Assessment of AME Premises

Prior to an AME undertaking UK CAA Aeromedical examinations at any new premises, evidence of compliance with the regulations is required. Please complete this form and return it to the CAA AME Oversight Manager, at least 4 weeks prior to any change in premises. A separate form is required for each new premises at which an AME wishes to practise.

If approval for the premises is granted by the AMS, an AME certificate will be issued specifying the new premises at which the AME may practise and the AME Practice Address on the CAA website will be updated.

All AME premises are subject to Audit Visits by the AMS.

AME NAME:

AME NUMBER:

DATE FORM COMPLETED BY AME:

AME SIGNATURE:

Information Required	**Information provided by AME**	**Provide Supporting documentation (including Photographic evidence where appropriate)**
New Practice Address: Telephone: Fax: Email: Do you wish to remove your previous AME Practice Address?		
Correspondence Address/ Billing Address: (if different to previous)		

Information Required	Information provided by AME	Provide Supporting documentation (including Photographic evidence where appropriate)
Give names and positions of all your staff involved with aeromedical certification process and aeromedical examinations. Are there signed Confidentiality Agreements in place for these staff?		
What are the arrangements for secure and confidential storage of aeromedical records?		
Is there provision of a waiting area for applicants?		
Aeromedical Examination Room: Is there provision of screening/privacy during the examination? Is there adequate lighting?		
Do you have the necessary medical equipment for aeromedical examinations: Examination couch Vision testing equipment situated at adequate distance from applicant ECG machine & **interpretive software** Type/Brand: Most recent calibration date:		

Information Required	Information provided by AME	Provide Supporting documentation (including Photographic evidence where appropriate)
Audiogram machine Type/Brand: Most recent calibration date: If no Audiogram machine, please state alternative arrangements: (e.g. for Class 2 with Instrument Rating.) Blood testing arrangements: Haemoglobin: Type/Brand of machine: Most recent calibration date: Lipids: Type/Brand of machine: Most recent calibration date: Arrangements for other blood tests? Urine testing facilities Onsite : Further Investigation:		

Information Required	Information provided by AME	Provide Supporting documentation (including Photographic evidence where appropriate)
What are your arrangements for local class 2 ECG reading? Give the name, hospital and qualifications of local cardiologist to whom you send your ECGs: Do you have access to other local specialists for referrals?		
Provide any other information, e.g. other equipment/facilities available, other procedures in place, documentation and any policies. **Attach additional pages if necessary.**		

Please return the completed signed form via post/fax/email to:

Julie Carey, AME Oversight Manager
Medical Department
CAA, Aviation House
West Sussex
RH6 0YR
United Kingdom.

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Fax: 44+ (0)1293 573995