



LIST OF REGULATIONS NON-COMPLIANCES - GACAR PART 138
(Information to be filled by Applicant/Heliport Operator)

(Form No: ASD-138-103)

LIST OF REGULATIONS NON-COMPLIANCES AS PER GACAR PART 138

As on Date: _____

Heliport Name:			
Heliport Reference Code:		Heliport Operator:	
Inspection Type:		Inspection Date:	
Report Number:		Report Date:	
Name of Heliport Safety Inspector		Signature:	

General Instructions

1. This list of regulations non-compliances must be completed by the applicant/Operator. The rows of the form given in subhead may be expended/added as per requirements.
2. Wherever, non-compliances are identified in variation with GACAR Part 138 regulations for Heliports, the same must be provided in this form under specified subpart.
3. Based on the list of the regulations non-compliance, the applicant must submit the risk assessment, if applicable, mitigation measures and corrective action plan (CAP) in this form along with the application.
4. For any clarification, General Manager (Aerodrome Standards Department) of General Authority of Civil Aviation, Kingdom of Saudi Arabia, may be contacted.

LIST OF REGULATIONS NON-COMPLIANCES - GACAR PART 138
 (Information to be filled by Applicant/Heliport Operator)
SUBPART A to D – CERTIFICATION, AUTHORIZATION AND DESIGN & ESTABLISHMENT

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART E – HELIPORT DATA

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART F – PHYSICAL CHARACTERISTICS

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

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SUBPART G – OBSTACLE ENVIRONMENT

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART H – VISUAL AIDS

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART I – HELIPORT EMERGENCY RESPONSE

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

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SUBPART J – ELECTRICAL SYSTEMS

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART K – HELIPORT OPERATIONAL SERVICES, EQUIPMENT AND INSTALLATIONS

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

SUBPART L – HELIPORT MAINTENANCE

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								



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APPENDIX A TO N (AS APPLICABLE)

S. No.	NON-COMPLIANCES, RISK ASSESSMENT AND CORRECTIVE ACTION TO BE SUBMITTED BY APPLICANT OR HELIPORT OPERATOR							REMARKS/ SUBMITTALS
	GACAR REFERENCE	DESCRIPTION OF NON-COMPLIANCES	INITIAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	(1). MITIGATION MEASURES (2). CORRECTIVE ACTION PLAN (CAP)	RESIDUAL RISK ASSESSMENT <i>(Ref GACAR 5)</i>	START DATE (CAP)	COMPLETION DATE (CAP)	
1.								
2.								
3.								

1. We hereby certify that the forgoing information is correct in every respect and no relevant information has been withheld. We fully understand that the submission of this list of non-compliance does not exonerate the Applicant or Heliport operator of responsibility for compliance of GACAR regulations and it's only the information to assess the implication on safety due such non compliances during the heliport inspections for certification or authorization purposes only.

(.....)

Signature of Accountable Executive

Name:

Place and Date:
