

Parachute Association of Namibia

www.panam.com.na

Quality Assurance – New Dropzone Operator

Dropzone Operator

Name of Operation:			
Contact Person:			
Contact Number:		Email:	
Physical Address:			

PANAM Safety Committee

PANAM Quality Assurance Manager:	
PANAM Chairman:	
PANAM NSTO:	
Other person(s)	

General

	Owner(s) have satisfactory experience to run a parachute operation
	Landowner approval – original, signed letter granting permission to a specific person or legal entity
	Aircraft – registration, type and configuration of aircraft, proof of ownership or proof of rental agreement
	Land, buildings and associated facilities – address and description of facilities, including aerial photographs, GPS co-ordinates and description of all potential hazards
	DZ Application Form – PANAM to forward to NCAA on approval of application
	Licencing – Satisfactorily licenced personal available to run operation
	Landing areas – Clearly identified and properly separated if applicable
	Equipment – Procedure in place for checking and maintaining equipment used by the operation
	Records – Procedure in place to properly record, maintain and store appropriate records

Student Operations

	Chief Instructor appointed and approved by PANAM Safety Committee
	Instructional staff appointed – included names, ratings, currency
	Student equipment and peripheral equipment – list of all student equipment including serial numbers and descriptions together with proof of ownership or proof of rental agreement
	Operation must be able to facilitate the progression of a person from ab initio student up to A licence status, as defined in the PANAM Manual of Procedures.

Non-Student Operations

	Safety Officer appointed and approved by PANAM Safety Committee
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Showjump Operations

	Applicant has a current PANAM Instructor rating
	Letter from a current Chief Instructor confirming applicant's suitability and competency
	Motivation for not being able to work via existing operation

Additional areas inspected, comments, findings and/or recommendations:

continue on separate page if necessary

Approved/Not Approved:	Date:		
Quality Assurance Manager:		Chairman/NSTO Signature:	