Kenya Civil Aviation Authority
Efficiently Managing Air Safety

Advisory Circular

CAA-AC-GEN016A
June, 2026

RESOLUTION OF SAFETY ISSUES

1.0 PURPOSE

1.1 This Advisory Circular is issued to provide guidance to the regulated entities i.e. license/rating/certificate/approval holder on the processes and procedures for the resolution of identified deficiencies and /or Non compliances affecting aviation safety, which may have been residing in the aviation system and have been detected during certification, routine, surveillance and ad-hoc inspections or by any other means.

1.2 Further, this Advisory Circular provides details on the follow-up process to ensure that corrective actions and Corrective Action Plans (CAPs) provided by the regulated entities in addressing identified deficiencies and/or non- compliances are effectively implemented and/or progress on their implementation is recorded. These procedures describe in detail the processes of identification, recording and tracking of deficiencies.

1.3 It is important for regulated entities to note that resolution of safety issues include the ability to analyze safety deficiencies, forward recommendations, support the resolution of identified deficiencies, as well as take enforcement action when appropriate. The resolution of identified deficiencies and safety issues is therefore a critical element at the core of all safety oversight activities.

1.4 Regulated entities are also required to note that under SMS regulations service providers are required to implement safety management systems that allow for the effective identification of systemic safety deficiencies and the resolution of safety issues. Further, the State Safety Policy re-affirms the commitment to ensure effective interaction between the Authority and service providers in the resolution of safety issues and therefore the resolution of safety issues should be service provider centered with guidance where necessary from the Authority.

1.5 This Advisory Circular supersedes **CAA-AC-GEN016 of June, 2022**.

2.0 REFERENCES

2.1 The Civil Aviation Act, CAP394.

2.2 Kenya Civil Aviation Regulations

2.3 KCAA Enforcement Policy.

3.0 GENERAL

3.1 The primary objective of the Authority's oversight activities is to facilitate regulatory compliance with the applicable requirements, this is achieved through evaluation of the regulated entities operational environment and activities. Such evaluation is undertaken through audits, inspections, surveillance, analysis of safety data and information or any other means as may be deemed appropriate by the Director General. It is not the objective of the Authority to find fault and punish but rather an objective assessment of the regulated entity's compliance and support in addressing any findings of non-compliance.

3.2 While assessing compliance with applicable requirements, the Authority also reviews regulated entities performance. Performance assessment is aimed at ensuring that the outcome of activities performed by regulated entities are aligned with the desired expectation, thus they meet performance requirements of the applicable regulations. In this regards, therefore the Authority aims to promote not only compliance but also performance at a level that guarantee aviation safety. The assessment of a regulated entities compliance and performance is fundamental to the identification and resolution of safety issues.

3.3 Regulated entities are reminded that accurate and effective evaluation of their compliance and performance is an important factor in ensuring aviation safety. An open and transparent engagement with the inspectors of the Authority therefore is considered more beneficial than presenting a situation that portrays compliance when the position on the ground may be different.

3.4 Additionally, the Authority encourages voluntary compliance rather than compelled compliance through other means by the Authority. Voluntary compliance by regulated entities is a demonstration of system maturity and a positive safety attitude which is a driver for safety within the industry.

3.5 While it is the responsibility of the inspector to evaluate the regulated entity's compliance and performance, the Authority has also implemented a voluntary reporting system that would facilitate the self- declaration of hazards that may reside in the operational environment but have not been

detected through other means. This system facilitates timely identification and resolution of safety issues in a proactive manner.

3.6 Service provides implementing Safety Management Systems (SMS) are encouraged to take advantage of the voluntary reporting and self-disclosure systems to highlight hazards that may be residing in their operations and take appropriate corrective measures before the Authority identified the gaps.

3.7 Information submitted through the voluntary reporting system is insulated from the enforcement process and or any punitive action by the Authority. The protection of such information does not cover willful breach of regulatory requirements or deliberate actions. Details of protection of safety data are contained in the Civil Aviation Act and the Civil Aviation (Safety Management) Regulations.

3.8 The Authority also requires and encourages the implementation of Safety Management Systems (SMS) by those service providers who are required to do so under the Civil Aviation (Safety Management) Regulations. SMS is expected to facilitate voluntary compliance through the evaluation of the operational environment, identification of hazards and risk, and their mitigation.

3.9 This Advisory Circular therefore is issued to provide guidance to the aviation regulated entities (service providers) on the process of resolution of safety issues.

3.10 ***Appendix I*** of this Advisory Circular summarizes the resolution of safety issues process in a flowchart.

4.0 DETECTION AND IDENTIFICATION OF SAFETY ISSUES

4.1 Inspectors by virtue of training and qualification are conversant with applicable requirements in regulations, additionally, with their industry experience they also possess good knowledge and understanding of the operating environment of the industry supporting their capacity to effectively evaluate the system.

4.2 Inspectors are provided detailed guidance in the evaluation of operator's capability to discharge the responsibilities associated with the license/certificate/approval/authorizations under consideration.

4.3 In detection and identification of safety issues, inspectors remain objective and fair in assessing the status of implementation of the requirements by the regulated entities.. The following general principles are applied:

4.3.1 **Ethical conduct:** the foundation of professionalism. Trust, integrity, confidentiality and discretion are essential to conducting safety oversight activity (inspections):

4.3.2 **Fair presentation:** the obligation to report truthfully and accurately. Any deficiencies noted during inspections should be presented truthfully and accurately. Significant obstacles encountered during inspections and unresolved diverging opinions between the Authority's inspectors and service provider's representatives shall be documented in the final report of the inspection;

4.3.3 **Due professional care:** the application of diligence and judgment in the conduct of inspections. Having the necessary competence is an important factor;

4.3.4 **Independence:** the basis for the impartiality of inspections and the objectivity of the conclusions. Inspectors shall be independent of the activity being audited and be free from bias and conflict of interest, they shall maintain an objective state of mind throughout the process to ensure that deficiencies/findings and conclusions are based only on the assessed evidence; and

4.3.5 **Evidence-based approach:** the rational method for reaching reliable and reproducible conclusions in a systematic process. Inspection of evidence shall be verifiable and based on samples of the information available. The appropriate use of sampling is closely related to the confidence that can be placed in conclusions.

5.0 CLASSIFICATION OF FINDINGS

5.1 The Authority recognizes that not all findings have the same bearing on aviation safety and thus has adopted a stratified approach to addressing findings. The objective is to allow the regulated entities to put more emphasis on the findings with the greatest risk while findings with lesser impacts can receive commensurate attention.

5.2 The stratification of findings based on their impact on aviation safety aligns with the Authority's aspiration to employ a risk-based oversight system. This does not imply that some findings are inferior, but it is aimed at addressing areas of critical safety risks in a timely manner and allowing regulated entities to prioritize their resource allocation.

5.3 To effectively determine the ranking of each finding, the Authority conducts a risk assessment on all identified findings to determine their impact on safety, this allows deficiencies that pose imminent safety risk receive immediate attention while those that require more time to be managed as such.

5.4 In order to facilitate the determination of the action to be taken and the applicable time frame inspectors apply risk assessment procedures to determine the impact of the deficiencies. As a rule of the thumb the following classification shall be applied:

5.4.1 Severe Deficiency (Level I) – A severe deficiency poses a very serious safety risk to the public and will necessitate the exercising of immediate action by the regulated entity to mitigate the risks to aviation safety.

5.4.2 Major Deficiency (Level II) – Major deficiency poses a serious safety risk and the regulated entity is required to submit an action plan for the rectification of such deficiency within 10 days should be resolved within 30 days. It will be required of the regulated entity to clear the deficiency before the approval can be renewed, or to submit an acceptable action plan within an agreed time frame to abate the safety risk until the non-conformance can be cleared.

5.4.3 Minor Deficiency (Level III) – Minor deficiency is any non-compliance with Civil Aviation Regulations which could lower the safety standards. The regulated entity is required to submit an action plan for the rectification of such deficiency within 10 days and fully address the said deficiency within 90 days. Where a regulated entity has not implemented the necessary corrective action and subject to realistic action plan being in place it may be appropriate to grant a further period, however this will be subject to application by the regulated entity with supporting mitigation on preservation of safety during the intervening period (before full compliance is achieved).

5.4.4 Observations – Means an observation intended to give background information; Observations may be negative or positive; however, they must not include information suggesting non-compliance with Civil Aviation Regulations. Although regulatory action is required to be taken by a regulated entity in the case of observation, it may be important to consider such observations for system improvement.

5.5 Where it is determined that safety is compromised by the continued existence of a condition, the regulated entities are expected to take appropriate action to preserve safety. In taking this action, it is important that the inspector is briefed to ensure that the action mitigates the safety issues identified.

5.6 In determining the level of deficiencies, inspectors evaluate the impact of such deficiency on safety. As a rule of thumb, inspectors assess the likelihood of such a deficiency resulting in an accident or incident and the impact or severity of such an accident or incident. The table below may be applied in determining the level of deficiency:

			SEVERITY				
LIKELIHOOD			Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
	Frequent	5	5A	5B	5C	5D	5E
	Occasional	4	4A	4B	4C	4D	4E
	Remote	3	3A	3B	3C	3D	3E
	Improbable	2	2A	2B	2C	2D	2E
	Extremely Improbable	1	1A	1B	1C	1D	1E

Risk Assessment	Interpretation		
	Meaning	Closure Timelines	Classification
5A, 5B, 5C, 4A, 4B, 3A	Severe deficiencies that pose a very serious safety risk and require immediate action by the regulated entity to mitigate the risks to aviation safety.	Immediate resolution and/or imposition of restrictions	Classified as Level I Deficiency
5D, 5E, 4C, 4D, 4E, 3B, 3C, 3D, 2A, 2B, 2C, 1A	Major deficiency poses a serious safety risk and requires the regulated entity to clear the deficiency before the approval can be renewed, or to submit an acceptable action plan within an agreed time frame.	Closure within 30 days	Classified as Level II Deficiency
3E, 2D, 2E, 1B, 1C, 1D, 1E	Minor deficiency is any non-compliance with Civil Aviation Regulations which could lower the safety standards. The regulated entity is required to submit an action plan for the rectification of such deficiency within an agreed time frame.	Closure within 90 days	Classified as Level III Deficiency

5.6.1 In the event of Level I, II, and III deficiencies, the operator /service provider must advise the Authority in writing on the completion of the corrective action within the stipulated timelines.

5.6.2 Other factors to be considered in the categorization of deficiencies in the inspector may also include the aircraft, facilities, documents, procedures, programmes and any other issues.

5.6.3 Where the deficiency cannot be resolved within 90 days, the applicant may apply for an exemption from the requirements using the appropriate exemption application procedures providing suitable mitigation measures that will ensure safety is preserved. Exemptions shall be granted for a period not exceeding that specified in the regulations.

6.0 CORRECTIVE ACTION PLANS

6.1 Following identification of findings, the Authority shall issue Corrective Action Requests (CAR) Form: O-GEN016-1C attached to this order as Appendix II, and the regulated entities are required to expeditiously develop and submit Corrective Action Plans (CAPs) to the Authority.

6.2 In order to facilitate service providers' preparation of acceptable corrective action plans, the inspector shall ensure that the CAR forms bearing the specific requirement not met by the service provider.

6.3 Inspectors are responsible for evaluating the acceptability of CAPs presented by the regulated entities. This is to ensure that the CAPs submitted address the findings identified and if implemented, would resolve the deficiencies.

6.4 Where the findings are classified as Level I, the regulated entity is required to take immediate to mitigate the effects of the findings and notify the inspector concerned, once this has been done the level may be reclassified at a lower level.

6.5 In accepting service provider's CAPs the following have to be considered:

6.5.1 The CAP must have a defined action;

6.5.2 The CAP must have an implementation timeline that is reasonable and commensurate to the level of deficiency; and

6.5.3 The CAP must have a definite action office and person responsible for its implementation.

6.6 Failure by a regulated entity to submit an acceptable CAP may result in the deficiency being escalated for compelled compliance through enforcement action and/or imposition of sanctions as provided for under the applicable regulations.

7.0 FOLLOW-UP AND CLOSURE OF FINDINGS

7.1 Follow-up of CAPs

7.1.1 The Authority requires that all accepted CAPs be implemented within the stipulated timelines; the regulated entity concerned is required to advise the Authority on the implementation of such CAPs. Inspectors responsible for regulated entities will keep track of all corrective actions and CAPs submitted by the regulated entities.

7.1.2 The Authority has established a system for recording, monitoring and follow-up on the implementation of accepted CAPs. It is the responsibility of the regulated entity to ensure that CAPs are implemented within the prescribed timelines, where challenges exist notification to the Authority should be done without delay and be accompanied by appropriate mitigation measures and/or revised CAPs for consideration.

7.1.3 Inspectors will monitor the progress of the corrective action plan implementation by maintaining the follow- up section of the corrective action form and updating the corrective action tracking form and ensuring that the appropriate follow-up (administrative or on-site) has been conducted.

7.1.4 Inspectors, in preparation for surveillance activity and/or ad-hoc audits, always review all previous and pending CAPs for the concerned regulated entity and assess their level of implementation/completion.

7.1.5 CAP follow-up may be executed as:

7.1.5.1 Administrative – for CAPs requiring review of documentation and/or procedures and would be closed upon submission and approval or acceptance of required documents. This follow-up approach may require inspectors to visit the operators' premises to establish their implementation.

7.1.5.2 Physical inspection – this is appropriate for CAPs that require implementation of processes and or procedures or changes to physical characteristics or observance of implementation of CAPs. This approach requires that the inspector schedule an on-site inspection and or testing of operator systems.

7.2 Closure of Corrective Action

7.2.1 While Inspectors will undertake follow-up of all CAPs to ensure implementation, it is the responsibility of the regulated entity to ensure implementation of CAP and report to the Authority closure of CAPs.

7.2.2 Where the CAPs submitted by the regulated entity don't meet acceptability requirements, the same will be returned to the regulated entity with reasons for rejection. It is the responsibility of the regulated entity to ensure an acceptable CAP is submitted within the stipulated timelines.

7.3 Lack of Implementation of Corrective Action

7.4 Where a regulated entity provider fails to adhere to the accepted CAP, the Authority shall engage the entity with a view to establishing the challenges in implementation of the CAPs. It is however the responsibility of the regulated entity to voluntarily report to the Authority challenges in implementation of accepted CAPs and seek to:

7.4.1 Vary the implementation timelines; and/or

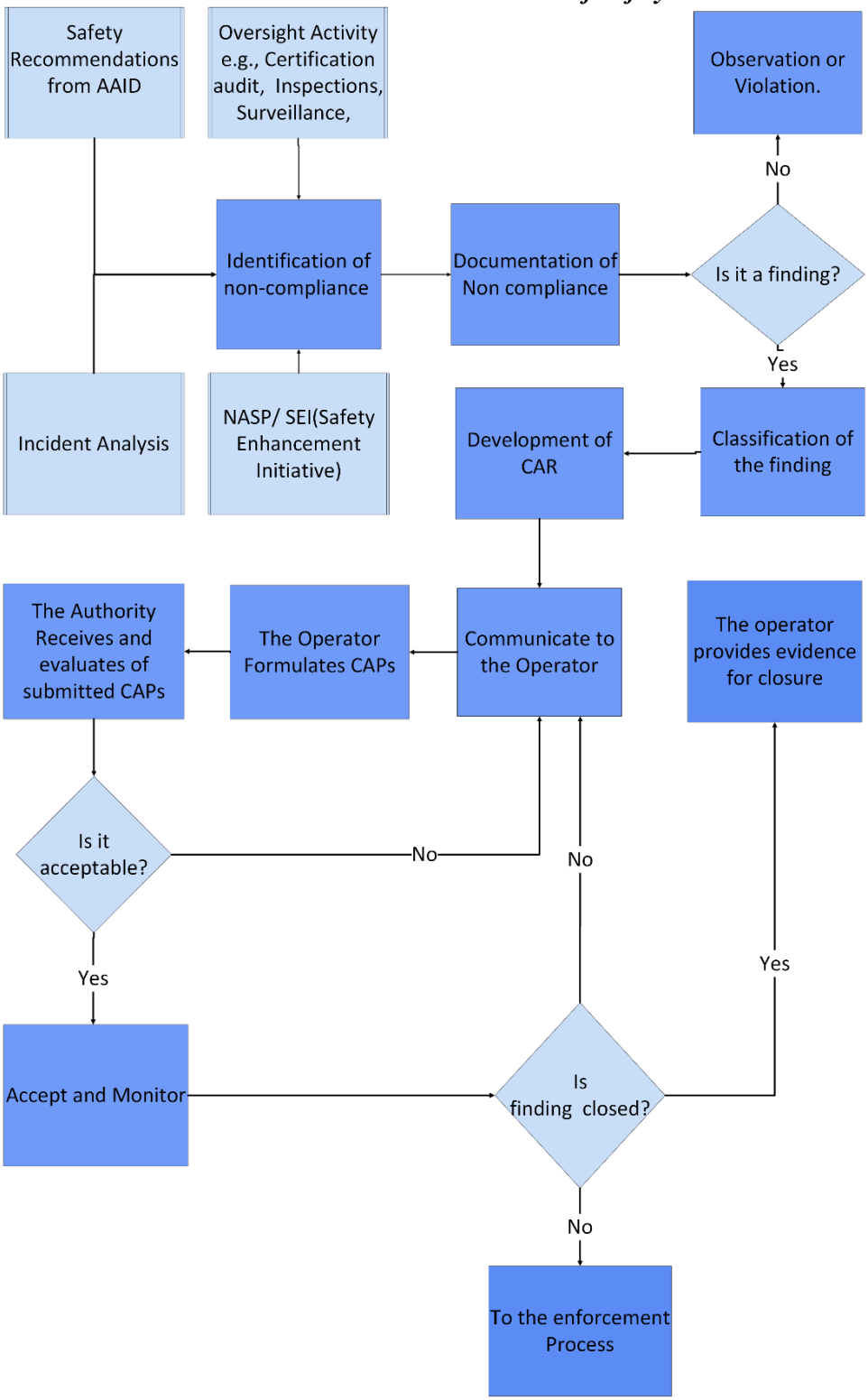
7.4.2 Review the cap details to align with the operational requirements.

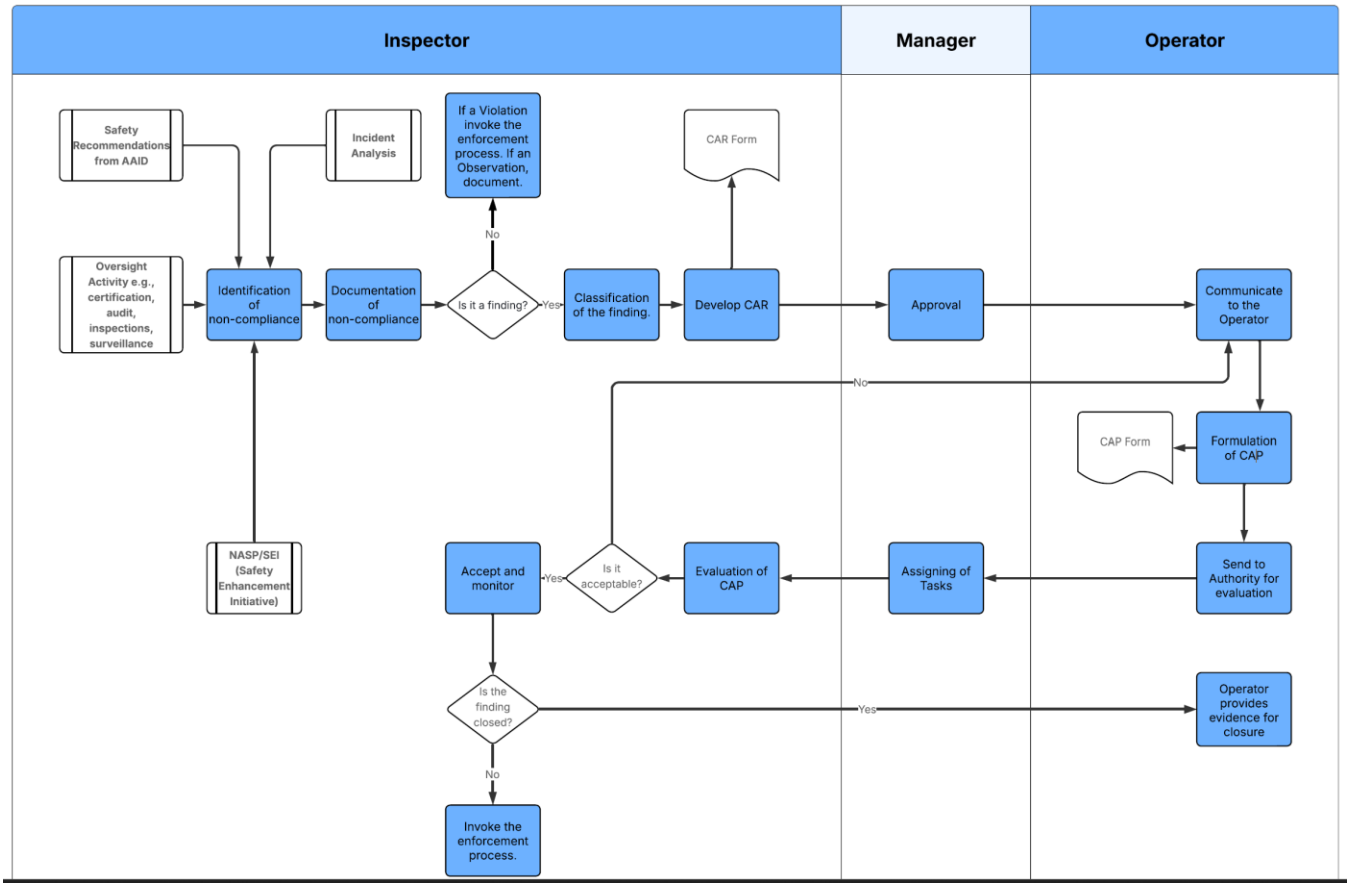
7.5 The Authority shall in the interest of preserving safety institute operational restrictions in view of the un-implemented CAPs.

7.6 Enforcement action shall be instituted where continued non-implementation of CAPs for continued breach of regulatory requirement and/or continued threat to aviation safety persists.

Civil Aviation Authority

APPENDIX I - Resolution Of Safety Issues Flow Chart




Inspector
Manager
Operator
Safety Recommendations from AAID
Incident Analysis
If a Violation invoke the enforcement process. If an Observation, document.
CAR Form
No
Oversight Activity e.g., certification, audit, inspections, surveillance
Identification of non-compliance
Documentation of non-compliance
Is it a finding?
Yes
Classification of the finding.
Develop CAR
Approval
Communicate to the Operator
No
CAP Form
Formulation of CAP
NASP/SEI (Safety Enhancement Initiative)
Accept and monitor
Yes
Is it acceptable?
Evaluation of CAP
Assigning of Tasks
Send to Authority for evaluation
Is the finding closed?
Yes
Operator provides evidence for closure
No
Invoke the enforcement process.

Kenya Civil Aviation Authority
Efficiently Managing Air Safety

FORM

FORM: O-GEN016-1C

June 2026

CORRECTIVE ACTION REQUEST FORM

1. Details of the Auditee	
Auditee's Details: Name: ……..……. Address: ……..……. Certification No.: …….	**Auditee's Contact Person(s)** Name…..…… Designation: …….. Contact: ……..
2. Details of the Audit	
Type of Inspection: ☐ Certification / Renewal ☐ Surveillance (Scheduled) ☐ Adhoc ☐ Special Purpose ☐ Other ……	Date(s) of Audit …….. ……...

3. Details of Finding		
Finding REF:	**Applicable Regulations & TGMs**	**Level of Finding**
…….. …….. ……..	…… …… ……	☐ Level I ☐ Level II ☐ Level III
In the event of a Level I finding, describe the immediate mitigation measures taken by the regulated entity or operating limitations imposed, and residual finding level for corrective action.		
Mitigation measures or operating limitations imposed.		**Residual Level of Finding**

…….. …….. …… …….. …… ……	☐ Level II ☐ Level III

Note.

I. Each finding must be documented using a separate CAR form.

II. Inspectors must ensure that the relevant regulatory requirements and TGMs are clearly identified and specified in this form, to help the auditee respond effectively.

4. Other pertinent information

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5. CAR Issued by:

Name:	
Designation:	
Signature:	**Date:**

Kenya Civil Aviation Authority
Efficiently Managing Air Safety

FORM

FORM: AC-GEN016-2C

June 2026

CORRECTIVE ACTION PLAN FORM

1. Details of Auditee:	
Auditee's Details: Name: ……..…….. Address: ..……...……. Certification No.: …….	**Auditee's Contact Person(s)** Name…..…….. Designation: …… Contact: ……

2. Details of the Finding		
Finding	**Applicable Regulations & TGMs**	**Level of Finding**
		☐ Level I ☐ Level II ☐ Level III

3. Immediate Short-term Corrective or Mitigation Action			
Actions	**Responsible Office**	**Timelines**	**Status**

4. Root Cause Analysis (State the true cause of the finding here)
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5. Long Term Preventive Action

Action	Responsible Office	Timelines

6. Submission of CAP

Submitted by:

Name: _____

Designation:_____

Signature:_____ Date: _____

Note.

CAPs should be accepted only if submitted by signature of the Accountable Executive or representative.

7. CAP Evaluation

☐ **Accepted** ☐ **Rejected** ☐ **Closed**

Remarks

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Note.

Inspectors may include reasons for rejection or any remarks in support of determination includingopinion on implementation of approved CAPs

Acceptance/Rejection by the KCAA Inspector:

Name: …… ……..

Designation…….....

Signature ……. Date …….

Date of CAPs' resubmission (for rejected CAPs): ……

CORRECTIVE ACTION PLAN EVALUATION & TRACKING FORM

1. Details of the Auditee:	
Name of Operator or Organisation:	
Location:	Inspection Date:
Type of Inspection: ☐ Certification / Renewal ☐ Surveillance (Scheduled) ☐ Adhoc ☐ Special Purpose ☐ Other ……	Audit / Inspection Areas:

2. Details of the Finding		
Finding Number:		
Finding details:	**Applicable Regulatory Reference**	**Level of Finding**
…… …… …… …… …… …… ……	…… …… …… …… …… …… ……	☐ Level I ☐ Level II ☐ Level III

3. Corrective Action Plans Details:					
Corrective action(s):	**Evaluation Results**	**Date of evaluation:**	**Mode of follow up inspection for accepted CAPs**	**Reasons for rejecting**	**Date to resubmit new CAP**
	☐ Accepted ☐ Rejected		☐ Administrative ☐ Onsite		

Note:

1. *All submitted corrective action for the finding to be itemized here.*
2. *Corrective Actions are accepted or rejected as one. (There is no piecemeal acceptance or rejection of CAPs).*
3. *Guidance for acceptance of Corrective Action Plans are contained in CAA-O-GEN016C (Resolution of Safety Issues).*

Follow up	**CAP Status**	**Date of Closure**
☐ Administrative ☐ Onsite	☐ Open ☐ Closed	

List of Evidence for update or closure:

Inspector's remarks

Name:	**Signature:**	**Date:**