December 2019 Form 22b

Parachute Association of Namibia

www.panam.com.na

Quality Assurance – Dropzone Operator Annual Audit

Dropzone Operator				
Name of Operation:				
Contact Person:				
Contact Number:			Email:	
Physical Address:				
Responsible Person (Chief Instructor/Safety Officer)				
Name:				
Contact Number:			Email:	
Approved by PANAM Safety Committee				
PANAM Safety Committee				
PANAM Quality Assurance Manager:				
PANAM Chairman:				
PANAM NSTO:				
Other person(s):				
General				
Licencing – Inspect that operations licencing procedures adhere to PANAM MOP's				
Equipment – Spot check equipment and confirm that the correct procedure as per PANAM MOP's are				
adhered to and that all relevant records are on file				
Records – Inspect that all appropriate records have been completed correctly and are up to date				
Student Operations				
Responsible Person – Inspect proficiency of the Chief Instructor				
Instructional Staff – Verify that the operation has sufficient, properly licenced personal for student				
operations				
Training Proficiency – Inspect the procedures undertaken by the operation to maintain the required level of quality and safety				
Non-Student Operations				
Responsible Person – Inspect the proficiency of the Safety Officer				
Showjump Operations				
Applicant still 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		Chairman/NSTO		
•	Manager:		Signature:	