



DASR Finding

OFFICIAL: Sensitive

DASR Form 1299

FastTrack Formal Visit No

Objective ID No

FastTrack Finding No

Part 1 – DASR FINDING DETAILS

(When completed, retain a copy in Obj for DASA records, then forward to organisation)

Organisation name and address

Organisation No. (DARN-O/MAOC)

Work Venue (if applicable)

Section and/or location *(if required)*

MAO

AMO

CAMO

MTO

MTC

MDOA

MPOA

Aerodromes

ANSP

ACD

ABM

Other

Finding reference (Regulation, standard, instruction or procedure)

Summary of Finding



DASR Finding

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Originator (Aviation Safety Assurance Officer)

Printed Name

ASAO No.

Position/Role

Signature

Agreed Date for submission of **Immediate Actions**

Agreed Date for submission **Corrective Action Plan**

DASR Finding**Part 2 – IMMEDIATE ACTION**
To be completed by recipient organisation*(Note: The Organisation holds the risk associated with any Finding) When completed forward to DASA for review***Immediate Action Details****Organisational Representative Attestation**

I certify that an Immediate Action has been implemented in response to this Finding.

Action Implemented by

Printed Name

Phone

DARN-P (if applicable)

Signature

Position/Role

DASA – Immediate Action Comments**Aviation Safety Assurance Officer**

Printed Name

ASAO No.

Position/Role

Signature

Accepted Immediate Action

Yes

Rework

DASR Finding

Part 3A – ROOT CAUSE ANALYSIS (RCA)

To be completed by recipient organisation

When completed forward to DASA for review

Root Cause Investigation Details

Note: See attached spreadsheet for a tool (5 Whys) that can be used to perform Root Cause Analysis (RCA). If the tool is used please ensure this is noted below and the spreadsheet is attached to this finding when returned to DASA. The attached tool is not mandatory other RCA formats are acceptable.

Organisational Representative Attestation

I certify that a Root Cause Analysis Investigation has been conducted identifying the underlying cause of why the Non-Compliance occurred so that the most effective solution/s can be identified and implemented, as per DASR SMS.A.25.

RCA completed by

Printed Name

Phone

DARN-P (if applicable)

Signature

Position/Role

DASA – Root Cause Analysis Comments

Aviation Safety Assurance Officer

Printed Name

ASAO No.

Position/Role

Signature

Accepted RCA

Yes

Rework

DASR Finding

Part 3B – CORRECTIVE ACTION PLAN

To be completed by recipient organisation

When completed forward to DASA for review

Corrective Action Plan Details

If additional row are required please use the attached spreadsheet. If used please ensure the spreadsheet is attached to this finding on return to DASA.

Organisational Representative Attestation

Printed Name

Phone

DARN-P (if applicable)

Signature

Position/Role

DASA – Corrective Action Plan Comments**Aviation Safety Assurance Officer**

Printed Name

ASAO No.

Position/Role

Signature

Accepted Corrective Action Plan

Yes

Rework

DASR Finding**Part 4 – CORRECTIVE ACTION**
To be completed by recipient organisation
*When completed forward to DASA for review and closure of Finding***Organisation – Corrective Action Details****Organisational Representative Attestation**

I certify Corrective Action has been implemented in response to this Finding

Printed Name

Phone

DARN-P (if applicable)

Signature

Position/Role

DASA – Corrective Action Comments**Aviation Safety Assurance Officer**

Printed Name

ASAO No.

Position/Role

Signature

Accepted Corrective Action / Finding Closure

Yes

Rework