



Civil Aviation Authority of Sri Lanka

Aero Medical Inspector Procedure Manual

01st Edition – 2023

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Forward

Civil Aviation Authority of Sri Lanka being the regulatory body empowered to conduct certifications & surveillance on Civil Aviation activities, its Aero Medical Services Section is entrusted to conduct certification of personnel involved in safety sensitive activities whose job functions require such certification to perform their jobs. Further, the aero medical services section does oversight functions in specified organizations/ institutions related to aviation industry which are responsible for passenger safety and security.

This Aero Medical Inspector Procedure Manual SLCAP 3110 is for the use and guidance of CAASL Aero Medical inspectors. This manual outlines regulations, policies and procedures for the oversight of organizations/ institutions in aviation industry.

Aviation Medicine and aviation public health field are continuously evolving in accordance with the latest research, technology and practical experience. Hence, the aero medical standards, recommendations and guidance materials are also amended time to time by the organizations such as ICAO and WHO to maintain the maximum possible health safety and security of the passengers and personal work in aviation field.

This Aero Medical Inspector Procedure Manual is developed by the Aero Medical services of CAASL to provide latest guidelines to its Inspectors and to be used while conducting inspections at designated hospitals, international airports, airlines and any other organizations approved by the DGCA.

This Manual SLCAP 3110 is approved by me as the Director General of Aviation of Sri Lanka on the Powers vested upon me by the Civil Aviation Act No 15 of 1950, on the date indicated below for the use & guidance of all applicable personnel/ institutions for its intended purpose.

This Authority may, without any prior notice, change the contents of this manual as appropriate, to suite the administrative requirements.

P.A. Jayakantha

Director General of Civil Aviation & Chief Executive Officer,
Civil Aviation Authority of Sri Lanka,

15.05.2023

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PART 1 – AEROMEDICAL REGULATORY REQUIREMENTS FOR INSPECTIONS

1.1. Background

Uniform and harmonized interpretation and application of aeromedical requirements is critical for aviation safety. All stakeholders of aviation industry are required to apply the Aeromedical standards in airlines, aerodromes and other institutions which operates safety sensitive tasks as stipulated in CAASL regulatory documents.

As the Aero medical regulatory requirements are spread throughout several annexes of ICAO and other specific documentation such as WHO IHR (2005), it is important to know these requirements and underline rationale with scientific background by the Aeromedical inspectors who are assigned for oversight functions.

This Manual provide technical guidance and information on Aeromedical inspections and its requirements according to Civil Aviation regulations as related to the licensing, certification, approval, surveillance and audit obligation of the Civil Aviation Authority of Sri Lanka.

1.2 Regulatory Requirements for Aeromedical Inspections/ Surveillance

A – CAASL REGULATIONS

1.2.1 Regulations related to Aerodromes Inspections by an Aeromedical Inspector

- a) Implementing Standards (IS) – 60 requirements for facilities and services to by provides by Aerodrome operator.

Chapter 6.3

Facilities required for implementation of public health, emergency medical relief and animal & plant quarantine measures;

- i. Airport operators, shall ensure the maintenance of public health, including human, animal & plant quarantine at international airports.
- ii. Airport operator should ensure that there are, at or near all there major international airports, facilities and services for vaccinations or revaccination, and for the delivery of the corresponding certificates.
- iii. International airports should have available access to appropriate facilities for administrative of public health and animal & plant quarantine measures applicable to aircraft, crew, passengers, luggage, cargo, mail and stores.
- iv. Airport operator should ensure that passengers and crew in transit can remain in premises free from any dangers of infection and insect vectors of diseases

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and, when necessary, facilities should be provided for the transfer of passengers and crew to another terminal or airport near by without exposure to any health hazard. Similar arrangements and facilities should also be made available in respect of animals.

- v. Airport operator shall ensure that handling and distribution procedures for consumable products (i.e. food, drink and water supplies) onboard aircraft or in the airport are in compliance with the WHO IHR (2005) and relevant guidelines Attachment No IS – 09 (1, 2, 3, 6, 7, 8) – ATT.A-19 OF 23 Pages 1st Edition Revision 00 Date: 25 July 2017 of the WHO, the food and agriculture organization and national airports regulations.
- vi. Airports operators incorporation with aircraft operators, shall ensure that a safe, sanitary and efficient system is instituted, at international airports, for the removal and disposal of all waste, waste water and other matters dangerous to the health of person, animal or plants, in compliance with WHO IHR (2005) and relevant guidelines of the WHO, the food and agriculture organization and national airports regulations.
- vii. Airport operators, shall ensure that international airports maintain facilities services for first-aid attendants on site, and that appropriate arrangements are available for expeditious referral of the occasional more serious cause to pre-arranged completed medical attention.

b) Implementing Standards (IS) – 60 requirements for facilities and services to be provided by Aerodrome operator.

Chapter 6, 17.5 facilities

17.5.2 The availability of ambulance and medical facilities for the removal and aftercare of casualties arising from an aircraft accident should receive the careful consideration of the appropriate authority and should form part of the overall emergency plan established to deal with such emergencies.

c) Aerodrome Manual

There is an aerodrome manual for each airport in Sri Lanka which was submitted to CAASL by the airport operator and was approved by the DGCA.

In this manual, the airport operator has agreed to comply with the regulatory requirements of CAASL in which contains to maintain an emergency medical facility to attend to medical needs of passengers and staff of AASL and non AASL institutions who operate at international airports in Sri Lanka.

Reference: Aerodrome Manual 4.18 – Airport medical facility. Legislation standard and technical references;

1. Technical references of medical needs of an international airports – ICAO annex 09 (facilitation) chapter 06

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2. Procedure Manual of AASL medical unit – approved for implementation by the board of directors of AASL in accordance with CAASL & ICAO regulations.

1.2.2 Regulations related to Airline Inspections by an Aeromedical Inspector

a) Implementing Standards 015 – requirements for aeroplanes instruments, equipment and flight documents.

2. a All aeroplanes on all flights, accessible and adequate medical supplies
This standard requires airlines to carry one or more first aid kits, universal precaution kits for the use of cabin crew members, medical doctors or

Other qualified person in treating in-flight medical emergencies. In managing incidents of ill health associated with a cause of communicable or non-communicable disease.

b) Implementing Standards IS 015, appendix 01

In this appendix it is indicated the types of medical supplies, number of first-aid and universal precaution kits in an air crafts, locations in the cabin and contains of the first-aid kits & universal precaution kits.

1.2.3 Aviation Public health regulatory requirements

a) General Direction 011 – COVID-19 special air travel operational procedures applicable to Sri Lanka.

This general direction was developed according to ICAO CART document, EASA guidelines, WHO guidelines and other aviation related guidelines (IATA, FAA, ACI) which amend frequently considering the public health situation globally. There are 2 appendixes;

- i. Appendix A – Guidelines for airlines on management of crew members, aircraft cleaning and disinfection in relations to the COVID – 19 pandemic.
- ii. Appendix B – Guidelines for airport in Sri Lanka on airport operations in relation to COVID – 19 pandemic situation.

b) Special direction 020 – Quarantine and preventive measures for travelers and crew members arriving from overseas or inflight originated from Sri Lanka during the pandemic of COVID-19.

The essence of this special direction is laid down in the latest guidelines published by the Ministry of Health of Sri Lanka.

This document has 2 appendixes;

- i. Appendix A - General guidance applicable to all arrivals BIA airports in Sri Lanka.
- ii. Appendix B – Specific procedure in relation to airline crew based in Sri Lanka and foreign airline crew on a layover in Sri Lanka.

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c) Implementing Standards 045 (IS 045) – Public Health Emergencies involving operation of aircraft.

This IS requirements is in pursuance of section 121 of Civil Aviation Act 14 of 2010 in regard to any matter connected with or relating to the maintenance of Public Health safety & welfare in compliance to ICAO Collaborative Arrangement for the Prevention and management of Public Health events in Civil Aviation (CAPSCA-AP).

The regulatory requirements contains in this documents are applicable to Air Operator Certificate (AOC) holders on international passenger operations issued by the DGCA.

This IS contains the standards needs to be mandatorily complied by the by airlines and aerodrome operators according to ICAO and WHO regulatory requirements.

B – ICAO AND WHO REGULATIONS

1.2.4 ICAO Health related regulations

- a) Annex 01 – Personal Licensing, chapter 01 and chapter 06 Aeromedical requirements.
- b) Annex 06 operation of aircraft, part 01, chapter 06 and attachment B.
- c) Annex 09 – facilitation, chapter 08, appendix 01 and appendix 13.
- d) Annex 11 – air traffic services, chapter 02 and attachment C.
- e) Procedures for Air Navigation Services – Air Traffic Management (PANS-ATM, Doc 4444) chapter 16.
- f) Annex 14 – Aerodromes, chapter 09

1.2.5 WHO and other Occupational Health Safety related Standards

- a) WHO International Health Regulations (2005)
- b) World Food and Agriculture Organization Standards
- c) EASA – ECDS Aviation Health Safety Protocol (AHSP) – This document represents a multi layered approach based on the “Plan – Do – Check – Act” process for Aviation Safety Management, Occupational Health, and Public Safety. The AHSP gives guidance on how to protect passengers and aviation personnel, restore confidence in air travel.
- d) IATA (ICAO Collaborated Document) Health Safety standards Checklist for Airline Operators.

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PART 2 – TECHNICAL GUIDELINESS FOR AEROMEDICAL INSPECTORS

2.1 Requirements for conducting inspection and surveillance

2.1.1 Authorization of inspectors to conduct inspections and surveillance

- a) CAASL officers are authorized by the Director General of Civil Aviation to conduct inspections and surveillance to ensure authorization holders are complied with the aviation legislation
- b) These officers are authorized to conduct inspections on behalf of DGCA under various regulatory provisions of CAASL and the officers shall always determine whether they are authorized for relevant inspections prior to conducting surveillance activities.
- c) The inspectors are authorized to carryout inspections as per the inspector credentials granted by the DGCA. If there is any uncertainty in relation to the power to conduct an inspections, the inspector shall contact the Directions & Management Division or Human Resource Management Sections of CAASL for advice.
- d) Authorized CAASL inspectors conducting inspections or any surveillance activity approved by the DGCA do not need to seek consent to enter an air field or facility. However, as matter of policy and courtesy, where possible, CAASL inspectors will make contact with the occupier or owner of the facility inspector.
- e) If CAASL inspectors do not produce their official identity card when requested to do so, they are not authorized to conduct an inspections and access may be denied by the occupier or the owner.

2.1.2 Inspector prerequisites to conduct inspection/ surveillance

- a) The inspectors conduct inspections or surveillance shall have currency on their inspector credentials and have maintain their competency on relevant inspections. The inspectors shall ensure that they have received relevant training to ensure the required understanding and knowledge of the surveillance framework, their roles and responsibilities with regards to inspections/ surveillance.
- b) If anytime and individual inspector consider they do not have the confidence to undertake their surveillance tasking, he/she should raise their concern to their immediate supervisor to discuss what options are available to assist the individual in reaching an appropriate level of competence.



- c) Each inspector shall responsible for monitoring and managing their own currency and competency requirements.
- d) It is the responsibility of inspector performing surveillance or inspections to ensure he/ she is fully aware of the roles and responsibilities associated with the role their performing.

2.1.3 Desktop surveillance record review

- a) A review of the documentation which are relevant to the inspected area may be considered when carrying out a desktop surveillance prior to facility visit. Inspector discretion should be use where more documentation be required.
- b) The inspectors shall review all the documentation which apply to authorization/ approvals or compliance to the CAASL regulatory requirements. Further, during desktop surveillance inspectors should interview key personnel of the inspected facility e.g. accountable manager, responsible manager, safety manager, aeromedical doctors and any other staff members related to safety sensitive activities.

2.1.4 Protocols for conducting inspections and surveillance

- a) Authorized CAA aeromedical inspectors shall perform their inspections/ surveillance according to the approved surveillance plan by the DGCA.
- b) Prior to conducting routine inspections/ surveillances, the lead inspector shall develop the inspection plan including the agenda, members of the inspection team, the method of transportation and documentation needed during the relevant inspection/ surveillance and obtain approval from DGCA.
- c) If necessary the lead inspector should arrange pre-briefing for the inspection team.
- d) If it is a routine inspection, the lead inspector may inform the relevant organization which will be inspected for their preparation and facilitation. There is no requirement to inform relevant organization if it is a spot check.
- e) The checklist to be utilized during inspections are attached in part 3 of this manual and the inspectors shall strictly check the implementation of standards required in the relevant checklist whilst performing inspections.
- f) If an inspector wishes to take a photograph of something important, they need not expressly asked for permission to comments to taken photograph, but if the occupier of the premises asks to stop, they should cease at that point.



- g) Shall ensure all inspectors have the required safety and personal protective equipment if necessary. Further, they shall wear CAASL ID cards and shall be clearly visible.
- h) The inspections/ surveillance lead shall introduce the team to the relevant officer in-charge and state the purpose of the inspection and request co-operation and assistance where required.
- i) Under no circumstances shall an inspector operate any medical equipment in such a manner that it is not in accordance with normal operating procedures. The inspector shall check the equipment certificates, calibration certificates and whether the equipment are operable. For this, the inspector shall seek assistance from the officer in-charge of the equipment. Further, when checking compliance with medical equipment, it is acceptable for an inspector to open readily accessible storage areas (e.g. emergency cupboard and storage cabinets).

2.2 Records Management

- 2.2.1** Inspection/ surveillance records must be maintain in a clear, succinct manner and provide a chronological history of inspection/ surveillance activities and events. The inspectors shall duly complete the relevant checklist during the inspection and provide it with the inspection report.
- 2.2.2** The inspections/ surveillance must include background documents, forms, notes that relate to the said activity and shall include documented decisions from inspections/ surveillance planning meetings, inspection team planning meetings, scoping formation, checklist, surveillance notification, emails send to the facility or the institute corresponding inspection details, notes from inspectors, entry/ exist meeting records, findings and the evidence relating to that findings.
- 2.2.3** The correspondence/ documentation may be unclassified except individual medical records. If the medical sensitive material are added in the documentation, then it shall be determine as confidential and shall have security access clarification. Such medical documentation shall be exposed to DGCA if requested.
- 2.2.4** Once the inspections/ surveillance report is approved by the DGCA, it should be send to the relevant inspected entity and shall request corrective action plans if there are any findings and the review process shall be mentioned to the relevant entities.



PART 3 – CHECKLISTS USED FOR AEROMEDICAL INSPECTIONS/ SURVEILLANCE

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**AEROMEDICAL SERVICES
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FOOD SAFETY & HYGIENE AND OCCUPATIONAL HEALTH SAFETY CHECK LIST

1. FOOD SAFETY & HYGIENE CHECK LIST

1. Procurement of Raw Material		
Criteria	Checks	Y/N/NA
Freshness	Fresh appearance (intact, without bruises/spots, patches, shriveled etc.)	
	Off odour/ spoilage/ putrefaction	
	Chilled and frozen products are received at correct temperature	
Quality	RM/ Products are free from any physical impurities (e.g. dirt, dust, stones, wood, signs of infestation, pest or their remains, metal pieces or any other foreign matter)	
	Temperature of potentially high risk food is at or below 5 0C	
	Temperature of frozen foods is -18 0C or below	
	RM is free from any off odour	
	RM is Free from any fungal (frothy) growth	
Quality of packaged food products	Packaging and pack seals are intact	
	RM/products are under 'best before'/'expiry' or 'Use by' date	
Storage of Raw Materials		
Storage area	All supplies are stored at proper storage areas	
	Every storage equipped with temperature gauge	
	Storage area is clean and free of debris, empty boxes or other refuse	
	Storage area is free from insects, pests or their remains	
	Raw material arranged & used on FIFO (first in first out) and FEFO (First Expired First Out) basis and marked	
	Chemicals and cleaning supplies are stored away from food and other food related supplies (packaging material etc.) under lock and key	
	Non-veg. & veg. products are kept physically separated or stored in different containers/ racks/ compartments	
	Raw materials are kept separately with proper labelling from semi processed and processed (cooked) foods	



Cold storage	Proper temperatures are maintained (50C or below for chillers and -180 C or below for freezers)	
	Cold storage room/refrigerator is not over-stuffed with food products	
	Cooked foods are stored separately or above raw foods on separate shelves	
	All foods are properly wrapped, labelled and dated	
	FIFO & FEFO are followed	
	Perishable products (milk, meat, butter etc.) are stored in refrigerator only at temperature of 50C or below	
	Products with strong odours are kept covered in refrigerator	
2. Preparation of raw materials		
General	Only potable water from safe source is used for preparation of raw materials/or as an ingredient in food products	
	Work surfaces are cleaned properly before starting work	
	Perishable products are kept in the fridge at temperature of 50C or below and consumed before its 'best before'/'use by'/'expiry' date	
	Unused thawed food is discarded	
	Only clean and intact equipment are used	
	Controls being followed to staff wash hands after handling raw food and before touching surfaces.	
Sieving/straining or sorting or cleaning	Sort all raw materials (e.g. grains, fruits & vegetables etc.) and remove undesirable/spoiled parts before use	
	Sieve all dry, powdered raw materials (e.g. flour, powdered sugar) before use	
	Strain all liquid raw materials (e.g. syrups etc.) before use	
Washing	Only potable water is used for washing of food products	
	Uncooked, ready-to-eat fruits & vegetables are disinfected with 50 ppm chlorinated water before cutting, peeling or serving	
	Wash water is not re-used for washing equipment, utensils, containers or food products	
Thawing of food products	Frozen products are thawed in refrigerator/microwave/convection oven or under running potable water well before cooking	
	Only required portion of the food is thawed at a time	
	Products from which melt-water is released are kept in a drip tray at the bottom of the refrigerator or proper removal installed	
	Thawed products are used immediately and not re used (not refrozen or kept in chiller)	
3. Cooking/Processing		



Cooking of food	Food is cooked thoroughly with temperature reaching at least 700 C	
	Salads/ garnishes/uncooked ready-to-eat foods are prepared from thoroughly washed RM	
	Processing/cooking is done in clean, covered and hygienic area	
	Clean equipment and utensils are used for cooking/processing	
	Separate equipment and utensils are used for veg. & non-veg. products	
	Frying oil/fat is changed immediately when there is colour change, visible fouling, syrupiness and scum formation	
	Water used in the beverages, drinking water, food processing, washing is potable	
	Ice is prepared from potable water only	
4. Storage of cooked food		
Storage of cooked food	Cooked food is stored covered and at appropriate temperature	
	Cold foods at 50 C or below (in refrigerator)	
	Hot foods at 600 C or above (hot holding)	
	Freezers are in working order.	
	Fridges and freezers are defrosted regularly (Check schedules)	
	Veg. & non-veg. products are stored separately	
	Properly labelled with day and date of preparation and expiry date	
	Salads, garnishes, or ready-to-eat foods are immediately stored in clean covered containers and refrigerated	
Preparation of cooked food before dispatching		
Prepared food	Cold foods are dispatched cold and hot foods hot	
	Minimal food handling staff is used to the specific purpose	
	Cooked food is not left at room temperature for more than 2 hours.	
	All uncooked salads, fresh fruits & vegetables etc. are freshly prepared to the extent possible	
	Surplus food is discarded and not mixed up with freshly prepared food	
5. Quality of water & Ice		
Cooking	Potable supply of water is used for cooking	
Drinking	Potable water is used for drinking purposes	
Ice (as an ingredient)	Ice used in beverages etc. is made from potable water	
	Ice is stored in clean and leak proof containers	
	Ice is handled hygienically with clean scoops	
Storage in ice	Food products are packed properly in water proof packaging before putting in ice for storage	
	Store in a separate area	



6. Utensils & Equipment		
Quality/type	Cooking utensils, cutlery and crockery shall be clean and not broken/chipped	
	Cooking utensils, cutlery and crockery shall be made of food grade material	
	Food grade utensils are used for cooking, storage and serving of food products	
Cleaning	Sink of adequate size and running water supply is available for washing utensils/equipment	
	All utensils and equipment are washed with cleaning agent /detergent and rinsed with clean warm water after every use	
	Utensils are not wiped with aprons, soiled cloths, unclean towels, or hands	
	Food contact surfaces, utensils and equipment are kept clean and 8 sanitized between uses	
Storage	Washed utensils and equipment are stored properly and kept inverted at clean and designated place	
	Small equipment are inverted, covered or otherwise protected from dust or contamination	
7. Cleaning & Hygiene of food rooms, equipment & the establishment		
Hygiene of food rooms and equipment	Food rooms and equipment are in good condition and well maintained.	
	Food rooms are clean and tidy	
	Equipment locations are accessible easily for cleaning purposes/ equipment are clean.	
	All food and hand contact surfaces are cleaned/disinfected (check schedules)	
	Separate cloths are used to clean areas, equipment.	
	If cloths are re-used are they laundered in a boil wash?	
Cleaning	Grills of coolers, air conditioning units, fans, condensers and humidifiers are cleaned at least once a month, and more often if necessary(check evidence)	
	Area/establishment is cleaned every day before starting work, in between and at the end of the day.	
	Work tables, kitchen aids, taps, door-knobs and sinks are cleaned and disinfected every day	
	Store rooms are cleaned every two weeks or earlier as necessary(check evidence)	
	Floors are free from accumulation of food waste, dirt, grease or other visible obnoxious matter	
	Walls of the establishment are maintained in good repair and kept clean at all times	
	Ceilings are clean and maintained in good repair	
	False ceilings is periodically cleaned to remove accumulation of dust, particles or debris that may fall onto foods	
Cleaning & Hygiene of surrounding/environment	Food preparation and dispatching areas are clean, dry, well lit and hygienic	



	Pathways are free from loose mud, cracks, holes, etc., clean and well maintained.	
	No Stagnation of water or mud; which may harbour pests and insects in the vicinity	
	All drainage holes are clean and covered	
	Odour free	
Maintenance	Establishment has proper not leakage roof/ top covering/canopy	
	Exhaust system is properly functioning	
	Area is well maintained, clean and well illuminated	
	Presence of pets, rodents, any kind of pests and insects	
8. Lighting facility		
Infrastructure	Adequate lighting facilities are provided in the (kitchen, storage serving area) establishment and surrounding areas.	
	Lights in the processing, storage and serving areas are shatterproof	
Cleaning	All light fixtures are cleaned regularly to remove dirt, dust and cobwebs	
9. Garbage disposal facility		
Waste bins	Adequate number of waste bins separate for biodegradable and non-biodegradable wastes, are provided for the kitchen and storage area.	
	Waste bins are leak proof, kept clean and covered and foot operated	
	Waste bins are located away from immediate vicinity of storage places for food stuffs, clean crockery and clean work surfaces	
	The location of the waste bins are such that it is not carried through the kitchen	
Cleaning	Waste bins are emptied before overflowing and at the end of day's work.	
	Waste bins are washed at the end of the day and dried upside down	
	Waste is collected separately and stored in closed & leak proof containers for disposal or acceptable any other method used.	
	Waste storage area is free from insects or rodents.	
10. Pest control		
Infrastructure	Insect electrocuting device (IED) is provided at the premises for elimination of insects.	
	IED is placed at least 1.5 m away from any food handling area.	
	Low wall mounted type IED are used in the food establishment	
	Air screens (curtains) are provided between clean and unclean areas	
Maintenance & cleaning	Any holes or crevices at ceilings, on walls and floors are sealed by cement or metal plates	



	Threshold clearance of doors is lowered to not more than 6mm with metal kicking plates or rubber sheets.	
	In case of pest infestation, only permitted insecticides within permissible limits are used avoiding food contamination	
	Any contaminated equipment/utensils and food contact surfaces are thoroughly washed, cleaned and sanitized	
	Any food that has been contaminated by pest control chemicals is disposed off safely so that it is not consumed by any one accidentally	
	Rodenticides and insecticides are not applied while food preparation/production is taking place (check schedules).	
	Remains of pests/insects are removed promptly	
11. Facilities for Personal Hygiene		
Hand washing area	Clean hand wash-basin is provided (one for 20 users)	
	Soap and adequate water supply is available	
	Tissue roll/ paper towel / hand dryer or hand sanitizer is provided near the wash rooms.	
	No stagnation of water	
	Hand washing area is kept clean at all times	
	Dust bins are provided to keep soiled towels	
Toilets	Food handling area is not be directly connected to the toilet	
	Toilets are cleaned once daily or frequently as necessary	
	Stagnated water or wetness of the floor	
	There is no foul odour in the toilets/ surrounding area	
	Adequate water supply is provided in toilets	
	Hand washing facility is provided near the toilet	
Work clothing	Aprons, hand gloves, face masks and head gears/hair nets are provided	
	Proper cleaning mechanism is available for reusable clothing	
12. Personnel Hygiene		
Workers' Health	Staff members handling food are free from any infectious disease, eczema, acne, open wounds to the head, neck, hands or arms	
	health check-up are conducted (check the schedule)	
Hand washing	Food handlers wash hands under foot operated taps with soap and water before handling food, after using toilet/blowing nose/sneezing, rejoining work after break, after working with RM	
	Hand washing mechanism shown in the hand washing area.	
	Hands are dried using single use paper/ towel or hand dryer	
Work clothing outfits	Employees wears clean and proper clothing	



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	Employees wears clean food grade disposable hand gloves	
	Employees wears clean light coloured aprons	
	Employees wears head covers while handling food	
	Separate footwear are used during food handling	
	Cloths and other items are kept out of kitchen and storage areas. Separate area is maintained for cloths.	
Ornaments & jewellery	All jewellery is removed/covered properly before starting work/handling food.	
	Jewellery/ threads/wrist watch/ cosmetics are not worn on hands while handling food	
Nails	Fingernails are trimmed, clean and unpolished	
Wounds	Open sores, cuts or bandages on hands are completely covered while handling food	
Personal care	Whether employees have objectionable body odour including strong deodorants and perfumes	
	Personal hygiene messages displayed on prominent places	
Work activities	Cooked/Ready-to-eat food is handled with spatula/ spoons etc.	
	While tasting food, used spoons are cleaned after every single use	
	Ensure no smoking, spitting, tobacco chewing in food handling, service, storage, washing areas	
13. Checks and Record Keeping		
	All checks are properly taken and recorded.	
	Has appropriately corrective actions been taken where necessary.	
	Are record sheets up-to date, checked and verified	
	Are equipment properly calibrated.	
	Temperature cold chain process is well maintained and checked regularly. Cold chain chart is maintained.	



2. OCCUPATIONAL HEALTH SAFETY CHECK LIST

1. Management		
Criteria	Checks	Y/N/NA
Occupational Health Policy	Is the OH&S Policy for the establishment and if yes, is it displayed on a local noticeboard?	
	Availability of designated Safety Coordinator.	
	Written safe operating procedures or risk assessments	
	key safety rules displayed in work areas	
	Are incidents and accidents reported and recorded? Availability of Injury, Illness, and Incident Reporting System?	
2. Training		
Training of staff	Workplace Safety Induction conducted	
	Completion of Annual Fire Safety Training	
	New workers being given a local site induction	
	training provided specific to the individual workplace	
3. Work Environment		
Ventilation	General ventilation provisions appear sufficient	
	local exhaust systems installed to remove harmful gases, vapours, fumes & dusts	
	Exhaust systems regularly tested (check the schedule)	
Noise	Mechanism to prevent excessive noise	
	Hearing Testing Program for staff (check the schedule)	
	Identified noise polluted areas and prevention methods implemented	
	Special PPEs provided in high noise areas	
Vibration and light	Identified machineries having high vibration levels	
	Protection mechanisms implemented for the staff	
	Availability of sufficient lighting General purpose and task specific)	
4. Ergonomics		
Work place	Suitability of work area for a specific task	
	Appropriate manual handling controls in place	
	Avoidance of excessively repetitive tasks	
	Appropriate mechanical handling equipment provided	
	Procedures to Identify work place hazards (eg. Noise pollution, excessive temperature exposure)	
Personal Hygiene		
	Staff health screening <ul style="list-style-type: none"> Frequency Special tests for staff who engaged in food handling Audiometry for the staff in noise polluted areas 	



	Medical facilities <ul style="list-style-type: none"> • Medical staff/Panel qualifications and availability • First aid facilities. • Emergency medical care facilities. 	
	Staff sickness records/return to work formalities.	
	Vaccination programmes/ vaccination status of staff	
5. Amenities		
Amenities	Availability of separate & clean meal-rooms	
	Potable Drinking water for staff consume	
	Sufficient hand washing facilities	
	Availability of Sufficient Toilets	
	If required, are lockers or hangers provided for work-clothes	
	Staff amenities kept clean	
6. Personal protective equipment (PPE)		
PPEs	Has the need for personal protective equipment been assessed?	
	If PPE is required, has it been provided?	
	Is training provided on the use of PPE?	
	Is PPE maintained and stored correctly?	
7. Housekeeping & waste management		
Storage	Availability of sufficient storage, racks and bins provided?	
	Are fume cupboards kept uncluttered?	
Safe_disposal	System for the safe disposal of general waste in situ	
	System for the safe disposal of chemical waste in situ	
	Training is provided on waste disposal procedures (check evidence)	
8. Floors & aisles		
Floors	Stable flooring structure	
	Floor surface even	
	Floor clear of waste, oil & water	
	Floor area free of tripping hazards	
Aisles	Aisles are in sufficient width	
	Aisles marked(e.g. workshops, walkways)	
9. Special work procedures		
Outsourcing	Any services outsourced	
	Availability of Permit & induction procedure for outside contractors.	
	Health screening of outsourced workers	
	Availability of Specific OH&S procedures for cleaners & maintenance personnel entering biological or chemical laboratories.	
General	Special procedures in place for hot work	
	Special procedures in place for confined spaces	
	Special procedures in place for working at heights	
	Specific procedures for out-of-hours' work or working alone	



10. Mechanical & heat hazards		
Guarding	Adequate machine guards	
	adequate guard rails on ramps & walkways	
	Adequate & safe ladders and steps	
Pressure equipment	Is pressure equipment installed	
	Are pressure relief valves, gauges and other safety systems regularly tested?	
Electrical work	Electrical work carried out in accordance with a specific Electrical Safety Management Plan.	
	Availability of electrical maintenance schedules	
	Availability of trained & qualified maintenance staff	
	Has electrical equipment been safety tested in accordance with legislative requirements?	
11. Chemical, flammable liquids, fuel & compressed gases		
Chemicals	Availability of register of hazardous chemicals	
	Containers and their labels complete & in good condition	
	Risk assessments prior to use of chemicals	
	Sufficient general storage area for chemicals including security	
	Segregation of incompatible classes of chemicals	
	Availability of procedure for dealing with chemical spills and relevant staff is trained	
flammable liquids	Quantities of flammable liquids kept to within the storage limit	
	Flammable liquid use & storage well away from heat & ignition sources	
Fuel & compressed gases	Number of cylinders inside rooms kept to a storage limit	
	incompatible gases are segregated	
	Cylinders securely restrained	
	Gas systems periodically pressure & leak tested(check evidence)	
12. Biological Hazards(General)		
Staff	Documentation of Vaccination status of food handlers	
	Identified vaccinations	
	Awareness of access issues for non-laboratory staff	
	Staff been trained in transport requirements for infectious, diagnostic or genetically modified material	
Autoclave equipment	Availability of autoclave machines	
	Register of maintenance and faults	
13. Emergency procedures & equipment		
Emergency procedures	Emergency Plan & procedures are available (check documents)	
	Emergency contact telephone numbers are displayed in common areas	
	Safety shower and appropriate eye-wash unit are available in case of gas or chemical hazard.	

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Safety equipment	Staff is provided with regular training in the use of safety equipment	
	Safety equipment periodically tested (check evidence)	
	First aid kit available and regularly checked (check evidence)	
	Availability of trained first aid officers (check qualifications)	
	Availability of Emergency medical/paramedical team	
14. Fire protection, egress and evacuation		
Fire protection	Availability of fire extinguishers	
	Availability of Fire detection system	
	Push-button alarm accessible and fire alarm is audible in all rooms	
	Clear access for the Fire Service	
	Availability of trained staff for fire emergencies.	
Egress and evacuation	Evacuation procedures are available and properly displayed	
	Emergency floor plans are displayed	
	Emergency training for the staff is provided	
	Emergency Wardens are available adequately	
	Regular emergency practices are conducted (check evidence)	
	Emergency exits kept clear	
	Availability of emergency lighting	

Remarks of the Inspector

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Signature of the Inspector

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Date



Civil Aviation Authority of Sri Lanka

Check List

Designated Hospital Facility Inspection

A. Hospital Details

1. Name of Hospital:
2. Hospital category:
3. Location :
4. Name of Hospital Coordinator:
5. Contact details:
6. Date of Inspection:
7. Name & Designation of the CAA Medical Inspector/s:
 - a)
 - b)



B. Hospital Facilities

Check all areas mentioned in the below table

No	Area of Inspection	Status		Remarks
		Satisfactory	unsatisfactory	
01	Reception			
	Assistance provided to CAA Clients			
	Identification process			
	Directions given to Clients			
02	Laboratory			
	Establishment of identity of CAA Client			
	Escorting to the sample collection area			
	Sampling procedure			
	Certification validity			
	Calibration of machines			
	Other Investigation areas			
	<u>ECG</u> Identification Performing process of the test Technician qualifications			
	<u>X-rays</u> Identification Performing process of the test Technician qualifications SLAEB certification			
	<u>Audiometry</u> Identification Performing process of the test Technician qualifications Testing Room/Booth quality Sound levels inside the room/booth			
	<u>Specialized Investigations</u> Identification Performing process of the test Specialist/Technician qualifications			
03	Designated Consultants			
	<u>Cardiologists</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Eye Surgeons</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Endocrinologists</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
No	Area of Inspection	Status		Remarks
		Satisfactory	unsatisfactory	



	<u>ENT Surgeons</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Others Specialties</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
04	Time of tests/Investigations			
	Normal Hours 07am- 07 pm			
	Extended hours			
	Adequate staffing			
02	Administration			
	<u>Coordinating Officer</u> Availability of Coordinator Contactability			
	<u>Report delivery</u> As per the agreement + email + update to the system			
	<u>Maintenance of confidentiality</u> Reports disclosed only to the client No third party involvement Staff aware on procedures			
	<u>Emergency contact</u> Hotline available for the corporate staff			
	<u>Agreement</u> Valid Expired If expired the reason			
	<u>Investigations/tests</u> Facilities available for all Done according to the rates agreed. Authenticated by the In Charge Officer			

C. Documentation

1. All CVs of Consultants were submitted Yes No
2. If No, reason
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3. Probable date of submission of required CVs
4. Equipment Calibration reports submitted. Yes No
5. If No, probable submission date
6. Annual discounted price list for medical investigations submitted. Yes No
7. If No, probable date of submission



D. Remarks of Inspector/s

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E. Recommendations

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Signature & Date of Inspector/s

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Civil Aviation Authority of Sri Lanka

Check List

Inspection of an Airport Medical Emergency and Public Health Preparedness

A. Airport Details

1. Name of airport:
2. Airport category:
3. NOTAM of airport:
4. Distance of airport from the town (in KMS):
5. Name of airport manager (or his representative):
6. Name of airport In charge of medical unit:
7. Name of the Public Health Medical Officer:
8. Date of Inspection:
9. Name of CAA Medical Inspector:
10. Designation of the Medical Inspector:



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Stretcher(s)	Regular	With spinal support	
12. First aid kit(s)		yes	no
13. Communications facilities		yes	no
14. Functional wheel chair(s)		Yes	no
No of wheel chair(s) 01			
15. Clinic dedicated emergency cupboard		yes	no
16. Operational hours of medical facility:			
17. Electricity supply to clinic		Reliable	Unreliable
18. General structure of clinic			
<u>Outside/external environment:</u>			
a. Access road to the clinic		Adequate	Inadequate
b. Walkways for physically disadvantaged persons		Adequate	Inadequate
<u>Inside the clinic</u>		<u>Available</u>	<u>not available</u>
a. Reception/Waiting room			
b. General illumination/ventilation			
c. Consulting room(s)			
d. Nursing station			
e. Drug store			
f. Doctor's on call room (optional)			
g. Running water			
h. Fire escape			
i. Fire extinguisher(s)			
j. Number of beds in the clinic:			



3. Status of periodic Aerodrome emergency exercise:

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4. Health precautionary measures taken at the airport:

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5. Passenger check-in, transfer and gate handling:

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6. Hygienic measures:

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7. Availability of Public health Service:

8. Availability of Public Health Office:

9. Name of In charge Public Health Officer & contact details:

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10. MOH Office in the area:

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11. Availability of Public Health Inspectors :

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12. Waste management:

a) General waste

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b) Hazardous waste

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Remarks:

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Additional items:

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Recommendations:

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Signature
Aeromedical Inspector

Date



FORM CAA/AMS/14

Civil Aviation Authority of Sri Lanka

Check List

Airline Medical Facility Inspection

A. Medical Facility Details

1. Name of Airline:
2. Location :
3. Name of Company Medical Officer:
4. Contact details:
5. Date of Inspection:
6. Name & Designation of the CAA Inspector/s:
 - a)
 - b)



B. Medical Centre Facilities

Check all areas mentioned in the below table.

If not applicable, please indicate in the remarks column.

No	Area of Inspection	Status		Remarks
		Satisfactory	unsatisfactory	
01	Reception			
	Assistance provided to their Clients			
	Identification process			
	Directions given to Clients			
02	Laboratory			
	Establishment of identity of the Client			
	Sampling procedure			
	Certification validity			
	Calibration of machines			
	Other Investigation areas			
	<u>ECG</u> Identification Performing process of the test Technician qualifications			
	<u>X-rays</u> Identification Performing process of the test Technician qualifications SLAEB certification			
	<u>Audiometry</u> Identification Performing process of the test Technician qualifications Testing Room/Booth quality Sound levels inside the room/booth			
	<u>Specialized Investigations</u> Identification Performing process of the test Specialist/Technician qualifications			
03	Designated Consultants			
	<u>Cardiologists</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Eye Surgeons</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Endocrinologists</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	Area of Inspection	Status		Remarks



CIVIL AVIATION AUTHORITY OF SRI LANKA

No		Satisfactory	unsatisfactory	
	<u>ENT Surgeons</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
	<u>Others Specialties</u> Number of Consultants(Resident) Number of Consultants(Visiting) Availability			
04	Open hours			
	Normal Hours 07am- 07 pm			
	Extended hours			
	Adequate staffing			
02	Administration			
	<u>Coordinating Officer</u> Availability of Coordinator Contactability			
	<u>Maintenance of Medical Files</u> Proper filing system available Duly completed Medical Files Traceability of medical files			
	<u>Maintenance of confidentiality</u> Reports disclosed only to the client No third party involvement Staff aware on procedures			
	<u>Emergency contact</u> Hotline available for their Clients			

C. Documentation

1. All CVs of Panel Locum Medical Officers were submitted Yes No
2. If No, reason
3. Probable date of submission of required CVs
4. Medical Centre procedure Manual is available Yes No
5. Staff is aware about all procedures implemented Yes No
6. Training for the staff (Nursing staff/Medical Officers)



D. Health promotion

1. Health promotion on identified medical issues done not done
2. Method of health promotion
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3. Frequency
4. Resource personnel
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5. Public Health awareness programmes Conducted Not conducted

E. Remarks of Inspector/s

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F. Recommendations

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Signature & Date of Inspector/s

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