



TANZANIA CIVIL AVIATION AUTHORITY
SAFETY REGULATION

Revision: 0

Document No.
TCAA/FRM/SR/AGA-06

CHECKLIST FOR INSPECTION FOR
LICENCING OF AERODROMES

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Aerodrome Name: Airport Manager: Address: Fax: Tel number: E-mail:	Reference No: Date(s) of Inspection: Name and Position of Airport Attendant: Address:
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AERODROME DATA

Aerodrome Reference Point	
Direction and distance from the town	
Aerodrome Elevation	
Aerodrome Reference Temperature	
Aerodrome Dimensions:	
Runway	
Designation number	
Length	
Width	
Surface type	
Strip	
Length	
Width	
Surface type	
Stop way	
Length	
Width	
Surface type	
Taxiway	
Designation	
Width	
Surface type	
Apron	
Surface type	
Number of aircraft that can park	
RFFS	
Published Category	
Water (ltr)	
Dry Chemical powder (kg)	
RFFS equipment including vehicles	
Main water supply	
Hangars and buildings at the aerodrome	
Main and standby power supply	

This is a controlled document

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CONDITION OF THE MOVEMENT AREA AND FACILITIES AND SAFETY PROCEDURES	SATISFACTORY	UNSATISFACTORY – ACTION TO BE TAKEN
Runways		
Strip		
Stop way		
Taxiways		
Apron		
Obstacles: Any obstacles in the vicinity of the aerodrome (TYPE/HGT/DIST/BRG from ARP or easy location eg. Down wind, approach, etc. and obstacle marking)		
Visual Aids for Navigation		
Wind Direction indicator (Wind sock)		
Runway edge markers		
Runway designation markings		
Aerodrome name designator		
Specify any other aerodrome markings		
RFFS		
Water (ltr)		
Dry Chemical powder (kg)		
Minimum number of RFFS personnel at any one time		
RFFS equipment including vehicles		
Personnel training on equipment		
Aerodrome Emergency Plan		
Vehicle capacity		



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RFFS practice drills		
Amount and storage of extinguishing agents		
Runway inspection and maintenance Procedures		
CONDITION OF THE MOVEMENT AREA AND FACILITIES AND SAFETY PROCEDURES	SATISFACTORY	UNSATISFACTORY – ACTION TO BE TAKEN
Aerodrome security		
Aerodrome fence		
Security lighting on buildings and apron		
Aerodrome intrusions and control		
Aerodrome buildings and hangars		
Airspace Organization and safety		

ACTIONS TAKEN BY CAM IF ANY, REMARKS AND RECOMMENDATIONS INCLUDING OUTSTANDING NOTAM AND RECOMMENDED NOTAM TO BE PROMULGATED OR CANCELLED:

Inspector's signature:.....
Inspector's name:.....