

**PRE-FLIGHT SURVEILLANCE ACTIVITY CHECKLIST (FOR USE BY QUALITY ASSURANCE PERSONNEL)**

**I. IDENTIFICATION DATA**

1. NAME OF CARRIER/CONTRACT NUMBER		2A. MISSION NUMBER	2B. DATE	3. TYPE AIRCRAFT AND TAIL NUMBER
4A. GACL (PAX & LBS) (IAW CONTRACT)	4B. ACFT CAPE (PAX & LBS)	5. ROUTING		6. INSPECTED AT
7A. TIME POSITIONED(ZULU)--SCHEDULED/ACTUAL			7B. DEPARTURE TIME (ZULU)--SCHEDULED/ACTUAL	
8A. NAME OF CARRIER REPRESENTATIVE			8B. NAMES AND TITLES OF GOVERNMENT PERSONNEL	

**II. CHECKLIST ITEMS**

	SAT	UNSAT	N/A		SAT	UNSAT	N/A
<b>9. PASSENGER DISCREPANCIES</b>				<b>9. (continued)</b>			
<b>(1) CRITICAL:</b>				<b>MINOR (continued):</b>			
a. Contractor Representative available within required times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Overhead Storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Passenger care during delays and diversions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Children's Amenities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Flight Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Seat Pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Food Service (Other than failure to cater entire ACL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Failure to Obtain Approval for Extended Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>10. CARGO DISCREPANCIES</b>			
f. Funds Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(1) CRITICAL:</b>			
<b>(2) MAJOR:</b>				a. Provide signature service from origin to destination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Contractor Representative available within required time frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. PAX Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Failure to Obtain Approval for Extended Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Barrier Nets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>(2) MAJOR:</b>			
d. Food Service (Failure to cater entire ACL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Provide seats and services for Government Sponsored Personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Baggage Off-Load Times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Cargo compartment serviceable with no obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Baggage Containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Provide aircraft lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Seat Blocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Safety Barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>(3) MINOR:</b>				<b>(3) MINOR:</b>			
a. AMC Logo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Provide tie-down fittings and devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Seat Blocking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>11. GENERAL OPERATIONS</b>			
c. Pillows & Blankets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>MAJOR:</b>			
d. Settlement of Claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. All aircraft systems fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. In-Flight Movies & Stereo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Safety Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hot Towel Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

12. WERE ANY CONTRACT VIOLATIONS ISSUED?  YES (ATCH COPY OF AMC FORM 166B)  NO

13. ADDITIONAL COMMENTS OR OBSERVATIONS (Continue on reverse if necessary)

14. EVALUATED BY (Name/Organization)

15. SIGNATURE

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The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

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