**Checklist for Accountable Manager (AM)**

**Frequency: Annually**

|  |  |  |
| --- | --- | --- |
| **Action** | **Date performed/verified** | **Remark** |
| Annual meetings with individual personnel |  |  |
| Rules and regulations review meeting |  |  |
| Review of OPS manual |  |  |
| Follow up on compliance review |  |  |