QUESTIONNAIRE TO STATES

Survey for African States QMS Implementation applied to AIM (tick as appropriate)

ICAO Region: …………………………………….

State/Administration: ………………………………..

Surname/Name: …………………………………………

Title: ……………………………………………………..

Telephone: ……. …………………………………………

Email: ……………………………………………………

Date: ……………………………………………….

1. In how many airports do you provide AIM services? ……………………

2. Is your organisation/Department currently ISO certified?   **Yes □**   **No □**

3. If yes, attach the certificate or give the name of the certifying body and the certificate number
……………………………………………………………………………………………………

4. Do you have an AIM Quality Manual?   **Yes □**   **No □**

5. If yes (you have a quality manual), are the following elements included?

   i.   Control of documented information   **Yes □**   **No □**

   ii.   Control of non-performing products/services   **Yes □**   **No □**

   iii.   Continual improvement   **Yes □**   **No □**

   iv.   Management review and internal audit   **Yes □**   **No □**

6. Do you have an AIM Quality Policy?   **Yes □**   **No □**

7. Has your organisation/Department assigned a representative to lead the QMS process?
                                     Yes □   **No □**

8. Do you have in place a QMS maintenance/surveillance schedule?   **Yes □**   **No □**

8. If no to question 2, then has your state started the certification process?   **Yes □**   **No □**

10. If yes, at what stage are you in?   **Stage 1 □**   **Stage 2 □**

11. If no (you have not started the certification process) could you briefly state why

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12. Please indicate the type of assistance you may require from the ICAO ESAF or WACAF to achieve ISO certification.

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Sign _____