

STATION FUEL SELF AUDIT CHECKLIST AND INSTRUCTIONS

A. GENERAL

1. Self-audits of jet fuel storage facilities, mobile refueling units and into-plane fueling operations are to be performed at all Company stations as described in this section.

Note: The term "Vendor" used in the self-audit checklist is inclusive of contract and/or internal providers of fuel services.

- 2. Fuel self-audit checklist is to be used for station fueling self-audit.
- 3. After completion, if separate sheets are used or a report is developed, they also become part of the audit.
- 4. The Fuel Self- Audit Check list and brief instructions are contained in paragraph **D**.
- 5. Instructions in paragraph **E** contain brief explanations for the Finding Discrepancy and Response Sheets.

B. RESPONSIBILITIES

- 1. At cities where Envoy is responsible for the station's operation, the General Manager or highest-ranking Field Services representative is responsible for ensuring the Fuel self-audit is accomplished and on file.
- 2. At cities where a vendor or contracted company is responsible for the station's operation, the vendor/contractor's General Manager or their highest-ranking representative is responsible for ensuring the Fuel self-audit is accomplished on time and filed.
- 3. When there is a fuel vendor change, the applicable person identified in paragraphs B1 and B2 is responsible to ensure the station Fuel self-audit is performed within 3 months of the change of fuel vendor. This applies to both into-plane and fuel storage vendors' changes.
- 4. Persons identified in paragraphs B1 and B2 are responsible to ensure that any findings that are made because of the station Fuel self-audit are corrected or resolved within 30 days. Vendors being audited are responsible to correct any Fuel self-audit findings.

C. PROCEDURES

- Frequency of Fuel Self-Audit and Checklist Use
 - a. The Fuel self-audit must be completed in the second quarter of each calendar year (see note below for seasonal and/or temporary operation). At management discretion, Fuel self-audits may be performed more frequently if conditions warrant.
 - **Note:** New, seasonal and/or temporary operation stations must complete a fuel self-audit within 30 days of opening or re-opening.
 - b. Fuel Self-Audits are completed using the appropriate checklist located: http:// envoyair.com or regionaltraining.aa.com.
 - c. Corrective action items must be completed before an audit can be considered closed.
 - d. Findings are to be entered on the attached Envoy Fuel Self-Audit Finding Discrepancy and Response Sheet and forwarded to the vendor to use to provide their written response (make as many copies of the sheet as needed to record your findings).
 - e. The last two completed Fuel self-audits are to be maintained locally. When another Fuel self-audit has been completed and closed, the oldest audit may be discarded. The closed Fuel self-audit must include documentation of the corrective action items.
- Disposition of Fuel Self-Audit Checklist
 - a. Findings should be resolved at the local station level whenever possible. This requires coordination between the responsible local station General Manager and the fuel vendor. If findings require specialized fuel handling experience and cannot be resolved locally, contact:



Envoy's Director of Maintenance Safety and Compliance (DMSC) by telephone: (972)374-9362 or MSC.Support@aa.com.

- b. Items affecting service or safety must be corrected immediately and the actions taken recorded on the Envoy Fuel Self Audit Finding Discrepancy and Response Sheet.
- c. For findings that do not affect service or safety the fuel vendor representative is to submit a written response on the Envoy Fuel Self Audit Finding Discrepancy and Response Sheet to the responsible Station Manager within 30 days of the fuel self-audit.
- d. The responsible Station Manager is required to follow up as necessary to ensure any corrective action plans have been implemented and the fuel vendor has corrected findings.
- e. After resolution of all findings, the Fuel self-audit checklist, completed Envoy Fuel Self-Audit Finding Discrepancy and Response Sheets, or any other associated documentation is to be filed and distributed as follows:
 - (1) Original local station file
 - (2) Copies to:
 - (a) Fuel vendor representative.
 - (3) Envoy MSC via electronic form.
 - (a) Once submitted, print confirmation sheet and attach to your original documents.

3. Training:

a. Fuel Self-Audit training is now online. The training course code is MTX0487. The person required to perform the self-audit must take this WBT prior to conducting the audit if they have not received training previously.

D. CHECKLIST INSTRUCTIONS

- 1. Checklist heading is to be completed by entering:
 - a. Date of self-audit
 - b. Three letter station code
 - c. Name and address of the company that provides into-plane service to Company aircraft
 - d. Name of primary vendor contact or person who was present during the audit and title
 - e. Vendor phone number
 - f. Vendor secondary phone number
 - g. The name of the person who performed the audit (please print)
- 2. Each item must be marked "Pass" or "Fail" as applicable. If an item does not apply, mark the line "N/A" not applicable. Items marked, as N/A must be noted why it is not applicable. Observations may not always be possible. If an item cannot be checked during the audit, mark the item "N/O" (not observed) and note why, using a separate sheet if required.



3. SELF AUDIT CHECKLIST

a. Aircraft Servicing Observation

				a. All Clait 3	er vicing C	D3CI Vation			
Audit Date: Station Code:									
Vendor Name:									
Vendor Address:									
Primary Vendor Contact Name: Title:									
Ver	dor Phone N	lumber:			Secondary	phone number			
Nar	ne of Persor	Conductin	g the A	Audit (Please Print):					
	r							Pass Fail	<u>N/A</u> <u>N/O</u>
1. Verify that the vendor information listed above, is the same as what is in the Air Carrier Maintenance Provider List. Go to http://Regionaltraining.aa.com MSC> Envoy MSC> Air Carrier MTX Provider List, locate under "Fuel" Vendor Type and city code. For discrepancies contact Envoy MSC at 972-374-9460 or MSC.support@aa.com.						dor	I		
2.	Does the fuel vehicle approach the aircraft in a safe manner? Reference: Envoy Fuel Manual 02-03						_		
3. Did the fueler make a connection to the aircraft with a bonding cable before connecting the fuel hose? NOTE: When a hydrant servicer or carts is used for fueling, the hydrant coupler shall be connected to the hydrant system prior to bonding the fueling equipment to the aircraft. Reference: Envoy Fuel Manual 02-04						oupler	I	_ll	
4.	Verify that the fueler has observed the nozzle pressure gauge during fueling.								
5.	Did the fueler replace the fuel cap on the aircraft (if required) and was fuel panel secured?					oanel			
	Reference: Envoy Fuel Manual 05-00 / 05-03								
Record the following for when completing the Aircraft Servicing Equipment section of this checklist Record the air carrier & tail number of aircraft that fueling was observed on:									
Record the number, Date & Time fueling was observed on:									



b. Personnel Qualifications Record Review

Reference: Envoy Fueling Manual Section 02-00

	ence: Envoy Fueling Manual Se		
Auc	dit Date:	Station:	Pass Fail N/A N/O
1.	Does the fueling vendor he driver's licenses? Are these checks document	nave a program in place to periodically verify employee	
2.	Are fuel training designed	es qualified for all Envoy fleets servicing the airport?	
	(AE FSPM -0200.1 &MTX040		
3.	_	craft shall be given a verifiable (i.e. documented) ally. Select a representative cross section of personnel	
	Are Proficiency Reviews	being performed and documented?	
4.	Does each employee who -0200 & MTX0407) on file?	o fuels Envoy Aircraft have a training record(s) (AE FSPM	
5.	Has the vendor provided year?	the GM with a list of qualified fuelers, at least once a	
6.	Have employees received every two years?	Human Factors training initially and subsequently	
7.		oster with each person's printed name, signature, entification number (if applicable) available for review	



c. Fueling Equipment Record Review

Reference: Envoy Fueling Manual 03-07 Audit Date: Station: Review that the following records; paper or electronic, are completed by the person performing the tasks, or by the person accepting responsibility for performance of the tasks (compare with signature roster). Records shall indicate when equipment is not used. Results shall be recorded using the following condition codes: S Satisfactory C Comment (Comment is required in remarks section of form; corrective action must be documented and dated) **N/U** Not Used N/A Not Applicable N/S Not in Service Vendor is not required to use ATA forms, but the forms being used should have the requirements specified Most Current ATA 103 revision 2023.1 Pass Fail N/A N/O 1. Daily (verify the past 7 days) ATA Form103.04A Hydrant System: Form103.05A General Conditions/ Filter Sumps, Record Ratings/ Filter Differential Pressures/ Deadman Controls/ Safety Interlocks/ Nozzle Fueling Pressure/ Hoses, Nozzles & Swivels/ Static Reels, Cables & Clamps/ Lift Platforms/ Fire Extinguishers/ Surge, Relief Tanks/ Air Tanks/ Refueling Truck Troughs / Refueling Truck Sumps/ Refueling Truck Bottom Loading Pre-Check 2. Weekly (verify the past completed week) ATA Form 103.04B Static System Continuity Test/ Corrected Filter Differential Pressure 3. Monthly (verify most current completed month) ATA Form 103.04C Hydrant System:103.05B Filtration (Millipore) Test/ Free Water Test/ Dirt Defense & Electronic Water Sensor System/ Nozzle Screens/ Fuel Hoses/ Signs. Labels & Placard / Meter Seals/ Fire Extinguishers/ Emergency Fuel Shutdown System/ Deadman Control System/ Lift Platforms/ Refueling Truck Interiors/ Refueling Truck Vents & Dome Covers / Refueling Truck Trough Drains 4. Quarterly (verify most current completed quarter) ATA Form 103.04D Hydrant System: 103.05C Vehicle Inspection / Pressure Controls / Water Defense System-External Check / Internal Valve Check/ Interlock Override Function Check/ Surge Absorbers/ Differential Pressure Limiting Device 5. Semi-Annual (verify most current completed semester) ATA Form 103.04D Hydrant System: 103.05C Periodic Hose Pressure Test (If Applicable) 6. Annual (verify most current completed year) ATA Form 103.04D Hydrant System: 103.05C Filter Element Inspection-Cleaning-Change/ Fueling Pressure Gauge / Differential Pressure Gauge / Meter Calibration / Water Defense System Inspection & Test / Hydrant Pit Couplers / Filter Vessel Pressure Relief Devices/ El 1598 Type Electronic Water Sensor 7. Does the vendor keep their Quality Control Records up to date and are they completed for all davs used? 8. Does the vendor retain their Quality Control Records for a minimum of one year? Note: If current vendor has not been providing services for the past year, ensure that these records are current from date this vendor began providing service, and historical dates as well as next due dates for filter changes, periodic checks, etc. have been

9. Does the vendor have access to the Envoy Fueling and Servicing Procedures Manual online?



d. Storage Facility Record Review

Complete addres		/endor is <u>different</u> than Into Plane Vendor				
Audit Date:	Station Code:					
Vendor Name:						
Vendor Address:						
Primary Vendor Contact Name:		Title:				
Vendor Phone Number:		Secondary phone number:				
Name of Person Conducting Audit:	1	71				
Reference: Envoy Fuel Manual 03-05						
			Pass Fail	N/A N/O		
1. Verify that the vendor information listed above, is the same as what is in the Air Carrier Maintenance Provider List. Go to http://Regionaltraining.aa.com MSC> Envoy MSC> Air Carrier MTX Provider List, locate under "Fuel" Vendor Type and city code. For discrepancies contact Envoy MSC at 972-374-9460 or MSC.support@aa.com . ———————————————————————————————————						
Review that the following records; paper or electronic, are completed by the person performing the tasks, or by the person accepting responsibility for performance of the tasks (compare with signature roster). Records shall indicate when equipment is not used. Results shall be recorded using the following condition codes: S Satisfactory C Comment (Comment is required in remarks section of form; corrective action must be documented and dated)						
 N/U Not Used N/A Not Applicable N/S Not in Service All forms should have the requirements specified below: 						
2. Daily (verify the past 7 days) ATA For		sults:103.01B	1	1 1		
Clamp/ Fire Extinguishers/ Empty Sump S Sump results / Relaxation Chambers / Bul	eparators/ Storage Tan k Air Eliminators	cies/ Hoses, Swivels, Nozzle & Couplers/ St nk Sump Results / Filter Sump Results / Prod				
3. Weekly (verify the past completed we	ek) ATA Form 103.01	С	_			
Static System Continuity Test / Corrected	Filter Differential Pressi	ure				
4. Monthly (verify most current complet	ed month) ATA Form	103.01A	1	1 1		
Signs, Labels & Placards/ Floating Suction	n/ Fire Extinguishers/ Cl		zzle Screen	Cleaning/		
5. Quarterly (verify most current comple	eted quarter) ATA For	m 103.01D				
Emergency Fuel Shutoff System/ Water Do Sump Separators	efense System-Externa	al/ Tank High Level Controls/ Product Reclar	nation Tank	s/		
6. Semi-Annual (verify most current cor	npleted semester) AT	A Form 103.01D				
Hose Pressure Test (If Applicable)/ Static	Stock Quality Check					
7. Annual (verify most current complete	ed year) ATA Form 103	3.01E	1	1 1		
Storage Tank Interiors/ Differential Pressure Gauges/ Filter Element Visual Inspection/ Filter Element Change/ Filter-Separator Heaters/ Tank Vent/ Cathodic Protection/ Line Strainers/ Water Defense System/ Single stage Coalescers/ Filter Vessel Pressure Relief Devices						
used?		date and are they completed for all days	_			
9. Does the vendor retain their Quality (Note: If current vendor has not been providing servic this vendor began providing service, and historical da have been established.	es for the past year, ensure t	hat these records are current from date	l			
10. Does the vendor have access to the online?		ervicing Procedures Manual	_			
11. General Appearance of the Fuel Far Is the facility clean, free of weeds, and maintaining grapy broken fences, holes under the fences? (All broken fences)	ood housekeeping? Are there					



E. SELF AUDIT FINDING DISCREPANCY AND RESPONSE SHEET

INSTRUCTIONS

The Discrepancy and Response sheet is to be completed as follows:

- 1) For each finding (1 finding per sheet), the person performing the audit is to enter:
 - a. Date of self-audit
 - b. Three letter station code
 - c. The name of the person who performed the audit (please print)
 - d. The applicable section of the checklist.
 - e. The question number from the section.
 - f. A clear description of the finding. Provide enough specifics to ensure the item is clearly understood.
- 2) For each finding (1 finding per sheet), the respondent is to:
 - a. Enter the root cause of the finding. Ensure the questions listed in the note in this area are carefully considered and covered in your root cause analysis.
 - b. Include those actions taken or required as an immediate action to address the finding.
 - c. Include the long-term actions (e.g., checklist or manual revision, change in equipment, additional training, etc.) that must be implemented as a permanent solution to prevent a recurrence of the discrepancy.



Audit Date:

STATION FUEL SELF AUDIT CHECKLIST

Station Code:

Envoy Fuel Self Audit Finding Discrepancy and Response Sheet Applicable Checklist Section: Failed Question Number: Discrepancy: Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence; (1) Who is responsible for the problem occurred (3) Where the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy) Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)	Name of Person Conducting the Audit (Please Print):					
Applicable Checklist Section: Discrepancy: Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
Applicable Checklist Section: Discrepancy: Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)	Envoy Fuel Self Audit Finding Discrepancy and Respo	nse Sheet				
Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)	Applicable Checklist Section: Failed Ques	tion Number:				
Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
Root Cause Identified As: (Note: Answers to the following questions will help ensure the true root cause of the discrepancy was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)	Discrepancy:					
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the problem (2) When the problem occurred (3) Where the problem occurred (4) How the problem occurred and (5) Why the problem occurred. Short-Term Corrective Action: (Include immediate actions taken to resolve the discrepancy)						
	was identified and properly addressed to help prevent a recurrence: (1) Who is responsible for the	e problem (2) When the problem				
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)	Short-Term Corrective Action: (Include immediate actions taken to resolve the discrep	ancy)				
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
Long-Term Corrective Action: (Include long term corrective actions needed to help prevent a recurrence)						
	Long-Term Corrective Action: (Include long term corrective actions needed to help pre	event a recurrence)				