



CIVIL AVIATION PUBLICATION

GEN 05

HOW TO DEVELOP CORRECTIVE ACTION PLANS

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CHAPTER 1

INTRODUCTION

1.1 PURPOSE

This document provides practical guidance on developing Corrective Action Plans (CAPs) aligned with the international (ICAO Documents 9735 and 9859) and national requirements. It aims to assist the Civil Aviation Authority- Bahamas (CAA-B) and service providers or operators in systematically identifying, addressing, and resolving safety and compliance deficiencies to enhance overall aviation safety and regulatory oversight. The guidance outlines the steps and best practices for effective CAP formulation.

This guidance will also ensure compliance with aviation safety regulations; enhance risk management and safety oversight. It will also assist with reducing recurrences of safety violations or operational deficiencies. Following this guidance will assist aviation stakeholders to develop more effective Corrective Action Plans (CAPs) that will meet CAA-B's criteria.

Further guidance provides the steps that ought to be taken when conducting risk assessments, as necessary, during the development of corrective actions.

All Corrective Action Plans must not only address the identified finding but must also demonstrate effectiveness in identifying and eliminating the root cause and preventing recurrence. Evidence of implementation alone is insufficient without verification of effectiveness.

This guidance supports:

- Compliance with Civil Aviation Regulations (CARs)
- Enhanced risk management and safety oversight
- Reduction in recurrence of safety violations or deficiencies

1.2 APPLICABILITY

This corrective action guidance covers several personnel groups involved in aviation safety oversight and corrective processes. These include:

- The Civil Aviation Authority Bahamas personnel responsible for safety oversight and regulatory compliance;
- Civil aviation inspectors and auditors tasked with conducting safety audits and inspections;
- Air Navigation service providers, operators, and their management and technical staff charged with implementing corrective actions;
- Quality and Safety Management teams within service providers or operators; and
- Enforcement officers involved when enforcement actions are necessary following findings.

- All entities, where applicable, that CAA-B is responsible for providing oversight.

The guidance within this document aims to standardize processes across these groups to ensure corrective actions are objective, measurable, timely, and effectively implemented to address safety concerns identified during audits or inspections.

1.3 DEFINITIONS

- (1) **Audit:** An activity during which CAA-B assesses the effective implementation of national regulations, policies and procedures of safety oversight systems by conducting a systematic and objective review of an aviation Service Provider's or Operator's system.
- (2) **Authority:** The Civil Aviation Authority Bahamas (CAA-B)
- (3) **Corrective Action Plan (CAP):** A plan of action to eliminate the root cause of a safety deficiency or finding and prevents its recurrence.
- (4) **Inspection:** An examination of an aviation licence, certificate, approval or authorization holder (or applicant) performed by aviation safety inspectors to confirm compliance with requirements for the licence, certificate, approval or authorization already issued (or being issued) by CAA-B.
- (5) **Operator:** Applicable aviation document holder (an aviation document means a licence, permit, certificate or other document issued under section 20 – of the Civil Aviation Act, 2021 - in respect of any of the classes of persons or services or things specified therein).
- (6) **Procedure:** A series of steps followed in a methodical manner to complete an activity or a process, describing what should be done, when and by whom; where and how each step should be carried out; what information, documentation and resources should be used; and how it should all be controlled.
- (7) **Process:** A set of interrelated or interacting activities that transforms inputs into outputs. Processes within an organization or programme are generally planned and carried out under controlled conditions to add value.
- (8) **Safety oversight:** A function performed by CAA-B to ensure that individuals and organizations performing an aviation activity comply with safety-related national laws and regulations.
- (9) **Service Provider:** An organisation, serving operators or other providers, that is part of the aviation activity and is functionally separated from its regulator.



- (10) **Validation:** An activity during which CAA-B Inspectors validate and confirm evidence and information provided by an aviation Service Provider or Operator, which demonstrate its implementation of corrective actions to address previously identified findings and/or its implementation of mitigating measures to resolve any safety concerns.



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CHAPTER 2

CORRECTIVE ACTION PLAN SUBMISSION REQUIREMENTS

Upon receipt of a surveillance activity report, the Service Provider or Operator is required to submit CAPs within 5 - 15 business days, or as determined by CAA-B, of receiving identified findings. The CAPs must be complete, well structured and include a risk assessment when required.

In the event that a Service Provider or Operator does not concur with a finding issued by CAA-B, the Service Provider or Operator, shall, within forty-eight (48) hours of receipt of the finding, formally submit a written justification outlining the basis for their disagreement. Such submission shall be supported by verifiable evidence and relevant documentation demonstrating compliance with applicable regulatory requirements, the operator's procedure manual (so long as it does not contradict the regulations in force) or manufacture's manual.

Upon receipt, CAA-B Inspectors shall review and assess the evidence provided by the Service Provider or Operator. Where the submitted documentation satisfactorily demonstrates that the identified non-conformance does not constitute a valid finding, the finding shall be withdrawn, and no further action will be required.

Conversely, where CAA-B determines, following assessment, that the non-conformance is substantiated and remains valid, the Service Provider or Operator shall be required to develop and submit a CAP addressing the deficiency.

2.1 CRITERIA

- The initial proposed CAPs and subsequent CAP updates shall meet the following six criteria:
- Relevant – CAPs shall address the root cause and requirements related to the finding and corresponding protocol/checklist question.
- Comprehensive – CAPs shall be complete; including all elements or aspects associated with the finding.
- Detailed – CAPs shall be laid out in a step-by-step approach, as required, to outline the implementation process.
- Specific – CAPs shall identify who will do what, when, in coordination with the responsible office or entity.
- Realistic – CAPs shall be realistic in terms of contents and implementation timelines.
- Consistent – CAPs shall be consistent in relation to other CAPs and with the Inspection/Audit Checklist.

2.1.1 ROOT CAUSE ANALYSIS



CAPs must include a root cause analysis that:

- Identifies systemic issues (not only human error)
- Explains why the deficiency occurred
- Links directly to the corrective actions proposed

2.1.2 CORRECTIVE ACTION STRUCTURE

Each CAP shall include:

- Immediate Corrective Actions
- Short-term actions to correct the issue and restore compliance.
- Long-Term Corrective Actions
- System-level actions designed to eliminate root causes and prevent recurrence.
- Preventive Actions (if applicable)
- Additional actions to strengthen systems and mitigate future risks.

2.2 CONDUCTING RISK ASSESSMENTS FOR CAP DEVELOPMENT

The following steps ought to be taken into consideration by the Service Provider or Operator should it become necessary to conduct a risk assessment as part of the development of corrective actions.

(a) Understand the Context

- (1) Review the finding issued by the Civil Aviation Authority – Bahamas (CAA-B) and the associated protocols or checklist questions.
- (2) Identify the nature of the deficiency (e.g., procedural, operational, compliance-related).

(b) Identify Hazards and Risks

- (1) Break down the finding into specific hazards that could impact safety or compliance.
- (2) For each hazard, determine:
 - Potential consequences if not addressed.
 - Likelihood of occurrence based on historical data or operational trends.

(c) Assess Risk Level

- (1) Use a risk matrix or similar tool to evaluate:
 - Severity (impact on safety, operations, or regulatory compliance).
 - Probability (frequency or likelihood of recurrence).
 - Categorize risks as High, Medium, or Low to prioritize corrective actions.

Note 1: See Appendix 1 for use of Safety Risk Assessment Tables

Note 2: See Appendix 2 for an Example Service Provider / Operator Risk Assessment

(d) Link Risk Assessment to CAP Steps

- (1) Ensure each proposed corrective action directly mitigates the identified risk.
- (2) For high-risk findings, set shorter implementation timelines and allocate additional resources.
- (3) Document the risk level for each CAP step in the CAP module fields (e.g., under “Proposed Action” or as an annotation).

(e) Validate Feasibility

- (1) Confirm that actions are:
 - Relevant to the finding.
 - Realistic given resources and timelines.
 - Comprehensive enough to eliminate or reduce the risk effectively.

(f) Assign Responsibility

- (1) Identify the Action Office for each risk mitigation step.
- (2) Ensure the responsible office has authority and capability to implement the corrective action.

(g) Set Implementation Dates Based on Risk

- (1) For high-risk items, set aggressive timelines and monitor closely.
- (2) For lower-risk items, allow reasonable timeframes but ensure progress tracking.

(h) Monitor and Update

- (1) Track progress using percentage completion (25%, 50%, 75%, 100%).
- (2) If timelines slip, revise dates and reassess risk impact.
- (3) Provide evidence references for completed steps to CAA-B for validation.

(i) Continuous Improvement

- (1) After implementation, review effectiveness:
 - Did the corrective action reduce or eliminate the risk?



- Are additional measures needed to prevent recurrence?

**CHAPTER 3****CORRECTIVE ACTION PLAN MODULE**

The Service Provider or Operator shall enter the required information for each part of the CAP in the correct field of the CAP module provided by CAA-B.

The fields for the CAP module are as follows and tabulated below:

- Step(s)
- Proposed Action
- Action Office
- Evidence Reference
- Estimated Implementation Date (EID)
- Revised Implementation Date (RID)
- Date of Completion
- Progress

Step	Proposed (corrective) action	Action Office / Responsible Office	Evidence Reference	Estimated Implementation Date	Revised Implementation Date	Date of Completion	Progress (%)
1.							
2.							
3.							



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CHAPTER 4

DEVELOPING A CAP

4.1 STEPS AND PROPOSED ACTION ITEMS

The following actions must be taken when developing CAP steps and proposed actions:

- Ensure that the proposed actions in a CAP directly and fully address the finding and CAA-B provisions as stated in CAA-B reference/guidance.
- Break down large action items into smaller, more manageable elements.
- Describe each proposed action in a clear and detailed manner.
- List the step-by-step corrective actions in the correct sequential and/or chronological order (e.g. establishing a requirement, elaborating on support procedure(s), generating associated checklists, and providing training before implementing the corrective actions).
- Provide a good and clear working plan and adequate detail for the implementation of each step of the proposed corrective actions.
- For findings associated with the implementation of a procedure, provide necessary details (i.e. evidences and examples) on implemented requirements and procedures.
- Evidence of progress in CAP implementation must be forwarded to CAA-B (the relevant Inspectorate Office) via electronic means, for example via e-mail or the prescribed action database.

4.2 ACTION OFFICE

The following actions must be taken when developing a CAP Action Office:

- Ensure that the responsible action office is indicated for each one of the corrective action steps.
- If more than one organization or entity are involved in each step, identify and record each one clearly.
- Ensure that the action offices identified in each step of the corrective action have the authority to complete the action, especially with respect to the promulgation of new or revised Operating Procedures or similar documents.
- For higher-level corrective actions, such as the promulgation of new or revised Operating Procedures or similar documents, enter the name of the entity which has the authority to complete the action.
- Spell out the acronym for the title of an action office the first time it is used in the CAP; use the acronym thereafter.

4.3 EVIDENCE REFERENCE

The following actions must be taken when compiling CAP evidence references:

- Indicate the document containing the evidence in a clear manner.



- Provide a specific and clear reference to the page, section or paragraph of the document that contains the information that a CAA-B Inspector or Officer needs to review and validate.
- Avoid broad and generic reference to a large document. Be as specific as possible.

4.4 ESTIMATED IMPLEMENTATION DATE

The following actions must be taken when allotting CAP estimated dates:

- Ensure that an estimated implementation date (est. imp. date or EID) is entered for each step of the CAP.
- Ensure that the EID is realistic for the action item.
- Ensure that the EID is appropriate for the level of risk associated with the finding.
- The EID must be the date of completion for the action item.

4.5 REVISED IMPLEMENTATION DATE

A revised implementation date shall only be used when the original estimated implementation date cannot be met. The organization shall request a revised implementation date and provide justification for the revision to the relevant CAA-B Inspectorate area.

4.6 DATE COMPLETED

This shall be entered only when the corrective action has been completed and evidence has been submitted.

4.7 PROGRESS

Progress shall be reported using the following values only:

- 0% — Not started
- 25% — Initiated
- 50% — Substantially underway
- 75% — Near completion
- 100% — Completed and evidence submitted



CHAPTER 5

CAA-B ASSESSMENT PROCESS

CAA-B shall review the submitted CAPs within 10 business days of receipt. The assessment outcomes shall either be:

- Accepted
- Rejected

Note: See Appendix 3 - CAA-B Corrective Action Plan Assessment and Monitoring Workflow

CAA-B shall provide detailed feedback to the Service Provider or Operator, identifying any deficiencies in the CAPs.

If CAA-B initially assesses a CAP as not addressing or only partially addressing the finding, the Service Provider or Operator shall revise the CAP and ensure that it addresses the shortcomings indicated by CAA-B.

Once all CAPs have been accepted, CAA-B Inspectors shall monitor implementation, request supporting evidence and conduct validation inspections where necessary. Identified findings shall be closed when root causes are addressed, corrective actions are fully implemented and evidence is verified.



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CHAPTER 6

UPDATING CORRECTIVE ACTION PLANS

As per the guidance provided in this publication, ensure continuous updating of CAPs by indicating all the following:

- *a progress level (in percentage of either 0%, 25%, 50%, 75% or 100%) for each action item as it is implemented; and*
- *the date of completion for each completed action item.*

If the initial estimated implementation date of an action item has passed and the action has not been completed (or not fully implemented yet), provide a revised implementation date.



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CHAPTER 7

MEDIATION AND RESOLUTION

The operator is required to develop a Corrective Action Plan (CAP) for each finding. If the operator is unable to complete the CAP within the timeframe specified by the Authority, a clear explanation must be provided outlining the reasons for the delay.

Disagreement with the findings is not an acceptable justification for failing to develop a CAP. The operator is required to address any concerns regarding the validity of the findings directly with CAA-B.

If these communications do not resolve the issue, the matter may escalate to enforcement under CAA-B regulations. Enforcement includes formal warnings, penalties, or other regulatory actions as required by Civil Aviation legislation and the Civil Aviation Regulations.

During this process, CAA-B and the Service Provider or Operator may mediate to resolve disagreements and encourage the submission of the CAP. If mediation fails, CAA-B may take enforcement action in the form of either administrative action or imply offences and penalties for compliance in accordance with the Civil Aviation Act 2021 and its operation regulation, CARs.

This process ensures that safety concerns are addressed, either through corrective action or, if necessary, regulatory enforcement, to maintain aviation safety standards in The Bahamas.



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CHAPTER 8

RECORD KEEPING

CAP records shall be maintained in accordance with the applicable CARs and must be accessible to CAA-B up request by the Authority.



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CHAPTER 9

COMPLIANCE

Failure to comply with this CAP may result in enforcement under:

- Civil Aviation Act, 2021
- Applicable Civil Aviation Regulations (CARs)



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CHAPTER 10

CONCLUSION

This guidance material provides a comprehensive and enforceable framework for managing corrective actions within the aviation system of The Bahamas.

It ensures:

- Transparency
- Accountability
- Safety enhancement
- Regulatory compliance



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APPENDICES

APPENDIX 1

SAFETY RISK ASSESSMENT TABLES

Safety Risk Probability Table

Likelihood	Meaning	Value
Frequent	Likely to occur many times (has occurred frequently)	5
Occasional	Likely to occur sometimes (has occurred infrequently)	4
Remote	Unlikely to occur, but possible (has occurred rarely)	3
Improbable	Very unlikely to occur (not known to have occurred)	2
Extremely improbable	Almost inconceivable that the event will occur	1

Safety Risk Severity Table

Severity	Meaning	Value
Catastrophic	- Aircraft / equipment destroyed - Multiple deaths	A
Hazardous	- A large reduction in safety margins, physical distress or a workload such that operational personnel cannot be relied upon to perform their tasks accurately or completely - Serious injury - Major equipment damage	B
Major	- A significant reduction in safety margins, a reduction in the ability of operational personnel to cope with adverse operating conditions as a result of an increase in workload or as a result of conditions impairing their efficiency - Serious incident - Injury to persons	C
Minor	- Nuisance - Operating limitations - Use of emergency procedures - Minor incident	D
Negligible	Few consequences	E

Safety Risk Matrix

Safety Risk		Severity				
Probability		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

Safety Risk Tolerability

Safety Risk Index Range	Safety Risk Description	Recommended Action
5A, 5B, 5C, 4A, 4B, 3A	INTOLERABLE	Take immediate action to mitigate the risk or stop the activity. Perform priority safety risk mitigation to ensure additional or enhanced preventative controls are in place to bring down the safety risk index to tolerable.
5D, 5E, 4C, 4D, 4E, 3B, 3C, 3D, 2A, 2B, 2C, 1A	TOLERABLE	Can be tolerated based on the safety risk mitigation. It may require management decision to accept the risk.
3E, 2D, 2E, 1B, 1C, 1D, 1E	ACCEPTABLE	Acceptable as is. No further safety risk mitigation required.

APPENDIX 2

EXAMPLE SERVICE PROVIDER / OPERATOR RISK ASSESSMENT

Finding

CAA-B Audit Finding: "Inadequate training records for Air Traffic Control personnel."

Step 1: Identify Hazard

Hazard: Lack of documented training could lead to unqualified personnel performing critical duties.

Step 2: Assess Risk

Criteria	Description
Severity (B)	High – Could result in operational errors impacting flight safety.
Likelihood (4)	Medium – Training gaps have occurred previously.
Risk Level (4B – Intolerable)	High (based on severity and likelihood).

Step 3: Proposed Corrective Action

- Develop and implement a Training Records Management System.
- Conduct an audit of all ATC personnel training records.
- Provide refresher training for any personnel with incomplete records.

Step 4: Assign Responsibility

- Action Office: Training Department Manager.

Step 5: Implementation Timeline

- **Estimated Implementation Date:** 30 days for system setup; 60 days for full compliance.

Step 6: Evidence

- Screenshots of the new system.
- Updated training records.
- Attendance sheets for refresher training.

Step 7: Monitor Progress

- Progress updates at 25%, 50%, 75%, and 100%.
- Revised dates if delays occur.

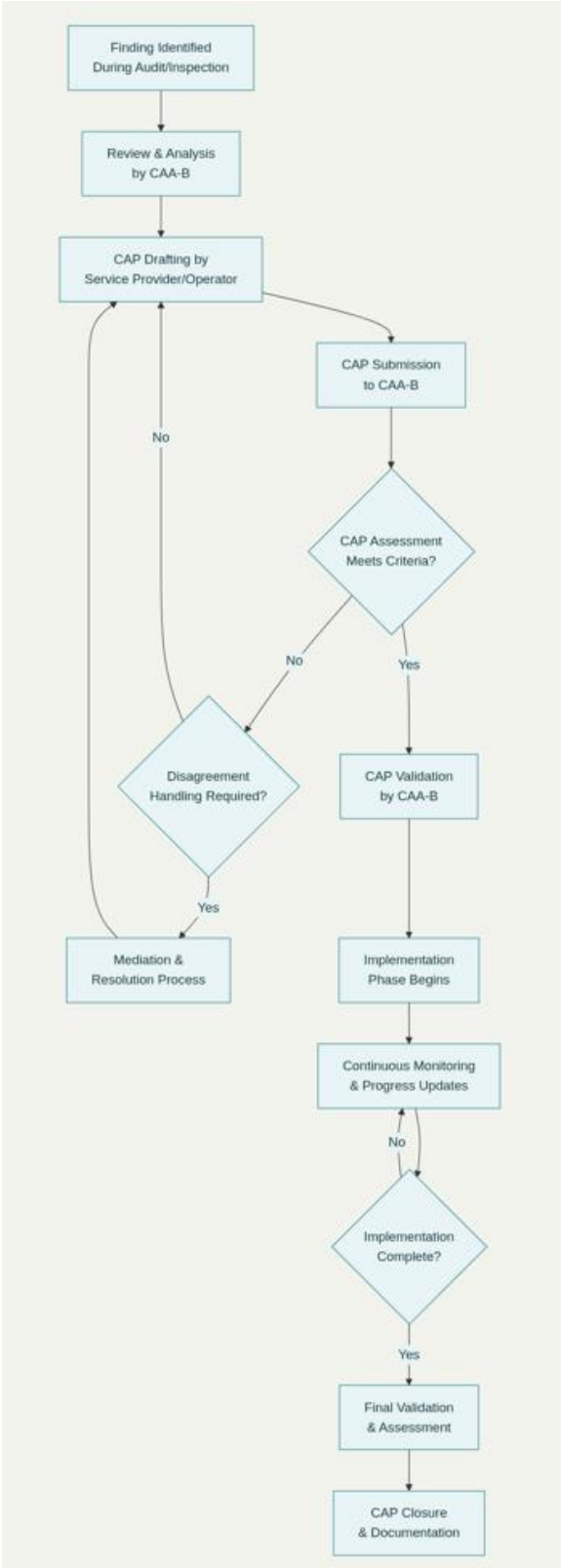


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APPENDIX 3
CAA-B CORRECTIVE ACTION PLAN
ASSESSMENT AND MONITORING WORKFLOW

CAA-B’s assessment and monitoring workflow is provided in the flow chart below.





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