

Surveillance Non-Conformity Form

General

DGCA / ASD Use	Organization:		<input type="checkbox"/> Approved	<input type="checkbox"/> Non-approved / Initial
	Date of Activity:		Technical Domain:	
	Type of Activity:	<input type="checkbox"/> Audit (Serial No.) (AU/Year/Div./xxx)		<input type="checkbox"/> Inspection
		<input type="checkbox"/> Spot Check		<input type="checkbox"/> Other:
	Inspector Name:			
	Auditee Name:			

Finding Details

DGCA / ASD Use	Finding Serial No:				
		(NC/Year/Div./xxx)			
	Finding Level:	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3	<input type="checkbox"/> Observation Used for Initial approval only
	Repeated Findings:	<input type="checkbox"/> yes <input type="checkbox"/> No	Previous finding: (Audit Sn. & Finding Sn. as applicable)		
	SSP Category Code:				
	Finding Reference:	<input type="checkbox"/> Regulatory	<input type="checkbox"/> Org. Approved Documentation	Refrance:	
	Finding Description:				
	Remarks:				
	Inspector:	Name:	Signature:		Date:
Division Head:	Name:	Signature:		Date:	

Finding Serial No:	(NC/Year/Div./xxx)
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Corrective Action Plan				
Organization's Use	Root Cause:			
	Proposed Corrective Action:			
	Proposed Preventive Action:			
	Proposed Closure Date:			
	Submission:	Organization Name:	Head of Compliance Signature:	Date:
	Notes: e.g. extension of original closure dates after acceptances			

DGCA / ASD Use	Inspectors Acceptance	Name:	Signature:	Date:
	Division Head	Name:	Signature:	Date:

Finding Serial No:	(NC/Year/Div./xxx)
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Organization's Use	Closure Follow-up			
	Closure Statement:	I hear by declared that the non-conformity has been closed as par the proposed action plan provided and accepted by DGCA/ ASD.		
	Evidence: (if applicable)			
	Declaration:	Organization Name:	Head of Compliance Signature:	Actual closure Date:

DGCA / ASD Use	Inspectors Verification:	Name:	Signature:	Date:
	Division Head:	Name:	Signature:	Date:

End

Extra Details of () as needed

Finding Serial No:

(NC/Year/Div./xxx)

DGCA Form 1010 – Completion Guide

(aligned with CAP 108 Surveillance Policy, Issue 2 Rev 0)

1 Purpose of Form 1010

Form 1010 is the **sole DGCA-approved template** for recording, tracking and closing every surveillance non-conformity raised by Aviation Safety Department (ASD) inspectors. Its use is mandated in CAP 108 - “Non-conformity Reporting Form”.

2 Who fills which parts

Section	Completed by	Timing & Key Rules
Header / General and Finding Details	Inspector	Fill on-site. Assign a serial number (NC/Year/Division/###) and select the finding level (1, 2 or 3) as defined in CAP 108.
Corrective-Action Plan (CAP)	Certificate-holder (Head of Compliance)	Submit within the policy deadline (≤ 72 h for Level 1; ≤ 30 days for Level 2; ≤ 45 days for Level 3).
Division-Head Acceptance	Inspector → Technical Division Head	Accept or request revision as per division acceptor timeframe.
Closure Follow-up	Certificate-holder then Inspector	Organisation declares closure; inspector verifies evidence and records actual closure date (target \leq “Upon verification” for Level 1, ≤ 90 days Level 2, ≤ 120 days Level 3).

3 Field-by-field instructions

#	Field on the form	How to complete	Policy reference
A	Organization / Date of Activity / Technical Domain / Type of Activity	Select domain (SMS, OPS, AW, LIC, ANS, ACS, DGR). Indicate “Audit”, “Inspection”, “Spot Check” or “Other”.	CAP 108 7. Technical Divisions Codes

#	Field on the form	How to complete	Policy reference
B	<i>Finding Serial No.</i>	NC/Year/Division/### (e.g. NC/2025/OPS/002). Number sequentially per division for each calendar year.	CAP 108 “11. Non-conformity Reporting Form”
C	<i>Audit Serial No.</i>	AU/YEAR/Division/### (e.g. Au/2025/OPS/002). Number sequentially per Supdt’I table for each calendar year	Supdt’I Controlled
D	<i>Finding Level</i>	Tick 1, 2, 3 or Observation. using definitions: 1 = Critical direct-safety impact; 2 = Major indirect; 3 = Minor systemic.	CAP 108 “12. Classification of Findings ”
E	<i>Repeated Findings</i>	Tick “Yes” only if the same finding (identical root cause) was closed within the last 12 months.	
F	<i>SSP Category Code</i>	Choose the code from the ASD Risk-Profile table	CAP 108, Attachment C
G	<i>Finding Reference</i>	Tick Regulatory (cite KCASR) or Approved Documentation (e.g., Ops Manual). Give exact clause.	
H	<i>Finding Description</i>	Write a clear, evidence-based statement: condition → regulatory requirement → evidence. Avoid opinions.	
I	<i>Root Cause</i>	Organisation performs root-cause analysis (e.g., Method: “5 Whys”). (i.e. Human Factors / Procedures / Training / Equipment / Management-System / External) and describe briefly.	
J	<i>Proposed Corrective Action</i>	Action(s) that eliminate the non-conformity. Must be specific, measurable, achievable, realistic, time-bound (SMART).	
K	<i>Proposed Preventive Action</i>	Systemic step(s) preventing recurrence (e.g., procedure rewrite, training, SMS hazard register update).	
L	<i>Proposed Closure Date</i>	Must fall within the policy closure-target window (see table in point 6) unless an extension is granted under CAP 108 - 11.	
M	<i>CAP Submission – Head of Compliance Signature/Date</i>	Date triggers the “30/45-day submission” clock monitoring by ASD.	

#	Field on the form	How to complete	Policy reference
N	Inspector's Acceptance	Inspector signs/stamps once CAP meets policy criteria; if rejected, annotate "Returned for revision – date".	
O	Division-Head Approval	Confirms acceptance; ensures consistency of actions across the division.	
P	Closure Statement & Evidence	Organisation declares closure; attach evidence (records, photos, updated manuals, training logs).	
Q	Inspector's Verification	Verify evidence on-site or desk review; sign/stamp; record Actual Date Closed .	
R	Division-Head Verification	Final regulatory sign-off; forwards to Surveillance-tracking focal point for database entry and archiving.	

4 Common compliance pitfalls & how to avoid them

Pitfall	Avoidance tip
Late CAP submission	Record CAP-submission date (new field recommended) and set calendar reminders for 72 h / 30 d / 45 d cut-offs.
Over-optimistic closure dates	Cross-check against policy maxima before accepting; require justification for shorter or longer timelines.
Vague root causes	Insist on systemic causes (e.g., "Inadequate recurrent-training tracking" instead of "human error").
Evidence missing	No closure without verifiable proof (signed training record, maintenance release, revised SOP section, etc.).
Serial-number duplication	Maintain a division spreadsheet we may use an electronic tracking tool that auto-increments numbers.

5 Document-control

- Retain signed originals (paper or PDF) in the Surveillance-tracking system for **≥ 5 years** (10 years for Level 1) as per CAP 108 - 16.

6 Quick-reference deadlines table (mirror of CAP 108)

Finding Level	CAP due	Closure target
1- Critical	≤ 72 h	Upon ASD verification
2- Major	≤ 30 d	≤ 90 d or agreed
3- Minor	≤ 45 d	≤ 120 d or agreed
4- Observation	As agreed	After closure of NC

(Extensions: written request by Accountable Manager, justified by risk assessment – CAP 108 - 11)

END