to the aircraft since the type certificate was issued that affect performance and handling qualities or other aircraft functions that have been determined to affect flight crewmember training, evaluation, or experience requirements. This evaluation will typically involve review of the aircraft type certificate, airworthiness directives, and the FAA flight standardization board (FSB) reports for changes to the aircraft that could potentially affect training.

To these ends, QTG’s shall be reviewed with the FSTD manufacturer or any contractor providing such services, and ***[SPONSOR]*** will affirm that:

* An approved validation data package was used in the modeling of the FSTD.
* The FSTD performance and handling qualities matched that of the aircraft being simulated.
* All data is up-to-date with respect to changes, i.e. airworthiness directives issued since data package development. Manufacturer shall provide records validating that the FSTD is up-to-date at the time of initial qualification.

## Records Retention

Refer to Records Control Policy for details on record documentation and retention.

# Validation Data Package Maintenance

## Purpose.

This procedure defines requirements for maintenance of Validation Data Package. The manufacturer initially acquires flight test or other NSPM approved validation data and uses the package in the modeling, design, and testing of the FSTD. Following the initial qualification, ***[SPONSOR]*** must notify the NSPM upon becoming aware that an addition, amendment or revision of data is available that may affect the performance, handling or other characteristics of the FSTD. Such updates are often, but not necessarily the result of an FAA Airworthiness Directive. The NSPM must also be notified of the sponsor’s intent to incorporate such data or the reasons for not incorporating the data into the FSTD. This procedure intends to satisfy requirements found in 14 CFR Part 60, § 60.13f, the appropriate QPS Appendix section 9d and Appendix E, Table E1, Element 1.12(b)(c). The user of this process should also reference Process 10, Validation Data Package Suitability and Availability.

## Scope.

This policy includes all FSTDs sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

* Monitor FAA Airworthiness Directives monthly at FAA Airworthiness Directives Website
* Review bulletins provided by the update service. [***SPONSOR***] maintains a contractual agreement with [Company] to provide change notification and files.
* When a change to the data as described in 14 CFR Part 60.13(f) or 9(d) of the applicable QPS Appendix is apparent, the sponsor must notify the NSPM of the existence of this data within 10 days.
* Confer with engineering to determine if the new data should be incorporated into the FSTD. Within 45 days of discovering the data, the NSPM must be notified of the sponsor’s intent to incorporate the data or provide reasons for not incorporating the data into the FSTD.
* If changes are to be incorporated into the FSTD, refer to FSTD Modification Policy and/or Using a Modified FSTD process.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Special Equipment for Evaluations

## Purpose.

This procedure defines requirements for identifying and acquiring special equipment and/or personnel for FSTD evaluation. Initial, continuing, or special evaluations may require qualified personnel and special equipment. If requested by the NSP, ***[SPONSOR]*** will make the required personnel or equipment available for the evaluation. This procedure intends to satisfy requirements found in 14 CFR Part 60 § 60.14, and Appendix E, Table E1, Element 1.13.

## Scope.

This policy includes all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Special Equipment.

Identify special equipment by reviewing the QTG for each FSTD or on a NSPM request.

### Calibration.

Determine availability and currency of calibration (if applicable) of special equipment by matching requirements to on-hand supplies. If required (calibrated) equipment is not on-hand, contact the supplier to arrange lend/lease.

**Note:**  It is anticipated that Fokker control measurement equipment will be the only special equipment not owned and located with our FSTD.

### Special Qualified Personnel.

Identify special qualified personnel by reviewing the QTG for each FSTD or request made by NSPM. Personnel typically needed are Qualified Pilots and/or Technical Assistance.

### Availability of Personnel.

Determine availability of special qualified personnel by matching requirements to staff. Examine pilot qualification records to identify a staff pilot who is qualified in the subject aircraft. Examine technical qualification records to identify a staff member who is qualified to run Objective Tests. If no qualified pilot is available on staff, make formal request for services and engage an outside qualified pilot. Follow same procedure for qualified technical persons.

### Scheduling and Notification. Schedule and notify all resources.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Requesting Initial FSTD Qualification

## Purpose.

Each FSTD that ***[SPONSOR]*** acquires must be initially Qualified by the FAA prior to any testing, training or checking. This procedure defines the process for submitting a request for initial qualification to the NSPM. This process intends to satisfy requirements found in 14 CFR Part 60, § 60.15(a)–(d); § 60.15(b); § 60.15(b)(i); § 60.15(b)(ii); § 60.15(b)(iii), Appendix E, Table E1, Elements 1.14(a)(b)(c), 1.15 and Section 11.(b)(3)-11.(e) of the applicable QPS Appendix.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Letter of Request.

Check NSP website for current guidance and forms at http://www.faa.gov/about/initiatives/nsp/ before proceeding. Generally, requests should be made to the National Simulator Program Manager (NSPM) from 180 days, but not less than 90 days before the desired evaluation date. Current NSP Guidance provides a comprehensive process to follow including the necessary forms and contacts. Note that the process varies with the qualification level sought. After this initial request for evaluation, subsequent submissions are required prior to the actual evaluation date that will include the Quality Test Guide (QTG) and a compliance letter signed by a qualified pilot (See steps 2.0 & 3.0).

* Present the request for evaluation to MR for review and signature.
* Submit request to the NSP with a copy to the TPAA. The NSP scheduler will coordinate the evaluation date for all evaluations in which the NSP partakes.
* Request the TPAA to forward a concurring letter to the NSPM.

### QTG Submission.

Under contractual arrangement with the FSTD provider or independent contractor, the QTG may be provided. It is the responsibility of *[SPONSOR]* however, to ensure that it is complete, meets all applicable standards, and in a form acceptable to the NSPM.

#### Submission Requirements.

Reference NSP web guidance for specific and current submission requirements. QTG submission must occur prior to the evaluation date. Depending on the location of the FSTD, this will be no less than 30 days or no less than 45 days (see NSP on-line guidance). Additional submissions are required when testing is performed off-site. Test result dates shall be current using the intended training load without further modification before the evaluation.

#### QTG Test Results.

Acquire all QTG test results within 60 days of evaluation using the intended training load (simulation). Coordinate this activity with the FSTD provider or contractor if applicable. Check each test for passing status using applicable qualification criteria for objective tests. Document the pass/fail status of every test, and include the identity of the persons running and checking the tests. Where a satisfactory result cannot be obtained, a discrepancy shall be opened. Once an acceptable set of results is obtained for submission, no further modification of the simulation may be performed that will impact ground or flight performance and handling.

#### Organization.

Assemble the QTG including the components described beginning in Section 11.(b)(3) through 11.(e) of the appropriate QPS Appendix.

#### Submission.

Submit the QTG package to the NSP in the appropriate time frame. Electronic submission is usually preferred for this purpose when available. *[SPONSOR]* will maintain both a hard and soft copy QTG.

### Letter of Compliance.

Submit a compliance letter no later than 14 days prior to the evaluation date using the template provided in NSP web guidance. The letter of compliance will affirm that a pilot qualified in the aircraft type being simulated has flown the FSTD and determined that in all aspects the FSTD performs equivalently to the aircraft.

* Execute process 5 – Subjective Tests. Document discrepancies.
* Affix the identity and signature(s) of the qualified pilot [and other personnel, if appropriate] to the compliance letter.
* Conduct a feedback interview in accordance with Independent Feedback process.
* Present compliance letter to MR for review and signature.
* Submit letter to the National Simulator Program.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Adding Statement of Qualification (SOQ) Items

## Purpose.

***[SPONSOR]*** may wish to add specific training capabilities to the original Statement of Qualification, after the Initial Qualification of the FSTD. This procedure defines the process for adding additional items to the SOQ. Adding qualifications to the SOQ will typically occur in conjunction with an FSTD modification. Accordingly, reference FSTD modification Processes.

This process intends to satisfy requirements found in 14 CFR Part 60 § 60.16(a) and Appendix E, Table E1, Element 1.18.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Submission.

Submit to the NSPM the modifications and any supporting material in accordance with the FSTD Modification Process.

### FSTD Upgrade Evaluation.

If the NSP indicates that an evaluation of the FSTD will be necessary, request an Upgrade Evaluation from the NSP using Requesting Initial FSTD Qualification process. Following a successful qualification, a modified SOQ will be granted by the NSPM. In the event that an upgrade evaluation is not required, follow any directives given by the NSP to obtain a modified SOQ.

### Posting Procedures. Execute Posting FSTD Statement of Qualification procedures.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Continuing Qualifications - Objective QTG Testing

## Purpose.

Following initial qualification, NSP conducts continuing evaluations at regular intervals typically one year apart. Between evaluations, ***[SPONSOR]*** shall conduct quarterly QTG tests using qualification criteria from the applicable appendix of 14 CFR Part 60. This process defines scheduling and conducting quarterly QTG tests and intends to satisfy requirements in 14 CFR Part 60, 60.19(a)(1) and Appendix E, Table E1, Element 1.19.

## Scope.

This policy shall include all FSTDs owned, operated and sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Scheduling.

Create quarterly test segments from objective tests listed in the FAA approved MQTG by numbering down from the top 1,2,3,4, 1,2,3,4.. etc. to create four lists. If specialized set-up or equipment for multiple tests is needed (i.e. throughput tests), it is permissible to group tests together in one quarter. Each list shall have approval blocks identifying person(s) running and checking each test.

* In Event Scheduler enter start of first quarter QTG tests two months from initial qualification. This allots one month for completing and checking tests results.
* Repeat the scheduler entry for remaining quarters spacing each three months apart. [Example entry: FSTD ### 15 - Objective QTG Testing1st Quarter].

### Testing.

* Obtain appropriate list and complete required tests during maintenance periods.
* Check each test using applicable qualification criteria for objective tests.
* Repeat all failing tests. No failing test shall be filed for FAA presentation. If passing results cannot be achieved, open a discrepancy for correction and notify the MR.
* When all tests are completed and checked, forward results to the MR for review.
* MR shall file quarterly test results and record completion in Event Scheduler.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# FSTD Functional Preflight Check

## Purpose.

An FSTD Preflight must be performed once within every 24 hour period (once per each day of use) preceding any testing checking or training in the FSTD. This procedure defines the process for conducting a functional preflight check on an FSTD, and intends to satisfy requirements set forth in 14 CFR Part 60, 60.19(a)(2), Appendix A, Section 14(b-c) and Appendix E, Table 1, Element 1.20 & 1.25.

## Scope.

This policy shall include all FSTDs owned, operated and sponsored by ***[SPONSOR]***. It applies to any FSTD in-use and must be performed once every 24 hours.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; [***Name or Position]*** is/are responsible for execution.

## Procedure.

Completion of the daily FSTD functional preflight must be documented in DRTS using the Preflight Log Page. The date and time of the event, the identity and signature of the person performing the function shall be recorded. This is a 14 CFR Part 60 required record.

When an FSTD is scheduled for Training, Testing or Checking on the next calendar day, the Simulator Technician shall daily on the third shift:

* Perform the Functional Preflight in accordance with Work Instruction WI-3.
* Document the event’s completion in DRTS as per the note above.
* Document any discrepancies or MMIs found during the preflight in DRTS in accordance with Discrepancy Management Policy.

The preflight sign-off indicates that the FSTD is “Ready for Training” (RFT).

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Scheduling Continuing Qualifications

## Purpose.

NSP conducts continuing evaluations at regular intervals following initial FSTD qualification. The interval is typically one year and it is ***[SPONSOR]*** responsibility to schedule. Attention should be paid to timeliness to ensure qualification does not lapse. This procedure defines the process for ensuring that the FSTD’s Statement of Qualification (SOQ) does not expire by requesting and scheduling the continuing FSTD qualification in adequate time. This process intends to satisfy requirements set forth in 14 CFR Part 60, Ref § 60.19(b)(2)(5-6) and Appendix E, Table E1, Elements 1.21 & 1.22.

## Scope.

This policy shall include all FSTDs owned and operated and sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; **[*Name or Position*]** is/are responsible for execution.

## Procedure.

### Current Procedures. Check NSP web-guidance for current procedures.

### Scheduling.

Make an entry in the Event Scheduler representing one year (or other interval established by the NSP) from the month/yr of issue on the current Statement of Qualification (SOQ). The month of issue established on the SOQ is the base evaluation month.

**Note:** The expiration date shown on the SOQ will generally include some grace period, but always use the base month for scheduling purposes. [Example entry: FSTD ### SOQ Expiration ]

### Scheduling Continued

Make an entry in the Event Scheduler 90 days prior to the continuing evaluation date established in 2 above. The 90-day interval will ensure a request is made within the required “60 days prior to” requirement. [Example entry: FSTD ###, 17 – Scheduling Continuing Qualifications]

### Request to NSP Scheduler.

Make the request through an email notification to the NSP Scheduler. Check NSP web-guidance for the current address.

## Record Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Discrepancy Management Policy

## Purpose.

By regulation under Part 60 (§ 60.20): “Each instructor, check airman, or representative of the Administrator conducting training, evaluation, or flight experience, and each person conducting the preflight inspection who discovers a discrepancy, including any missing, malfunctioning, or inoperative components in the FSTD, must write or cause to be written a description of that discrepancy into the discrepancy log at the end of the FSTD preflight or FSTD use session. This policy provides an overview, utilities, and requirements for discrepancy management and reporting. It intends to satisfy requirements found in 14 CFR Part 60, § 60.19(c); § 60.19(c)(2)(i); § 60.19(c)(2)(ii), § 60.19(c)(2)(iii), Ref § 60.20 and Appendix E, Table E1, Elements 1.23(a),(b); 1.24, and 1.25.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; All Personnel is/are responsible for execution.

## Policy.

Users and other personnel shall document problems or concerns with each use of an FSTD for training, testing, checking, maintenance, or other operations. These problems or concerns shall be documented on our computer-based software utility called DRTS (pronounced darts - which stands for Discrepancy Reporting & Tracking System). DRTS provides multiple reporting and tacking capabilities for discrepancies, MMI’s FSTD usage, down-time, availability, FSTD preflight, and maintenance status. Terminals are available at each FSTD Information Center adjacent to the FSTD as well as in instructor, maintenance, and administrative offices.

### New Discrepancy Report.

To enter a new discrepancy report or add information to an existing one, select “New Discrepancy” or “Add Discrepancy Information” from the Discrepancy Log default screen. For new entries, the screen will display a blank Discrepancy Report Form. “Discrepancy,” “DR,” “Open DR,” or “Open Discrepancy will all indicated the same thing - a problem or unacceptable issue with an FSTD that has been entered into DRTS and presently in-work. A “Closed Discrepancy” will indicate a previously opened discrepancy that has been corrected or resolved, and marked as Closed in DRTS.

### DR Sections.

Each entry is uniquely numbered for tracking and the DR form is comprised of two sections. The description section contains fields for a description of the issue or problem, person discovering the issue or problem, date/time of discovery, and whether any lost training time occurred. The correction section is primarily used by those personnel tasked with correcting the problem or issue. This section contains fields for corrective action, date/time of action, status (Awaiting parts, In-work, Engineering required, or complete/closed), identity of the person(s) taking the action, and a section for MMI’s.

####

### Report Closure.

The MR, or his designee, will review the Open Discrepancy Log at the end of each FSTD session noting MMI’s and any possible training restrictions. Maintenance personnel will begin corrective actions at the first available maintenance period or sooner as determined by the MR. By design in DRTS, each discrepancy will remain open and available in the “Open Discrepancy Log” until approved by the MR for closure. Once approved, the closed DR’s are placed in the “Closed DR” log, and are always available for reference.

### Discrepancy Log.

The default screen at each DRTS terminal is the “Discrepancy Log Page.” From this page, the user can navigate to these sections:

* MMI Section: A list current MMI’s (Missing , Malfunctioning or Inoperative Components
* Non-Qualified Tasks: This report includes those Non-Qualified Tasks listed on the SOQ as well as any Non-Qualified Tasks that [SPONSOR] personnel have imposed as the result of an MMI.
* Open DR Section: Discrepancies which have not been closed including those that are awaiting closure approval from the MR.
* Closed DR Section: Discrepancies which have been closed and resolved.
* New Discrepancy.
* Add Information to an Existing Discrepancy.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Initial Qualification Application While Under Interim Qualification.

## Purpose.

The following statements outline the policy of ***[SPONSOR]*** regarding application for Initial Qualification for those FSTD’s operating under an Interim Qualification. This policy intends to satisfy 14 CFR Part 60 § 60.21(c), and Appendix E, Table E1, Element 1.26,

## Scope.

This policy shall include all FSTD’s owned, operated or sponsored by ***[SPONSOR]*** that are operating under an Interim Qualification.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

Within twelve months of the release of the final aircraft data package by the aircraft manufacturer, but no later than two years after the issuance of the interim qualification status, the MR on behalf of ***[SPONSOR]*** will apply for initial qualification in accordance with § 60.15 based on the final aircraft data package approved by the aircraft manufacturer.

To proceed with application, follow Requesting Initial FSTD Qualification Section. Note the FSTD Interim Qualification status in the request letter

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# FSTD Modification Policy

## Purpose.

This policy defines the criteria that is used to identify an FSTD modification and ensures the appropriate handling of FSTD Directives in accordance with FAA regulation. This policy intends to satisfy 14 CFR Part 60, §60.23(a)(1& 2), §60.23(b) and Appendix E, Table E1, Elements 1.27 and 1.28.

If an FSTD modification is to be made, refer to Section 21 – Using a Modified FSTD and reference §60.23(c), and its subparts.

## Scope.

This policy shall include all FSTD’s sponsored by SPONSOR and shall be applied by all ***[SPONSOR]*** personnel and/or its contractors.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

### FSTD Modification. An FSTD is said to be modified when:

* Equipment or devices intended to simulate aircraft appliances are added to or removed from an FSTD that result in a change to the Statement of Qualification or the MQTG.
* Changes are made to software or hardware impacting flight or ground dynamics.
* Changes are made that impact performance or handling characteristics of the FSTD (including motion, visual, control loading, or sound systems for those FSTD levels requiring sound tests and measurements).
* The MQTG is altered.

### Regarding FAA FSTD Directives.

When the FAA determines that an FSTD modification is necessary for safety of flight reasons, the MR must ensure that all affected FSTDs are modified in accordance with the FSTD Directive regardless of the original qualification standards applicable to any specific FSTD.

## Record Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Using a Modified FSTD

## Purpose.

This procedure defines the necessary actions when it is determined that an FTSD modification is required. In correlation, it also outlines notification and usage requirements when making modifications which will affect flight crewmember training or evaluation; or the obtaining of flight experience for flight crewmembers. See FSTD Modification Policy to see what constitutes an FSTD modification. This policy encompasses FSTD Directives issued by the NSPM and intends to satisfy requirements found in 14 CFR Part 60 §60.23(c)(1)(i)(ii)(iv), (d)(e) and Appendix E, Table E1, Elements 1.29(a), (b), (c) and 1.30 (a), (b), (c).

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

* Record date modification requirement first became known by entering an event in the Event Scheduler. [Example entry: FSTD\_\_\_\_\_\_ Modification Requirement Identified.]
* Prepare a Request for Proposal, describing the modification and send the request to the manufacturer or to another agent or agency competent to accomplish the modification.
* Record an event in the Event Scheduler representing the date for trial installation. [Example entry: FSTD\_\_\_\_\_ Trial Installation of Modification.]
* Confirm FSTD hardware/software can be returned to original state after trial installation.
* Perform trial installation.
* Run applicable sections of the MQTG.
* Restore FSTD to its original state.
* Submit a modification request to the NSPM including a brief description of the modification; reasons required; recap of actions to date; the results of the trial installation tests, including MQTG changes if appropriate; a proposed revision to the SOQ; a statement that the FSTD will not be used with the modification until one of the events prescribed in 14 CFR Part 60 section 23(c)(1) has occurred.
* Provide same information (as in previous step) to TPAA.
* Record a milestone in the Event Scheduler marking 21 days after step 8 & 9 above. [Example entry: FSTD \_\_\_\_\_ Mod Installation Notification Expiration]
* Record a milestone in the Event Scheduler representing the planned date for final installation of the modification, after which the FSTD will operate with the modification. [Example entry: FSTD \_\_\_\_\_ Planned Modification Installation]
* Validate the ability to move forward by checking that at least one event outlined in 14 CFR Part 60 section 23(c)(1) has occurred. If yes, document which event(s) and proceed.
* Make final installation of the modification and operate FSTD in the new configuration.
* Post temporary revision to the SOQ as prescribed in Section 7 – Posting FSTD Statement of Qualification. This revision will remain in place until NSP issues a permanent updated SOQ.
* Update the MQTG in accordance with Section 25 - MQTG Maintenance and Control Policy. If the modification was required by an NSP Directive, file the directive in the MQTG.

## Record Retention.

Refer to Records Control Policy for details on record documentation and retention.

# MMI Classification Policy

## Purpose.

This policy determines whether a discrepancy is an MMI and reportable to the NSP. It intends to satisfy requirements found in §60.25 and supports MMI Reporting and Tracking Process. Also reference NSP Guidance Bulletin 08-01.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

### MMI Components.

MMI components may include non-aircraft specific items such as IOS components, features, and observer facilities (Appendix A, B, C, or D as applicable). “MMI” can also refer to either software or hardware components.

### Deciding if a Discrepancy is Reportable.

To determine if a discrepancy is an MMI and reportable to the NSP, ask the following: (Reference NSP Guidance Bulletin 08-01 found at: National Simulator Program Bulletins Website).

* Does it affect or require change to the FSTD Statement of Qualification (SOQ)?
* Does it affect performance or handling qualities of the FSTD? This includes out-of-tolerance QTG validation tests scheduled as part of the FSTD inspection requirements in §60.19 (a)(1).
* Does it affect accomplishment of tasks (Appendix A, B, C, or D as applicable) for training, checking, or testing in accordance with FAA approved training program(s) being conducted in the FSTD? This determination should be made by appropriate flight training personnel knowledgeable of training programs being conducted in the FSTD.
* Is there an FSTD versus aircraft configuration item difference with respect to make, model, and series of the aircraft that would adversely affect testing, training, or checking?
* Is there an Intermittent or “Could Not Duplicate” (CND) Problem? Use reasonable judgment when determining if intermittent interruption of correct operation constitutes an MMI. A one time observation may not constitute a recordable discrepancy; however, multiple instances over a consequential period of time should be recorded as a discrepancy and reported as an MMI if it meets criteria defined above.
* If YES to any of the above, the discrepancy should be considered an MMI. If the repair/replacement time has or will exceed 30 days, the discrepancy is an NSP reportable MMI that must be reported to the NSP.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# MMI Reporting and Tracking

## Purpose.

This procedure defines requirements for reporting and tracking Missing, Malfunctioning, or Inoperative components of an FSTD. It covers components determined to be MMIs (22 - MMI Classification Policy) and intends to satisfy requirements found in §60.25, and Appendix E, Table E1, Element 31(a)(b). Also reference NSP Guidance Bulletin 08-01.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process;***[Name or Position]*** is/are responsible for execution.

## Procedure.

MMI reporting instructions can be found in the NSP Guidance Bulletin 08-01 found at the National Simulator Program Website. The following procedure will be used to ensure proper reporting:

* Enter a Discrepancy in DRTS (Discrepancy Reporting and Tracking System).
* Enter applicable information. The person completing the DR may or may not know if the problem is indeed an MMI. If the person writing the DR does not know, it will be the responsibility of the person performing corrective action to make the determination. The MR or Chief Pilot may also be consulted. If an MMI is appropriate, notify the MR, and enter the details in the MMI part of the Administrative section of the DR report.
* Record an entry in the MMI list within DRTS.
* If the MMI has been open for 30 days, the MR will obtain the most current NSP Evaluation Report Form (T002), and enter applicable information into the “Sponsor Reportable MMI Components” section. Complete processing is explained in the instructions located on the T002 form.
* E-Mail the form to the NSP Duty Officer at 9-aso-avr-sim- team@faa.gov. If e-mail service is unavailable, an alternate fax number is provided on the T002 form. (Note that the reporting requirement is only applicable to MMI component discrepancies that will remain uncorrected beyond thirty days of being recorded).
* NSP should respond within five business days and we retain implied authorization to continue operating the FSTD during this time period. It is expected that a reasonable request for extension to correct MMI component(s) will be granted by the NSPM as long as appropriate training, checking, and testing restrictions have been imposed by.
* If additional extensions are required repeat last 3 steps above.
* Once corrected, the MR shall review the corrective action and close the associated discrepancy and MMI entry.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Relocating an FSTD

## Purpose.

An FSTD qualification is automatically lost when an FSTD is physically moved from one location to another regardless of distance. This procedure defines the requirements for seeking re-qualification when an FSTD is moved and reinstalled in a different location and intends to satisfy requirements found in 14 CFR Part 60 §60.27(a)(3) and Appendix E, Table E1, Element 1.32.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Procedure.

### Initial Request. Execute Requesting Initial FSTD Qualification.

### Explaining Reason for the FSTD Move.

When making the request to the NSPM, explain and describe the reasons for moving the FSTD as well as the following information:

* Any continuing qualification evaluations missed.
* Any sponsor-conducted quarterly inspections missed.
* A history of discrepancies and MMIs since the last evaluation.
* How long the FSTD has been or will be out of service.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# MQTG Maintenance and Control Policy

## Purpose.

The Master Qualification Test Guide (MQTG) is an FAA-approved document required for each level 5 or higher FSTD. FSTD Qualification is automatically lost if the MQTG is missing or otherwise not available and a valid replacement cannot be made within 30 days [§60.27(a)(4)]. The MQTG should be considered a living document in that it must accompany the FSTD for its lifetime and be updated to correctly reflect any modifications made to the FSTD. This policy covers retention, modification, and access to MQTG's. It intends to satisfy requirements found in 14 CFR Part 60, 60.15(h)(i), Section 11.(b)(3)-11.(e) of the applicable QPS Appendix, and Appendix E, Table E1, Elements 1.16, 1.17 and 1.33a.

## Scope.

This policy shall include all FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

MQTG contents are listed in Part 60, Section 11.(b)(3)-11.(e) of the applicable QPS Appendix. An electronic or hard copy of the MQTG must be made available to and in a form acceptable to the NSPM upon request. In addition, the MQTG shall be updated whenever:

* FAA witnessed tests are approved during an Initial Evaluation, or
* A modification is made to the FSTD as outlined in FSTD Modification Policy section or
* If the FSTD is modified as a result of an FSTD Directive (FD). In this instance, the FD shall be retained in the MQTG Table of FSTD Directives.

### Revision History.

In all cases, the MQTG Revision History must be updated. The MQTG Revision History serves as a record of all modifications regardless of complexity. Whenever pages are added or edited, the MQTG Revision History shall be annotated to include the date of the change, the nature of the change, the reason for the change and pages affected.

### Removed Pages.

***[SPONSOR]*** will separately file any removed pages from the MQTG along with a log of such pages in the “MQTG Obsolescence File”. ***[SPONSOR]*** provides the “MQTG Obsolescence File” to organize and retain removed pages from the MQTG when revisions are implemented. For example, when test results are removed from the MQTG following FAA witnessed tests of an initial evaluation, the removed pages shall be placed in the file, along with a log entry.

## Record Retention.

Refer to Records Control Policy for details on record documentation and retention.

# Record Control Policy

## Purpose.

This policy describes control of SQMS related records for ***[SPONSOR]***. Records are maintained to provide evidence of conformity to Simulator Quality Management System (SQMS) requirements. Controlling these records ensures they are retrievable, identifiable, and legible. Our policy also defines storage, protection, retention, and disposal and intends to satisfy requirements found in 14 CFR Part 60, Appendix E, Table E1, Element 33(b)(c)(d)(e)(f)(g).

## Scope.

This policy applies to any FSTDs owned, operated or sponsored by ***[SPONSOR]***.

## Responsibility.

***[Name or Position]*** is responsible for maintenance and dissemination of this process; ***[Name or Position]*** is/are responsible for execution.

## Policy.

### Indexing Records.

***[SPONSOR]*** will use a records index to define documentation for those activities that impact quality. A records index is simply a list of records with the following information:

| Reference | This field states what mandates that the record exists. As an example, a procedure may call out for a record to be created (form to be filled out) and thus would reference back to the procedure number. |
| --- | --- |
| Number | This field provides the form number which identifies the record. In some cases, there may not be a number and thus an N/A should be inserted. |
| Record Name | The name of the record is usually its title, such as "Quarterly Management Meeting Minutes." |
| Indexing Method | This field provides the method used to file the record. Examples include by date, by sequential #, by name, etc. |
| Collected By | This field identifies the title of the person responsible for collecting the record. |
| Protection | This field describes how the record is protected. For paper, it includes how the area is secured, whether locked file cabinets are required, fire protection, etc. For electronic records, it includes password protection; file backups, virus protection, etc. typically denoted “IT”. |
| File/Storage Location | This field identifies where record is filed or stored. The level of detail required depends on how office files are organized. Examples include location of the file room (if the office uses a central filing location), specific location when the office uses multiple storage areas (decentralized approach), or directory path, electronic file, Share Point, website or database for electronic records. |
| Retention Period | This field states how long the record is maintained. |
| Disposition | This field states what happens once the retention period is over. This could include trash, shred, archive, CD-Rom, etc  |

### Adding or deleting records.

Any employee may initiate a request to add or delete a record. All requests shall be made to the MR using WI-1 Comments and Recommendation Form.

### All records noted on the records index shall be maintained in a manner that:

* Prevents damage, deterioration or loss;
* Ensures they are retrievable;
* Allows accessibility by those who need the records;
* Ensures the record is identifiable and legibility (comprehensible);
* Ensures the record is traceable back to the original process or action;
* Secures the record for confidentiality (when applicable).

### Records.

Records can be either in a hardcopy or electronic format. Electronic records are maintained and stored on local intranet websites, Share Point sites, and/or shared drives which reside on a local server. These servers and system drives are backed up daily and protected.

### Use of Correction Fluid.

The use of correction fluid, correction tape, etc., on records is not allowed. If a paper record needs to be amended, the person making the change must strikethrough the entry, initial the strike through, and make the new entry.

## Retaining Records

Retention periods shall be in accordance with CFR 14 Part 60. In some cases, it may be necessary to maintain a record longer than the defined retention period.

## Disposing of Records

The MR shall review records annually for appropriate disposition instruction.

## Record Retention.

Refer to SQMS Records Matrix in the Appendix.

Appendix

# WI-1 Comments and Recommendation Form

Use this form for your comments and recommendations concerning the SQMS Program or ***[SPONSOR]*** operations. Attach a photocopy of the relevant pages of the SQMS Manual or other applicable documentation if applicable and mark the areas to which your comments apply.

**Comments & Recommendations Change Form**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF PERSON COMMENTING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AREA (SQMS Manual, General Operations, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHANGE RECOMMENDATION:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

MR SECTION TO BE FILLED IN BY MR:

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Change Recommendation dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is acknowledged. It will be held for action.

# WI-2 Daily Functional Preflight Work Instructions

## Ensure safety of FSTD users and all other personnel

* Perform a walk-around of the FSTD
* Secure all aircraft panels, maintenance access panels and chassis.
* Remove any test equipment, tools, or other maintenance equipment from the safety envelope of the FSTD.
* Observe all health and safety practices of the training facility.

## Ensure Training Load is Active.

## Ensure Functionality and Quality of FSTD Systems:

* Visual
* Sound
* IOS
* Control Loading
* Motion
* Ground Communication & Emergency Exit Equipment

## Cockpit Functionality and Quality.

* Furnishings
* Seats and Seat Belts
* Safety Equipment and Checklists as per Sponsor Requirements
* O2 Masks Stowed/Tested for O2 supply and Mics
* Circuit Breakers – set
* Lamps and Annunciators – check
* Systems
* Electrical
* Fuel
* Hydraulic
* Pneumatic/Pressurization
* Navigation to include Nav Data Base Currency
* Auto Flight
* Communications (Pilot to Pilot and Pilot to Instructor)
* Warning Systems (TCAS, Gear, EGPWS, etc)
* HUD/EVS/EFB

## Functional Flyout.

* APU/Engine Start
* Taxi
* Take-off
* Fly a pattern using RF Beacons or FMS Waypoints
* Land with Coupled Approach

## Administrative

* Ensure the availability of applicable checklists, QRH, placards or other documents required in the FSTD
* Ensure that any applicable training restrictions and/or MMI’s are clearly posted.
* The SOQ including FSTD configuration List should be clearly posted.

## The crew usage log, FSTD discrepancy log, and preflight log should be readily available.

# Event Planner

| **Frequency** | **Action** | **Reference** | **Completion** |
| --- | --- | --- | --- |
| **Daily** | Review FSTD Discrepancy Log(s) | **18** |  |
| **Daily** | Review WI 1 – Comments and Recommendation FormsReview IA – Internal Assessment FormReview NSP review/assessment documents. | **6** |  |
| **Daily** | Perform independent feedback | **6** |  |
| **Daily** | Review FSTD Functional Preflight Check results | **16** |  |
| **Weekly** | Review Annual Planner for upcoming events, milestones, etc | **Overview** |  |
| **Monthly** | Perform analysis of data for comments and recommendations | **9** |  |
| **Monthly** | Review FAA AD listings to ensure identification of directives affecting data packages | **11** |  |
| **Quarterly** | Prepare MR report | **9** |  |
| **Quarterly** | Schedule special equipment / personnel for inspections | **12** |  |
| **Quarterly** | Schedule quarterly QTG testing by segment | **15** |  |
| **Semi-Annual** | Review MR policy | **9** |  |
| **Annual** | Review records for retention/deletion | **26** |  |
| **Annual** | Schedule Internal Assessment for SQMS segments  | **1** |  |
| **Annual** | Check posting of all SOQs | **7** |  |
| **Annual** | Schedule continuing qualification | **17** |  |

# Internal Assessment Guidelines

## Purpose.

This policy provides general guidelines for conducting internal assessments of the SQMS program.

## Scope.

This policy applies to ***[SPONSOR]*** operations and SQMS program.

## Responsibility.

This policy is the responsibility of the Management Representative.

## Policy

Internal Assessments are characterized by reliance on a number of principles. These make the assessment an effective and reliable tool in support of policies and controls, providing information on which an organization can act to improve its performance. Adherence to principles is a prerequisite for providing assessment conclusions that are relevant and sufficient and for enabling assessors working independently from one another to reach similar conclusions in similar circumstances.

### Assessor Principles. The following principles relate to assessors:

#### Ethical conduct. Trust, integrity, confidentiality and discretion are essential to assessing.

#### Fair presentation. The obligation to report truthfully and accurately.

#### Due professional care. The application of diligence and judgment in assessing

#### Independence.

Assessors maintain an objective state of mind throughout the assessment process to ensure that the assessment findings and conclusions will be based only on the assessment evidence.

#### Evidence-based Approach.

The rational method for reaching reliable and reproducible assessment conclusions in a systematic assessment process. Assessment evidence is verifiable. It is based on samples of the information available, since an assessment is conducted during a finite period of time and with finite resources. The appropriate use of sampling is closely related to the confidence that can be placed in the assessment conclusions.

#### Conducting Document Review.

Prior to an assessment, documentation should be reviewed to determine the conformity of the system, as documented, with assessment criteria. Documentation may include relevant management system documents and records, and previous assessment reports. The review should take into account the size, nature and complexity of the organization, and the objectives and scope of the assessment. In some situations, this review may be deferred until the assessment commences, if this is not detrimental to the effectiveness of conducting the assessment. In other situations, a preliminary visit may be conducted to obtain a suitable overview of available information.

#### Document Inadequacy.

If the documentation is found to be inadequate, the assessor should inform the MR and the area being assessed. A decision should be made as to whether the assessment should be continued or suspended until documentation concerns are resolved.

### Assessment Plan.

The assessor should prepare an assessment plan. The amount of detail provided in the assessment plan should reflect the scope and complexity of the assessment. The details may differ, for example, between initial and subsequent assessments. The assessment plan should be sufficiently flexible to permit changes in scope, which may become necessary. The assessment plan should cover the following:

* Assessment objectives
* Assessment criteria and any reference documents
* Assessment scope, including identification of the organizational and functional units and processes to be assessed
* Dates and places where the assessment activity is to be conducted
* Expected time and duration of assessment activities
* Preparing Work Documents. The assessor should review the information relevant to their assessment assignment and prepare work documents as necessary for reference and for recording assessment proceedings. Such work documents may include:
* Work instructions and assessment sampling plans, and
* Forms for recording information, such as supporting evidence, assessment findings and records of meetings.
* The use of work instructions and forms should not restrict the extent of assessment activities, which can change as a result of information collected during the assessment. Work documents, including records resulting from their use, should be retained IAW 26 – Records control Policy.

### Opening Meeting.

An opening meeting should be held with the area being assessed. The purpose of an opening meeting is:

* To confirm the assessment plan
* To provide a short summary of how the assessment activities will be undertaken

### Assessment Information.

During the assessment, information relevant to the assessment objectives, scope and criteria, including information relating to interfaces between functions, activities and processes should be collected by appropriate sampling and should be verified. Only information that is verifiable may be assessment evidence. Assessment evidence should be recorded.

#### Assessment Evidence.

The assessment evidence is based on samples of the available information. Therefore there is an element of uncertainty in assessing, and those acting upon the assessment conclusions should be aware of this uncertainty. Methods to collect information include:

* Interviews
* Observation of activities, and
* Review of documents.

#### Assessment Evidence and Criteria.

Assessment evidence should be evaluated against the assessment criteria to generate the assessment findings. Assessment findings can indicate either conformity or nonconformity with assessment criteria. When specified by the assessment objectives, assessment findings can identify an opportunity for improvement.

#### Conformity with Assessment Criteria.

Conformity with assessment criteria should be summarized to indicate locations, functions or processes that were assessed. If included in the assessment plan, individual assessment findings of conformity and their supporting evidence should also be recorded.

#### Nonconformity with Assessment Criteria.

Nonconformities and their supporting assessment evidence should be recorded and reviewed with the area being assessed to obtain acknowledgement that the assessment evidence is accurate, and that the nonconformities are understood. Every attempt should be made to resolve any diverging opinions concerning the assessment evidence and/or findings, and unresolved points should be recorded.

## Records Retention.

Refer to Records Control Policy for details on record documentation and retention.

# SQMS Records Matrix

| **Ref** | **Doc No** | **Record Name** | **Index Method** | **Owner** | **Protect** | **Storage Location** | **Retain** | **Disposal** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | IA | Internal Assessment Form | Subj/Date/Segment | MR | IT | O:\SQMS\IA | 2 yr | Delete |
| 4 |  | Minimum Usage | Subject/Date | Chief Eng | IT | Event Scheduler | 2 yr | Delete |
| 5 |  | FSTD Performance & Handling Statement | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\Statement | 2 yr | Delete |
| 6 |  | Independent Feedback | Sim/Subject/Date | MR | IT | O:\SQMS\Feedback | 90 days | Delete |
| 6 | WI-1 | Comments & Recommendations form | Subject/Date | MR | IT | O:\SQMS\CR | 2 yr | Delete |
| 7 |  | Statement of Qualification | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\SOQ | Perm | N/A |
| 8 |  | MR Selection Notification Letter | Subject/Date | Chief Eng | IT | O:\SQMS\MR\ltr | 2 yr | Delete |
| 9 |  | MR Quarterly Report | Subject/Date |  | IT | O:\SQMS\MR\QtrRpt | 2 yr | Delete |
| 13 |  | Initial Evaluation Results | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\Eval | Perm | N/A |
| 14 |  | Upgrade Evaluation Results | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\Eval | Perm | N/A |
| 15 |  | Objective Test Results | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\Eval | 2 yr | Delete |
| 17 |  | Continuing Evaluation Results | Sim/Subject/Date | Chief Eng | IT | O:\SQMS\Eval | Longer of 2yr or 3 evals | Delete |
| 18 | WI-2 | Discrepancies Log: | Sim/Subject/Date  | Chief Eng | LOCK | MR Office | 2 yr | Shred |
| 18 |  | List of MMI |  |  |  |  |  |  |
| 18 |  | Action taken to correct |  |  |  |  |  |  |
| 18 |  | Corrective action date |  |  |  |  |  |  |
| 18 |  | Person singing off correction |  |  |  |  |  |  |
| 20 |  | FSTD Modification | Sim/Subject/Date |  | Chief Eng | IT | O:\SQMS\MOD | Perm |
| 25 |  | MQTG | Sim/Subject/Date |  | Chief Eng | LOCK | Engineering Office | Perm |
| 25 |  | MQTG Amendments | Sim/Subject/Date |  | Chief Eng | LOCK | Engineering Office | Perm |

# Internal Assessment Tool

| **Requirement (Element) No** | **Assessment Validation - There is evidence that the element is:** **(1) Current****(2) Being utilized/applied as is appropriate/necessary****(3) Being utilized/applied as stated/specified/defined in the SQMS** **(4) Achieving/producing effective result.** | **Rating** | **Rating** | **Rating** |  |
| --- | --- | --- | --- | --- | --- |
| **E.1.1.** | QMS manual prescribing current policies processes, or procedures outlined in this table. | **N** | **P** | **Y** | **Findings /Comments** |
| **E.1.2.** | Policy, process, or procedure specifying how deficiencies are identified in the QMS. |  |  |  |       |
| **E.1.3.** | Policy, process, or procedure specifying documenting how the QMS program will be changed to address deficiencies. |  |  |  |       |
| **E.1.4.** | Policy, process, or procedure specifying proposing program changes to the NSPM if the NSPM gives notification that the program does not meet minimum requirements and obtain approval prior to implementation. |  |  |  |       |
| **E.1.5.** | Policy, process, or procedure specifying documenting that at least one FSTD is used within the FAA-approved flight training program for the aircraft or set of aircraft at least once within the 12-month period following the initial/upgrade evaluation conducted by the NSPM and at least once within each subsequent 12-month period thereafter. |  |  |  |       |
| **E.1.6.** | Policy, process, or procedure specifying documenting that at least one FSTD is used within the FAA-approved flight training program for the aircraft or set of aircraft at least once within the 12-month period following the first continuing qualification evaluation conducted by the NSP and at least once within each subsequent 12-month period thereafter. |  |  |  |       |
| **E.1.7.** | Policy, process, or procedure specifying how we obtain an annual written statement from a qualified pilot (who has flown the subject aircraft or set of aircraft during the preceding 12-month period) that the performance and handling qualities of the subject FSTD represents the subject aircraft or set of aircraft (within the normal operating envelope). Required only if the subject FSTD is not used in the FAA-approved flight training program for the aircraft or set of aircraft at least once within the preceding 12-month period. |  |  |  |       |
| **E.1.8.** | Policy, process, or procedure specifying how independent feedback (from persons recently completing training, evaluation, or obtaining flight experience; instructors and check airmen using the FSTD for training, evaluation or flight experience sessions; and FSTD technicians and maintenance personnel) is received and addressed regarding the FSTD and its operation. |  |  |  |       |
| **E.1.9.** | Policy, process, or procedure specifying how and where the FSTD SOQ is posted, or accessed by an appropriate terminal or display, in or adjacent to the FSTD. |  |  |  |       |
| **E.1.10.** | Policy, process, or procedure specifying how the management representative (MR) is selected and identified by name to the NSPM. |  |  |  |       |
| **E.1.11.** | Policy, process, or procedure specifying the MR’s authority and responsibility for the following: |  |  |  |       |
| **E.1.11.a.** | Monitoring the on-going qualification of assigned FSTD’s to ensure all matters regarding FSTD qualification are completed as required by part 60. |  |  |  |  |
| **E.1.11.b.** | Ensuring that the QMS is properly established, implemented, and maintained by overseeing the QMS policies, practices, or procedures and modifying as necessary. |  |  |  |       |
| **E.1.11.c.** | Regularly briefing management on the status of the on-going FSTD qualification program and the effectiveness and efficiency of the QMS. (within specified maximum interval) |  |  |  |       |
| **E.1.11.d.** | Serving as the primary contact point for all matters involving the NSPM regarding the qualification of assigned FSTDs. |  |  |  |       |
| **E.1.11.e.** | Delegating the MR assigned duties to an individual at each location as appropriate. |  |  |  |       |
| **E.1.12.** | Policy, process, or procedure specifying how we: |  |  |  |       |
| **E.1.12.a.** | Ensure that the data made available to the NSPM (the validation data package) includes the aircraft manufacturer's flight test data (or other data approved by the NSPM) and all relevant data developed after the type certificate was issued (e.g., data developed in response to an airworthiness directive) if the data results from a change in performance, handling qualities, functions, or other characteristics of the aircraft that must be considered for flight crewmember training, evaluation, or experience requirements. |  |  |  |  |
| **E.1.12.b.** | Notify the NSPM within 10 working days of becoming aware that an addition to or a revision of the flight related data or airplane systems related data is available if this data is used to program or operate a qualified FSTD. |  |  |  |       |
| **E.1.12.c.** | Maintain a liaison with the manufacturer of the aircraft being simulated (or with the holder of the aircraft type certificate for the aircraft being simulated if the manufacturer is no longer in business), and if appropriate, with the person having supplied the aircraft data package for the FFS for the purposes of receiving notification of data package changes. |  |  |  |       |
| **E.1.13.** | Policy, process, or procedure specifying how we make available all special equipment and qualified personnel needed to conduct tests during initial, continuing qualification, or special evaluations. |  |  |  |       |
| **E.1.14.** | Policy, process, or procedure specifying how we submit to the NSPM a request to evaluate the FSTD for initial qualification at a specific level and simultaneously request the TPAA forward a concurring letter to the NSPM; including how the MR will use qualified personnel to confirm the following: |  |  |  |       |
| **E.1.14.a.** | That the performance and handling qualities of the FSTD represents those of the aircraft or set of aircraft within the normal operating envelope. |  |  |  |       |
| **E.1.14.b.** | The FSTD systems and sub-systems (including the simulated aircraft systems) functionally represent those in the aircraft or set of aircraft. |  |  |  |       |
| **E.1.14.c.** | The flight deck represents the configuration of the specific type; or aircraft make, model, and series aircraft being simulated, as appropriate. |  |  |  |       |
| **E.1.15.** | Policy, process, or procedure specifying how we complete the subjective and objective tests at our training facility for an initial evaluation. |  |  |  |       |
| **E.1.16.** | Policy, process, or procedure specifying how we update the QTG with the results of the FAA-witnessed tests and demonstrations together with the results of the objective tests and demonstrations after the NSPM completes the evaluation for initial qualification. |  |  |  |       |
| **E.1.17.** | Policy, process, or procedure specifying how we make the MQTG available to the NSPM upon request. |  |  |  |       |
| **E.1.18.** | Policy, process, or procedure specifying how we apply to the NSPM for additional qualification(s) to the SOQ. |  |  |  |       |
| **E.1.19.** | Policy, process, or procedure specifying how we complete all required Attachment 2 objective tests each year in a minimum of four evenly spaced inspections as specified in the appropriate QPS. |  |  |  |       |
| **E.1.20.** | Policy, process, or procedure specifying how we complete and record a functional preflight check of the FSTD within the preceding 24 hours of FSTD use, including a description of the functional preflight. |  |  |  |       |
| **E.1.21.** | Policy, process, or procedure specifying how we schedule continuing qualification evaluations with the NSPM. |  |  |  |       |
| **E.1.22.** | Policy, process, or procedure specifying how we ensure that the FSTD receives a continuing qualification evaluation at the interval described in the MQTG. |  |  |  |       |
| **E.1.23.** | Policy, process, or procedure describing how discrepancies are recorded in the FSTD discrepancy log, including: |  |  |  |       |
| **E.1.23.a.** | A description of how the discrepancies are entered and maintained in the log until corrected. |  |  |  |       |
| **E.1.23.b.** | A description of the corrective action taken for each discrepancy, the identity of the individual taking the action, and the date that action is taken. |  |  |  |       |
| **E.1.24.** | Policy, process, or procedure specifying how the discrepancy log is kept in a form and manner acceptable to the Administrator and kept in or adjacent to the FSTD. (An electronic log that may be accessed by an appropriate terminal or display in or adjacent to the FSTD is satisfactory.) |  |  |  |       |
| **E.1.25.** | Policy, process, or procedure requiring each instructor, check airman, or representative of the Administrator conducting training, evaluation, or flight experience, and each person conducting the preflight inspection, who discovers a discrepancy, including any missing, malfunctioning, or inoperative components in the FSTD, to write or cause to be written a description of that discrepancy into the discrepancy log at the end of the FSTD preflight or FSTD use session. |  |  |  |       |
| **E.1.26.** | Policy, process, or procedure specifying how we apply for initial qualification based on the final aircraft data package approved by the aircraft manufacturer when operating an FSTD based on an interim qualification. |  |  |  |       |
| **E.1.27.** | Policy, process, or procedure specifying how we determine whether an FSTD change qualifies as a modification as defined in § 60.23. |  |  |  |       |
| **E.1.28.** | Policy, process, or procedure specifying how we ensure the FSTD is modified in accordance with any FSTD Directive regardless of the original qualification basis. |  |  |  |       |
| **E.1.29.** | Policy, process, or procedure specifying how we notify the NSPM and TPAA of the intent to use a modified FSTD and to ensure that the modified FSTD will not be used prior to: |  |  |  |       |
| **E.1.29.a.** | Twenty-one days since notifying the NSPM and the TPAA of the proposed modification with no reply received from either the NSPM or the TPAA; or |  |  |  |       |
| **E.1.29.b.** | Twenty-one days since notifying the NSPM and the TPAA of the proposed modification and one has approved the proposed modification and the other has not responded; or |  |  |  |       |
| **E.1.29.c.** | The FSTD successfully completing any evaluation the NSPM may require in accordance with the standards for an evaluation for initial qualification or any part thereof before the modified FSTD is placed in service. |  |  |  |       |
| **E.1.30.** | Policy, process, or procedure specifying how, after an FSTD modification is approved by the NSPM, we will: |  |  |  |  |
| **E.1.30.a.** | Post an addendum to the SOQ until the NSPM issues a permanent, updated SOQ. |  |  |  |       |
| **E.1.30.b.** | Update the MQTG with current objective test results and appropriate objective data for each affected objective test or other MQTG section affected by the modification. |  |  |  |       |
| **E.1.30.c.** | File in the MQTG the direction to make the modification and the record of the modification completion. |  |  |  |       |
| **E.1.31.** | Policy, process, or procedure specifying how we track the length of time a component has been missing, malfunctioning, or inoperative (MMI), including: |  |  |  |       |
| **E.1.31.a.** | How we will post a list of MMI components in or adjacent to the FSTD. |  |  |  |       |
| **E.1.31.b.** | How we will notify the NSPM if the MMI has not been repaired or replaced within 30 days and is reportable as per documented NSP policy [i.e. FSTD Guidance Bulletin 08-01 (as amended)].[NOTE: If we have an NSPM-Approved/Accepted/Authorized discrepancy prioritization system (DPS) this element is superseded by the DPS (re: App E.4. for DPS requirements). Use T.E.4.: V.9.d., e. and f. or T.D.8. to assess, as applicable.]  |  |  |  |       |
| **E.1.32.** | Policy, process, or procedure specifying how we notify the NSPM and how we will seek re-qualification of the FSTD if the FSTD is moved and reinstalled in a different location. |  |  |  |       |
| **E.1.33.** | Policy, process, or procedure specifying how we maintain control of the following documents: [Must specify how these records are maintained in plain language form or in coded form; but if the coded form is used, we must specify how the preservation and retrieval of information will be conducted.] |  |  |  |       |
| **E.1.33.a.** | The MQTG and each amendment thereto. |  |  |  |       |
| **E.1.33.b.** | A record of all FSTD modifications, as determined under E.3.27., since the issuance of the original SOQ [re: § 60.23(b) and Figure A4I, Attachment 4 to Appendix A of Part 60]. |  |  |  |       |
| **E.1.33.c.** | Results of the qualification evaluations (initial and each upgrade) since the issuance of the original SOQ. |  |  |  |       |
| **E.1.33.d.** | Results of the objective tests conducted for a period of 2 years [re: § 60.19 (a)(1)]. |  |  |  |       |
| **E.1.33.e.** | Results of the previous three continuing qualification evaluations, or the continuing qualification evaluations from the previous 2 years, whichever covers a longer period. |  |  |  |       |
| **E.1.33.f.** | Comments obtained in accordance with E.3.8. (i.e., independent feedback from persons recently completing training, evaluation, or obtaining flight experience; instructors and check airmen using the FSTD for training, evaluation or flight experience sessions; and FSTD technicians and maintenance personnel) [Re: § 60.31(a) (3) (iv) for a period of at least 90 days]. |  |  |  |       |
| **E.1.33.g.** | A record of all discrepancies entered in the discrepancy log over the previous 2 years, including the following: |  |  |  |       |
| **E.1.33.g.1.** | A list of the components or equipment that were or are missing, malfunctioning, or inoperative. |  |  |  |       |
| **E.1.33.g.2.** | The action taken to correct the discrepancy.  |  |  |  |       |
| **E.1.33.g.3.** | The date the corrective action was taken. |  |  |  |       |
| **E.1.33.g.4.** | The identity of the person determining that the discrepancy has been corrected. |  |  |  |       |