| EXERCISE No. 1 Date: | CISE No. 1 Team: A B C D E F |  |  |
| :---: | :---: | :---: | :---: |
| State: Futureland |  |  |  |
| Corrective Action Plan (CAP) Evaluation Checklist Form |  |  |  |
| 1. Select one of the following: |  |  |  |
| 1.1 | CAP or CAP update does not address this ICAO finding and recommendation ( $\mathrm{F} \& \mathrm{R}$ ). |  |  |
| 1.2 | CAP or CAP update partially addresses this ICAO F\&R. |  |  |
| 1.3 | CAP or CAP update fully addresses this ICAO F\&R. |  |  |
| 2. Check the applicable column for CAP. |  | Yes 五 | $\begin{aligned} & \text { No } \\ & \text { 区 } \end{aligned}$ |
| 2.1 | The CAP addresses the entire scope of the F\&R. All related protocol questions (PQs) have been addressed by corresponding actions. |  |  |
| 2.2 | The State has provided sufficient details, especially with regard to implementation. |  |  |
| 2.3 | The action office(s) has/have been clearly identified and has/have the authority to complete the corrective action(s). |  |  |
| 2.4 | The State has indicated a specific estimated implementation date (EID). |  |  |
| 2.5 | The EID is realistic and commensurate with the risk associated with this F\&R. |  |  |
| 2.6 | If this F\&R has generated a significant safety concern (SSC), sufficient evidence on the immediate action(s) has been provided. |  |  |
| 2.7 | Other(s): |  |  |
| 3. Check the applicable column for CAP updates. |  | Yes $\nabla$ | $\begin{aligned} & \text { No } \\ & \text { Non } \end{aligned}$ |
| 3.1 | If the Appendix 3 (original) CAP did not fully address the F\&R, the CAP has been revised and now fully addresses the F\&R. |  |  |
| 3.2 | If the original CAP fully addressed the F\&R, the CAP update has provided progress/status for each and every action indicated in the original CAP. |  |  |
| 3.3 | Either a specific completion date or a specific revised EID has been provided for each action. |  |  |
| 3.4 | The State has clearly indicated the level of progress achieved (e.g. $25 \%, 50 \%$ or $75 \%$ ) and whether the action has been completed. |  |  |
| 3.5 | Other(s): |  |  |

-2 -
4. Indicate the rationale behind your decision(s) regarding acceptability of CAP.
5. Indicate the rationale behind your decision(s) regarding acceptability of CAP update, if applicable.

