



TANZANIA CIVIL AVIATION AUTHORITY

Revision: 0

SAFETY REGULATION

Document No:
TCAA/FRM/SR/ANS-03B

Title: **Parallel Observation Form**

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| | |
|--|-------------|
| Company Name | Date |
| Description of Observation/Deficiency | |
| Recommendations | |
| Inspector | Date |
| CAA Response | |
| Responsible Manager/Director | Date |