



## 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. RESPONSABILITIES

- 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 as a result 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

- 1 Frequency of Fuel Self-Audit and Checklist Use

**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.*

  - a Fuel Self-Audits are completed using the appropriate checklist located: [http:// envoyair.com](http://envoyair.com) or Regional Training.
  - b Corrective action items must be completed before an audit can be considered closed.
  - c 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).
  - d 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.
- 2 Disposition of Fuel Self-Audit Checklist

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: the Director of Maintenance Safety and Compliance (DMSC) by telephone: (972)374-9362 or [MSC.Support@aa.com](mailto:MSC.Support@aa.com).

  - a 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.
  - b



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.

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

e (2)Copies to:

(a)Fuel vendor representative.□

(b) Envoy MSC Office via completion of this electronic form. <https://forms.office.com/r/gShdasTZvD>

3 Training:

a Fuel Self-Audit training is 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)

h Complete shaded address box if Fuel Storage Vendor is different than Into Plane Vendor

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.

When reviewing Fueling Equipments or Storage Facility records; paper or electronic, ensure they 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:

3 **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



# STATION FUEL SELF-AUDIT

Audit Date : \_\_\_\_\_ Station Code: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Backup Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Person Conducting the Audit: \_\_\_\_\_

Employee Number: \_\_\_\_\_



1.0	Aircraft Servicing Observation	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 <a href="http://Regionaltraining.aa.com">http:// Regionaltraining.aa.com</a> MSC> Envoy MSC> Air Carrier MTX Provider List, locate under "Fuel" Vendor Type and city code. For discrepancies contact Envoy MSC at 972-374-9364 or MSC.support@aa.com.			
2	Record the air carrier & tail number of aircraft that fueling was observed on:			
3	Record the Flight number, Date & Time fueling was observed on:			
4	Record the number that identifies the fuel vehicle:			
5	Does the fuel vehicle approach the aircraft in a safe manner? Reference: FSPM 02-03			
6	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: FSPM 02-04			
7	Verify that the fueler has observed the nozzle pressure gauge during fueling.			
8	Did the fueler replace the fuel cap on the aircraft (if required) and was fuel panel secured? Reference: FSPM 05-00 / 05-03			
2.0	Drug & Alcohol Program	Yes	No	
1	Does the vendor have a Drug & Alcohol program, that conducts testing for new hires as well as random testing?			
3.0	Personnel Qualifications Records Review (Reference: FSPM 02-00):	PASS	FAIL	N/A - N/O
1	Does the fueling vendor have a program in place to periodically verify employee driver's licenses? Are these checks documented?			
2	Are fuel training designees qualified for all Envoy fleets servicing the airport? (AE FSPM -0200.1 & MTX0408)			
3	Annual Fueler Proficiency Review: each fueler servicing aircraft shall be given a verifiable (i.e. documented) Proficiency Review annually. Select a representative cross section of personnel from the GM/Contract Agent's list. Are Proficiency Reviews being performed and documented?			
4	Does each employee who fuels Envoy Aircraft have a training record(s) (AE FSPM -0200 & MTX0407) on file?			



3.0	Personnel Qualifications Records Review (Reference: FSPM 02-00) continued:	PASS	FAIL	N/A - N/O
5	Has the vendor provided the GM with a list of qualified fuelers, at least once a year?			
6	Have employees received Human Factors training initially and subsequently every two years?			
7	Does the vendor have a roster with each person's printed name, signature, initials, and employee identification number (if applicable) available for review?			
4.0	Fueling Equipment Record Review (Reference FSPM 03-07) All forms should have the requirements specified in each question, follow intructions on C3.	PASS	FAIL	N/A - N/O
1	<b>Daily</b> (verify the past 7 days) <b>if using ATA Forms current revision 2023.1 Form 103.04A</b> : 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/Waste Tanks / Air Tanks / Refueling Truck Troughs / Refueling Truck Sumps / Refueling Truck Bottom Loading Pre-Check <input type="checkbox"/>			
2	<b>Weekly</b> (verify the past completed week) <b>if using ATA Forms current revision 2023.1 Form 103.04A</b> : Static System Continuity Test / Corrected Filter Differential Pressure			
3	<b>Monthly</b> (verify most current completed month) <b>if using ATA Forms current revision 2023.1 Form 103.04B</b> : Filtration (Millipore) Test / Free Water Test / Nozzle Screens / Fuel Hoses / Signs, Labels and 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 <input type="checkbox"/>			
4	<b>Quarterly</b> (verify most current completed quarter) <b>if using ATA Forms current revision 2023.1 Form 103.04C</b> : Vehicle Inspection / Pressure Controls / Water Defense System-External Check / Internal Valve Check Interlock Override Function Check / Surge Absorbers <input type="checkbox"/>			
5	<b>Semi-Annual</b> (verify most current completed semester) <b>if using ATA Forms current revision 2023.1 Form 103.04C</b> : Periodic Hose Pressure Test (If Applicable)			
6	<b>Annual</b> (verify most current completed year) <b>if using ATA Forms current revision 2023.1 Form 103.04C</b> : Filter Element Inspection/Cleaning/Change / Fueling Pressure Gauge / Differential Pressure Gauge / Differential Pressure Limiting Devices / Meter Calibration / Water Defense System Inspection & Test / Hydrant Pit Couplers / Filter Vessel Pressure Relief Devices <input type="checkbox"/>			
7	Does the vendor keep their Quality Control Records up to date and are they completed for all days used?			
8	Does the vendor retain their Quality Control Records for a minimum of one year? <i>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 established.</i>			
9	Does the vendor have access to the Envoy Fueling and Servicing Procedures Manual online?			



5.0	<b>Storage Facility Record Review (Reference FSPM 03-07) All forms should have the requirements specified in each question, follow instructions on C3.</b>	PASS	FAIL	N/A - N/O
1	<b>Daily</b> (verify the past 7 days) <b>if using ATA Forms current revision 2023.1 Form 103.01A (Sump Results: Form 103.01B):</b> General Condition of Tank Yard/ Security, Fire, & Safety Deficiencies/ Hoses, Nozzles & Swivels/ Static Reels, Cables & Clamp/ Fire Extinguishers/ Empty Sump Separators/ Storage Tank Sump Results/ Filter Sump Results/ Product Reclaim Tank Sump results/ Relaxation Chambers/ Bulk Air Eliminators			
2	<b>Weekly</b> (verify the past completed week) <b>if using ATA Forms current revision 2023.1 Form 103.01C:</b> Static System Continuity Test/ Corrected Filter Differential Pressure			
3	<b>Monthly</b> (verify most current completed month) <b>if using ATA Forms current revision 2023.1 Form 103.01A:</b> Filtration (Millipore) Test/ Free Water Test/ Loading Rack Nozzle Screen Visual Inspection/ Loading Rack Nozzle Screen Cleaning/ Signs, Labels & Placards/ Floating Suction/ Fire Extinguishers/ Clay Treaters			
4	<b>Quarterly</b> (verify most current completed quarter) <b>if using ATA Forms current revision 2023.1 Form 103.01D:</b> Emergency Fuel Shutoff System / Water Defense System-External / Tank High Level Controls / Product Reclamation Tanks Sump Separators			
5	<b>Semi-Annual</b> (verify most current completed semester) <b>if using ATA Forms current revision 2023.1 Form 103.01D:</b> Hose Pressure Test / Periodic Hose Pressure Test (If Applicable)			
6	<b>Annual</b> (verify most current completed year) <b>if using ATA Forms current revision 2023.1 Form 103.01E:</b> Storage Tank Interiors/ Differential Pressure Gauges/ Filter Elements/ Filter/Separator Heaters/ Tank Vent/ Cathodic Protection/ Line Strainers/ Water Defense System			
7	Does the vendor keep their Quality Control Records up to date and are they completed for all days used?			
8	Does the vendor retain their Quality Control Records for at least a year? <i>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 established.</i>			
9	Does the vendor have access to the Envoy Fueling and Servicing Procedures Manual online?			
10	General Appearance of the Fuel Farm: Is the facility clean, free of weeds, and maintaining good housekeeping? Are there security gates, access doors? Are there any broken fences, holes under the fences? (All broken fences and gates are to be repaired or replaced)			



#### **D. SELF-AUDIT FINDING DISCREPANCY & RESPONSE SHEET INSTRUCTIONS**

- 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 short-term actions (how was the problem fixed temporarily before long-term can be implemented?)
  - 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 Code: \_\_\_\_\_

Name of Person Conducting the Audit (Please Print): \_\_\_\_\_

**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 (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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Long-Term Corrective Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_