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| **SECTION 4A – OPERATOR’S AOC AUDIT RESPONSE (ATTACHMENT A)** | | | |
| **OPERATOR** | | **AOC NUMBER** | **DATE** |
| Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap to enter a date. |
| **CODE** | **FINDING/OBSERVATION** | | **DAYS** |
| Click to enter text. | Click or tap here to enter text. | | Click to enter text. |
| **OPERATOR’S FEEDBACK** | | **REMARKS** | |
| **Immediate Corrective Action** | |  | |
| **Root Cause Analysis** | |  | |
| **Root Cause Correction** | |  | |
| **Follow Up** | |  | |
| **Closure** | |  | |
| Name: Click or tap here to enter text.  Designation: Click or tap here to enter text.  Date: Click or tap to enter a date. | | Signature | |

|  |  |
| --- | --- |
| **SECTION 4B – REMARKS BY CAAM**  **(TO BE COMPLETED BY PRINCIPAL OPERATIONS INSPECTOR AFTER REVIEWING OPERATOR’S FEEDBACK)** | |
| The corrective action has been reviewed, verified and found to be:  **ACCEPTABLE / UNACCEPTABLE** | |
| If **UNACCEPTABLE**, the reason for rejecting the corrective action: | |
| Name:  Date: | Signature |