



CIVIL AVIATION SAFETY AND SECURITY OVERSIGHT AGENCY

CHECKLIST

CAA: CL-OPS011A
June 2017

EXIT ROW SEATING EVALUATION CHECKLIST

Name of Operator:
Date of Evaluation:
Type of Operation:
Inspector(s): /
Assessment Code: S=Satisfactory; U = Unsatisfactory; N/C= Not Checked; N/A= Not Applicable

Item	Assessment			
	S	U	N/C	N/A
EXIT SEATING PROCEDURES				
Procedures should be submitted as manual sections/training programme sections/bulletins, etc. as appropriate to the individual operator. The FOI should check for applicability and manual format and ensure that all applicable publications are revised. THE PROCEDURES MUST ADDRESS THE FOLLOWING REGULATORY REQUIREMENTS, AND MUST ADDRESS WHEN, HOW, AND BY WHOM THE ITEMS WILL BE PERFORMED. Selection Criteria: Reference The Civil Aviation (Operation of Aircraft) Regulations as amended.				
(1) Do operator procedures address when, how, and by whom the screening and/or selection will be accomplished?				
(2) Do operator procedures address the following selection criteria?				
(a) Does a person lack sufficient strength, dexterity or mobility in both arms and hands, and both legs to perform the following functions?				
(i) Reach upward, sideways, and downward to the location of emergency exit slide operating mechanisms.				
(ii) Grasp and push, pull, turn, or otherwise manipulate those mechanisms.				

(iii) Push, shove, pull, or otherwise open emergency exits.				
(iv) Lift out, hold, deposit on nearby seats, or manoeuvre over the seatbacks to the next row objects the size and weight of over wing exit doors.				
(v) Remove obstructions similar in size and weight of over wing exit doors.				
(vi) Reach the emergency exit expeditiously.				
(vii) Maintain balance while removing obstructions.				
(viii) Exit expeditiously.				
(ix) Stabilise an escape slide after deployment.				
(x) Assist others in getting off an escape slide.				
(b) Is the person less than 15 years of age or does the person lack the capacity to perform one or more of the functions listed above without the assistance of an adult companion, parent or other relative?				
(c) Does the person lack the ability to read and understand instructions related to emergency evacuation provided by the air operator in printed or graphic form or the ability to understand oral crew commands in the language used by the operator?				
(d) Does the person lack a sufficient visual capacity to perform one or more of the above functions without the assistance of visual aids beyond contact lenses or eyeglasses?				
(e) Does the person lack a sufficient aural capacity to hear and understand instructions shouted by crewmembers without the assistance beyond a hearing aid?				
(f) Does the person lack the ability to adequately impart information orally to other passengers?				

Item	Assessment			
	S	U	N/C	N/A
(g) Does the person have either of the following?				
(i) A condition or responsibility, such as caring for small children, that would prevent the person from performing one or more of the functions listed above.				
(ii) A condition that might cause the person harm if he or she performs one or more of the listed functions listed above.				
SEATING ASSIGNMENTS / VERIFICATION PROCEDURES				
(1) Are exit seats identified for seat assignment purposes?				
(2) Does the certificate holder have a procedure that taxi or pushback will not be allowed until at least one required crewmember has verified that no exit seat is occupied by a person the crewmember determines is likely to be unable to perform the functions listed in the Civil Aviation (Operation of Aircraft) Regulations.				

(3) Are verifying crewmembers specifically identified?				
(4) Does the certificate holder have procedures to honour a passenger's request to be relocated and the procedures for relocation?				
(5) Does procedure reference that a person does not need to disclose his or her reason for the request?				
(6) Does the certificate holder have procedures to move a passenger to accommodate a relocated passenger, in the event of full booking of non-exit seats?				
DENIAL OF TRANSPORTATION / RESOLVING DISPUTES				
(1) Does the certificate holder have procedures to deny transportation because of either or both of the following?				
(a) The passenger refuses to comply with instructions.				
(b) The only seat that will physically accommodate the person's handicap is an exit seat.				
(2) Does the certificate holder have procedures for resolving disputes, including identification of the employee at the airport to whom complaints should be addressed for resolution?				
PASSENGER BRIEFING PROCEDURES.				
(1) Does the passenger briefing reference the following:				
(a) Passenger information cards.				
(b) The selection criteria in the Civil Aviation (Operation of Aircraft) Regulations.				
(c) The functions to be performed under the Civil Aviation (Operation of Aircraft) Regulations.				
(d) A request for re-seating if any of the following conditions are met:				
(i) Cannot meet the selection criteria.				
(ii) Has a non-discernible condition that would prevent him or her from performing the listed functions.				
(e) May suffer bodily harm as the result of performing one or more of those functions.				
(f) Does not wish to perform those functions.				
AIRPORT INFORMATION				
(1) Does the certificate holder have written procedures for making determinations in regard to exit seating available for inspection by the public at all passenger loading gates and ticket counters at each airport where it conducts passenger operations?				
(2) Is a copy of the information attached?				
(3) Is the content complete and the method of inspection identified, such as flyers, signs, and so forth?				

AIRCRAFT FLOOR PLANS				
(1) Are the aircraft passenger seating floor plans submitted for each aircraft make, model, and series, and for each passenger seating configuration used by the certificate holder?				
(2) Are exits and exit seats identified?				

List aircraft operated:

Aircraft Make/Model/Series Configurations (same or show each configuration)

Remarks:

Recommendations

Name of Inspector _____ Signature _____ Date _____