

Effective 1 March 2025

ISAGO Audit Handbook

Edition 1

PROCEDURES AND GUIDANCE
Ground Handling Service Providers and Auditors



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Approval Page

This Edition was prepared and reviewed by the IATA Ground Operations Department

It was approved for use, after due diligence as indicated below.

Step	Name	Date
Reviewed and recommended by:	Head Ground Operations and Standards	March 2025
Approved by:	Director Ground Operations	March 2025

Abbreviations and Definitions

Refer to the AHM Appendix A, IGOM Annex A and IATA Reference Manual for Audit Programs (IRM) for the abbreviations, acronyms and definitions of technical terms and the meaning of abbreviations and acronyms.

The following have been included here for ease of use.

Abbreviations

ACU	Air Conditioning Unit
AHM	Airport Handling Manual
AQL	Acceptance Quality Limit
AvSEC	Aviation Security
BAG	Baggage Handling (ISAGO Discipline)
CAP	Corrective Action Plan
CAR	Corrective Actions Record
CGM	Cargo Handling & Mail (ISAGO Discipline)
CoPA	IATA Charter of Professional Auditors
DA	Documentation Assessment
DCS	Departure Control System
DG	Dangerous Good
DGR	IATA Dangerous Goods Regulations
ERA	Equipment Restraint Area
ERP	Emergency Response Plan
FAT	Final Action Taken
FPU	Fixed Power Unit
GHSP	Ground Handling Service Provider
GOA	ISAGO Agent
GOAH	ISAGO Audit Handbook (this publication)
GOPM	ISAGO Program Manual
GOSM	ISAGO Standards Manual
GPU	Ground Power Unit
GSE	Ground Support Equipment
IA	Implementation Assessment
ICHM	IATA Cargo Handling Manual
IGOM	IATA Ground Operations Manual
ISAGO	IATA Safety Audit for Ground Operations
ISO	International Organization for Standardization
LIR	Load Instructions Report
LMC	Last Minute Change

LOD	Load Control (ISAGO Discipline)
MHQ	Headquarters
MoM	Minutes of Meeting
MRM	Management Review Meeting
NOTOC	Notice to Captain
ORM	Organization & Management (ISAGO Discipline)
OOG	Oversize Baggage
PAX	Passenger Handling (ISAGO Discipline)
PPE	Personal Protective Equipment
RA	Risk Assessment
RMP	Ramp Handling (ISAGO Discipline)
SLA	Service Level Agreement
SPI	Safety Performance Indicator
STN	Station
TRN	Training (ISAGO Discipline)
ULD	Unit Load Device
UM	Unaccompanied Minor

Definitions

Term	Definition
Adopted	An assessment option used by the ISAGO auditor when completing the documentation assessment. This assessment indicates that the GHSP procedures meet the requirements of the provision, and there are no errors in the gap analysis of this provision.
Adopted with variation	An assessment option used by the ISAGO auditor when completing the documentation assessment. This assessment indicates that the GHSP procedures meet requirements of the provision, but include additional elements or increased requirements, AND there are no errors in the gap analysis of this provision.
Audit standard	Industry standards publications issued by IATA, which are applicable for the ISAGO audit. Provisions in the audit standards which contain procedural elements for implementation by a GHSP are included in the gap analysis and ISAGO audit. IATA have reviewed and identified those provisions for which a gap analysis is required. Provisions which contain administrative text or guidance material do not require a gap analysis. Audit standards contains provisions selected from the industry standard.
Conformity	An assessment option (gap mapping) used by the GHSP when completing the gap analysis. This assessment indicates that the GHSP meets the audit standard, with same wording as stated in the audit standard or with wording that is different from the audit standard but still meets the overall intent, to include all relevant steps, processes of the standard in the required sequence.
Documentation assessment	ISAGO auditor validation of a GHSP's published gap analysis and operational documentation to ensure a sufficient level of compliance to the audit standard.
Gap analysis	The GHSP's assessment of its operations against the audit standards.
Implementation assessment	ISAGO auditor assessment of a GHSP's operations for compliance with audit standards through a combination of methods to include direct observation of operations, interview of personnel, record reviews or any other means to support implementation of audit standard.
Industry standard	Publication issued by IATA; Refers to the entire publication as a single entity or its chapters (i.e., IGOM, AHM1110, AHM Ch.6, ICHM etc.).
Lot size	The total number of provisions within the audit discipline, in each section of the applicable standard (minus the number of out-of-scope provisions) which determines the sample size to be drawn for documentation assessment by ISAGO auditor. This information will be displayed in the Operational Portal (Ops Portal).
Not adopted	An assessment option used by the ISAGO auditor when completing the Documentation Assessment. This assessment indicates that the GHSP procedures do NOT meet the minimum requirements of the provision, AND/OR there are errors in the gap analysis of this provision.
Not adopted with variation	This assessment indicates that the GHSP procedures DO NOT meet the minimum requirements of the provision, AND/OR there are errors or missing information in the gap analysis of this provision.
Out-of-scope	An assessment option used by the GHSP when completing the gap analysis. This assessment indicates the GHSP does not perform, provide or offer an operation/service/function within the scope of the audit standard. Out-of-scope assessments can be made at the chapter level, section level or sub-section level within the audit standard.
Provision	Individual requirements contained within each audit standard. These were previously referred to as GOSARPs.
Requirement	The technical requirements contained within the provision
Sample size	The number of provisions that the auditor will select from the GHSP's gap analysis to review during the documentation assessment based on the lot size.

Section	Sections within the audit standards.
Variation	<p>An assessment option used by the GHSP when completing the gap analysis. This assessment indicates that the GHSP procedures are different from the audit standard.</p> <p>Variation means that the company requirement (procedures, processes, program, policy) is not the same as the industry standard as defined in IATA's publications. Company requirement can be less or more restrictive, or organizations can have requirements which are different from the industry standard. The company requirement can be adequate and safe, however in comparison with the industry benchmark, it may:</p> <p>Include additional requirements beyond those stated in the industry standard.</p> <ul style="list-style-type: none"> (a) Include or cover less requirements than the industry standard. (b) Have different, alternative, and unique procedures, not addressed in the industry standard. (c) Cover a combination of some or all scenarios above. <p>As such, all the scenarios above define variations that are declared by the organizations when comparing their own requirements with the industry benchmark.</p>

Record of Editions

Edition Number	Issue Date	Effective Date
Edition 1	March 2025	March 2025

Description of Changes

Section	Description of Change

0 Introduction

0.1 Purpose

This guidance has been developed to provide guidance for both ground handling service providers (GHSPs) and ISAGO Auditors in the conduct of ISAGO Audits. It provides explanations on the audit process, methodology and available tools in sequential order for ease of use.

This manual is supported by program content published or made available throughout the ISAGO system. Where applicable, supporting content is cross referenced within this manual i to avoid duplication.

0.2 ISAGO Documentation System

This GOAH is part of the ISAGO documentation system as defined in the GOPM and is intended to be used in association with supporting notices, bulletins, forms and manuals that comprise the system.

The current version of ISAGO documents shall be used.

0.3 Applicability

This handbook is applicable to Ground Handling Service Providers (GHSPs) and ISAGO auditors who are members of the IATA Charter of Professional Auditors (CoPA). This handbook covers the general program overview, conduct of the gap analysis, audit preparation, audit planning, documentation & implementation assessments, and follow up audit activities, including standards for recording the audit.

While this handbook provides specific procedural information regarding how the ISAGO Program is conducted, the formal provisions that govern the program are documented in the ISAGO Program Manual (GOPM).

0.4 Language

International English as per the Merriam-Webster dictionary is the official language of the ISAGO Program and used in all ISAGO documentation.

0.5 Days

All references within the manual to days refer to calendar days.

0.6 Manual Revision

IATA will update this GOAH and publish a new edition as necessary to ensure the content remains current and meets the needs of the ISAGO Program. The edition number and its effective date are indicated on the front cover, recorded in the Record of Editions and is repeated throughout in the page footer.

Revisions are developed by IATA, in consultation with industry representatives and subject matter experts. A Temporary Revision (TR) will be issued if the implementation of a revision to this GOAH becomes necessary before a new edition can be published. The TR will address one or more specific items and include a reference to the GOAH content to which it refers, The TR will, unless otherwise notified, be effective upon publication.

A new edition will include any applicable TR issued since the previous edition was published.

0.7 Distribution

This GOAH will be made available to those GHSPs applying for ISAGO, already registered/accredited GHSPs and CoPA members through bulletins or applicable software communication tools.

0.8 Conflicting Information

This handbook and other ISAGO documentation are not revised and published concurrently, thus creating the possibility of conflicting information. If there are inconsistencies between the ISAGO documentation, IATA should be contacted for clarification and correction.

0.9 Modification Status

All changes in this document are listed in the revision highlights table. For readability, the following symbols identify any changes made within each section:

- Addition of a new item.
- △ Change to an item.
- ⊗ Deletion of an item.

1 Program Overview

1.1 ISAGO Audit Process

The purpose of the ISAGO program is to provide GHSP customers with a level of assurance that ISAGO Registered GHSPs have adopted ground handling procedures in accordance with industry standards. This is accomplished by means of independent third-party audits.

The general ISAGO methodology requires a GHSP to have documented the applicable procedures and to consistently implement such procedures in accordance with their documented requirements.

An ISAGO audit is a four-step process that is accomplished by a combination of the GHSP's and ISAGO's CoPA auditors. These four steps are:

- (a) GHSP conducts a gap analysis against audit standards.
 - 1. GHSPs are responsible for maintaining a complete and accurate profile which identifies what services are provided in which locations (headquarter and/or station); and
 - 2. GHSPs are responsible for ensuring consistent oversight of their level of compliance with audit standards and recording this level of compliance in a published gap analysis.
- (b) An auditor assessment of the GHSP's documented policies, processes and procedures - documentation assessment (DA).
 - 1. The DA is conducted against the GHSP's published gap analysis in combination with its documentation suite.
 - 2. The intent of the DA is to validate that the GHSP's written procedures are sufficiently compliant with audit standards.
 - 3. A sampling methodology is applied to the DA in order to streamline the audit process. The ISAGO program maintains a sampling methodology that ensures a statistically significant percentage of procedures are verified.
- (c) An auditor assessment of GHSP operations being conducted - implementation assessment (IA).
 - 1. The IA is conducted by directly observing GHSP operations. In event that specific areas of operations cannot be observed, these will be assessed through alternative methods such as reviewing records or interviewing personnel.
 - 2. The intent of the IA is to validate that audit standards are being consistently and accurately applied in the conduct of operations.
 - 3. There is no sampling methodology applied to the IA. All procedures within the GHSP's operational scope will be verified.
- (d) GHSP corrective actions.
 - 1. GHSPs complete comprehensive corrective actions to address any non-compliances identified during the DA and IA.
 - 2. Corrections must be verified and accepted by the auditor in order to achieve or maintain ISAGO registration.

1.2 ISAGO Process Flow

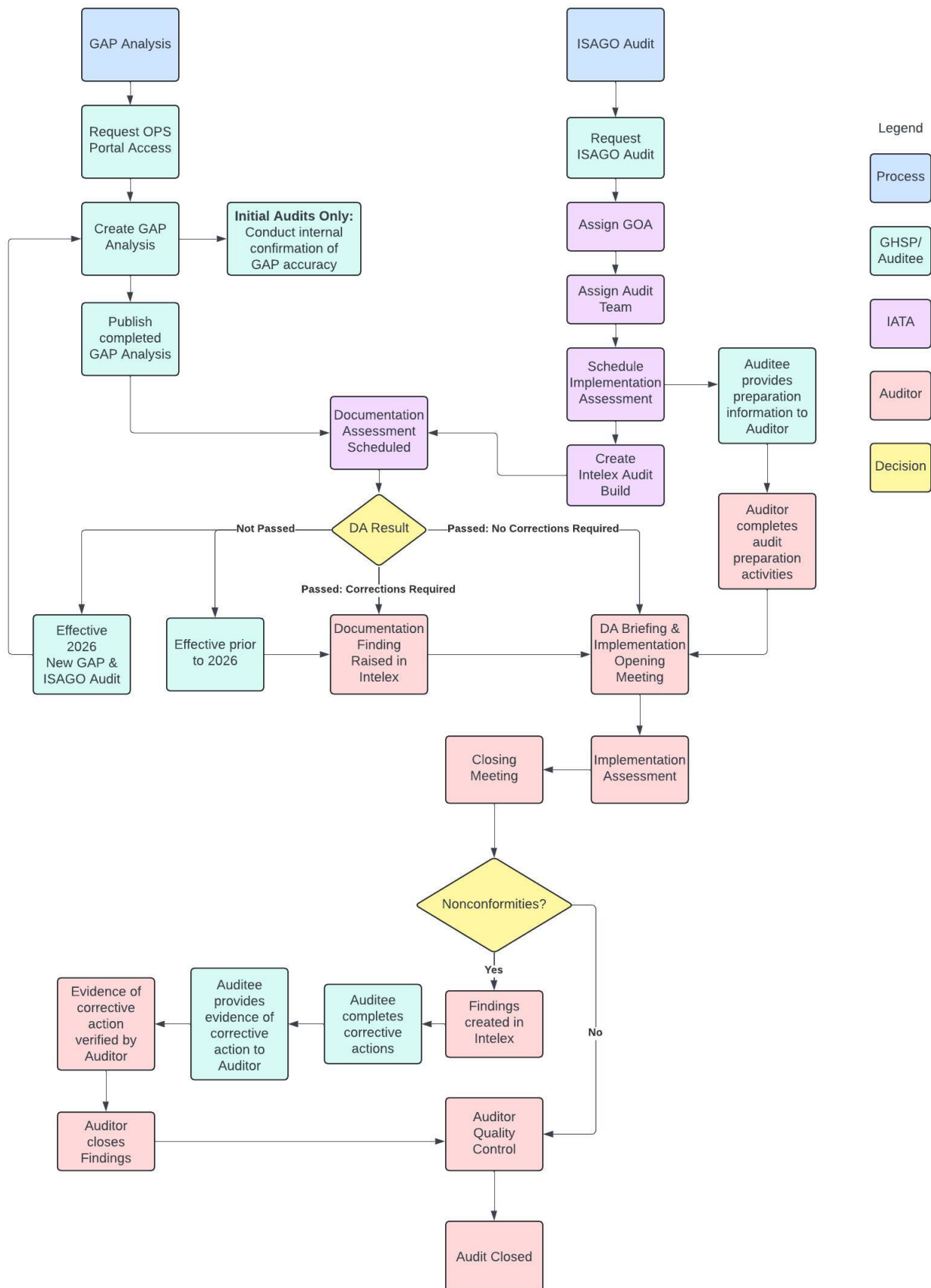


Figure 1: ISAGO Process Flow

1.3 Audits

1.3.1 Audit Standards and Provisions

The industry standards (which are further referred to as audit standards in this document) applied in the ISAGO program are intended to drive the standardization of industry practices. Data derived from the ISAGO program will be used to enhance the audit standards to ensure they continuously meet industry needs.

Audit standards are currently derived from the IATA Ground Handling Manual (IGOM), the Airport Handling Manual (AHM) and the ISAGO Standards Manual (GOSM), with additional standards such as IATA Cargo Handling Manual (ICHM) in development. These standards are subject to revision and update in accordance with their publication schedules.

Not all provisions within the audit standards are included in the gap analysis for assessment. Only those provisions which contain procedural elements for implementation by a GHSP are included in the gap analysis and ISAGO audit.

1.3.2 Audit Disciplines and Scope

Audit standards are grouped into audit disciplines to facilitate selection of the appropriate audit scope for the audit type and the GHSP's operations. The audit disciplines are grouped in accordance with Table 1.

Applicability of the audit disciplines to each audit is dependent on the type of audit (MHQ, STN) and the type of assessment being conducted (gap analysis, DA, IA).

The scope of the gap analysis and subsequent DA and IA are dictated by the services each GHSP provides. If a service is provided by the GHSP it must be included in the audit scope. There is no option for the GHSP to exclude specific areas of operation from the ISAGO audit scope.

Audit Discipline		Audit Standard	Headquarters Audit (MHQ)			Station Audit (STN)		
			Gap Required	DA	IA	Gap Required	DA	IA
ORM	Organization & Management	AHM Ch6 601/610/615/616/617/62	✓	✓	✓			✓
TRN	Training	AHM Ch 1110 Section 1-9 Section 10 -11	✓	✓	✓	✓	✓	✓
PAX	Passenger Handling	IGOM Ch.1 Passenger Handling				✓	✓	✓
BAG	Baggage Handling	IGOM Ch.2 Baggage Handling				✓	✓	✓
RMP	Ramp Handling	IGOM Ch.3 Aircraft General Safety and Servicing Operations IGOM Ch.4 Aircraft Turnaround				✓	✓	✓
LOD	Load Control	IGOM Ch.5 Load Control				✓	✓	✓
CGM	Cargo & Mail Handling	GOSM-CGM Cargo & Mail Handling				✓	✓	✓

Table 1: Audit Disciplines and Applicability

Note:

IGOM Chapter 6 is outside the scope of ISAGO as most of the procedures are already covered in IGOM Chapters 3 and 4.

1.3.3 Audit Requirements and Guidance Material

Audit requirements are selected provisions of the audit standards as published by IATA. Associated **notes**, **cautions**, **dangers**, and **exceptions** are contained in the audit standards as **guidance**. Guidance material is provided only for the purposes of supporting information and is not part of the audit requirements. Assessments shall not be made against guidance material.

1.4 Audit Types

There are two types of ISAGO audit, based on the organizational structure of the GHSP, and the location(s) where services are provided.

(a) Headquarter Audit:

- During an audit of the main headquarters (MHQ), the audit scope will reflect the management processes conducted at the headquarters, as well as any training elements that fall under the responsibility of the headquarters. Operational disciplines are not included in the scope of an MHQ audit.
 - The provisions included in the scope of an MHQ audit require the GHSP to have processes that ensure a defined outcome but may not define prescriptive procedures for accomplishing the process. It is for the GHSP to determine, define and implement the exact processes and procedures that are used to achieve the desired outcome.
 - Management procedures within the scope of a MHQ audit are accomplished at broad intervals and not necessarily on a daily basis, making them difficult to observe directly.

Implementation of processes during a MHQ audit are verified through a review of records and alternative means.

(b) Station Audit:

1. During the audit of a station (STN), the audit scope will reflect all operations conducted at that station, as well as any training elements that fall under the responsibility of the station.
2. The provisions included in the scope of a STN audit require the GHSP to have specific operational procedures which are in line with a defined audit standard.
 - o Operational procedures within the scope of a STN audit are conducted during normal daily operations and are verified through direct observation of the GHSP's operations wherever possible, as well as by review of records and alternative means.

1.5 Audit Format

ISAGO audits are conducted using both onsite and remote (desktop) audit formats, depending on the audit type. Table 2 defines the formats for each audit type.

Audit Type	Applicable Standard	Documentation Assessment	Implementation Assessment
MHQ			
Initial (ORM, TRN)	AHM Ch 6 601/610/615/616/617/620	Remote	Onsite
	AHM Ch 1110 Section 1-9 Section 10 -11	Remote	Onsite
Renewal (ORM, TRN)	AHM Ch 6 601/610/615/616/617/620	Remote	Remote/Onsite
	AHM Ch 1110 Section 1-9 Section 10 -11	Remote	Remote/Onsite
STN			
ORM	AHM Ch 6	-	Onsite
TRN	AHM Ch 1110	Remote	Onsite
PAB BAG RMP LOD CGM	IGOM Chapter 1, 2, 3, 4, 5 GOSM CGM, Section 7	Remote	Onsite

Table 2: Audit Formats

1.6 Audit Conduct Timeline

In preparation for the audit the GHSP must work on the gap analysis. It is a requirement for the GHSP to have published the gap analysis on the applicable audit standards matching its operations not later than 30 calendar days prior to the scheduled IA opening meeting date. If this requirement is not met, the audit would need to be postponed and rescheduled. Once the contract is signed, IATA identifies IA dates for all audits. Depending on the type and category of audit, the timelines will be as follows:

(a) **For all initial audits:**

Once the audit agreement has been signed, IATA will assign IA dates. Audit closure must be declared and the report submitted to IATA no later than 150 calendar days following the IA closing meeting date. Audit closure requires the GHSP to close any possible findings and for the ISAGO auditor to conduct quality control reviews. A future registry date will be communicated during the audit closing meeting for the GHSP to plan future audit renewal preparations.

(b) For all renewal audits:

- The GHSP audit window opens 180 calendar days before the registration (MHQ) or accreditation (STN) expiry date. It is beneficial for the GHSP to have the audit agreement signed as soon as possible and start the audit preparations in order for the audit to happen within the mentioned audit window.
 1. Audit IA closing date for renewal audits will be communicated to the GHSP by IATA.
 2. Audit closure must be declared and the report submitted to IATA no later than 14 calendar days prior to the registration (MHQ) or accreditation (STN) expiry date. Audit closure requires the GHSP to close any possible findings and for the ISAGO auditor to conduct quality control reviews.

(c) For MHQ initial audits:

Figure 2: Timeline - MHQ Initial Audit - To be inserted

(d) For MHQ Renewal and STN Initial /Renewal Audits:

Where the DA will be conducted remotely, the DA can be conducted starting 30 days before, and ending no later than 7 calendar days prior to the scheduled IA.

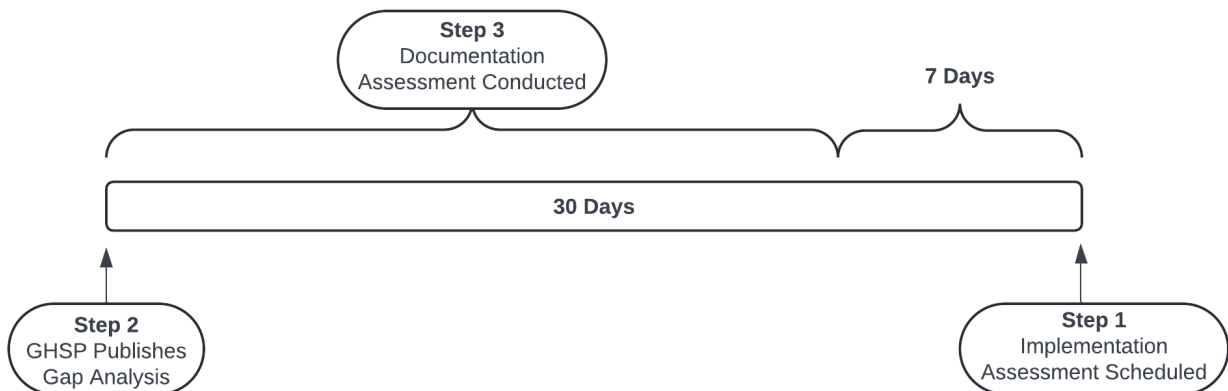


Figure 3: MHQ Renewal and STN Initial /Renewal Audits Conduct Timeline

1.6.1 Duration – *Intentionally blank*

1.7 Software Platforms

1.7.1 Operational Portal (Ops Portal)

To accommodate the adoption process and to obtain data about global adoption of audit standards and level of variation, the [IATA operational portal](#) (Ops Portal) has been launched.

The Ops Portal is designed with specific functionalities of each user group within the ISAGO program. GHSPs use the Ops Portal to publish gap analyses, and ISAGO auditors will use the Ops Portal to conduct the documentation assessment phase of the audit.

See Section 4.1 of this manual for instructions on completing the documentation assessment.

Note:

In the absence of the Ops Portal, auditees and CoPA auditors will utilize the alternative tools, see Section 1.7.3.

1.7.2 Audit Software Platforms

The audit software platform is used to conduct and record the implementation assessment for each ISAGO audit, and any findings/corrective actions resulting from the documentation and implementation assessments.

See Section 4.2 of this manual for instructions on completing the implementation assessment.

1.7.3 Digital AHM/IGOM Toolbox

In the AHM/IGOM toolbox, under the ISAGO tab is a collection of tools and documents that have been designed to be used as “offline” tools for performing the documentation assessment only by auditors until the auditing module is live in the Ops Portal.



1.7.4 CoPA Documentation Site

The CoPA documentation site is the document repository system for ISAGO auditors. Program reference documents, as well as training materials and other information applicable to auditors is available for download.

2 Variation Policy

2.1 Background

While standardization, harmonization, and reduction of variations in ground handling procedures remain the primary purpose of the global ground operations safety initiatives, it has been recognized that companies may need to vary. Airlines and GHSPs may need to implement procedures which are different from the industry benchmark in order to comply with specific regulatory requirements, airport directives or infrastructure limitation, and/or company operational requirements that aim to address specific safety concern or different business models. An adoption policy has been first introduced for the IGOM, allowing for an organization to vary from the published industry standard.

The original IGOM adoption policy is now being extended to cover a generic interpretation that can be applied to any industry standard as published in IGOM, AHM, and other IATA's publications related to ground handling and specifically focuses on the Variation Policy.

Additionally, as AHM, IGOM and other industry requirements become the baseline for ISAGO audits, there is a necessity to further provide guidance on how the variations will be dealt with during ISAGO audits.

2.2 Scope

This variation policy defines rules and requirements related to variations from industry standards as developed by the industry subject matter experts and defined in IGOM, AHM and other IATA associated ground handling publications.

2.3 Variation Types

In addition to the variation policy, additional rules have been established specifically on how to deal with variations in an ISAGO audit. There are three main reasons why a company can vary from the industry standards:

- (a) **Regulatory variation:** A variation driven by a regulatory requirement, typically managed by the state, local CAA/NAA and other authorities within the country of operations or associated jurisdiction.
- (b) **Airport variation:** A variation driven by an airport specific requirement, typically managed by the airport authority associated with local operational conditions and type of operations, and infrastructure limitations.
- (c) **Company variation:** A variation driven by an organization's own requirement, typically driven by the management aiming to address a specific safety concern or different business models and scope of operations.

2.4 What is not a Variation

The following are examples of some scenarios that are not considered as a variation:

- (a) If a company requirement and industry standard (AHM/IGOM/CGM etc.) have the same overall meaning but have different wording.
- (b) If an industry standard is written in a list format, (such as: a, b, c, d), but the company requirement defines the same requirement in a paragraph format or with a different structure, but the overall meaning is the same.
- (c) If the organization does not perform a particular operation, function or service.
- (d) When a GHSP is required to follow an airline's specific requirement, which varies from the ground operations industry standards. The GHSP shall not record airlines' variations within their own gap analysis, however, in accordance with audit standards in the AHM, the GHSP must have a system for

managing, and communicating customer airlines' variations, as well as specific requirements for their application during aircraft handling.

2.5 Variations and the Gap Analysis

When a company performs its gap analysis, any policy or procedure which is different from the industry standard shall:

- (a) Be identified as a variation.
- (b) Have a variation description - a detailed description of what is different from the audit standard. Additionally, a company may provide supporting evidence for variation. e.g. extract or image from the manual.

If a company has a variation within the safety critical procedures as defined in IGOM, a company shall:

- (a) Perform a risk assessment (RA).
- (b) Provide RA reference in the variation description and/or attach output of the RA.

For further guidance on how to map variations for IGOM safety critical procedures and non-safety critical variations, refer to [Guidance for IGOM Gap Analysis](#).

2.6 Variations and the ISAGO Audit

GHSPs will identify variations during the completion of the gap analysis. Any variation is assessed in the gap analysis as per the variation definition in Section 2.3.

However, to meet the ISAGO registration/accreditation requirements, GHSPs will need to address any variation that will be classified by the auditor as "below" the industry standard and which does not originate from regulatory or airport requirements. In other words:

- (a) Variations driven by the State, the Airport Authority will be allowed, regardless of whether they are above or below the industry benchmark and the GHSP will not be requested to address them through a corrective action.
- (b) Variations driven by the GHSP's own requirement that are above or simply more comprehensive than the industry standard will be considered as compliance with the industry benchmark.
- (c) Variations driven by the GHSP's own requirement that are below the industry benchmark or doesn't meet the intent of the requirement will need to be addressed by the GHSP.

For additional information on how ISAGO auditors will assess and record variations during the DA and IA, refer to Sections 4.1 and 4.2.

2.6.1 Exceptions for ORM and CGM variations

Organization and management requirements in AHM chapter 6 (ORM) and the CGM section in GOSM represent framework requirements, high-level processes that are not prescriptive and where more details are expected to be developed by each organization. Therefore, it is anticipated that each requirement would be marked as a variation. To address the specific nature of the high-level requirements in ORM and CGM, the GHSP is not required to record a variation if their processes, policies, and procedures are more detailed and comprehensive, as long as they meet the intent of the industry requirement for ORM and CGM.

Notes:

1. An organization does not need to have the exact wording as per ORM or CGM.
2. An organization can address additional requirements or use different terminologies as long as the standard is met.
3. GOSM-CGM will be replaced by IATA Cargo Handling Manual as of 2026. The same rules as for the IGOM will apply, CGM rules are considered temporary, valid for 2025 audits only.

3 Ground Handling Service Providers (GHSPs) – *Intentionally blank*

4 Auditors

4.1 Documentation Assessment (DA)

4.1.1 Purpose

The purpose of the DA during an ISAGO Audit is to validate the GHSP's published gap analysis and operational documentation to ensure compliance is established against audit standards prior to conducting the implementation assessment (IA). During the documentation assessment the auditor will be reviewing and assessing both the GHSP's adoption of the audit standard and accuracy of the gap analysis.

For an ISAGO audit, acceptable forms of GHSP operational documentation are those which are developed, maintained and controlled by the GHSP, and which have been distributed as applicable throughout the organization.

Notes:

1. Unless a GHSP has a formal relationship with an airline, it is owned by the airline, or has adopted an airline's manual as per their contractual obligation, customer airline manuals are not accepted as reference documentation for a GHSP gap analysis.
2. When completing the gap analysis, the GHSP will identify whether each provision is **Conformity**, **Variation** or **Out-of-Scope**. This is the GHSP assessment.
3. The gap analysis only contains the reference number of the relevant provision. The audit standard itself (IGOM, AHM etc.) shall be cross referenced outside the Ops Portal where needed.

4.1.2 Process Flow

The DA is conducted using the following process flow. Detailed descriptions of each process are described in subsequent sections.



4.1.3 Planning and Preparation

The DA requires the auditor to coordinate the following with the GHSP before beginning the assessment.

- (a) Confirm access to published gap analysis.
- (b) Confirm access to the audit checklist in the audit software.
- (c) Establish communications with GHSP point of contact.
- (d) Establish which method(s) will be used for accessing GHSP controlled operational documentation.
- (e) Identify need for translators or translation services, if applicable.
- (f) Review GHSP profile for operational information, to include:
 1. Functions within the audit scope:
 - (i) For MHQ audits, the number and location of all stations where the GHSP provides ground operations and all the ground operations functions that are performed at each station.
 - (ii) For STN audits, the ground operations functions that are performed at that station.
 2. Out-of-scope functions.

3. Functions which are outsourced.
 4. Information on the scope and division of training responsibilities between the MHQ and STN, in order to determine what, how and when training will be verified during the audit. For additional guidance on the methodology for assessing training between the MHQ and STN, refer to Appendix A - Assessing AHM 1110 (TRN).
- (g) Establish which method(s) will be used for communications during the audit:
1. Identify methods for remote communications such as emails, video calling software or messaging apps etc.
 2. Identify when structured meetings will be used (i.e. onsite meetings, conducting an interview via video conferencing, DA meeting).

Note:

An opening meeting is not required for a remote documentation assessment but may be conducted at the discretion of the auditor. The auditor shall inform the auditee when the DA has started.

Timelines for documentation assessment shall be assigned by IATA.

4.1.4 Verify Gap Completion

Prior to conducting the DA:

- (a) Verify that the published gap analysis is complete:
 1. Gap analysis matches scope of operations identified in the GHSP profile.
 2. All provisions have been assessed by the GHSP.
- (b) Verify that only **Conformity**, **Variation** and **Out-of-scope** assessments have been used by the GHSP:
 1. The Ops Portal has the capability for selecting a **Not Completed** assessment. This is only to be used by GHSPs in IGOM Chapter 6, as Chapter 6 is not within the scope of ISAGO. This is not a valid assessment for any other sections in an ISAGO gap analysis.
- (c) If the gap analysis is found to be incomplete or contains **Not Completed** assessments other than as mentioned in (b):
 1. Contact the GHSP for correction and republishing of the gap analysis before proceeding.
 2. Contact IATA in the event the DA is delayed and may impact starting the implementation assessment.

Note:

As a good practice an auditor shall verify that the auditee consistently updates their gap analysis when industry standards are updated annually as well as when their own operational documentation has been updated.

Published gap analyses should correspond to the latest revision of the auditee's own documentation. Once the DA is initiated by the auditor and the auditee publishes a revision to their own internal documentation, the audit shall continue with the documentation as initiated from start of the DA.

4.1.5 Sampling

4.1.5.1 Sampling Methodology

The ISAGO program has selected the ISO 2859 General Inspection methodology to ensure that the sample selected for review during the DA is statistically significant. Sampling is applied at the section level for each audit standard.

Auditors should use the ISAGO audit calculator to calculate applicable sample sizes. For detailed information on how the sample size is calculated in accordance with ISO 2859 and procedures for manual calculation, refer to Appendix B – Manual Calculation.

4.1.5.2 Calculating Sample Size

Calculation of the sample size is accomplished by identifying the total number of applicable provisions in the gap analysis (lot size) and then applying the ISO 2859 parameters.

To calculate the sample size:

- Use the most recent version of the ISAGO audit calculator. Save a version specific to each DA, as additional information will be added throughout the audit.
- Identify the **lot size** for each section of the applicable audit standard.

Note: Standards identified in the gap analysis as **out-of-scope** do not require any further verification by the auditor during the DA. Auditors will verify during the IA that such operations are indeed **Out-of-scope**.

Example (based on IGOM Ed 13):

	Total number of provisions	Total number of Out-of-Scope (it will differ for each gap)	Lot Size
IGOM			
Ch 1	96	10	86
Ch 2	30	0	30
Ch 3	116	26	90
Ch 4	115	15	100
Ch 5	14	0	14

- Enter the **lot size** for each applicable audit standard and section in the ISAGO audit calculator. The calculator will provide you with the applicable **sample size**.

4.1.5.3 Selecting Sample Provisions

After identifying the sample size, the auditor is responsible for identifying which provisions within the gap analysis will be sampled. Any section with less than three provisions must have all provisions sampled.

The general principle for selecting samples is that samples should include a cross section of operational process types, assessment types (i.e. Conformity, Variation), and safety critical vs. non-safety critical procedures. Wherever possible, auditors should select entire processes, as applicable in the different disciplines, to determine a level of consistency.

Table 3 (below) provides the sampling priorities that must be considered when selecting the provisions to be sampled.

A list of the provisions to be sampled should be maintained as working notes for the auditor to follow during conduct of the DA. The final record of the selected sample will be the completed DA.

Note:

While the sample size is determined based on the lot size of a section, CoPA auditors have the discretion to increase the sample size if necessary to determine further compliance with the audit standard. This flexibility allows the auditors to thoroughly verify that the process is documented correctly and consistently.

Audit Standard	Sampling Priorities
AHM 6	<p>601 Safety and Management</p> <ul style="list-style-type: none"> Documentation and records section If applicable, management of external service providers (Outsourced Functions) Maintenance of ground support equipment (GSE) (required where the GHSP performs RMP operations) <p>610 SMS</p> <ul style="list-style-type: none"> The components of safety risk management and safety assurance <p>615 Monitoring Program</p> <ul style="list-style-type: none"> The company's management as well as monitoring of operational aspects and subcontractors
AHM 1110	<ul style="list-style-type: none"> Training governance (plan, material and records) Qualification criteria (Trainer/Instructor, OJT trainer etc.) Initial and continuous qualification (dangerous goods regulations (DGR), aviation security (AvSEC) as a minimum) Training modules sampling is done on training topics level, and topics in all training modules (GEN / PAX/RAMP /LOD) as applicable to GHSP scope shall be sampled
IGOM	<ul style="list-style-type: none"> Safety critical procedures within IGOM provisions Entire processes, i.e.: <ul style="list-style-type: none"> GSE operations Aircraft arrival Aircraft loading and unloading Aircraft departure
CGM	TBD

Table 3: Sampling Priorities

4.1.6 Assessing Sampled Provisions

4.1.6.1 Assessment Procedure

After identifying the provisions which will be sampled for assessment, review each selected provision and determine the level of compliance to the audit standard. Refer to Appendix A - Assessing AHM 1110 (TRN) for additional guidance.

- (a) Review the content of the provision.
 1. The gap analysis will not contain the wording of the provisions. You must refer to the audit standard to review the detailed requirements. Ensure you are completely familiar with the requirements as well as the notes, cautions, and examples for the provision.
- (b) Review the associated GHSP documentation provided.
 1. If an audit provision is covered in different parts of the user manual, or multiple manuals, review all sections and manuals to determine compliance.
- (c) Assess the GHSP's adoption of the audit standard **and** the accuracy of the gap analysis:
- (d) If assessed as a **Conformity**, the documentation is fully aligned to the audit standard **and** all GHSP gap analysis entries are correct and accurate. As a minimum, check that:
 1. The assessment of **Conformity** is correct.
 2. The document reference(s) is correct.
 3. There are no spelling errors, editorial errors or missing text.

- (e) If assessed as a **Variation**:

1. The assessment of **Variation** is correct.
 2. The document reference(s) is correct.
 3. There is a variation description which outlines the variations between company documentation and the audit standard.
 4. Ensure any variations are in accordance with variation policy (i.e. variations are permitted, the assessment as a variation is accurate and the required information is provided).
 5. If the variation is in a safety critical provision, verify the GHSP risk assessment. For variations in a safety critical provision, evidence must be provided that a risk assessment (RA) has been conducted and maintained for the variation. The full RA does not need to be provided, it is acceptable to refer to the RA location within the GHSP's risk register or similar. The RA should have been conducted in accordance with the requirements of the GHSP's own RA process or as per the risk assessment and safety severity levels, as published in AHM 610.
 6. RA for safety critical provisions shall be assessed even when the variation has been triggered due to regulatory or airport directives.
- (f) Select an assessment in accordance with the assessment criteria for sampled provisions in Table 4.

4.1.6.2 Assessment Criteria

After reviewing each sampled provision, use the following criteria in Table 4 to determine the auditor assessment for the provision. The auditor's assessment criteria uses separate terms and definitions from the assessment criteria used by the GHSP for completing the gap analysis.

Not all auditor assessments listed below are applicable to all GHSP assessment types (Conformity, Variation). Table 4 identifies which auditor assessments are applicable to which type of GHSP assessment.

Assessment Criteria for Individual Provisions		
Assessment	Definition	Applicable To
Adopted	a) Documented as per audit standards "as is" without any variation. This means compliance. AND b) The document reference/s is correct, with no spelling errors, editorial errors, or missing text. AND c) GHSP has correctly assessed as Conformity.	Conformity assessments only
Adopted with Variation	a) Documented as per audit standards and intent is met. User's procedure is more comprehensive or has additional steps above requirements than the audit standards. AND b) The document reference/s is correct, with no spelling errors, editorial errors, or missing text. AND c) GHSP has correctly assessed as Variation.	Variation assessments only
Not Adopted	a) Below audit standards requirements, does not meet the intent. AND/OR b) Includes incorrect GHSP assessments, missing risk assessments, missing text, incorrect document references, typo errors.	Conformity & Variation assessments
Not Adopted with Variation	Below audit standards due to regulatory or airport infrastructure limitations.	Variation assessments only

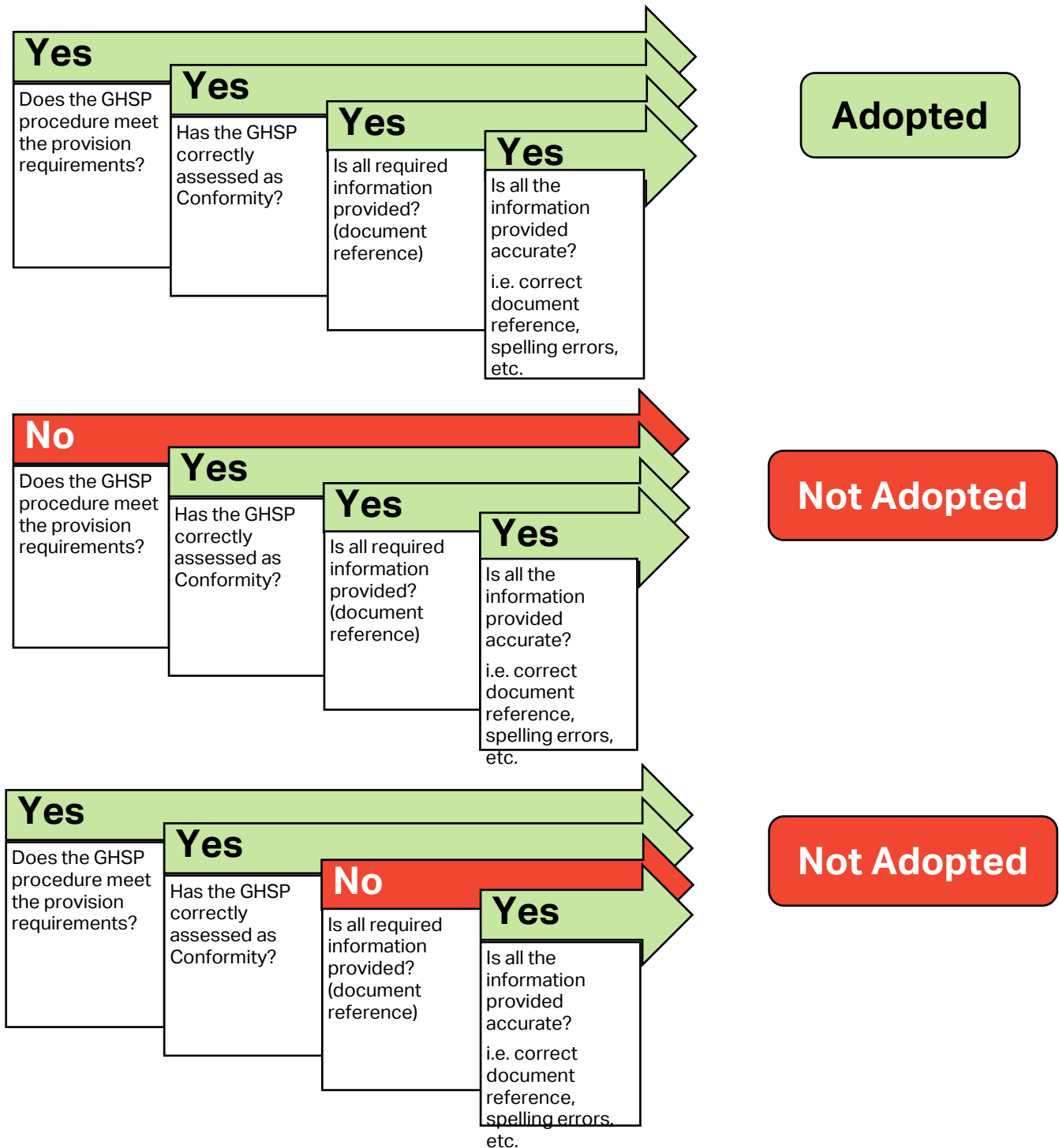
Table 4: Assessment Criteria for Individual Provisions

Where a **Not Adopted** assessment is recorded for a provision, a description of the reason for the **Not Adopted** assessment must be provided with details and specifics as per the below process.

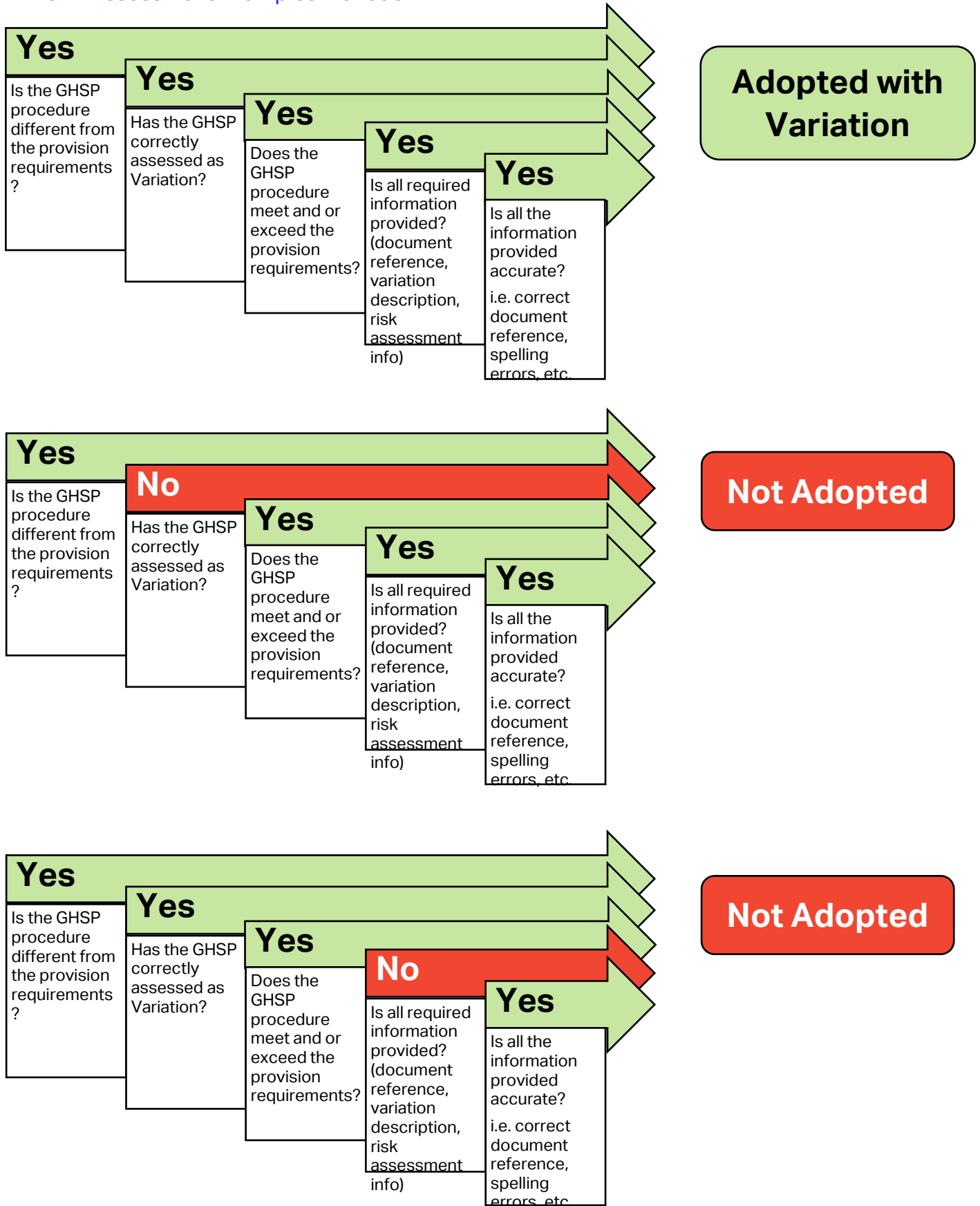
1. Identification of each audit provision for each standard that was assessed as **Not Adopted** during the DA.
2. For each such provision, a detailed description of the issue identified which led to the **Not Adopted** assessment. Provide clear and concise details of the evidence (or lack of evidence) that resulted in the assessment. Examples:
 - (i) IGOM 1.1.6.2 Cabin Baggage Acceptance: The GHSP procedures does not permit acceptance of cabin baggage at the gate due to regulatory requirements as outlined The GHSP assessed the provision as **Conformity**, however the documented procedure is different from the audit standard and should be a **Variation**.

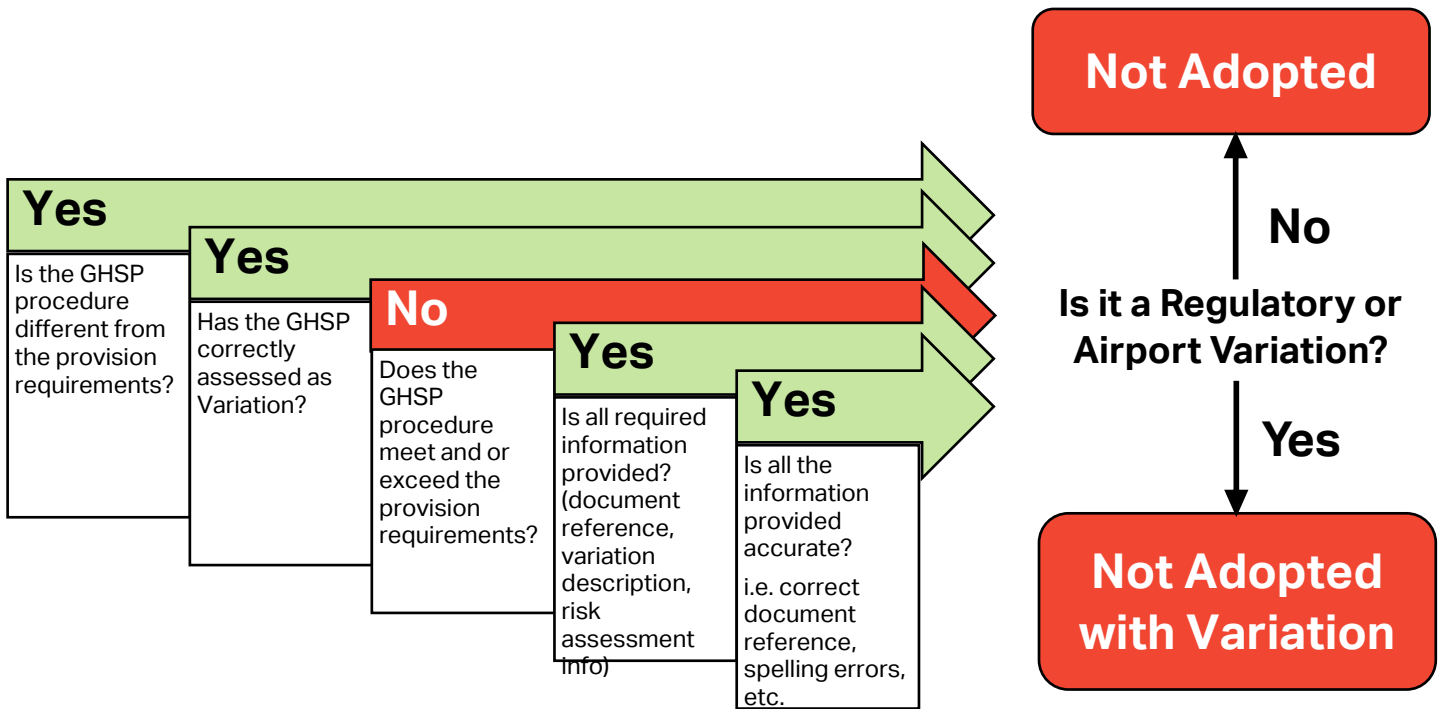
- (ii) IGOM 1.1.6.3 Checked Baggage: The document reference provided does not contain all applicable procedure as outlined in (b 7) and no mention of (c) baggage drop-off and self-service devices.
- (iii) AHM Ch.1110 11.2.6: the GHSP Emergency Response Awareness syllabus does not cover topics outlined under 04GEN06.

4.1.6.3 Assessment Examples: Conformity



4.1.6.4 Assessment Examples: Variation





4.1.7 Documentation Assessment Result

4.1.7.1 Overview

After all provisions within the sample size of an audit standard (e.g., AHM CH 6, AHM 1110, IGOM, CGM) have been individually assessed by the auditor, a DA result is determined. This DA result is conducted in two stages, first determining the result for each individual audit standard, and then the overall result of all audit standards combined to determine the audit outcome for headquarter and/or station.

The general principle for the DA result is that:

- If the number of **Not Adopted** assessments is low (lower or equal to a defined acceptable quality limit [AQL] in each section), the DA is **"Passed"** and the audit progresses to the IA with no further action.
- If the number of **Not Adopted** assessments is in a higher range (above the AQL in each section, but below the failure threshold for the entire standard), the DA is **"Passed with corrective actions"**. A single finding will be issued that incorporates all documentation issues identified during the DA. The audit progresses to the IA and the documentation finding is addressed in the audit follow-up process alongside any implementation findings.
- If the number of **Not Adopted** assessments is above the failure threshold of 30% per audit standard, the DA is **"Not Passed"**. Until 2026, the "Not passed" result will be treated as "Passed with corrective actions". After 2026, a **"Not Passed"** result means the GHSP will need to undergo a new DA after corrections have been made and republishing a new gap analysis.

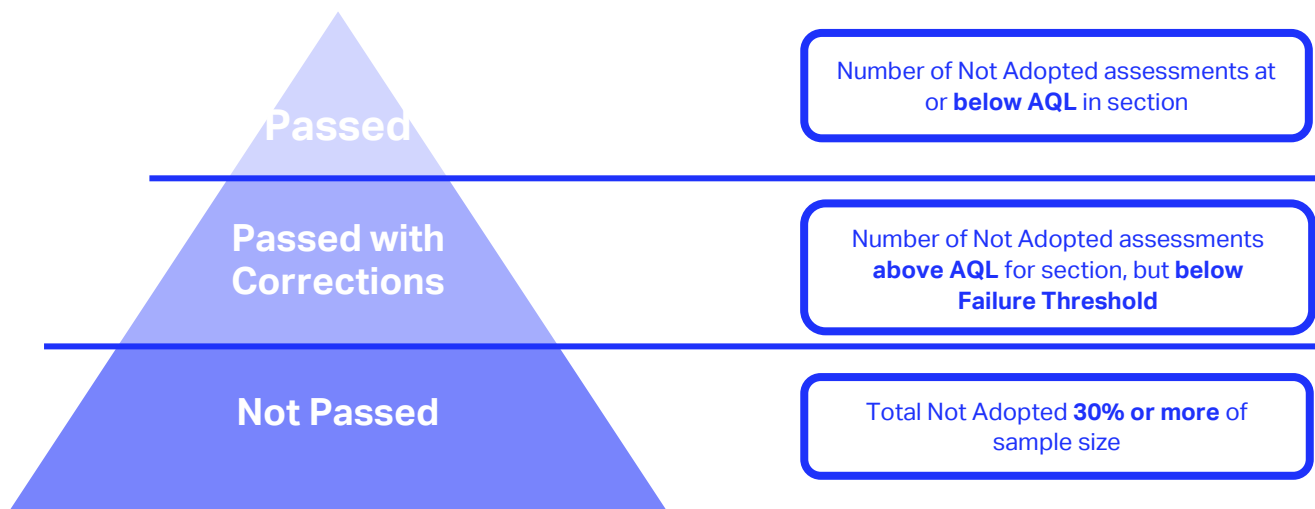


Figure 4: Passed / Not Passed criteria

Detailed information on the terminologies, methodologies and criteria used to determine the DA result, as well as examples and instructions for manually calculating the result are available in Appendix B - Manual Calculations.

4.1.7.2 Determining DA Result of the Audit Standard

To determine the DA result at the audit standard level:

- Verify completion of the individual provision assessments, ensuring:
 - All required provisions have been assessed.
 - Required sample size has been met.
- Within each section and standard, identify the total number of Not Adopted assessments.
- Using the ISAGO Audit Calculator previously generated for this DA, enter the number of Not Adopted assessments for each section and audit standard.

- The calculator will calculate whether the result is below or above the AQL for each section, and provide a result both by section and for the overall standard/chapter as a whole. The overall result for the standard/chapter is the lowest result achieved throughout the sections, i.e. any instance of corrective actions required will supersede "no corrective actions", and the overall result will be "corrective action required".

AHM CH-6	AHM 1110	IGOM	CGM
Passed With Corrective Action Required			

AHM CH-6 – Management and Safety

* Please fill these details

Title	LOT Size*	Sample Size	Acceptable Quality Limit	Threshold	Not Adopted*	Result
Chapter 6 - 601: Organisation and Management	25	8	0	(30% of Sample Size)	3	Corrective action required
Chapter 6 - 610: Safety Management System	43	13	0		6	Corrective action required
Chapter 6 - 615: Monitoring Program	16	8	0		1	Corrective action required
Chapter 6 - 616: Human Factor Program	3	3	0		0	No corrective action required
Chapter 6 - 617: Occupational Health and Safety Management Program	3	3	0		1	Corrective action required
Chapter 6 - 620: Emergency and Crisis Management at Airport	11	5	0		0	No corrective action required
Total	101	40	NA	12	11	Passed With Corrective Action Required

- The calculator will also calculate the cumulative number of **Not Adopted** assessments for the entire standard. If this number exceeds the cumulative threshold of 30% for the sampled standards, the audit is **Not Passed**. Where the audit is **Not Passed**, this supersedes the result displayed for each section.

AHM CH-6	AHM 1110	IGOM	CGM
Not Passed			

AHM CH-6 – Management and Safety

* Please fill these details

Title	LOT Size*	Sample Size	Acceptable Quality Limit	Threshold	Not Adopted*	Result
Chapter 6 - 601: Organisation and Management	25	8	0	(30% of Sample Size)	4	Corrective action required
Chapter 6 - 610: Safety Management System	43	13	0		6	Corrective action required
Chapter 6 - 615: Monitoring Program	16	8	0		1	Corrective action required
Chapter 6 - 616: Human Factor Program	3	3	0		0	No corrective action required
Chapter 6 - 617: Occupational Health and Safety Management Program	3	3	0		1	Corrective action required
Chapter 6 - 620: Emergency and Crisis Management at Airport	11	5	0		1	Corrective action required
Total	101	40	NA	12	13	Not Passed

3. Where the cumulative number of **Not Adopted** assessments is below the failure threshold, and the number of **Not Adopted** assessments is below the AQL at the section level, the DA result is **Passed**.

AHM CH-6
Passed

AHM 1110

IGOM

CGM

AHM CH-6 – Management and Safety

* Please fill these details

Title	LOT Size*	Sample Size	Acceptable Quality Limit	Threshold	Not Adopted*	Result
Chapter 6 - 601: Organisation and Management	25	8	0	(30% of Sample Size)	0	No corrective action required
Chapter 6 - 610: Safety Management System	43	13	0		0	No corrective action required
Chapter 6 - 615: Monitoring Program	16	8	0		0	No corrective action required
Chapter 6 - 616: Human Factor Program	3	3	0		0	No corrective action required
Chapter 6 - 617: Occupational Health and Safety Management Program	3	3	0		0	No corrective action required
Chapter 6 - 620: Emergency and Crisis Management at Airport	11	5	0		0	No corrective action required
Total	101	40	NA	12	0	Passed

4.1.7.3 Determining Overall DA Result

Once a DA result has been calculated individually for all audit standards/chapters within the audit scope, the overall DA result is displayed for the audit. The overall DA result for the audit is the lowest result achieved throughout the standards/chapters. For example:

(a) Headquarter Audit

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Headquarter Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Passed	Documentation Assessment Summary ABC documentation assessment is in align with industry standards					
AHM CH-6		AHM 1110		IGOM		CGM	
Passed		Passed					

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Headquarter Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Corrective Action Required	Documentation Assessment Summary This is a summary of items that ABC xxxxxxxxxxxx					
AHM CH-6		AHM 1110		IGOM		CGM	
Passed With Corrective Action Required		Passed With Corrective Action Required					

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Headquarter Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Not Passed	Documentation Assessment Summary The ABC documentation assessment for management and safety does not met the requirement of industry standards xxxx. The ABC needs to also address all provisions in their training program, prior the next audit xxxxxx					
AHM CH-6		AHM 1110		IGOM		CGM	
Not Passed		Passed With Corrective Action Required					

(b) Station Audit

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Station Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Passed	Documentation Assessment Summary	The ABC documentation assessment meets the requirement of industry standards.				

AHM CH-6	AHM 1110	IGOM	CGM
	Passed	Passed	Passed

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Station Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Corrective Action Required	Documentation Assessment Summary	The ABC documentation assessment requires corrective action for the following provisions:xxxx.				

AHM CH-6	AHM 1110	IGOM	CGM
	Passed With Corrective Action Required	Passed With Corrective Action Required	Passed

Company Name	ABC ground handling	Company Type	GHSP	Company Code	ABC-XXX	Company Location	Station Audit
Audit - ID	abc-xxx-ISAGO	Auditor Name	Caroline	Audit Type	Renewal	Audit Date	14-Nov-24
Documentation Assessment Result	Not Passed	Documentation Assessment Summary	The ABC documentation assessment xxxx does not meet the requirement of industry standards xxxx. The ABC needs to also address all provisions in their xxxx program, prior the next audit xxxxxx.				

AHM CH-6	AHM 1110	IGOM	CGM
	Passed With Corrective Action Required	Not Passed	Passed

4.1.7.4 Overall DA Result Outcomes

Overall DA Result	Outcome
Passed	<ul style="list-style-type: none"> a) DA was completed. b) All audit standards are Passed. c) Eligible for IA. d) No findings raised
Passed with Corrective Action	<ul style="list-style-type: none"> a) DA was completed. b) One or more audit standards are Passed with Corrective Actions. c) Eligible for IA. d) One (1) finding raised in the audit software, detailing all the Not Adopted issues for corrective action.
Not Passed	<ul style="list-style-type: none"> a) DA completed. b) One or more audit standards is Not Passed. c) Prior to 2026, one (1) finding raised in the audit software detailing all the Not Adopted issues for corrective action. d) After 2026, not eligible for IA. New ISAGO audit is required.

Table 5: DA Result Outcomes

4.1.7.5 Recording the DA Result

(a) Where the result is **Passed**:

1. In the applicable Intellex checklist, assess AHM 601, Section 2.2 as compliance to audit standards.
2. In case they were errors below the AQL, list them for the auditee to be aware but they will be no official follow up process to close these types of error/s, in the Ops Portal.

(b) Where the result is **Passed with Corrective Action** (or **Not Passed** prior to 2026):

1. In the applicable audit software checklist, assess AHM 601, Section 2.2 as a non-compliance.
2. Provide a general auditor narrative that supports the "**Not Adopted**" assessment as outlined in 4.1.6.1. For example: The IGOM standard has a total of 30 "**Not Adopted**" provisions, mainly in chapters 1 and 2, because the provisions differ from industry standards and are marked as being in conformity by the GHSP.

(c) Raise a single corrective action record (CAR) for AHM 601, Section 2.2, assigning to the GHSP point of contact. Access to the CAR will be provided to the GHSP after completion of the IA.

(d) After 2026, where an overall DA result is **Not Passed**, contact IATA to postpone the IA.

(e) For all DA result types, provide a DA summary as a high-level statement regarding the assessment. Detailed content will vary depending on the DA result. Information must be provided as per Table 6.

Topic	Passed	Passed with Corrective Actions	Not Passed
GHSP final result for the audit standards	✓	✓	✓
Overview of company documentation in relation to audit standards	✓	✓	✓
A description of which standards and sections were over the acceptable quality limit and will need corrections		✓	✓*
The nature of errors that require correction (i.e. missing procedures or editorial errors/ incorrect gap analysis)		✓	✓
Summary why DA failed, which standards were above the threshold			✓

* Required for Not Passed prior to 2026

Table 6: Documentation Assessment Summary Topics

4.1.7.6 Documentation Assessment Meeting

The DA is concluded by conducting a meeting to debrief the GHSP on the conduct and outcome. The DA meeting must address:

- An overview of the DA objectives and methodology.
- Sample size and methodology for selection of sampled provisions.
- Summary of DA.
- Overview of all Not Adopted assessments.
- Presentation of DA result.
- Any required corrective actions resulting from the DA result, and the timeline for such corrective actions.
- Submit the completed DA via the Ops Portal.

Where the DA result is **Passed** or **Passed with Corrective Action**, a single meeting is conducted that combines the DA meeting and the IA opening meeting – see 4.2.4.1. This meeting can be conducted remotely in advance of the IA or onsite at the start of the IA, depending on scheduling requirements.

Where the DA result is **Not Passed**, the DA meeting serves as the formal notification of the result. A copy of the DA meeting presentation should be provided to the GHSP as a formal record of the DA result.

4.1.8 Verification Audits

Verification audits will be conducted using the same audit conduct procedures as for a renewal audit, with the exception of audit closure timelines. Audit closure timelines for a verification audit will be determined and communicated by IATA.

4.1.9 Re-open Audit

As part of dispute resolution procedures, IATA may re-open the DA and return it to the auditor for further review and/or correction.

- Upon notification from IATA, the auditor will access the audit and conduct their review/re-assessment of the individual standards identified by IATA as part of the dispute.
- A re-open audit will still contain all the assessments made by the auditor in the previous DA.

- (c) The auditor will make any necessary changes needed as a result of their review/re-assessment and re-submit the DA.

4.2 Implementation Assessment (IA)

4.2.1 Purpose

The purpose of the IA during an ISAGO audit is to validate that the GHSP's operations are being conducted in accordance with applicable audit standards. Additionally, the IA is also used to confirm accuracy of the GHSP's out-of-scope assessments and outsourced functions.

During the IA, the full audit checklist as per the applicable operational scope is assessed by the auditor. There is no application of sampling methodologies and all audit provisions must be audited during this phase.

4.2.2 Process Flow



4.2.3 General Planning

The auditor is required to coordinate the following with the GHSP before beginning the IA. Some information may already be available to the auditor from the DA phase, see Section 4.1.3.

Audit planning should start as soon as the auditor is assigned to the IA and shall be completed before the opening meeting. Establish GHSP Point of Contact.

- (a) Review GHSP profile for operational information, to include:

1. Functions within the audit scope. For MHQ audits, this includes the number and location of all stations where the GHSP provides ground operations and all the ground operations functions that are performed at each station.
2. Out-of-scope functions.
3. Operational functions which are outsourced.
4. Information on the scope and division of training responsibilities between the MHQ and STN, in order to determine what, how and when training will be verified during the audit. For additional guidance on the methodology for assessing training between the MHQ and STN, refer to Appendix A. – Assessing AHM 1110 (TRN).

- (b) Confirm audit details:

1. Dates.
2. Audit standard version to be audited.
3. Location(s) or virtual meeting formats, required attendees.
4. Auditees/interviewees, ensuring availability of the correct and relevant personnel for each area being audited.

- (c) Create and agree an audit schedule:

1. Use form GOR.F34.
2. Include the opening meeting, daily briefings and closing meeting.

- (d) Coordinate and confirm audit logistics as applicable:

1. Travel/accommodation.
2. Transportation within the airport environs.
3. Airport passes, as applicable.
4. Locations and distance of various operational areas, logistic and visit schedule.
5. Internet access.
6. Auditee and auditor Ops Portal access.
7. Auditor access to the audit in Intelex.
8. Translators - need and availability.

4.2.4 Station Planning

In addition to the above general planning, the following coordination is also required for STN audits.

(a) Obtain a complete list of all airlines served by the GHSP, identifying:

1. ISAGO member airlines.
2. Airlines with no variations.

(b) Obtain a complete list of airport or regulator required variations.

(c) Schedule observations:

1. Operations to be observed must include both flight observations and full process observations of supporting activities as per implementation checklist.
2. Observations must be planned to take place when operations are being conducted, not based on "normal office hours". This may require the auditor to conduct observations during the night, or over split periods during the day.
3. A minimum number of six (6) turnarounds must be observed.
 - (i) If six turnarounds will not be available, observe all flights available in the audit time period and supplement the observations by using alternative methods of verification.
4. Ensure the flights selected for observation are a fair representation of the GHSP's operations, prioritising ISAGO member airline flights and customer airlines without variations where possible. This selection must consider the following at a minimum:
 - (i) Number of turnarounds.
 - (ii) Number of customer airlines.
 - (iii) Flight schedule.
 - (iv) Ad hoc operations.
 - (v) Aircraft types (wide/narrow body).
 - (vi) Type of operation (pax/cargo).
 - (vii) Loose load.
 - (viii) Peak period.
 - (ix) Weather conditions.
 - (x) Location of functions like cargo, load control etc.
 - (xi) Ensure sufficient time is allocated in the schedule for the review of training and other management records associated with AHM 6 and 1110.
 - (xii) Include the opening meeting, daily briefings and closing meeting.

(d) Confirm permission to use mobile devices and take photographs airside.

4.2.5 Preparation

Auditors must prepare thoroughly for the IA, as they must be familiar with the GHSP's procedures and any variations when conducting the assessment.

- (a) Access the IA in the Ops Portal, verifying out of scope functions, variations, auditors' remarks, and auditor assessments.
- (b) Access the IA checklist in the audit software platform:
 - 1. Verify correct audit scope and checklist version.
 - 2. Pre-assess any out-of-scope functions as N/A.
- (c) If applicable, ensure availability of the audit software mobile application or hard copy checklists for use during onsite assessments.
- (d) Ensure availability of necessary personal protective equipment (PPE).

4.2.6 Outsourced Functions – *Intentionally blank*

4.2.7 Conducting the Implementation Assessment

4.2.7.1 Opening Meeting

The purpose of the opening meeting is to ensure auditee understanding of how the IA will be conducted. The opening meeting is conducted together with the DA meeting if the DA is passed and the audit is progressing to the IA, see 4.1.7.6. The Opening Meeting will:

- (a) Be conducted using the ISAGO Program Opening Meeting (GOR F35) published by IATA.
- (b) Be attended by GHSP personnel participating in the audit, and senior management.

4.2.7.2 Observations

Observations of GHSP operations will be conducted in accordance with the agreed audit schedule. When performing the observations the ISAGO Auditor will:

(a) Auditor conduct

1. Be punctual and professional.
2. Be discrete and make every effort to accomplish the observations without creating distraction or interference.
3. Be aware of the risks associated with being in an operational area.
4. Abide by all rules and regulations applicable while in operational areas and other places while on duty.
5. Wear required personal protective equipment, such as hearing protection and high-visibility clothing.
6. Record details of each flight observed, to include airline, flight number, and operations observed; take a picture where possible.
7. Record details of each individual interviewed during the observations and their position.
8. Record notes relating to operations observed.
9. Be flexible with schedule changes as operational needs dictate.

(b) Daily briefs;

At the end of each day, conduct a brief with the GHSP to:

1. Brief the day's activities and audit progress.
2. Provide a summary of the day's results.
3. Agree any non-compliance and explain the finding.
4. Discuss any required schedule changes.

4.2.7.3 Assessment Procedure

The IA is completed by observing GHSP operations, checking records or interviewing operational personnel. Refer to Appendix C for additional guidance on specific types of evidence the auditor would expect to observe during the conduct of the IA.

- (a) Based on the scope of operations, the auditor shall assess implementation to establish compliance with audit standards.
- (b) For passenger handling: Observe as many passenger operations activities for various types of flights and other processes to get fair representation of the GHSP operations.

- (c) For baggage handling: Observe baggage make up areas and reconciliation of various flights based on the type of load and aircraft.
- (d) For ramp handling: Observe as many aircraft turnarounds of various customer airlines' as possible or as necessary to be satisfied of making an accurate assessment. A minimum of six flights shall be observed, unless insufficient are available, in which case, observe all flights available within the audit time period.
- (e) For load control: Ensure load planning, load sheets and flight files are checked along with staff interviews to assess the level of implementation.
- (f) Any instances of non-compliance identified during IA, will be discussed with the GHSP. Similarly, more restrictive variations will also be discussed with the GHSP to ensure these are marked as variations in the gap analysis. Once confirmed, such variations will not be considered as non-compliance, and no further action will be required. However, if there is a discrepancy between implementation and the gap analysis, the auditor will formally raise a finding under AHM615.
- (g) A single non-compliance that falls below audit standards will require corrective action, unless the variation is attributable to regulatory, airport, or infrastructure requirements. Non-compliance will be raised under the provision. If such non-compliance is observed repeatedly across multiple flights or observations, it will also be raised under AHM615, as a systemic non-compliance. Example: Auditor observed, two different turnarounds with different staff in which at least one staff member was not wearing safety shoes. Such incidents of non-compliance are considered to be a systemic issue.

Note:

A systemic error refers to a consistent, repeatable error that occurs due to flaws in the system or process itself. Unlike random errors, which are unpredictable and vary in magnitude and direction, systemic errors are predictable and often follow a pattern. A systemic error indicates that there are underlying problems in the processes, policies or controls that need to be addressed to prevent recurrence across the operations or the company.

- (h) Any instances of non-compliance identified during the IA will be raised with the GHSP. Similarly, more restrictive variations will also be discussed with GHSP to ensure they are marked as variations in the auditee self-assessment gap analysis.
 - 1. Once confirmed by GHSP, such variations will be considered as compliance, and no further action will be required.
 - 2. However, if there is discrepancy between implementation and the auditee self-assessment gap analysis, the auditor will raise a finding under AHM615, Section 4.0.
- (i) Establishing compliance with airline variations is not within the ISAGO audit scope. For example: The airline wants nine cones, however the IGOM requirement is for six. The auditor observes 6 cones being used, which meets the IGOM requirement. The GHSP is in compliance with the standard. This would be assessed as in compliance during the ISAGO Audit.
- (j) Assessing a provision on the implementation checklist as N/A due to non-observation during the IA is not permitted. N/A can only be used for functions outside the audit scope at that station.
- (k) Validate out-of-scope functions:
 - 1. Where a function is confirmed to be out-of-scope, the provision is marked as N/A in the audit software and an explanation provided for why the provision is out-of-scope.
- (l) If a function marked by the GHSP as out-of-scope is subsequently observed being carried out, the related provision will be assessed as a non-compliance. In the case of only one provision being identified as out-of-scope, the auditor may proceed with IA after consulting with IATA and mark it as a finding for DA under AHM 601, Section 2.2. In cases where full-scope functions, such as PAX or BAG or LOD, are performed by the GHSP, the auditor will consult with IATA, and a decision will be made based on the specific situation whether to plan a new audit or to possibly extend audit to check the implementation. Non-compliance will be also be marked under AHM601, Section 2.2 for

documentation Select an Assessment for each provision in accordance with the IA Criteria in Table 7 and record in the audit software.

(m) Where an assessment of non-compliance (**No**) is made:

1. Notify and agree the assessment with the auditee at the time of discovery.
2. Provide a detailed description of the issue identified which led to the non-compliance assessment. Provide clear and concise details of the evidence (or lack of evidence) that resulted in the assessment.

4.2.7.4 Alternative Means of Compliance

- (a) If any of the process cannot be directly observed, the auditor will use alternative means of verification methods like interviews or record reviews.
- (b) The auditor interviews key personnel to gather information, clarify observations, and verify that staff are knowledgeable about their roles and responsibilities. These interviews help to cross-check the information to verify compliance with industry standards.
- (c) The auditor will select appropriate size to review based on relevance and quantity. Individuals interviewed must be responsible for or directly involved in the subject, regardless of managerial role.
- (d) Assessing a provision on the implementation checklist as N/A due to non-observation during the IA is not permitted. N/A can only be used for functions outside the audit scope.

4.2.8 Implementation Assessment Results Criteria

Implementation Assessment Result Criteria	
Yes	<ol style="list-style-type: none"> a) Implemented as per audit standards. a) Implemented as per audit standard but with more restrictive variation which means auditee has additional procedures beyond those outlined in audit standards. The intent of the provision is effectively met. auditThis means compliance.
No	<ol style="list-style-type: none"> a) Implementation falls below audit standards, regardless of any variation. b) Function designated by the GHSP as out-of-scope in documentation assessment has been observed being implemented. c) A single instance of non-compliance observed in operations. d) This is a non-compliance. Each assessment of non-compliance results in a finding.
No with Variation	<ol style="list-style-type: none"> a) Audit standards are not implemented due to regulatory or airport infrastructure limitations. b) This will not be a non-compliance and does not require any corrective action
N/A	<ol style="list-style-type: none"> a) Function is confirmed by the auditor as not in the GHSP's scope of operations Auditor will assess as N/A

Table 7: Implementation Assessment Criteria

4.2.9 Closing Meeting

The purpose of the closing meeting is to present and agree the outcome of the audit and ensure auditee understanding of the audit follow-up process and associated timelines/deadlines. The closing meeting will:

- (a) Be conducted using the ISAGO Program Closing Meeting (GOR F36) published by IATA.
- (b) For onsite audits, the results shall be clearly presented and communicated.
- (c) Be attended by the auditor as well as GHSP personnel participating in the audit, and senior management.

At the conclusion of the closing meeting, the Auditor must provide a summary of audit findings to the GHSP which includes the audit provision and auditor Narrative for each finding, such that the GHSP can develop a root cause and corrective action plan (CAP) in advance of receiving Intelex access to the corrective action records (CARs).

4.3 Audit Follow-up

4.3.1 General

The audit follow-up process includes:

- (a) Creation of CARs for non-compliance to the audit standards.
- (b) Providing auditee access to the auditing software and relevant CARs.
- (c) Reviewing and approving auditee CAPs in the auditing software.
- (d) Verifying auditee completion of sufficient corrective actions to address non-compliance.
- (e) Audit closure and associated notifications.
- (f) Conduct of quality control checks.
- (g) Submission of the completed audit report.

Addressing the CARs must be completed through direct inputs in the auditing software by the GHSP. The ISAGO auditor is not permitted to provide the GHSP any consulting advice during the corrective action phases.

4.3.2 Timelines

All steps in the audit follow up process as listed below must be completed within 166 calendar days following the IA closing meeting (for renewal audits, this is also 14 days prior to expiry). It is the ISAGO auditor's responsibility to ensure that audit closure and submission deadlines are met. In the event that auditors experience any significant issues/delays, they must notify IATA as soon as possible. No extensions to the audit closure deadlines will be granted.

4.3.3 Corrective Action Record (CAR)

Immediately following the completion of the DA or IA individually, the auditor will generate a CAR for each finding assessed during the respective assessment. For technical guidance related to the creation and management of CARs in the audit software, refer to the ISAGO Audit Software Manual - Auditor.

4.3.3.1 Auditee Access to CARs

Once all CARs have been generated, the auditor will provide the GHSP with a username and login to access to the audit software.

4.3.3.2 Root Cause Analysis (RCA)

The GHSP must provide a RCA that summarizes an in-depth/underlying analysis of the reason for the non compliance.

- (a) This may be a selected reason from the predefined menu and/or a free text entry.
- (b) Ensure any free text RCAs do not contradict the assessment and present an analysis outcome (not a justification).

4.3.3.3 Corrective Action Plan (CAP)

The GHSP must provide a CAP that summarizes the actions it will take to address the finding. CAPs must describe all planned actions, and:

- (a) Address the immediate non-compliance.
- (b) Address the root cause of the non-compliance (preventative action).
- (c) Propose comprehensive and permanent corrective actions to address the documentation and/or implementation non-compliance.
- (d) Project completion of the sequence of corrective actions to be taken before audit deadlines.
- (e) Be written using proper English grammar and spelling, and be in the future tense.

Upon receipt of the CAPs, the auditor must review and approve or reject them in the audit software. All RCAs and CAPs must be approved by the ISAGO auditor. The auditor should review RCAs and CAPs as soon as they are received in order to allow time for any rejection and re-submission.

- (a) For rejected RCAs and CAPs, liaise with the auditee to communicate the reasons for rejection. The auditee must address the rejection reasons and update their RCA/CAP and resubmit.
- (b) Auditors must send the auditee an official notification when all RCAs and CAPs have been approved.

4.3.3.4 Final Action Taken (FAT)

The GHSP is required to provide an accurate and detailed description of the corrective actions taken to correct the finding and address the root cause. The FAT must describe the actions that were taken to address the documentation and/or implementation issues of the non-compliance, as applicable:

- (a) Details on how a corrective action was documented, e.g.; manual distributed to applicable staff, manual approved if applicable, etc.
- (b) Details of how a corrective action was implemented, e.g. training that took place; list of staff that was trained; communication that was performed; meeting that was held; contract that was executed; audit that was performed; monitoring actions that were completed and resulting mitigation actions, etc.
- (c) Dates and applicable locations related to activities (as listed above), which should respect the deadline for closure and validity of the audit.
- (d) Be written using proper English grammar and spelling, and be in the past tense.
- (e) The FAT must be supported by traceable evidence of documentation and/or implementation, as applicable. Traceable evidence includes dates, revisions, location, names and any other identifiable associated information. This evidence might be supported by documents that are uploaded to the audit software and reviewed by the auditor to assist in the closing of the CAR but is neither included in the ISAGO Audit Report nor shared with other parties.

4.3.3.5 Final Review and Acceptance

The responsible auditor will review the evidence uploaded by the GHSP, as well as the FAT description and verify whether the actions taken are sufficient to bring the GHSP into compliance with the provision.

- (a) If the FAT does include all the required details and traceable information, the VOI may include a simple sentence that the *"ISAGO auditor verified all final corrective actions as listed in the FAT"*.
- (b) If the FAT does **not** include all the required details and traceable information, the ISAGO auditor has two options:
 - 1. Work with the GHSP to update/amend the FAT to include all the details as required (preferred option).
 - 2. Describe all the details of the verification actions in the audit software.

Once sufficient evidence of corrective action has been received from the GHSP, the auditor will:

- (a) Complete the Final Review and Acceptance section of the CAR in the audit software.
- (b) Notify the GHSP that the finding has been closed.

4.3.4 Finding Closure

Evidence required to close a finding will often be more extensive than the evidence requested during the onsite audit. Sampling is generally not acceptable, and proof of 100% compliance will be required (i.e. all personnel have completed required training, or all equipment has been upgraded, or all service providers have signed an updated contract etc.).

For every action conducted by the GHSP to correct the finding, there must be corresponding, traceable (meaning it includes dates, revisions, location, names and any other identifiable associated information) evidence to support the action. Auditors must verify all such evidence in order to confirm corrective actions have been completed and the GHSP is now in compliance with the provision.

There are situations when evidence of implementation of corrective actions cannot be provided before the audit closure deadline. For example, implementing initial training when there is no new staff to train, or when there is insufficient data available to implement a review or analysis. In such cases, the GHSP must provide the reason why implementation could not be confirmed and any management action that the GHSP has taken, such as an employee is made responsible to oversee initial training (job description is amended) and the GHSP's quality assurance plan and scope covers the area of concern.

4.3.4.1 Documentation Assessment - Finding

While a DA audit can have a maximum of one documentation finding raised against AHM 601 Sec 2.2, each such finding will identify multiple issues of non-compliance that require correction. These issues will include both errors identified in the gap analysis and instances of the audit standard not being adopted by the GHSP.

Owing to the extensive amount of information that is required to include in the associated CAR, GHSPs and auditors must present information in a clear and ordered way to ensure the CAR is complete and understandable. Use the following standards for completion of the documentation CAR:

- (a) RCA:
- (b) CAP, FAT, final review and acceptance:
 - 1. Identify and cross reference provisions which are "Not Adopted" in the Ops Portal.
 - 2. Present information in order.
 - 3. Descriptions of all actions and evidence associated with that provision, even if it is duplicated across multiple provisions. It is important that complete evidence is presented for each provision number to ensure clarity and completeness, see Section 4.1.6.2.

4.3.4.2 Acceptable Actions and Evidence

Corrective actions to close the documentation finding will require:

- (a) Where the issue is non-compliance with the audit standard, changes to GHSP procedures to bring them in line with the standard. This includes updates to documentation, training, as well as implementation etc. Evidence required to demonstrate such corrections include, but is not limited to:
 - 1. Any updated documentation.
 - 2. Authority approvals, as applicable.
 - 3. Evidence of distribution and acknowledgement of receipt for the updated documentation.
 - 4. Evidence of implementation (audits, training records, meeting minutes, analyses, occurrence reports, safety reports, contracts, agreements etc.).
 - 5. For training related provisions, copies of training materials and evidence that all applicable personnel have completed the training.
 - 6. Correction and re-publication of the gap analysis.
- (b) Where the issue is error(s) in the gap analysis, correction and republication of the gap analysis by the GHSP will be required.

4.3.4.3 Implementation Assessment - Findings

Each non-compliance raised during the IA indicates that certain provisions were not implemented as per the audit standards, requiring the GHSP to take corrective actions. The auditor will raise these findings for follow-up actions to ensure that necessary corrective actions and root cause analysis are conducted to align with audit standards. Once the corrective actions are implemented by GHSP, the auditor will evaluate if the finding can be closed based on evidence provided by GHSP:

- (a) Evaluate the CAP to ensure it is comprehensive, addresses the root cause of the finding and outlines clear, actionable steps with assigned responsibilities and timelines.
- (b) Verify that the corrective actions specifically address the immediate non-compliance identified during the assessment.
- (c) Verify implementation by confirming that the corrective actions have been fully implemented. This may involve reviewing updated records (training, meeting minutes, communication, safety reports etc.), conducting interviews with relevant personnel and reviewing documentation, where necessary.
- (d) Ensure monitoring mechanisms are in place to maintain ongoing compliance and the actions taken include the steps to prevent recurrence of the non-compliance.

4.3.5 Audit Closure

Audit closure is conducted by the auditor within the following deadlines:

- (a) Initial audits – no later than 166 calendar days from the Closing Meeting;
- (b) Renewal audits – no later than 14 calendar days prior to the GHSP's ISAGO registration/accreditation expiry (166 calendar days from the closing meeting).

To close the audit, the auditor will:

- (a) Complete the audit closure actions in the audit software in accordance with instructions documented in the ISAGO Audit Software Manual – Auditor.
- (b) Conduct a quality control check of the report in accordance with instructions in Section 4.4 before the report is submitted to IATA.
- (c) Notify IATA via email to isagoqualitycontrol@iata.org and the GHSP of audit closure. Include the audit ID and audit closure date in the notification.

4.4 Quality Control

4.4.1 Objective

The auditor must conduct a quality control check of the ISAGO Audit Report prior to audit closure and submission of the audit report to IATA.

The quality control check involves examining the content to assure that:

- (a) All assessments were completed.
- (b) The audit scope is consistent with the GHSP profile.
- (c) The correct number of samples were assessed during the DA.
- (d) The DA Summary includes all mandatory content.
- (e) All applicable fields of the report are completed and submitted in accordance with IATA guidance.
- (f) Details are accurately described, contain all required information and dates.
- (g) Checklist items of non-conformity have clear detailed description of the non-conformity.
- (h) Checklist items of non-applicability (N/As) have a documented explanation.
- (i) Closure of findings in each CAR includes an accurate description of the documentation/implementation actions taken by the GHSP to achieve conformity and the ISAGO auditor to verify implementation of the corrective action.
- (j) The audit closure date is in accordance with applicable GPM provisions and the CARs are closed within the audit validity date.

The quality control check will ensure that the ISAGO Audit Report is documented in the English language, easily understandable to the reader.

Appendix A - Assessing AHM 1110 (TRN)

AHM 1110 Assessment Guidelines						
	Headquarter - MHQ			Station - STN		
AHM Provision	Gap Analysis	DA	IA	Gap Analysis	DA	IA
1.0 Overview	Not required	No	No	Not required	No	No
2.0 Definition	Not required	No	No	Not required	No	No
3.0 Training management system	Yes	Yes	Yes	If training responsibility/training plan or training governance is delegated at a station level	Yes/No	Yes/No
4.0 Training program	Yes	Yes	Yes	If a station is handling training program and elements outlined in GEN/PAX/RMP/LOD are station specific. DGR /AVSEC is different based on location	Yes/No	Yes
5.0 Absence from work	Yes	Yes	Yes	If the actions taken are different at the station	Yes/No	Yes/No
6.0 Training methods	Yes	Yes	Yes	If different methods are deployed at the station	Yes/No	No
7.0 Training documentation	Yes	Yes	Yes	If development of training syllabus/training material and/or matrices are managed at the station	Yes/No	Yes/No
8.0 Training records	Yes – 8.1, 8.2 8.3 Intentionally blank 8.4 Not required	Yes	Yes	If training records are managed at the station, Yes for 8.1 and 8,2 8.3 Intentionally blank 8.4 Not required	Yes/No	Yes
9.0 Competency for trainer, OJT Trainer. Assessor and Auditor	Yes, if available at MHQ	Yes/No	Yes/No	Yes, if managed at STN	Yes/No	Yes/No
10.0 Job roles	If MHQ manages this on behalf of the company	Yes/No	Yes/No	Review station specific roles	Yes	Yes
11.0 Training modules	If MHQ manages this on behalf of the company	Yes/No	Yes/No	Review station specific roles	Yes	Yes

Appendix B – Manual Calculations

Calculating Sample Size and Determining the AQL

To manually calculate the sample size:

- (a) Determine the lot size for each section in the audit scope. This is the total number of provisions within the section which are applicable to the audit. There are two ways of calculating the lot size:

1. Lot size = Total number of provisions in section, minus number of out-of-scope provisions.

OR

2. Lot size = Total number of conformity assessments, plus total number of variation assessments.

Example

13 th	Total # Provisions in Section	Out-of-Scope	Lot Size
IGOM			
PAX (Ch. 1)	96	10	86
BAG (Ch. 2)	30	2	28
RAMP 3 (Ch. 3)	116	36	80
RAMP4 (Ch. 4)	115	22	93
LOD (Ch. 5)	14	0	14

- (b) Compare the lot size to the ISO 2859 General Inspection Level III in Table 4 to determine the inspection level for each section.

Actual Lot Size	ISO 2859
	General Inspection Level III (Code Letter)
2 to 8	B
9 to 15	C
16 to 25	D
26 to 50	E
51 to 90	F
91 to 150	G

Table 4: ISO 2859 General Inspection Level III

Example

	Lot Size	Inspection Level (Code Letter)
IGOM		
PAX (Ch. 1)	86	F
BAG (Ch. 2)	25	E
RAMP 3 (Ch. 3)	80	F
RAMP4 (Ch. 4)	93	G
LOD (Ch. 5)	14	C

Lot Size	ISO 2859
	General Inspection Level III (Code Letter)
2 to 8	B
9 to 15	C
16 to 25	D
26 to 50	E
51 to 90	F
91 to 150	G

- (c) Compare the inspection level code letter for each section to the ISO 2859 Table 2-A (Table 5). This determines the sample size for each section.

ISO 2859 Table 2-A	
Code Letter	Sample Size
A	2
B	3
C	5
D	8
E	13
F	20
G	32
H	50
J	80
K	125
L	200
M	315
N	500
P	800
Q	1250
R	2000

Table 5: ISO 2859 Table 2-A Code Letter to Sample Size Chart

Example

	Lot Size	Inspection Level (Code Letter)	Sample Size
IGOM			
PAX (Ch. 1)	86	F	20
BAG (Ch. 2)	28	F	13
RAMP 3 (Ch. 3)	80	F	20
RAMP4 (Ch. 4)	93	G	32
LOD (Ch. 5)	14	C	5

ISO 2859 Table 2-A	
Code Letter	Sample Size
A	2
B	3
C	5
D	8
E	13
F	20
G	32
H	50
J	80
K	125
L	200
M	315
N	500
P	800
Q	1250
R	2000

ISO 2859 Table 2-A defines a table of acceptable quality limits, based on the statistical error rate for each sample size.

- (a) Each column on the table presents two numbers, an Ac (Acceptance) on the left and a Re (Rejection) to the right. The Ac number represent the number of errors that are acceptable in the sample. The Re number is the number of errors with are not acceptable.

Sample size code letter	Sample size	0,010		0,015		0,025	
		Ac	Re	Ac	Re	Ac	Re
A	2	0	1	0	1	0	1

IATA have selected 1,5 as the AQL determinants for the ISAGO Program.

- (b) The Ac number in column 1,5 is the acceptable number of errors per sample size/section. Table 6 lists the AQL 1,5 thresholds by code letter and sample size.

Table 2-A — Single sampling plans for normal i

Sample size code letter	Sample size	Acceptance quality limit, AQL, in percent nonconforming items and															
		0,010	0,015	0,025	0,040	0,065	0,10	0,15	0,25	0,40	0,65	1,0	1,5	2,5	4,0		
		Ac	Re	Ac	Re	Ac	Re	Ac	Re	Ac	Re	Ac	Re	Ac	Re	Ac	Re
A	2	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
B	3	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
C	5	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
D	8	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
E	13	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
F	20	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
G	32	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
H	50	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
J	80	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
K	125	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
L	200	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
M	315	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
N	500	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
P	800	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
Q	1 250	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1
R	2 000	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1

ISO 2859 Table 2-A		
Code Letter	Sample Size	AQL 1,5
A	2	0
B	3	0
C	5	0
D	8	0
E	13	0
F	20	1
G	32	1
H	50	2
J	80	3
K	125	5
L	200	7
M	315	10
N	500	14
P	800	21
Q	1250	21
R	2000	21

Table 6: AQL 1,5 by Code Letter and Sample Size

Example

	Lot Size	Sample Size	AQL 1,5
IGOM			
PAX (Ch. 1)	86	20	1
BAG (Ch. 2)	28	5	0
RAMP 3 (Ch. 3)	80	20	1
RAMP4 (Ch. 4)	93	32	1
LOD (Ch. 5)	14	5	0

ISO 2859 Table 2-A		
Code Letter	Sample Size	AQL 1,5
A	2	0
B	3	0
C	5	0
D	8	0
E	13	0
F	20	1
G	32	1
H	50	2
J	80	3
K	125	5
L	200	7
M	315	10
N	500	14
P	800	21
Q	1250	21
R	2000	21

Calculating the Failure Threshold

The failure threshold is calculated for each audit standard (IGOM, AHM 1110, AHM 6, CGM). The failure threshold set by IATA is 30%.

- Using the determined sample sizes for the audit, add together the sample sizes for each section to reach a total sample size for the standard.
- Calculate 30% of the total sample size, rounded to the nearest whole number to determine the failure threshold.

Example

	Sample Size	
IGOM		
PAX (Ch. 1)	20	Failure Threshold (90 x 30%) = 27
BAG (Ch. 2)	13	
RAMP 3 (Ch. 3)	20	
RAMP4 (Ch. 4)	32	
LOD (Ch. 5)	5	
Total	90	

Calculating DA Result

Calculating the DA result requires two calculations to be made:

- Calculate the cumulative number of errors (**Not Adopted** assessments) for each audit standard (IGOM, AHM 1110, AHM 6, CGM).
 - If the total number of errors for the standard is equal to or greater than (\geq) the failure threshold for the sample size, the audit is **Not Passed**.

Example

	Sample Size	Not Adopted	Failure Threshold	DA Result
IGOM				
PAX (Ch. 1)	20	4	27	Not Passed
BAG (Ch. 2)	13	4		
RAMP 3 (Ch. 3)	20	10		
RAMP4 (Ch. 4)	32	10		
LOD (Ch. 5)	5	1		
Total	90	29		

- If the cumulative number of errors is below the failure threshold, continue to calculating the AQL for each section.
 - Identify the number of errors (**Not Adopted** assessments) within each **section** of the audit standard.
 - Compare the number of errors to the AQL for the sample size.
 - If the number of errors is less than or equal to (\leq) the AQL, the section is **Passed**.
 - If the number of errors is greater than the AQL, the section is **Passed with Corrective Action**.

Example

	Lot Size	Sample Size	AQL	Not Adopted	DA Result
IGOM					
PAX (Ch. 1)	86	20	1	1	Passed
BAG (Ch. 2)	28	13	0	1	Passed with Corrective Action
RAMP 3 (Ch. 3)	80	20	1	4	Passed with Corrective Action
RAMP4 (Ch. 4)	93	32	1	4	Passed with Corrective Action
LOD (Ch. 5)	14	5	0	0	Passed
					Passed with Corrective Action

- (c) The overall result for the standard/chapter is the lowest result achieved throughout the sections, i.e. any instance of **Passed with Corrective Actions** will supersede **Passed**, and the overall result will be **Passed with Corrective Actions**.
- (d) The overall result for the audit is the lowest result achieved throughout the audit standards within this scope of the audit.

Examples

MHQ	AHM 6	AHM 1110	DA Result for the Audit
Result	Passed	Passed with Corrective Actions	Passed with Corrective Actions

STN	AHM 1110	IGOM	CGM	DA Result for the Audit
Result	Passed with Corrective Actions	Passed	Passed	Passed with Corrective Actions

Appendix C – Implementation Assessment Guidance

AHM 6		
	Headquarters - MHQ	Station - STN
System of communication	Records, brief of safety critical info/procedures, records of any significant changes in company, documentation/record management between MHQ/STN	Safety critical to staff, procedure change, flow read/sign
Variation management	How the airlines specific and audit standards variations are managed/communicated between MHQ/STN	How the airlines specific and audit standards variations are managed/communicated between MHQ/STN
Human Factors	GSE procurement, rostering, procedures, lone working, training	GSE procurement, rostering, procedures, lone working, training
GSE	Maintenance records, technical specifications, oversight program records, training records	Maintenance records, technical specs, oversight program records, training records
Safety accountability	Org. chart, job descriptions, key roles, access to procedures	Safety critical roles, access to procedures
Safety management	Objectives set up/follow up, station wise SPIs or throughout company, RA and safety trends analysis (H/M/L), safety campaigns, emergency response plan (ERP) – schedules of drills/meetings/feedback/call out plans	Reporting to MHQ, SPIs, hazard/open reporting, RA, safety trends, analysis (H/M/L), safety briefings, campaigns, ERP
Oversight	Outsourced throughout/ given to station – plan, CAR/Action taken, covers audit/own requirements, feedback STN, service level agreements (SLAs), minutes of meetings (MoMs), record keeping, closure	SLAs review of outsourced, inspection/audits industry/own requirements, feedback MHQ, record keeping, closure, unit load device (ULD) management
Management engagement	Management review meetings (MRM), safety decision, audit results- shared with stations / action on feedback from station	Safety meetings feedback to MHQ, MRM from MHQ, safety decision, audit results – results shared with staff

AHM 1110	
Headquarters - MHQ	Station - STN
<ul style="list-style-type: none"> • Training matrix for the network. • Job roles list and management of STN differences. • Management of the STN/airlines specifics for the network. • Sample of the training material, validity & updates, distribution to STN. • Training records review/management (initial/recurrent/absences from work) – if managed by MHQ: <ul style="list-style-type: none"> ○ Job roles – each applicable discipline at least 3 roles. ○ For each discipline sample various job roles (30-50%). ○ Sample records of people observed or interviewed. ○ Focus also on DGR / special loads / security. ○ Training/brief for the station/airline specifics. ○ Sample of the training material. • Accessibility of the training records by STN if managed centrally. • Training plan – 30 or 60 or 90 days. • Trainer records and requirements. • Oversight outcomes for training/action. 	<ul style="list-style-type: none"> • Station staff for STN audit based on scope. • Training matrix applicable for STN. • Accessibility of the training records by STN if managed centrally. • Training plan – 30 or 60 or 90 days. • Staff roster – qualified people are scheduled, leaves. • Absence of work – records of training. • Training records (initial/recurrent): <ul style="list-style-type: none"> ○ Job roles – sample each applicable discipline. ○ For each discipline sample various job roles (30-50%). ○ Sample records of people observed or interviewed. ○ Focus also on DGR / special loads / security. ○ Training/brief for the station/airline specifics. ○ Sample of the training material. • Trainer records for STN. • Oversight outcomes for training/action.

IGOM Chapter 1: PAX

- Briefing, check-in opening requirements.
- Observe check-in, docs check, boarding pass, bag acceptance, security questions.
- Ask how acceptance of unaccompanied minor (UM)/infants / children, wheelchair / other mobility aids, stretcher, firearms, OOG, pets in cabin, service/emotional animal and seating.
- Ask or check for DGR – lithium battery issues, mobility aids and hidden dangerous goods (DG).
- Observe and ask for boarding process, sequence, discrepancies, manual/ automated boarding, info to departure control system (DCS) and crew.
- Ask for arrival, transfer/transit process.
- Mishandled baggage – storage, handling, communication.

IGOM Chapter 2: BAG

- Safety aspect in baggage handling.
- Awareness of flights, belts, aircraft stands.
- Allocation of resources, availability of GSE/dollies, staff.
- Planning – departure, transfer, arrival.
- Preparation / execution – departure, transfer, arrival, damage/leakage baggage.
- Delivery to designated areas.
- Arrival hall, mishandled baggage.
- Baggage reconciliation, DCS update.
- DGR – mobility aids, any item with dry-ice.

IGOM Chapter 3: RMP

- Observe 6 flights as minimum – mix of various flights, peaks.
- Safety aspect pre-arrival – personal protective equipment (PPE), briefing, engine danger area.
- GSE ops/safety aspect – Equipment restraint area (ERA), GSE positioning/removal including requirements for non-motorize.
- Passenger boarding bridge (PBB) focus, handling signals, marshalling/wing walker, if applicable.
- Potable water – communication, service points, hygiene including source.
- Toilet servicing – PPE, service points.
- Cabin cleaning – focus toilet staff not used in cabin/galley, color clothes, waste disposal.

IGOM Chapter 4: RMP

- Aircraft turnaround coordination / supervision.
- Actions arrival, ground power unit (GPU)/fixed power unit (FPU)/air conditioning unit (ACU), aircraft walk around checks.
- Chocks, cones, access doors – based on opening/closing door.
- Aircraft loading/unloading – briefing, ULD/loose load as per loading instruction report (LIR), hold inspection and safety requirements.
- Shipments requiring special handling, gate delivery bags.
- Reporting of damage aircraft/ULD/load, spills – interview staff.
- Fit to fly - visual checks of loads and ULDs, tags.
- Aircraft departure – wing walker, walk around check, positioning/connection of pushback, communication/clearance, pushback maneuver, staff safety elements, engine start, disconnection and completion.
- Aircraft towing.

IGOM Chapter 5: LOD

- Load planning.
- LIR, weight & balance calculation.
- Last minute change (LMC), notice to captain (NOTOC).
- Post departure messages.
- Communication.
- DGR and special loads.
- Load sheets – any 3 flights in the past.
- Flight files.

	Initial MHQ	Initial Station	Renewal MHQ / STN
Pre- requirement Gap analysis published	Not later than 30 calendar days prior to the DA/IA opening meeting date	Not later than 30 calendar days prior to the IA opening meeting	Not later than 30 calendar days prior to the IA opening meeting
Pre- requirement Flight/Operations Schedule	n/a	Not later than 7 days prior to the IA opening meeting	Not later than 7 days prior to the IA opening meeting
GHSP to perform QC on its published Gap analysis	Not later than the documentation opening meeting	n/a but recommended	n/a but recommended
Audit window for audit scheduling opens	180 calendar days before established Audit closure deadline	180 calendar days before established Audit closure deadline	180 calendar days before established Audit registry expiry date
IA closing meeting date	To happen the first week within the 180 calendar day audit window established before the audit closure deadline	To happen the first week within the 180 calendar day audit window established before the audit closure deadline	To happen not later than 90 calendar days before the audit registry expiry date
Time to close the possible findings	From the IA closing meeting to 14 calendar days prior to the audit closure deadline	From the IA closing meeting to 14 calendar days prior to the audit closure deadline	From the IA closing meeting to 14 calendar days prior to the audit registry expiry date
Findings closed and audit report to be delivered to IATA	Not later than 14 calendar days before the audit closure deadline	Not later than 14 calendar days before the audit closure deadline	Not later than 14 calendar days before the audit registry expiry date

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