FLIGHT STANDARDS DIVISION

INFORMATION BULLETIN

No: FSD/OPS/IB 3/2024

Organization MANAGEMENT SYSTEM and MANAGEMENT SYSTEM MANUAL

REISSUE (June 2024)

Revision 00

Effective date: 30 / 6/2024

0.1 Introduction/Scope

This Information Bulletin (IB) is intended to assist the organisation/operator in administrative matters. The administrative requirements and processes will facilitate liaising with the HCAA. This is a tool for the organisation/operator to ease processes of obtaining required and defined approvals and authorisations issued by the HCAA. Using this IB will be conducive to establishing compliance with HCAA/EASA requirements and will lead through the respective certification or variation process regarding administrative tasks.

The purpose of this IB is to provide:
- an overview over the general requirements of the Management System;
- guidance on the possibility to develop an Organisation's Management Manual;
- a correlation between a possible basic structure of the Organisation's Management Manual and the relevant legal requirements;
- a self-assessment tool for organisations to verify the compliance with the relevant legal requirements (see APPENDIX on this IB); and
- a certification tool for the competent authority to conduct document evaluation regarding compliance with the relevant legal requirements.

Due to the attempt of EASA to harmonise the regulations regarding organisational requirements, this guideline could also be used for other organisations than Approved Training Organisations, Air Operators and CAMOs.

NOTE: This IB replaces the IB No: FSD/OPS/IB 3/2014 with the same title and all its amendments.

Acknowledgments: This IB is based on "FOCA CL Management System", "EHEST Safety Management Manual", "ICAO Annex 19" and "ICAO Doc 9859-Safety Management Manual".

0.2 Amendment CONTROL

This Information Bulletin shall be reviewed at regular intervals by the Head of the Flight Operations Section and amended accordingly.

Reasons for amendment (not exclusive or not binding) are the following:

➢ Change of requirements or legislation,

➢ Amendment or addition of procedures,

➢ Change of HCAA policy.

This Information Bulletin's initial issue has been approved by the Director of Flight Standards. The approval reference is recorded.

Subsequent amendments shall be approved by the Director of Flight Standards, and approval reference shall also be recorded in the amendment record.

The Head of the Flight Operations Section is responsible for the amendment of this manual and submitting the updated document to the Director of Flight Standards for approval.

> Every update of this IB is pointed out by a vertical line on the right margin
>
> of the changed/new text.

0.2.1 Record Of Amendments/Revisions

Issue No	Rev. No	Rev. Date	Approval Reference	Effective date	Reason for Revision
00	00	10/06/2024	HCAA/A2/10/06/24	30/6/2024	REISSUE

0.3 Table of contents

Important:

NOTES are highlighted by using a light grey background.

0.4 Terms and Conditions

When used throughout the IB the following terms shall have the meaning as defined below:

Term	Meaning	Reference
Air Operator	This term addresses AOC holders, NCC- and SPO Operators	
AOC holder	Air Operator Certificate holder. Sometimes referred to as «certified operator» in the regulation.	(EU) No 965/2012

ATO CPL, MPL and ATPL	ATOs providing training for the CPL, MPL and ATPL and the associated ratings and certificates;	
ATO LAPL, PPL, SPL and BPL	ATOs providing training only for the LAPL, PPL, SPL and BPL and the associated ratings and certificates;	Derived from (EU) No 1178/2011
CAMO	Continuing Airwortiness Management Organisation	(EU) No 1321/2014
could	This term expresses a possibility.	
FSTD Qualification Certificate holder only	The word *only* in this context means, that the organisation does ONLY operate FSTDs and does not have another branche subject to certification, declaration, approval, or authorisation according to (EU) 2018/1139	
ideally	This term expresses the best possible means of compliance and/or best experienced industry practice.	
may	This term expresses a positive permission.	
may not, must not	These terms express a prohibition.	
NCC or SPO; NCC / SPO	This term is meant to address both «Noncommercial operator of complex motor-powered aircraft» and «Specialised operations Operators», sometimes referred to as «declared operator» in the regulation.	(EU) No 965/2012
need not	This term expresses a negative permission.	
Organisation	This term herein covers any company including the «*air*-operator», wheras the term «operator» only aims at air operators.	

shall not, will not	These terms express an obligation, a negative command.	
shall, must, will	These terms express an obligation, a positive command.	
should	This term expresses an obligation when an acceptable means of compliance should be applied.	EASA Acceptable Means of Compliance publications HCAA policies and requirements
SPO Authorisation holder	SPO Operator who holds an (or several) «authorisation(s) for high-risk commercial specialised operations». Such operators are sometimes referred to as «auhorised operator» in the regulation.	(EU) No 965/2012

NOTE: The use of the male gender (grammatically) should be understood to include all persons.

0.5 Legal References

This IB is based on the legal references listed below:

Legal Reference	Amended	Subject
Basic Regulation (EU) 2018/1139	Jan.2023	Common rules in the field of civil aviation and establishing a European Aviation Safety Agency
Commission Regulation (EU) No 965/2012	Sept.2023	Technical requirements and administrative procedures related to air operations Annex I: DEF; Annex II: Part-ARO; Annex III: Part-ORO; Annex IV: Part-CAT; Annex V: Part-SPA; Annex VI: Part-NCC; Annex VII: Part-NCO; Annex VIII: Part-SPO

Commission Regulation (EU) No 1178/2011	Aug.2023	Technical requirements and administrative procedures related to civil aviation aircrew Annex I: Part-FCL; Annex II: Conversion of existing national licences and ratings; Annex III: Acceptance of Licences of third countries; Annex IV: Part-MED; Annex V: Part-CC; Annex VI: Part-ARA; Annex VII: Part-ORA; Annex VIII: PartDTO
Commission Regulation (EU) 1321/2014	May.2024	Regulation on the continuing airworthiness of aircraft and aeronautical products, parts and appliances, and on the approval of organisations and personnel involved in these tasks Annex I: Part-M; Annex II: Part-145; Annex III: Part-66; Annex IV: Part-147; Annex Va: Part-T; Annex Vb: Part-ML; Annex Vc: Part-CAMO; Annex Vd: Part-CAO
Regulation (EU) No 376/2014 of the European Parliament and of the Council	Apr.2024	On the reporting, analysis, and follow-up of occurrence in civil aviation
Commission Implementing Regulation (EU) 2015/1018	June.2015	Laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014
Regulation (EU) No 996/2010	Apr.2024	Investigation and prevention of accidents and incidents in civil aviation

0.6 Organisation/Operator Responsibilities

The organisation has to establish the organisation's documentation constituting its Management System and including:

• defined lines of responsibility and accountability throughout the organisation, including a direct safety accountability of the accountable manager;

- a description of the overall philosophies and principles of the organisation regarding safety, referred to as the Safety Policy;

- the identification of aviation safety hazards entailed by the activities of the organisation, their evaluation, and the management of associated risks, including taking actions to mitigate risks and to verify their effectiveness;

- training to maintain personnel skilled and competent to perform their tasks; and

- documentation of all Management System key processes, including a process for making personnel aware of their responsibilities and the procedure for amending this documentation.

1. Regulatory Requirements related to Management Systems

1.1 Basic Regulation (EC) No 2018/1139

The Basic Regulation (EU) 2018/1139 of the European Parliament and of the Council states, as one of the essential requirements, that the following organisations must implement and maintain a Management System:

Organisations concerned	Respective Paragraph in the Basic Regulation
Design and Manufacture Organisations Maintenance Organisations Continuing Airworthiness Organisations	Airworthiness: - Annex II; Para. 3ff
Training Organisations and FSTD Qualification Certificate Holders Aero-Medical Centres	Pilot Licensing: - Annex IV; Para. 5ff - Annex IV; Para. 3.3ff
Commercial Operations Non-Commercial Operations of complex motorpowered aircraft	Air Operations: - Annex V; Para. 8ff
Airport Operator	Aerodromes:

	- Annex VII; Para. 2.2ff
ATM/ANS Service Providers Training Organisations	ATM/ANS and ATC: - Annex VIII; Para. 5ff

All those Management Systems are focused on safety, intending to provide safe services (training, operation, etc.) as well as airworthy products.

The specific definitions of the Basic Regulation vary from annex to annex, but the essence is identical:

 "The organisation must implement and maintain a Management System to ensure compliance with the essential requirements and aim for continuous improvement of this system".

1.2 Implementing Rules

Implementing Rules ((EU) No 965/2012 as amended and is in force) set in force Operator's requirements concerning the establishment of a Management System:

Implementing Rules considering organisation requirements have been set in force for Air Crew, Air Operations, ATM/ANS and Continuing Airworthiness. The scope of this certification leaflet does not cover ATM/ANS.

Regulation Air Operations (Annex III: Part-ORO), Regulation Aircrew (Annex VII, Part-ORA) and Regulation Continuing Airworthiness (Annex Vc, Part-CAMO) require from organisations to establish a Management System:

(a) The organisation shall establish, implement, and maintain a Management System that includes:

  (1) clearly defined lines of responsibility and accountability throughout the organisation, including a direct safety accountability by the accountable manager;

  (2) a description of the overall philosophies and principles of the organisation regarding safety, referred to as the safety policy;

(3) the identification of aviation safety hazards entailed by the activities of the organisation, their evaluation, and the management of associated risks, including taking actions to mitigate the risk and verify their effectiveness;

(4) maintaining personnel trained and competent to perform their tasks;

(5) documentation of all Management System key processes, including a process for making personnel aware of their responsibilities and the procedure for amending this documentation;

(6) a function to monitor compliance of the organisation with the relevant requirements. Compliance monitoring shall include a feedback system of findings to the accountable manager to ensure effective implementation of corrective actions as necessary; and

(7) any additional relevant requirements prescribed in Regulation (EU) 2018/1139 and Regulation (EU) 376/2014 as well as in the delegated and implementing acts adopted on the basis thereof.

(b) The Management System shall correspond to the size of the organisation and the nature and complexity of its activities, considering the hazards and associated risks inherent in these activities

The Implementing Rules permit to avoid duplications by establishing cross references:

ORGANISATION'S MANAGEMENT SYSTEM DOCUMENTATION

(a) It is not required to duplicate information in several manuals. The information may be contained in any of the organisation's manuals (e.g. operations manual, training manual), which may also be combined.

(b) The organisation may also choose to document some of the information required to be documented in separate documents (e.g. procedures). In this case, it should ensure that manuals contain adequate references to any document kept separately. Any such documents are then to be considered an integral part of the organisation's Management System documentation.

(c) Where the organisation holds one or more additional organisation certificates within the scope of Regulation (EU) 2018/1139 and its delegated and implementing acts, the management system may be integrated with that required under the additional certificate(s) held.

(d) Notwithstanding point (c), for air carriers licensed in accordance with Regulation (EC) No 1008/2008 (AOC holders), the management system provided for in this Annex shall be an integrated part of the operator's management system.

(e) The organisation's management system documentation may be included in a separate manual or in (one of) the manual(s) as required by the applicable Subpart(s). A cross reference should be included.

1.3 Elements of the Management System requiring Approval

For all AOC holders, AeMCs and ATOs any of the elements of the Management System require prior approval by HCAA. This does not apply to «declared operators», except for SPO Authorisation holders, where such an element would touch the Authorisation.

Elements of the Management System are defined as:

1.   Lines of Responsibilities and Accountability; and
2.   Safety Policy.

(a) The organisation shall establish, implement, and maintain a management system that includes:

(1) clearly defined lines of responsibility and accountability throughout the operator, including a direct safety accountability of the accountable manager;

(2) a description of the overall philosophies and principles of the operator regarding safety, referred to as the safety policy; (a) Any change affecting: (1) …; or

For AOC, ATO, AeMC:

(2) any of the elements of the operator's management system as required in ORA.GEN.200(a)(1) and (a)(2) / ORO.GEN.200(a)(1) and (a)(2) shall require prior approval by the competent authority.

For CAMO:

(2) changes to personnel nominated in accordance with points (a)(3) to (a)(5) and (b)(2) of point CAMO.A.305;

(3) changes to the reporting lines between the personnel nominated in accordance with points

(a)(3) to (a)(5) and (b)(2) of point CAMO.A.305, and the accountable manager;

(4) the procedure as regards changes not requiring prior approval (ref. to last line in box)

(b) For any changes requiring prior approval in accordance with Regulation (EU) 2018/1139 and its Implementing Rules, the organisation shall apply for and obtain an approval issued by the competent authority. The application shall be submitted before any such change takes place, to enable the competent authority to determine continued compliance with Regulation (EU) 2018/1139 and its Implementing Rules and to amend, if necessary, the operator / organisation certificate and related terms of approval attached to it.

The organisation shall provide the competent authority with any relevant documentation.

The change shall only be implemented upon receipt of formal approval by the competent authority in accordance with ARO/ARA.GEN.330/CAMO.B.330.

The organisation shall operate under the conditions prescribed by the competent authority during such changes, as applicable.

(c) All changes not requiring prior approval shall be managed and notified to the competent authority as defined in the procedure:

   - approved by the competent authority in accordance with ARO/ARA.GEN.310(c).

   - referred to in point (b) of point CAMO.A.115 and approved by the competent authority in accordance with point (h) of point CAMO.B.310.

Explanation

Lines of Responsibilities means a graphic representation of the structure of an organisation showing the relationships of the positions also referred to organisation chart;

Responsibility indicates the duty assigned to a position or the state or fact of having a duty to deal with something or of having control over someone;

Accountability is the liability created for the use of authority. Authority is the right or power assigned to an executive or a manager to achieve certain organisational objectives. Responsibitliy may be delegated, accountability not.

The Safety Policy is the description of the overall philosophies and principles of the organisation

1.4 Different requirements for Complex and Non-Complex Organisations

During the implementation of a Management System the complexity of the organisation must be considered. Details are found in the Annexes of the respective regulations. E.g. for Air Operations: AMC1 ORO.GEN.200(b) 'Management system – size, nature and complexity of the activity', or for Aircrew: AMC1 ORA.GEN.200(b) 'Management system – size, nature and complexity of the activity' or for CAMO: CAMO.A.200 (b) 'size of the organisation and the nature and complexity of its activities'.

Note: The requirements for non-complex organisations are lower than those for complex organisations; E.g. for Air Operators and ATOs: A non-complex organisation does not need an SRB, nor are safety measurements / SPIs required.

2   The Management System and its Documentation

2.1 Purpose of a Management System

The whole set of manuals of an organisation (organisation's documentation) describing philosophies, policies, responsibilities, and key processes related to safety, is considered as Management System Documentation.

The purpose of a Management System is to establish a policy, to deploy objectives from this policy and to achieve those objectives by means of the consistent implementation of clearly defined procedures and responsibilities.

A Management System of an organisation can include different sub-systems, related to quality management, safety management, financial management or environmental management.

2.2 Initial Stage

2.2.1 Duplicated Definitions (undesired redundancies)

The rule making process by EU/EASA considered the aspect of undesired redundant/duplicated definitions whilst establishing the Regulations Air Crew and Regulation Air Operations in a way that the Implementing Rules regarding Organisation Requirements Aircrew (Annex VII, Part-ORA) and Organisation Requirements Air Operations (Annex III, Part-ORO) are mainly identical in the Subpart General Requirements (GEN). Also, the newly introduced requirements on Management Systems to the Regulation Continued Airworhtiness (herein for CAMO so far) have followed a very close structure. This allows the establishment of organisations' documentation <u>without duplication if clear references are provided.</u>

The key issue for organisations will be to document all general organisational aspects of the company in the Organisation's Management Manual, which is part of the organisation's documentation (Management System Documentation).

2.3 Documentation and Implementation of a Management System

As stated in the Basic Regulation (EU) 2018/1139, the organisation must <u>implement</u> and <u>maintain</u> a <u>Management System</u> to ensure compliance with the essential requirements, to provide safe services and to aim for continuous improvement of this system.

«Implementation» and «Maintenance» of the Management System means that:

1. Philosophies, policies, procedures, and tasks including responsibilities, accountabilities and course of action must be documented in an appropriate set of manuals and implemented.
   - **Organisation's Documentation**
   - **Management System Documentation**

2. Employees must be trained based on this documentation.
   - **Training**

3. The qualifications and performance of individuals, their adherence to the documentation and finally, the outcome of their work must be verified.
   - **Checking**

- **Compliance Monitoring**
- **Testing**

4. Experience made shall help to further develop the organisation (including its Management System) as well as the products and services.
   - **Feedback**
   - **Continuous improvement**

Conclusion

The Management System Documentation consists of the whole set of documents / manuals, which are maintained in an organisation (Organisation's Documentation).

2.4 The Possibility to develop an Organisation's Management Manual

As stated in Chapter 2.2.1 "Duplicated Definitions (undesired redundancies)" the aviation industry suffers from duplicated definitions in the manuals. The new EU Regulations regarding "Organisations' Requirements" now permit to avoid duplicated definitions of organisational aspects. This approach provides the chance for enormous simplification, especially for combined organisations.

For combined organisations, it is recommended to develop a control manual describing the general organisation, responsibilities, procedures, etc., which are common and valid also for other manuals / documents of the organisation. Whereas specific topics related to operations, training, maintenance for example remain documented in the respective manuals (e.g. MOE, CAME, TM, OM, FSTD) as required by the respective Part.

The controlling manual may be named Organisation Management Manual (OMM), as this OMM is describing the organisation as a whole. This is also in line with the description and guidelines as published in the "Foreign ATO Approvals User Guide" for ATO Manuals from EASA.

Organisation's Documentation	Management System Documentation = Organisation's Documentation

2.4.1 Safety Management System and Compliance Monitoring System

The AMC and GM to Regulation Air Operations, Annex III: Part-ORO; to Regulation Aircrew, Annex VII: Part-ORA and to Regulation Continuing Airworthiness, Annex Vc: Part-CAMO stipulate within the requirements of the Management System that the organisations also have to establish and maintain:

- a Safety Management System SMS; and
- a Compliance Monitoring System CMS.

The EASA clearly states that these requirements do not impose a separate Safety Management System or a separate Compliance Monitoring System.

Instead of an add-on-approach which would lead to a separate SMS-Manual and a separate CMS Manual in addition to the Organisation's Management Manual, it is strongly recommended to strive for an integrated system, where safety is one of the parameters to be considered with each organisational decision.

An integrated management system enables managers to recognise and consider significant influence on their organisation, such as the strategic direction of their business, relevant legislation and standards, internal policies and culture, risks and hazards, resource requirements and the needs of those who may be affected by any aspect of the organisation's operation.

2.5 Processes and Procedures

The content of the organisation's documentation – independent of the activity of an organisation – consists of philosophies, principles, policies, processes, procedures, tasks, and subtasks.

Regulation Air Operations, Annex III: Part-ORO; Regulation Aircrew, Annex VII: Part-ORA and Regulation Continiung Airworthiness, Annex Vc: Part-CAMO require amongst others, that the lines of responsibility and accountability throughout the organisation and the key processes of the organisations are defined and documented.

To be complete and meaningful, the processes and procedures defined in the manuals must as a minimum, provide information to answer the following questions:

• *What must be done?*

• *Who does it?*

• *How, when, and where must it be done?*

• *Which tools / forms have to be used?*

The state-of-the-art document management systems is to consistently follow the process-oriented approach. This is partially in contradiction with the legal requirements set in force in aviation, which demand a specific structure of the manuals.

Nevertheless, and to avoid plain text descriptions, it is recommended to document the required processes by means of flow-charts or – in a simpler but also meaningful way – by means of matrixdiagrams:

Example:

Activity	Remarks	Tool	Responsibility

Establish audit plan	Consider changes in
	    -organisation
	    -legislation
	    -infrastructure
	Consider required scopes
	as defined in …
		Audit plan (Template)	Compliance Monitoring Manager

Assign auditors	Consider independency and competence / qualification	List of auditors	Compliance Monitoring Manager

Prepare audit	Establish audit programme …	Audit programme (Template)	Auditor
…..	…	…	

This way of documenting processes and procedures clearly provide information to the reader on how to answer the mentioned questions:

Activity	What must be done?
Responsibility	Who does it?
Remarks	How, when, and where must it be done?
Tool	Which tools / forms have to be used?

It is a matter of fact, that the effectiveness of documents (manuals, concepts, procedures, etc.) is only given, if the "internal customer", the employee, who must adhere to the standards, has easy access to the document and easily understands it!

2.5 Language

The organisation shall ensure that all personnel are able to understand the language in which those parts of the organisation's documentation - which pertain to their duties and responsibilities - are written. The content of the documentation shall be presented in a form that can be used without difficulty and observes human factor principles.

A respective requirement can be found for Air Operations in Regulation for Air Operations, Annex III: Part-ORO: ORO.MLR.100(k) Operations manual – general.

Consequently, the organisation shall establish the documentation in a common language, but also consider the (future) collaboration with other persons and organisations (e.g. contractors). This can lead to the use of different languages in different parts of the organisation's documentation (Management System).

3. Organisational Elements and Requirements

3.1 Format of Manual and Documents

The quality of the organisation's documentation and especially the internal processes related to its validation, distribution and control are the determining factors as to the capacity of the organisation to ensure consistent adherence by the employees and to demonstrate effective compliance towards HCAA.

Due to the fact, that HCAA does not approve the organisation's documentation as such, but only specific elements thereof, it is important, that the revision status of the specific element is consistent with the issued approval;

It is recommended that the OMM is prepared in the English language. In addition, the manual or parts thereof may be translated into another language (i.e. Greek).

Organisation's documentation can be established as a paper manual and/or as an electronic document (HCAA approval required in case part of it is used during flight or other critical for the safety situation).

Explanations and definitions of terms and words needed for the use of document systems shall be directly available in the manual concerned (e.g. Definitions & Abbreviations).

The manual system shall be presented in a format which can be used without difficulty:

- The format of the manual shall be uniquely identifiable, and the page layout explained;
- The manual / layout shall be designed in a form that is easy to revise;
- Chapters should be separated by dividers;
- Each chapter shall represent an area of document development and should be divided into subchapters and subsections which are chronologically numbered;
- The manual shall have the effective date and the revision status on each page concerned;
- The pages should be numbered;
- References must be comprehensible and correspond to the wording used in the different manuals; for example: Refer to the Operations Manual Part B, Chapter 4 Performance "En-Route climb limits"

Example of Record of Revisions

- Record of Issue / Revisions:

Issue No	Revision No	Effective Date	Entered by	Date
1	0	dd.mm.yy	K.X	dd.mm.yy
1	1	dd.mm.yy	K.X	dd.mm.yy
1	2	dd.mm.yy	K.X	dd.mm.yy
1	3	dd.mm.yy	K.X	dd.mm.yy
…				

- Record of Temporary Revision:

Temporary Revision Number	Effective Date	Entered by	Date	Validity	Cancellation	Removed by	Date
01	dd.mm.yy	K.X	dd.mm.yy	dd.mm.yy			
…							

- List of effective Chapters and/or pages

Chapter	Issue No	Revision No	Effective Date
1.1	1	0	dd.mm.yy
1.1.1	1	2	dd.mm.yy
1.2	1	1	dd.mm.yy
…			

- Highlights of latest Amendment (or list of effective pages)

Revision	Highlights of Revision
01 / 01	Implementation of the Organisations Management Manual within the organisations documentation
01 / 02	Mission, vision, and safety policy amended, legal standards and requirements corrected

Example of page annotation.

Header

	FLIGHT STANDARDS DIVISION	
	INFORMATION BULLETIN - OPS	**FSD/OPS/IB 3/2024**
	Organization MANAGEMENT SYSTEM and MANAGEMENT SYSTEM MANUAL	ISSUE: Reissue Effective date: 30/ 6/2024

Organisation Management Manual (OMM)	**Chapter 4 Safety Management**	

Footer

3.2 Electronic Data Processing (EDP)

If an organisation decides to present the relevant documentation in an EDP solution and / or if records related to the management system are stored by EDP solutions only, the accessibility, usability and reliability including the back-up system, shall be described. The documented concept should include specific procedures and responsibilities.

- Accessibility:
    - User must have access to hardware, software, and data 24 hours a day:
    - User must be supplied with controlled hardware together with the required software and data for operations;

- Reliability including Back-Up System:
    - Data mirroring (data saved onto two separate hard drives) and automatically, a periodical or instant save on another data medium/carrier;
    - It is recommended to include data recovery with periodic spot checks to verify the effectiveness of the back-up;
    - Notice should be made of the compatibility of the EDP solution to the system/software used internally and externally of the organisation;
    - The EDP solution shall be tested, functional and well implemented.

- Usability:
    - The EDP solution should be presented in a form, in which it can be applied / executed without difficulty. Either established with standard software solution or specific training needs to be implemented for all users. Information / files / data should be easily and quickly downloaded and / or updated e.g. specific online tools

accessible via internet;

- Physical Security:
    - A description of the security policy;
    - A description of the handling and exposure of hardware/software components in general
    - Instructions in the handling of access rights and passwords;
    - Instruction, how the securing of hardware shall take place within the operation;
    - The provision of an anti-virus systems;
    - Information concerning Data corruption and protection;
    - Explanation on preventive use of dedicated Hard Disk Drive partitions.

3.3 Structure of the Management System Documentation

The organisation should state the manuals, which are in place to comprehensively define the lines of responsibility and accountability as well as the organisation's key processes. The illustration by the organisation should provide an overview of the hierarchy and interrelation of the manuals thus creating the Management System of the organisation.

The organisation's Management System Documentation may be included in a separate manual or in (one of) the manual(s) as required by the applicable Subpart(s).

It is not required to duplicate information in several manuals. The information may be contained in any of the organisation's manuals (e.g. operations manual, training manual), which may also be combined, and

the organisation may also choose to document some of the required information in separate documents (e.g. procedures). In this case, it should be ensured that manuals contain adequate references to any documents kept separately. Any such documents are then to be considered an integral part of the organisation's Management System Documentation.

Example of an overview

OMM	Organisation's Management Manual	The Organisation's Management Manual documents all superior aspects of the company such as philosophies, policies, processes, guidelines, and responsibilities.
OM A	General / Basic	The Operations Manual Part A comprises all non-aeroplane type related operational policies, instructions, and procedures.
OM B	Aeroplane XYZ	Aeroplane type XYZ operating matters, comprises all aeroplane type XYZ related instructions and procedures including minimum equipment list (MEL)
OM B	Aeroplane ABC	Aeroplane type ABC operating matters, comprises all aeroplane type ABC related instructions and procedures including the minimum equipment list (MEL).
OM C	Route/role/area and aerodrome/operating site instructions and information	The Operations Manual Part C comprises all instructions and information for route and aerodromes needed in accordance with the area of operation. It refers to the services of company "Route ManualSample Service Ltd" and contains procedures for distribution, revision and a description of accessibility and usability.
OM D	Training	The Operations Manual Part D comprises the organisation's training concept, training and checking programme and its associated procedures and instructions.
CAME	Continuing Airworthiness Management Exposition	The Continuing Airworthiness Management Exposition comprises instructions and procedures to be followed by the continuing airworthiness management personnel and the subcontracted CAMO.
…	…	…

3.3.1. Organisation Management Manual (OMM)

For gaining a certain degree of standard and if the organisation has decided to develop an Organisation Management Manual, it is strongly recommended, to implement the instructions and guidelines of this IB.

If the organisation decides, due to its size and nature, not to produce an Organisation Management Manual and to pursue an integrated approach within an existing manual system,

the instructions, guidelines, and principles shall be implemented in the respective chapters of that manual system.

As part of the Management System the OMM shall contain all common/general definitions related to the organisational requirements. This, in addition to specific definitions provided in other manuals such as OM, CAME, MOE, etc.

Together with other manuals, the OMM covers:
- defined lines of responsibility and accountability throughout the organisation;
- a description of the overall philosophies and principles of the organisation regarding safety, referred to as safety policy;
- the identification of aviation safety hazards entailed by the activities of the organisation, their evaluation, and the management of associated risks, including taking actions to mitigate the risk and verify their effectiveness;
- maintaining personnel trained and competent to perform their tasks;
- documentation of all Management System key processes, including a process for making personnel aware of their responsibilities and the procedure for amending this documentation.

Example introductory text (AOC holder)

This Organisation's Management Manual (OMM) has been created to demonstrate and harmonise companywide processes and systems such as Safety- and Compliance Management. The OMM has been developed with consideration to ANNEX VII of Regulation Air Crew: Part ORA, Annex III of Regulation Air Operations: Part ORO and Annex Vc of Regulation Continuing Airworthiness: Part CAMO - Management System and relevant Acceptable Means of Compliance (AMC) and Guidance Material (GM). The OMM documents all superior aspects of the company such as philosophies, policies, processes, guidelines, and responsibilities.

3.3.2   Overview - Basic Structure of an Organisation's Management Manual

The OMM structure below is a guidance for a logical sequence for the required content of a management system documentation. An organisation may deviate according to its size,

complexity, and scope of activities.

OMM Chapter		Subchapter
Introductory chapters including (not limiting to): ⁃ Log of Revision (LoR) (including temporary Revisons – if applicable) ⁃ List of Effective Chapters or Pages (LoC/LoP) Highlights of latest amendment (HoA) Table of Content (ToC) ⁃ Abbreviations, Terms and Definitions (DEF)		
1	The Organisation and Scope of Activity	• Safety Policy • The Organisation – Vision, Mission, Values and Strategy • Introduction • Scope of Activity • Statement of Complexity • Relevant Standards and Requirements • Compliance Statement • Exemptions and Derogations (Flexibility Provisions) • Alternative Means of Compliance • Locations, Facilities, and Infrastructure • Power of Authority
2	Organisation Documentation, System of Amendment and Revision	• Overview of the Organisation Documentation • System and Form of Distribution • System of Amendment and Revision • Changes/Elements requiring prior Approval • Changes/Elements not requiring prior Approval • Control of External/Foreign Documents
3	Organisational Structure, Duties, Responsibilities and Accountabilities	• Organisational Structure • Management Personnel – Name and Contacts • Duties, Responsibilities and Accountabilities • Accountable Manager • Safety Manager • Compliance Monitoring Manager
4	Safety Management	• Safety Policy (if not presented at the beginning of the manual) • Hazard Identification and Risk Management • Flight Data Monitoring Programme • Management of Change • Safety Board (SRB) • Safety Action Group (SAG) • Safety Performance Monitoring and Measurement • Safety Promotion

		• Safety Studies, Reviews, Surveys and Investigation
5	Compliance Management	• Compliance Monitoring Programme • Audits and Inspections • Auditors and Inspectors • Findings, Corrective and Preventive Actions • Classification of Findings
6	Management Evaluation	• Management Evaluation • Continuous Improvement
7	Reporting Scheme	• Reporting and Feedback System • Occurrence Reporting
8	Emergency Response Planning	• Objectives and Scope • Concept and Planning
9	Management System Training	• Management System Basic Training • Management System Advanced Training • Management System Continuous Training
10	Record Keeping	• Record Keeping and Archiving
11	Contracting and Leasing	• Contracting and Monitoring of Contractors • Leasing • Code-Share Agreement

3.4 System of Amendment and Revision

Note: For AOC holders, AeMCs, ATOs and CAMOs prior approval by the competent authority is required for any changes to the organisation's procedure, describing how changes not requiring prior approval will be managed and notified to the competent authority. Consequently, the complete system of amendment and revision, established for each manual concerned, must be approved by the competent authority.

Note: For SPO Authorisation holders (only) the changes affecting the scope of the authorisation shall require prior approval.

The quality of the organisation's documentation and especially the internal processes related to its validation, distribution and control are determining factors as to the capacity of the organisation to ensure consistent adherence by the employees and to demonstrate effective compliance towards the competent authority.

The amendment procedure shall ensure that unforeseen changes should be notified at the earliest opportunity, to enable the competent authority to determine compliance with the

applicable requirements and to amend the certificate and related terms of approval if necessary.

The amendment procedure must consider all interactions with the competent authority and effective distribution:

- revisions and amendments are to be processed and concluded entirely before new changes are initiated and submitted to HCAA;
- submissions to HCAA shall only take place after internal compliance verification;
- statement that the documentation sent to the competent authority has been verified and found in compliance with the applicable requirements;
- insertion of effective date after acceptance / approval;
- provision of final edition to authority;
- effective distribution of manual without delay to employees concerned;
- ensuring awareness of personnel regarding the changes that are relevant to their duties;
- ensuring that all personnel have easy access to the portions of the OMM that are relevant for their duties.

The amendment procedure could be limited to the OMM or include a statement for which manual system is applicable.

A clear reference to the applicable system of amendment and revision for each part/manual/ document is necessary.

The document responsible/owner must be clearly defined. Distribution of owner and responsibilities is ideally shown in a simple matrix.

Types of Revisions (Definitions)
Depending on the situation, the revisions may be carried out as:

Standard revision:
Regularly and permanently performed changes on specific subjects in Parts, Chapters and/or Subchapters;

Temporary Revision

Time limited changes or amendments, published additionally to the revision in effect.

Temporary Revisions are to be cancelled after expiration or if no longer valid, appropriate, or applicable. Temporary revisions are ideally issued in yellow. The start and end date of the temporary revision should be indicated on each page;

Note: Temporary Revisions are not applicable for CAMO

Urgent Revision

When immediate amendments or revisions are required in the interest of safety, they may be published and implemented immediately, provided that any required approval has been applied for and HCAA is supplied with the intended revision. Immediate revisions may be published time limited as Temporary Revision or Standard Revision.

The above are graphically presented in below:

Example Responsibility Matrix

Document	Owner	Content	Format	Content Owner								
				ACM	SM	CMM	NP FO	NP CT	NP GO	NP CA	SECO	...
Management System	*CMM*	*Complete Organisation Documentation*	*EDP/TextPaper*	*X*								
OMM	*ACM*	*Safety Management*	*EDP*		*X*							

FLIGHT STANDARDS DIVISION

	INFORMATION BULLETIN - OPS	FSD/OPS/IB 3/2024
	Organization MANAGEMENT SYSTEM and MANAGEMENT SYSTEM MANUAL	ISSUE: Reissue Effective date: 30/ 6/2024

		Compliance Monitoring	EDP/Text-paper			X					
		Occurrence Reporting	EDP/Text-paper				X				
		…									
OM A	NPFO	Flight Procedures					X				
		Ground Operations	Text-Paper						X		
		Operational Control	Text-Paper						X		
		…									
OM B Type A	NPFO	Operating Procedures					X				
OM B Type B	NPFO	Operating Procedures					X				
OM C	NPFO	Route and Aerodrome					X				
OM D	NPCT	Flight Crew Training						X			
		Cabin Crew Training						X			
		Management System Training				X					
		Security Training								X	
		…									
CAME	NPCA	CAME Procedures							X		
….											

Example Revision/Amendment Process AOC Holders

Step	Remarks	Responsibility
Monitoring and Change Identification	• *Collection of suggestions and discrepancies* • *Findings, corrective and preventive actions* • *Changes in relevant standards and Requirements* • *Management of Change* • *…*	*Document Owner*
*Identification of elements **requiring** prior approval or **not requiring** approval*	• *Identify elements requiring prior approval/acceptance* • *Select administrative requirements for submission accordingly* • *Ensure Compliance Check prior to HCAA submission*	*Document Owner*

Change Initialisation	*Identify/define type of revision:*
	
	  - *Revision or new edition?*
	  - *Standard Revision?*
	  - *Temporary Revision?*
	  - *Urgent Revision?*
	
	Ensure that no actual revision/amendment is in process and/or pending by HCAA
		Document Owner

Establish draft of revision/amendment	• *Edit and establish change* • *Mark any changes to previous version by a vertical line on the border of the page* • *Eliminate change indicators from the previous revision of that page*	*Document Owner*
Compliance Check	• *Verify compliance, compatibility and completeness with standards, requirements and regulations, harmonisation with other documents, viability & appropriateness* • *conduct assessment of risks, if required* • *Verify the requirement of a detailed audit* • *ensure traceability of changes* • *Check completeness* • *In case of changes not requiring prior approval, ensure that no element requiring prior approval is included*	*Compliance Monitor Manager Document Owner*

*HCAA Submission with elements **requiring** prior approval*	• *Prepare submission in accordance with the administrative requirement* • *changes requiring prior approval/acceptance: - submit revised pages as draft at least 30 days before the date of the intended changes* • *in case of planned change of a nominated person: inform HCAA well in advance.*	*Nominated Person of the department/Division*
	. in case of unforeseen changes: *inform HCAA at the earliest opportunity*	
*HCAA Submission **without** any element requiring prior approval*	• *Prepare submission in accordance with the administrative requirements* • *Confirm that no elements requiring prior approval are included* • *submit revised pages at least 30 days before the date of the intended changes* • *in case of unforeseen changes:* *inform HCAA at the earliest opportunity*	*Nominated Person of the department/Division*
Document Evaluation	• *Apply corrective actions* • *Agree implementation or conditions with HCAA* • *Implement HCAA prescribed conditions under which the organisation may operate during the implementation* • *Agree effective Date with HCAA*	*Document Owner HCAA*
Distribution	• *If approval or acceptance by HCAA required, initiate distribution and implementation only after formal approval or approval/acceptance is received by HCAA* • *Add effective date* • *Complete List of Highlights of Revision* • *Poss. Up-date list of alternative means of compliance / flexibility provisions* • *distribute new edition/revision/amendment (including HCAA) together with the Letter of Revision* • *ensure withdrawal of old version documents if necessary* • *instruct / inform employees*	*Employee XX*
Up-date document / manual	• *enter revision/amendment correctly* • *sign and date the change in the Record of Revision* . *send the signed Letter of Revision to the document owner*	*Document user*

Monitor	• Collect Letter of Revision • Monitor the reception and completion of the revision of each document holder	Document owner

3.4.1 Changes / Elements requiring prior Approval

NOTE: For AOC holders, AeMCs and ATOs any of the elements of the operator's/organisation's management system shall require prior approval by the competent authority; and

For AOC holders, AeMCs and ATOs the scope of the certificate or the terms of approval of an operator/organisation requiring prior approval.

For AOC holders and ATOs any changes to the accountable manager specified in ORO.GEN.210(a) / ORA.GEN.210(a) and (b).

For SPO Authorisation holders the changes affecting the scope of the authorisation operations shall require prior approval.

For CAMO changes that affect the scope of the certificate or the terms of approval of the organisation.

For CAMO changes to personnel nominated in accordance with points (a)(3) to (a)(5) and (b)(2) of point CAMO.A.305.

Changes to the reporting lines between the personnel nominated in accordance with points (a)(3) to (a)(5) and (b)(2) of point CAMO.A.305, and the accountable manager.

Changes requiring prior approval may only be implemented by the organisation upon receipt of formal approval by the competent authority.

• Changes requiring prior approval may only be implemented by the organisation upon receipt of formal approval by the competent authority.

• To provide an overview of the elements requiring prior approval, the process should include a reference to the list of «Acceptance and Approvals» or «Compliance List».

• The process shall include the step that the compliance manager checks compliance with the valid regulations and the HCAA publishes alternative means of compliance, certification leaflets and/or guidance material, as applicable.

• The organisation shall integrate the handling of changes/elements requiring prior approval into the system of amendment and revision process which describes the

administrative procedures with HCAA. For example, refer to chapter 3.4 «System of Amendment and Revision».

- The amendment procedure must specify that the application is submitted before any changes take place.

- The operator/organisation shall ensure that the relevant administrative procedure in terms of forms is included within the amendment process.

- The application for the amendment of a certificate should be submitted at least 30 days before the date of the intended changes.

- The amendment procedure shall ensure that in the case of a planned change of a nominated person, the operator should inform the competent authority well in advance before the date of the proposed change.

3.4.2 Changes / Elements NOT requiring prior Approval

The procedures which handle changes not requiring prior approval needs to be approved by HCAA.

The organisation shall integrate the handling of changes/elements not requiring prior approval into the system of amendment and revision process which describes the administrative procedures with HCAA. For example, refer to chapter 3.4 «System of Amendment and Revision».

Processes related to the handling of changes not requiring prior approval shall include at least the following steps:

- that the compliance manager checks compliance with the valid regulations and the HCAA published alternative means of compliance, certification leaflets and/or guidance material as applicable; and

- verification that no element requiring prior approval is included;

- verification that no actual revision/amendment of the concerned part/manual/document is in process and/or pending at HCAA.

To identify the elements not requiring prior approval, the procedure should include a reference to the list of «Acceptance and Approvals» or «Compliance List». Such revisions/amendments are to be submitted to HCAA at least 30 days prior to the planned

publication accompanied by:

- The «Proposed Revision / Amendment Form»;

- the compliance list, appropriate to the concerned revision/amendment;

- a statement by the Accountable Manager (ACM) and the respective responsible nominated person for the planned revision/amendment, that the content of the revision/amendment is in accordance with:

- the operational need;
- the general compliance statement and safety policy; and
- the ACM's and the respective nominated person's releases of the revision/amendment.

3.5 Procedure of changes requiring prior approval

3.5.1 Specific Approvals (SPA)

An operation needs to be specifically approved consists a major change for an operator and the AOC (Ops Specs) has to be varied. This change is "reflected" in its OM, but also it affects OMM as it may introduce extra areas to Compliance Monitoring and/or Safety Management.

The following steps have to be followed:

PHASE A (pre-approval PHASE)
- Operator submits to HCAA/A2/B an "Intention Letter" stating its intention to perform a Specific Operation (ie LVO). As attachments to this letter the Operator submits:
  a) SOP's for the specific operation
  b) Training syllabi, and
  c) Any other relevant documentation
- The Inspector(s), assigned for the specific task, checks the submitted documentation.
- If the documentation is according to Regulations and HCAA procedures, a pre-Approval letter is sent to the Operator stating that they can proceed with crew training, etc. If the documentation is not in compliance with Regulations and procedures it is returned to the Operator in writing.

PHASE B

If the Operator finishes the tasks that were approved according to PHASE A above (or in parallel to the extent this is possible), then:

- Operator submits an AOC variation file which includes:
  A cover letter addressed to HCAA/A2/B, and the following attachments:
  - AOC Variation Application Form
  - a "draft revision" of the relevant OM chapters (and/or chapters of other manuals which may be affected),
  - the HCAA "Changes Application Form",
  - the relevant SPA Conformance/Application, and
  - all other relevant documentation according to HCAA Specific Approvals procedures.
- The Inspector(s), assigned for the specific task, do a preliminary check of the submitted documentation to see if the application file is complete.
- If the file is complete the relevant HCAA procedure starts for the SPA. If the file is not complete it is returned to the Operator in written.
- After the assessment, if the Inspector(s) concludes that the file is compliant to Regulations and Procedures, then an effective date is agreed with the Operator.
- HCAA/A2 issues a SPA approval letter, if this is required by A2/B (for example a DG Specific Approval is handled exclusively by A2/B Section, so this approval is not needed).
- The assigned inspector(s) complete accordingly the HCAA "Changes Application Form". The completed form consists of the "Operations Approval" required by Legislation (EC) 216/2008 and its Implementing Rules. In this case the Form needs to be signed (besides the Inspector) by both the Head of Flight Ops Section and the FS Director. The original copy is kept with the HCAA files, and a copy is given to the Operator.
- The Operator distributes the OM revision (one copy of which is given to the HCAA), clearly stating the effective date.
- A new Ops Specs is issued by HCAA with effective date the one arranged above.

3.5.2 All other changes requiring approval

Such changes are for example: procedure for notification of changes, training programmes, fuel policy, the items referred to ORO.GEN.130 (a)(1)(2), adding an a/f, etc. A full list of all needed approvals is given at "HCAA Approval lists". The approval is granted "indirect" by approving the relevant OM revision, by completing the HCAA "Changes

Application Form" (signed by the Inspector, the Head of Flight Ops Section and the FSDirector) and by issuing a new AOC/OPS Specs (if applicable).

The following steps have to be followed:

- Operator submits a "changes file" which includes:
  A cover letter addressed to HCAA/A2/B, and the following attachments:
  - AOC Variation Application Form (if applicable)
  - the HCAA "Changes Application Form",
  - a "draft revision" of the relevant OM chapters, and
  - all other supporting documentation (as applicable – for example the adding New Aircraft checklist completed and signed, etc.).
- The Inspector(s), assigned for the specific task, does a preliminary check of the submitted documentation, to see if the submitted file is complete.
- If the file is not complete it is returned to the Operator in written.
- If the Inspector(s), after the assessment, conclude that the file is compliant to Regulations and Procedures, an effective date for the OM revision is agreed with the Operator.
- The assigned inspector(s) complete accordingly the HCAA "Changes Application Form". The completed form consists of the "Operations Approval" required by Legislation (EC) 216/2008 and its Implementing Rules. In this case the Form needs to be signed (besides the Inspector) by both the Head of Flight Ops Section and the FSDirector. The original copy is kept with the HCAA files, and a copy is given to the Operator.
- The Operator distributes the OM revision (one copy of which is given to the HCAA), clearly stating the effective date.
- A new Ops Specs or AOC has been issued by HCAA (if applicable) with effective date the one arranged above .

3.5.3 Procedure of changes NOT requiring prior approval but Required to be notified to the HCAA

Changes not requiring prior approval by HCAA have to be notified to HCAA according to a procedure described in the OM and which need to be approved by the HCAA.

Such procedure of notification acceptable by HCAA is the following:

- Operator submits a "changes file" which includes: the HCAA "Changes Application Form" and the revision of the relevant OM chapters. The effective date of the proposed revision must be a date which gives HCAA at least a 30-day assessment period for the application.

- The date of the A2 protocol number given to the submitted file is initiating a 30 days period in which HCAA has to communicate to the operator any objections to the proposed changes.

- HCAA Assessment. The assigned Inspector(s) must reply in writing to the operator in 30 days <u>only</u> in case there are any changes required to the proposed revision or the revision is rejected all together.

- If there are no objections or required changes by HCAA the revision is valid from its effective date onwards.

- The assigned inspector(s) complete accordingly HCAA "Changes Application Form". The completed form consists of the "approval" required by Legislation (EC) 216/2008 and its Implementing Rules. The original copy is kept with the HCAA files, and a copy is given to the Operator.

- The Operator after the 30 days period has passed (and has not been notified otherwise by the HCAA) proceeds to the incorporation of its revision even if there is a delay of the "Changes Application Form" completed copy to arrive.

NOTE 1: When <u>immediate</u> amendments or revisions are required in the interest of safety, they may be <u>published and applied immediately</u>, provided that any <u>approval required</u> has been applied for.

HCAA will review the amendment in due time and may request further changes to it.

NOTE 2: The operator shall incorporate all amendments and revisions <u>required by the competent authority.</u>

The following infograms give a schematical approach to the two procedures mentioning in this chapter:

Request for Change need to be approved
("AOC Variation Form", "Changes Form", draft Manual revision + relevant documentation)

"Pre-approval" PHASE

File Evaluation

complete file

non complete file

Return to Operator

Specific Authorisation (SPA) change

All other Changes (requiring approval)

SPA Procedure (According HCAA Procedures Manuals)

Relative Procedures (i.e adding new a/f, AOC Variation)

Critical Decision

NO

YES

Effective date arranged

SPA Approval letter

"Changes Form" completion and Manual revision distribution

Dispatch of completed "Changes Form" New "OPS SPECs" (date of issuance the effective date)

Dispatch of completed "Changes Form" and new AOC/OPS Specs (if applicable)

Notification to HCAA
("ChangesForm" & Manual revision)

Receipt by HCAA/A2
(protocol number) AMC1.ARO.GEN.330(c)

Assessment by HCAA
(Within 30 days of reception) ARO.GEN.330(c)

Change in Compliance
(to regulations/procedures)

NOT COMPLIANT Change

- Copy of "*Changes Form***" to the Operator**
- Incorporation of Revision

RAISE FINDINGS
ARO.GEN.330(c)(2)

NOTIFY the Operator and REQUEST further CHANGES
ARO.GEN.330(c)(1)

3.6. Document Control of external / foreign Documents

External documents are established and amended by third parties (e.g. law, international standards, manufacturers' documents, etc.). They have an impact on the organisation's activities and therefore often also on the organisation's standards.
The amendment process shall ensure that new issues and revisions of foreign documents are identified.
The process should specify who is responsible for identifying changes in external (foreign) documents and who oversees identifying the impact on the organisation's activities and specific standards. Major elements of such processes are :

- Identify new issues and changes in external documents
- Verify the impact on the companies' processes
- Trigger the amendment process
- Ensure that old versions of documents are stored to ensure traceability

Examples of external documents are: Aircraft Flight Manual, MMEL, Airworthiness Directives, Service Bulletins, commercially produced manuals or any kind of legal documents such as EU Regulations or EASA AMCs.
If the organisation decides to use material from another source for their Manual System, they should either copy the applicable material and include it directly in the relevant part of the Manual, or the Manual should contain a statement, that the specific Manual(s) (or parts thereof) may be used instead.

3.7. Organisational Strategic Planning

Strategic planning is an organisation's process of defining its strategy or direction and making sustainable decisions on allocating its resources to pursue the predefined strategy. To determine the direction of the organisation, it is necessary to understand its current position and the possible options through which it can pursue a particular course of action. Generally, strategic planning deals with the following three key questions:

- What do we do?
- For whom do we do it?
- How do we excel our competitors?

In many organisations this is viewed as a process for determining the direction of an organisation over the next year (short term) or more typically over the next 3 to 5 years (long-term).

The key components of strategic planning include an understanding of the Organisation's Vision, Mission, Values and Strategies. This is often as well referred to as the Organisation's Vision and Mission Statement. The terms Vision, Mission, Values and Strategy will be further explained:

- **Vision:** Outlines what the organisation wants to be, or how it wants the world in which it operates to be. This is an idealised view of the world. It is a long-term view and concentrates on the future. It can be emotive and is a source of inspiration.

- **Mission:** Defines the fundamental purpose of an organisation, concisely describing why it exists and what it does to achieve its vision.

- **Values:** Believes that are shared among the stakeholders and employees of an organisation. Values drive an organisation's culture, priorities and the way an organisation operates. Values provide a framework in which decisions are made.

- **Strategy:** A strategy is a roadmap which is the path chosen to work towards the final vision. The most important part of implementing the strategy is ensuring the company is going in the right direction. Common tools to achieve a strategy are goals for which the organisation is striving and policies by which the organisation is seeking to get there.

For an organisation's vision and mission to be effective, they must become assimilated into the organisation's culture. They should also be assessed internally and externally. The internal assessment should focus on how employees interpret their mission statement. The external one is valuable since it offers a different perspective. The discrepancies between these two evaluation methods can provide valuable information into their effectiveness.

Example for an Organisational Vision, Mission, and Value:

Our Vision	*Be the leading and most successful VIP Business Operator:* *We are constantly innovating our services, taking the smallest detail into account in our pursuit of excellence and perfection.*
Our Mission	*Sophisticated, reliable, and discreet travel experience around the world:* *• We are providing a full range of high-quality hospitality and travel experience for our distinguished guests.* *• We are always one step ahead and anticipating our distinguished guests' requests or desires throughout the entire service chain.*
Our Values	*Safety is paramount and the top priority in all our endeavours:* *• We are committed to a sustainable economic and ecological operation.* *• We are social, respectful and esteem cultural differences.* *• We believe in strong team behaviour and highly motivated employees through individual responsibility.*

3.8 The Company and its Scope of Activity

3.8.1 Scope of Activity

There shall be a description of the types of activities conducted by the organisation: e.g. CAT operations, NCC Operations, commercial high risk SPO, continuing airworthiness management organisation, maintenance organisation, approved training organisation, Aero Medical Centre etc.

The detailed list of activities (e.g. specific approvals, type of training provided) should be defined in the respective manuals (e.g. Training Manual, CAME). Consequently, a respective cross-reference from the OMM to the respective manual (e.g. Training Manual, CAME) must be established.

The approval certificate number or declaration number(s) shall be included in the title of this chapter.

3.8.2 The Complexity of an Organisation

General

The organisation shall be categorised in accordance with its scope, complexity, terms of risk criteria, full-time equivalent and terms of approval.

If at least one of the branches (e.g. AOC, or ATO, or FSTD, etc.) within the organisation is complex then the whole organisation is to be considered as complex.

An organisation should be considered as complex when it has a workforce of more than 20 full- time equivalents (FTEs) involved in the activity subject to Regulation (EU)2018/1139 and its Implementing Rules.

Air Operators:

Organisations with up to 20 FTEs involved in the activity subject to Regulation (EU) 2018/1139 and its Implementing Rules may also be considered complex <u>based on an assessment</u> comprising the following factors:

- in terms of complexity, the extent and scope of contracted activities subject to the approval/declaration;
- in terms of risk criteria, the extent of the following: I. operations requiring a specific approval;

  II. high risk commercial specialised operations; III. operations with different types of aircraft used; and IV. operations in challenging environment (offshore, mountainous area, etc.).

Air Crew Regulation Organisations:

Organisations with up to 20 FTEs involved in the activity subject to Regulation (EU) 2018/1139 and its Implementing Rules may also be considered complex <u>based on an assessment</u> comprising the following factors:

- in terms of complexity, the extent and scope of contracted activities subject to the approval;
- in terms of risk criteria, whether any of the following are present:
  - operations requiring the following specific approvals: performance-based navigation (PBN), low visibility operation (LVO), extended range operations with two-engined aeroplanes (ETOPS), helicopter hoist operation (HHO), helicopter emergency medical service (HEMS), night vision imaging system (NVIS) and dangerous goods (DG);
  - different types of aircraft used;
  - the environment (offshore, ountainous area etc.).

Organisations providing training in the following areas should <u>always</u> be considered as <u>complex</u>:

- full flight simulators; or
- multi-pilot (MP) type rating; or
- zero-flight-time training (ZFTT); or
- complex aircraft; or
- different categories of aircraft; or
- instructor certificates for MP type rating or complex aircraft; or
- two or more aerodromes/operating sites

The following organisations should <u>always</u> be considered as <u>non-complex</u>:

- ATO LAPL, PPL, SPL, and BPL;
- FSTD Qualification Certificate Holders only; and
- Aero-Medical Centres (AeMCs).

Example statement of complexity for complex organisation:

>20FTE	<20FTE	PBN	LVO	ETOPS	HHO	HEMS	NVIS	DG	Types	Mount.
YES	-	-	-	-	YES	YES	YES	YES	1	YES

Due to the size of the company and the kind of activities listed under the chapter "scope of activity" and the table above, the Organisation has to be considered complex.

Example statement of complexity for Non-Complex organisation:

>20FTE	<20FTE	PBN	LVO	ETOPS	HHO	HEMS	NVIS	DG	Types	Mount.
-	X	NO	NO	NO	NO	NO	NO	NO	1	YES

Due to the size of the company and the kind of activities listed under the chapter "scope of activity", the table above and the associated risk assessment, in which the hazards for mountainous area are addressed, the organisation can be considered as non-complex.

3.9. Relevant legal Requirements and Standards

The organisation shall list all legal requirements and standards relevant to its activities.

Example for an Organisation, holding an AOC, a NCC- or a SPO DEC, a SPO Authorisation, an ATO or FSTD Qualification Certificate

The company ensures the compliance with the following legal requirements (including their amendments):

- **Basic Regulation** (EU) 2018/1139 of 04/07/2018 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency;

- Commission Regulation (EU) No 965/2012 of 05/10/2012 laying down technical requirements and administrative procedures related to **air operations**;

- Commission Regulation (EU) No 1178/2011 of 03/11/2011 laying down technical requirements and administrative procedures related to civil aviation **aircrew**;

- Commission Regulation (EU) No 1321/2014 of 26 November 2014 on the **continuing airworthiness** of aircraft and aeronautical products, parts, and appliances, and on the approval of organisations and personnel involved in these tasks;

  - Commission Regulation (EU) No 376/2014 of the European Parliament and of the Council of 3 April 2014 on the reporting, analysis, and follow-up of **occurrence** in civil aviation;

- Commission Implementing Regulation (EU) 2015/1018 of 29 June 2015 laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014;

Example for Air Operator Certificate (AOC) holder only, operating with cabin crew

- **Basic Regulation** (EU) 2018/1139 of 04/07/2018 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency;

- Commission Regulation (EU) No 965/2012 of 05/10/2012 laying down technical requirements and administrative procedures related to **air operations**;

- Commission Regulation (EU) No 1178/2011 of 03/11/2011 laying down technical requirements and administrative procedures related to civil aviation **aircrew**;

- Commission Regulation (EU) No 1321/2014 of 26 November 2014 on the **continuing airworthiness** of aircraft and aeronautical products, parts, and appliances, and on the approval of organisations and personnel involved in these tasks;

  - Commission Regulation (EU) No 376/2014 of the European Parliament and of the Council of 3 April 2014 on the reporting, analysis, and follow-up of **occurrence** in civil aviation;

- Commission Implementing Regulation (EU) 2015/1018 of 29 June 2015 laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014;

Example for Approved Training Organisation only

- **Basic Regulation** (EU) 2018/1139 of 04/07/2018 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency;

- Commission Regulation (EU) No 1178/2011 of 03/11/2011 laying down technical requirements and administrative procedures related to civil aviation **aircrew**;

- Commission Regulation (EU) No 1321/2014 of 26 November 2014 on the **continuing airworthiness** of aircraft and aeronautical products, parts, and appliances, and on the approval of organisations and personnel involved in these tasks;

  - Commission Regulation (EU) No 376/2014 of the European Parliament and of the Council of 3 April 2014 on the reporting, analysis, and follow-up of **occurrence** in civil aviation;

- Commission Implementing Regulation (EU) 2015/1018 of 29 June 2015 laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014;

Example FSTD Qualification Certificate Holder only

- **Basic Regulation** (EU) 2018/1139 of 04/07/2018 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency;

- Commission Regulation (EU) No 290/2012 30/03/2012 (amending Regulation (EU) No 1178/2011) laying down technical requirements and administrative procedures related to civil aviation **aircrew**;

- Commission Regulation (EU) No 1321/2014 of 26 November 2014 on the **continuing airworthiness** of aircraft and aeronautical products, parts, and appliances, and on the approval of organisations and personnel involved in these tasks;

- Commission Regulation (EU) No 376/2014 of the European Parliament and of the Council of 3 April 2014 on the reporting, analysis, and follow-up of **occurrence** in civil aviation;

- Commission Implementing Regulation (EU) 2015/1018 of 29 June 2015 laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014;

- Any Primary reference documents such as CS-FSTD A/H, JAR-FSTD A/H etc., as applicable to the device(s) operated;

- Any applicable local regulation for FSTD Installations according to ORA.GEN.215 & ORA.FSTD.115;

Example for Aero Medical Centre (AeMC)

- **Basic Regulation** (EU) 2018/1139 of 04/07/2018 on common rules in the field of civil aviation and establishing a European Aviation Safety Agency;

- Commission Regulation (EU) No 1178/2011 of 03/11/2011 laying down technical requirements and administrative procedures related to civil aviation **aircrew**;

- Commission Regulation (EU) No 376/2014 of the European Parliament and of the Council of 3 April 2014 on the reporting, analysis, and follow-up of **occurrence** in civil aviation;

- Commission Implementing Regulation (EU) 2015/1018 of 29 June 2015 laying down a list classifying occurrences in civil aviation to be mandatorily reported according to Regulation (EU) No 376/2014;

3.10. Compliance Statement

Master text:

The undersigned declares, that

our organisation's documentation (Management System) has been established and will be maintained in full compliance with the provisions of the legal requirements as stated in Chapter 1.X «Relevant Standards and Requirements» and that it complies with the terms and conditions of the company's Approval(s) and Certificate(s);

I am responsible for the content of the Management System and confirm, that besides the requirements stated in Chapter 1.X «Relevant Standards and Requirements» all relevant national rules and regulations as well as ICAO standards and procedures are reflected in the different chapters;

I am familiar with and understand the content and meaning of the Management System and will perform all duties in full accordance with it;

the detailed knowledge of the relevant content is mandatory to all personnel concerned and we commit to make sure that they comply with the instructions given in the Management System and;

I am aware of the fact that HCAA does not approve/accept the organisation's documentation as such, but only specific elements thereof, as indicated on the respective compliance list. The responsibility for the completeness and the correctness of the organisation's documentation remains therefore solely with the organisation.

Accountable Manager:

Name:_____   Signature:_____

3.11 Flexibility Provision

A Flexibility Provision is an exemption from (EU) 2018/1139 (Basic Regulation) and its Implementing Rules.
If an organisation needs an exemption with or without limited duration and can provide the same level of safety, the organisation has to provide HCAA with:

- A written application;
- A full description of the exemption,
- The proposed revision/amendment or temporary amendment of the manual system reflecting the exemption; and
- A documented assessment including risk-assessment, demonstrating that Regulation (EU) 2018/1139 and its Implementing Rules are met.

HCAA may prescribe conditions under which the organisation may operate during the exemption;

The organisation must not implement an exemption without having received the formal approval;

Formal approval will be granted on specific documentation issued by HCAA and effective only after the organisation has received respective documentation.

Approved exemptions are to be stated in the management system documentation.

They shall be listed in the temporary revision record referencing

- Legal Reference;

- Short description;

- Date of Approval, and

- a reference to the evidence and documentation of the exemption.

Note: In the case of exemptions according to article 71. 2 the formal approval by HCAA is issued under the reservation of the acceptance of the exemption by the EU-Commission

3.12. Alternative Means of Compliance (Alt MOC)

Instead of Acceptable Means of Compliance (AMC), Alternative Means of Compliance (AltMoC) may be established to ensure compliance with the Implementing Rules, provided the same level of safety is ensured.

AOC holders, AeMCs, ATOs and CAMOs must get prior approval for any AltMoC, the SPO Authorisation holder must get prior approval for any AltMoC affecting his authorisation, i.e. the associated SOP and/or RA <u>or</u> any part of the authorisation itself.

An organisation shall notify the competent authority when it intends to use Alternative Means of Compliance

AOC holders, AeMCs, ATOs and CAMOs have to provide the competent authority with:
- An application;
- A full description of the Alternative Means of Compliance,
- The proposed revision/amendment of the manual system reflecting the application of the alternative means of compliance; and
- A documented assessment, demonstrating that Regulation (EU) 2018/1139 and its Implementing Rules are met.

SPO Authorisation holders, for items affecting their authorisation, have to provide the competent authority with:
- An application;
- A full description of the Alternative Means of Compliance and where it is affecting the authorisation, including the proposed revision/amendment of the SOP according to SPO.OP.230; and
- The associated RA.

In addition (for all):

To demonstrate that the Implementing Rules are met, the assessment shall include a documented risk assessment. The result of this risk assessment should demonstrate that an equivalent level of safety to the one established by the Acceptable Means of Compliance (AMC) adopted by the Agency is reached.

HCAA may prescribe conditions under which the organisation may operate during the implementation of an Alternative Means of Compliance;

Approved AltMoCs are to be listed in the management system documentation. The list should include:
- Legal Reference;

- Short description;

- Date of Approval (or notification for declared operatos); and

- a reference to the evidence and documentation of the Alternative Means of Compliance

Example for an AOC holder, AeMC, ATO and CAMO

List of approved Alternative Means of Compliance with a brief description:

Legal Reference	Short Description	Date of Approval	Reference
ORO.MLR.101	*Difference in the sequence of OM-A subchapter in Chapter 8 «Operating Procedures».*	*DD.MM.YYYY*	*HCAA ref.number*
…			

AOC holders, AeMCs, ATOs and CAMOs

The organisation must not implement Alternative Means of Compliance without having received the formal approval;

Formal approval will be granted on specific documentation issued by HCAA and effective only after the organisation has received the relevant documentation.

SPO Authorisation holders

For an Alternative Means of Compliance requiring prior approval as explained above, the organisation must not implement them/it without having received formal approval.

3.13. Location, Facilities, and Infrastructure

A description of all Facilities and their use, the Location and the Infrastructure of the Operator shall be included in the OMM. A plan of the premises (if possible) should be included also.

For the detailed requirements regarding the infrastructure and facilities please refer to the respective AMC:

• **ATO CPL, MPL and ATPL**, refer to AMC1.ORA.GEN.215

• **ATO LAPL, PPL, SPL or BPL**, refer to AMC2.ORA.GEN.215

- **AeMC**, refer to AMC1.ORA.AeMC.215

- **FSTD**, refer to ORA.FSTD.115, AMC1 & GM1 ORA.FSTD.115

- **CAMO,** refer to AMC1 CAMO.A.215

3.14. Access and Power of Authorities

The organisation shall specify how access is granted to the competent authority:

Master text:

a) For determining compliance with the relevant requirements of Regulation (EU) 2018/1139 and its Implementing Acts, the organisation shall grant access to any facility, aircraft, document, records, data, procedures or any other material relevant to its activity subject to certification, SPO authorisation or declaration, whether it is contracted/subcontracted or not, to any person authorised by HCAA.

b) Any person authorised by the HCAA is permitted to board and fly in any aircraft operated in accordance with the AOC at any time, and to enter and remain on the flight deck. Any person authorised by the competent civil aviation authority of an EASA member state is permitted to enter the aircraft and to perform inspections on its territory.

However, the commander may refuse access to the flight deck if he believes that the distractions or interferences caused might endanger the safety of the flight.

Note: For ATOs replace the term AOC with ATO
For AeMC only a) applies (without term aircraft). B) not applicable
For FSTD only a) applies (without term aircraft but term FSTD); b) is not applicable
For CAMOs only a) applies.

4 Organisation, Lines of Responsibilities and Accountabilities

4.1. Organisational Structure – General Concept

Lines of Responsibilities means a graphic representation of the structure of an organisation showing the relationships of the positions also referred to organisation chart;

This chapter should provide a definition of the organisational structure e.g. by means of organigram(s) / organisational chart(s), which show all relevant functions including their hierarchy. This, preferably without names, to avoid duplications with the subsequent list of nominated persons and management personnel.

According to the scope and complexity of the organisation, the organisation's subordination and reporting lines shall clearly show the relationship between divisions, departments and functions defined and shall represent the organisation as a whole. Additionally, the organisation chart should show the lines of responsibility between nominated persons.

The organigram must depict the relationship; in particular, the subordination and reporting lines of the different organisations, holding a certificate as required by the specific subpart e.g. Air Operator, Approved Training Organisation , Aero Medical Centre, Approved Maintenance Organisation etc.

The Safety Review Board (SRB) (relevant to complex organisations) should be part of the organisational structure and therefore be visualised in the organisation chart.

In the case of combined organisations, the detailed subordinated structure as required by the specific part shall be defined and represented in the respective manual. A cross-reference table shall link the organisational structure.

To summarise, the OMM contains a general organigram which includes the general functions only, and a cross-reference to subordinated organisational structures as defined in other relevant manuals

example:

Note: For ATO LAPL, PPL, SPL, and BPL

If applying the organisational review concept, neither a Safety Manager nor a Compliance Monitoring Manager is required. Accordingly, the associated points above may be disregarded. However, it shall be clearly defined which person or group of persons are responsible for the organisational review. Refer to chapter 11.1 «Management Evaluation» for further guidance on the organisational review.

4.2. Personnel Requirements

General

The following functions must be assigned:
- Accountable Manager;
- Safety Manager;
- Compliance Monitoring Manager.

ATO LAPL, PPL, SPL, and BPL, when applying the organisational review concept, do not need to have a Safety Manager nor a Compliance Monitoring Manager but a person or group of persons responsible for the conduct of the organisational review. Refer to chapter 11 «Management Review» for further details on the organisational review.

Accordingly, the points /questions above addressing the Safety Manager and Compliance Monitoring Manager may be disregarded.

Air Operators

Additionally, persons responsible for the management and supervision of the following areas, shall be nominated:

- flight operations;
- crew training;
- ground operations;
- continuing airworthiness in accordance with Regulation (EU) 1321/2014.

Those persons may not act as Compliance Monitoring Manager.

The person nominated by the holder of an AOC should not be nominated by another holder of an AOC, unless agreed with HCAA.

Note: NCC Operator only needs an ACM, SM and CMM; There are no further specifications on how other duties (like e.g. flight operations, crew training, etc.) are to be assigned.

ATO CPL, MPL AND ATPL

Additionally, persons responsible for the management and supervision of the following areas, shall be assigned:

- Head of Training (HT)
- Chief Flight Instructor (CFI)
- Chief Theoretical Knowledge Instructor (CTKI)

Those persons may not act as Compliance Monitoring Manager.

Non-Complex Organisation

The Accountable Manager may exercise the task as Compliance Monitoring Manager and/or Safety Manager.

ATO LAPL, PPL, SPL, and BPL

If applying the organisational review concept, neither a Safety Manager nor a Compliance Monitoring Manager is required. However, it shall be clearly defined which person or group of persons are responsible for the organisational review.

Additionally, the Head of Training (HT) shall be assigned.

FSTD

A FSTD Focal Point (FFP) shall be assigned.

AeMC

An aero-medical examiner (AME) shall be nominated as head of the AeMC;

The AeMC shall have an adequate number of qualified AMEs and technical staff / experts.

CAMO

Additionally, if the CAMO has the privilege to issue Airworthiness Review Certificates it shall employ Airworthiness Review Staff

4.3 Management Personnel – Name and Contacts

The list of management personnel shall include:
- The function;
- Name of the function holder;
- Name of deputy;
- Contact details: Phone Number, Mobile Number and Email.

Note: A duplication of names and contact details shall be avoided. The example below avoids duplication by refereeing to Chapter 1 of the OM for the names and contact details of the nominated persons.

Example: Management Personnel – Name and Contacts

Function	*Name of Function Holder* *Name of Deputy*	*Contact details*
Accountable Manager	Kostas Beautiful	*Office No* Elm Street *phone: +30210 ......* *mobile: +3069.......* KB@airline.aero.gr
	Giannis Clever	*Office No* Elm Street *phone: +30210 ......* *mobile: +3069.......* GC@airline.aero.gr
Safety Manager (SM)		
Compliance Monitoring Manager (CMM)		
AOC / NCC / SPO		
Flight Operations NPFO	*Refer to OM A chapter 1.xx*	
Crew Training NPCT	*Refer to OM A chapter 1.xx*	
Ground Operations NPGO	*Refer to XXX chapter 1.xx*	
….		
ATO		
Head of Training (HT)		
Chief Flight Instructor (CFI)		
Chief Theoretical Knowledge Instructor (CTKI)		
FSTD HCAAl Point (FFP)	*Refer to XXX chapter xx*	
….		
FSTD Qualification Certificate Holder		
FSTD HCAAl Point (FFP)	*Refer to XXX chapter xx*	
….		

AeMC		
Head of AeMC (HAeMC)	*Refer to XXX chapter xx*	
…		
CAMO		
Cont. Airworthiness NPCA	*Refer to XXX chapter xx*	
ARS …	*Refer to XXX chapter xx*	
…		

4.4. Duties, Responsibilities and Accountabilities – Concept

Concept

There should be a comprehensive concept on how accountability, duties and responsibilities are defined and listed in the document system.

Accountability is the liability created for the use of authority. Authority is the right or power assigned to an executive or a manager to achieve certain organisational objectives.

The following paragraph is a concept guideline for designating duties, responsibilities, and authority within the Organisation's Manual System:

- As a main concept, the functions/duties, and responsibilities of the Accountable Manager (ACM), Safety Manager (SM), Compliance Monitoring Manager (CMM), shall be defined in the OMM. It is recommended to specify the subordinated functions and nominated persons (including duties and responsibilities) in the respective manual (e.g. OM, CAME, MOE) to avoid duplications.

- Ideally duties and responsibilities are to be established in a simple but logical order:
    - Short, brief description of the accountability and the function;
    - Reporting to (subordination);
    - Duties and responsibilities;
    - Power and authority.

- Personnel as required for specific organisations such as AOC, NCC, SPO, ATO, FSTD, Part145, CAMO etc. shall be described in the relevant manual. Depending on the size and complexity of the organisation, and if not otherwise required, it is recommended to

include all relevant functions within the OMM (e.g. FSTD, AeMC). However, a duplication of management personnel description shall be avoided.

- Besides the duties, responsibilities and accountabilities as required by the respective organisation and/or part of the duties and responsibilities concerning the Management System, the following are to be included in the duties and responsibilities for each nominated person:
    - Allocation of responsibilities and duties and issuing instructions to individuals, sufficient for implementation of the safety policy and the safety standards, in their area of activity;
    - Monitoring of safety standards, including the adherence of employees to these standards, also by means of inspections;
    - Evaluation of safety performance indicators in their field of activity;
    - Evaluation of safety relevant records to avoid the occurrence of undesirable trends;
    - Recording and analysis of any deviations from company specific standards and ensuring correction, corrective action, and preventive action within the organisational unit;
    - Compilation of periodical data evaluation as an input to management evaluation activities;
    - Promotes corporate culture of safety and quality, philosophy, policies and overall standard of performance, risk awareness and associated behavior;
    - Assurance of a comprehensive document and record management/ storage/ archive and liaising with HCAA regarding administration and coordination;
    - Assurance that all subordinates meet the qualification requirements for their respective activities, management and planning of continuous education/ currentness and career development of the subordinates.

4.4.1 Accountable Manager (ACM)

NOTE: For AOC holders, AeMCs, ATOs and CAMOs the nomination of the Accountable Manager requires prior approval.

The accountability of the Accountable Manager requires prior approval.

- The accountability, responsibilities and duties of the Accountable Manager shall include:
    - His duty to endorse the safety policy;
    - His responsibility of establishing and maintaining an effective Management System;
    - His authority to ensure that all activities can be financed and carried out in accordance with the applicable requirements;
    - His authority to designate the Compliance Monitoring Manager;
    - His duty to grant direct access to nominated persons and the Compliance Monitoring Manager;
    - His duty is to ensure that sufficient resources are allocated, considering the size of the organisation and the nature and complexity of its activities.
    - His accountability in relation to Safety Policy, that the management personnel (senior management):
        - continually promote the Safety Policy to all personnel and demonstrate their commitment to it
        - provide necessary human and financial resources for its implementation;
        - and establish safety objectives and performance standards
        - to endorse the Safety Policy

Non-Complex Organisations:

The Accountable Manager may carry out the task as the Compliance Monitoring Manager provided, he has demonstrated having the appropriate defined competence and that audits are conducted by an independent body.

The Accountable Manager may exercise the task as Safety Manager and Compliance Monitoring Manager.

AeMC

The head of the AeMC is responsible for coordinating the assessment of examination results and signing reports, certificates, and initial class 1 medical certificates.

4.4.2 Safety Manager (SM)

General

The safety manager should act as the focal point and be responsible for the development, administration, and maintenance of an effective safety management system.

The functions of the safety manager should be to:

- facilitate hazard identification, risk analysis and management;
- monitor the implementation of actions taken to mitigate risks and evaluates their results/effectiveness;
- provide periodic reports on safety performance;
- ensure maintenance of safety management documentation;
- ensure that there is safety management training available and that it meets acceptable standards;
- provide advice on safety matters; and
- ensure initiation and follow-up of internal occurrence / accident investigations.
- actively promotes corporate culture for safety;

The Safety Manager may be assisted by additional safety personnel.

The function of the Safety Manager may be combined with the Compliance Monitoring Manager. In such cases, the Accountable Manager should ensure that sufficient resources are allocated to both functions.

Complex Organisations

The Safety Manager may attend, as appropriate, Safety Review Board meetings. He may communicate to the Accountable Manager all information, when necessary, to allow decision-making based on safety data.

Non-Complex Organisations

The Safety Manager may be the Accountable Manager or a person with an operational role within the organisation.

Note: If more than one person is designated for the safety management function, the accountable manager should identify the person who acts as the unique focal point (i.e. the 'safety manager').

4.4.3   Compliance Monitoring Manager (CMM)

General

The Compliance Monitoring Manager should be designated by the Accountable Manager. The responsibilities, duties and competences of the Compliance Monitoring Manager should include:

- Ensuring that the activities of the organisation are monitored for compliance with the applicable regulatory requirements and standards, as well as any additional requirements as established by the organisation;
- Ensuring that these activities are being carried out properly under the supervision of the relevant head of the respective functional area;
- Responsibility to ensure that the compliance monitoring programme is properly implemented, maintained, continually reviewed and improved;
- Performing audits and inspections provided he has the related competence in audits/inspections to be conducted. He may appoint one or more auditors by choosing personnel having related competences either from within or outside the organisation, assuring their independence.
- Direct accessibility to the Accountable Manager;
- Not being one of the other persons (Nominated Person – NP) referred to:

Air Operator	ATOs	AeMC	FSTD
• Flight Operations • Crew Training • Ground Operations • Continuing Airworthiness	• Head of Training • Chief Flight Instructor • Chief Theoretical Knowledge Instructor	Head of Aero medical Centre	FSTD Focal Point

- Ability to demonstrate relevant knowledge, background and appropriate experience related to the activities of the organisation, including knowledge and experience in compliance monitoring; and
- Accessibility to all parts of the organisation, and if necessary, any contracted organisation.

If the same person acts as Compliance Monitoring Manager and as Safety Manager, the Accountable Manager should ensure that sufficient resources are allocated to both functions.

Non-Complex Organisations

The task as Compliance Monitoring Manager may be exercised by the Accountable Manager provided, he has demonstrated having the related competence.

FSTD

The Compliance Monitoring Manager is also responsible for scheduling and coordinate QTG-runs and fly outs. He may delegate these activities to another person provided that this person has the necessary qualification.

5. Safety Management

5.1 Safety Policy

General

Safety Policy

The Safety Policy is the means whereby the organisation states its intention to maintain and, where practicable, improve safety levels in all its activities and to minimise its contribution to the risk of an aircraft accident as far as is reasonably practical.

The safety policy should be endorsed by the Accountable Manager.

Safety policies are to reflect organisational commitments regarding safety and its proactive and systematic management.

 Air Operators and ATOs

As a minimum the Safety Policy should include commitment:
- to improve towards the highest safety standards;
- to comply with all applicable legislation, meet all applicable standards and consider best practices;
- to provide appropriate resources;

additional for complex Air Operators and ATOs
- to enforce safety as one primary responsibility of all managers; and
- not to blame someone for reporting something which would not have been otherwise detected

 CAMO

As a minimum the Safety Policy should include commitment:

- to comply with all applicable legislation, to meet all the applicable requirements, and adopt practices to improve safety standard;

- to provide the necessary resources for the implementation of the safety policy;

- to apply HF principles; and

- to enforce safety as a primary responsibility of all managers; and

- to apply 'just culture' principles to internal safety reporting and the investigation of occurrences and not to make available or use the information on occurrences:

  1. to attribute blame or liability to front line staff or other persons for actions, omissions or decisions taken by them that are commensurate with their experience and training; or

  2. for any purpose other than the maintenance or improvement of aviation safety.

Safety Policy Deployment

The organisation should define how the Safety Policy is deployed within the organisation. Preferably, this should be combined with the business planning and steering process of the organisation, where the definition and communication of annual goals are part of it.

The promotion of the safety policy is part of the management activities of all management personnel. Besides the publication the safety policy should be actively disseminate in the various training events, meetings, decision process and in any other daily activity.

Example Safety Policy Air Operator complex

We are committed to ensuring the safest operation possible following the applicable standards and regulations and by taking care of people and equipment.

The safety standard of the operation should be the concern of all employees at any level within our organisation.

Ressources to fulfil the tasks necessary to achieve our goals are carefully allocated and regularly reviewed for appropriateness; Safety as being a primary responsibility of all employees is enforced.

We exclusively support a non-blame/just culture for reports of occurrences which would not have been detected otherwise. Reporting must be done only to improve safety. Therefore, we will not initiate disciplinary action against any employee who discloses an occurrence involving safety. However, occurrences with elements of gross neglicence, intentional violations or criminal acts are exempted from the above statement and will not be tolerated.

Distribution of safety documents to sources outside of of our company by any employee will be considered a violation of the confidentiality statement, which is accepted by the employee in his/her individual employment agreement and according to the company business policy.

Accountable Manager:

Name:_____   *Signature:_____*

Safety Culture

Safety Culture

The ideal safety culture is where staff and systems work supportively and constructively together in an environment where discovered errors are recognised and utilised in a positive and constructive way with a no-blame culture, i.e. with a Just Safety Culture as background.

An «Informative» culture, which requires the management of all systems to have a positive knowledge view concerning human, technical, organisational and environmental factors with impact/contribute to the organisation, allowing for errors to occur.

A «Flexible» culture open for changes based on «learning from experiences» and a solid safety culture with priorities for example on SAFETY – SCHEDULE – COMFORT- ECONOMY configuring the business in a timely and controlled manner to new challenges, changing conditions, environment and regulations.

A «Reporting» culture based on an open organisational climate where all involved are encouraged to report all occurrences deviating from known standards and requirements, hazards, and errors without any retribution.

A «Learning» culture willing to perform proactive and corrective actions, and take appropriate action and decisions based on conclusions from relevant information. Willing to implement major reforms where deemed necessary.

A «Just Culture» is a culture in which front-line operators and others are not punished for actions, omissions or decisions taken by them which commensurate with their experience and training, but where gross negligence, willful violations and destructive acts are not tolerated.

Decision Tree for Unsafe Acts Culpability:

To strongly support and foster the organisation's Just Safety Culture the implementation of the below Decision Tree for Unsafe Acts Culpability may be recommended. The organisation may use the decision tree when analysing an adverse event or error. This will help to identify how human factors and organisational system deficiencies have contributed to the event.

The below box and question «Pass Substitution Test» requires some further explanation: Would three other individuals with similar experience act in the same manner, in a similar situation and environment as the person being evaluated? If the answer is «Yes», the problem is not the individual, but more likely the environment that would lead most individuals to that action. If the answer is «No», it is more likely that the individual being evaluated is more culpable and accountable.

* Indicates a «System« induced error. Management personnel must evaluate what part of the system failed and what corrective action and preventive action is required. Corrective and preventative action shall be documented for management review/evaluation.

5.2 Hazard Identification and Risk Management

General

The management system shall include the identification of aviation safety hazards entailed by the activities of the organisation, their evaluation, and the management of associated risks, including taking actions to mitigate the risk and verify their effectiveness.

A formal risk management process shall be developed and shall be maintained to ensure that analysis, in terms of likelihood and severity of occurrence; assessment, in terms of tolerability; and control, in terms of mitigation of risks to an acceptable level. Additionally, the levels of management who have the authority to make decisions regarding the tolerability of safety risks shall be specified.

The hazard identification process is the formal means of collecting, recording, analysing, acting on and generating feedback about hazards and the associated risks that affect the safety of the Company's operational activities.

Complex Organisations

In complex organisations the Safety Manager should facilitate hazard identification and risk analyses management. The Safety Management System, which is an integrated part of the Management System, should include hazard identification and risk management schemes which address reactive, proactive and predictive schemes.

The reactive approach consists of analysing accidents and incidents which have already occurred. The proactive approach consists of analysing the organisations activities without having an occurrence. The predictive approach captures the system performance in real-time to identify potential problems, it characterises a mature system.

The process should address the identification of the hazards, a risk assessment in terms of tolerability and a mitigation process

Non-Complex Organisations

The Safety and Risk Management may be performed using hazard checklist (refer to the example GAR-Model and example for hazard checklist for operational area planning)

Definition and explanation for hazard identification and risk management

➢ *Definitions of hazard and risk*

Hazard: Condition or object with the potential of causing injuries to personnel, damage to equipment or structures, loss of material, or reduction of ability to perform a prescribed function**.**

Risk: The assessment, expressed in terms of predicted probability and severity, of the consequence(s) of a hazard taking as reference the worst foreseeable situation.

➢ *Relation between Risk Management and Safety Assurance*

The Risk-Management and Safety Assurance activities are both very important elements, refer to the following scheme:
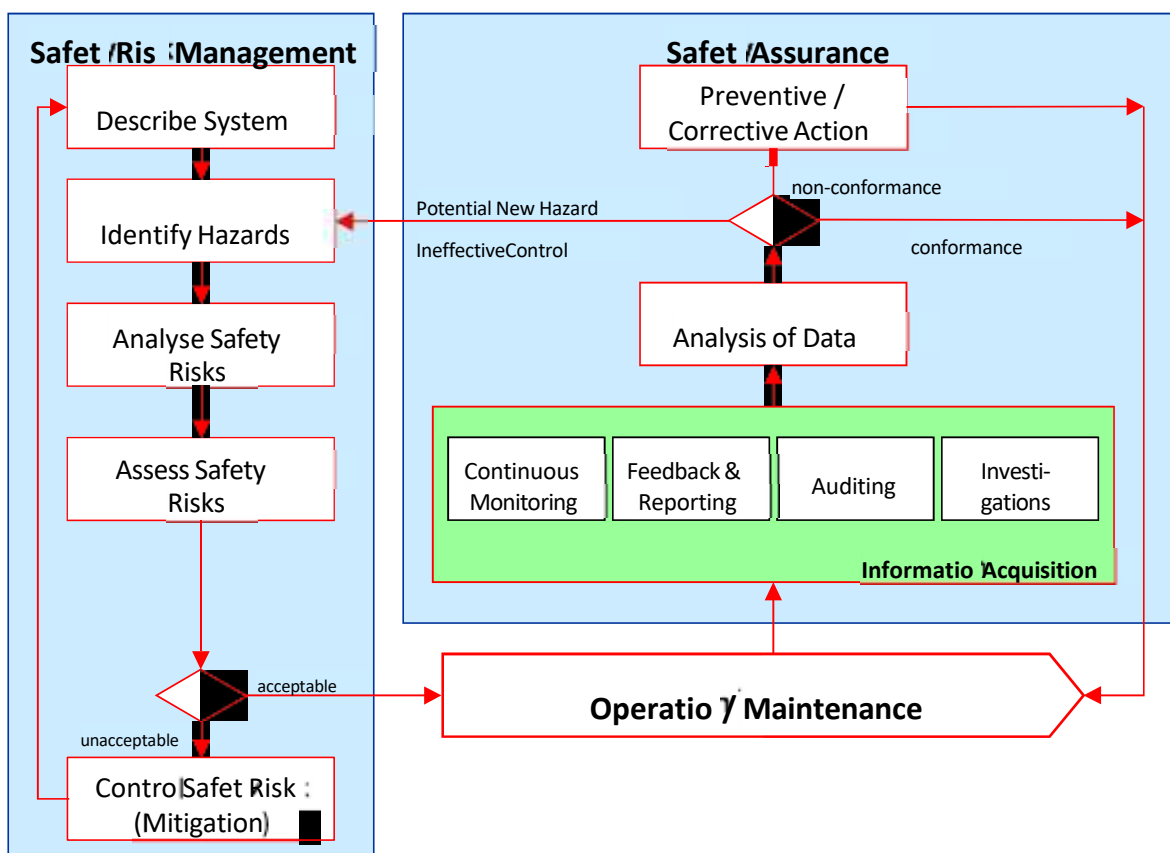
> *Hazard and Risk Mitigation Process*

All employees are obliged to report any condition or object with the potential of causing injuries to personnel, damage to equipment or structures, loss of material, or reduction of ability to perform a prescribed function (Hazard) to the Safety Manager. The Safety Manager is responsible for noting and identifying the reported hazard and asses its consequences and its risk in terms of probability and severity, considering existing mitigations (refer to Hazard Form for Safety Manager). Depending on the Risk, defenses to mitigate the risk must be defined until the risk is considered acceptable and thereafter be controlled for their effectiveness.

Example Hazard reporting form:

Description of Hazard (situation which could lead to an incident/accident)		
Proposal for preventive action: Avoiding that an occurrence/accident occurs		
Date &Signatures		
Reporter (s)	*Safety Manager*	*Line Manager*

Example: Hazard Identification form for Safety Managers

1. Hazard Reference:	*Title :*
	No : H-YYYY-xxx (e.g. H-2013-001)
2. Area: *(Specify the system to be considered. Does the hazard apply to a subset or the whole System?)*	
3. Hazard Description: *(Describe the Scenario)*	
4. Hazard Causes: *(Categories: Software, Hardware, Environment,*	

Liveware i.e. Human Factors, Interfaces)	
5. Hazard Consequence: *(Include any existing mitigations or assumptions which limit the consequences)*	
6. Suggested Close Out Action(s): *(Include any safety analyses required)*	
7. Information Provider:	*Date/Signature*

8. Initial Hazard / Risk Ranking / Pre-mitigation actions

Hazard Frequency: *(How often an event may occur)*	✓	Accident Severity: *(The severity of the potential accident arising from a hazard)*	✓	Risk Classification: *(Initial qualitative judgement)*	✓
Frequent		*Catastrophic*		*Unacceptable*	
Occasional		*Hazardous*		*Tolerable*	
Remote		*Major*		*Acceptable*	
Improbable		*Minor*			
Extremely improbable		*No Significant Safety Effect*			

9. Division Manager	**10. Action:**	**Responsible:**	**Due Date:**

Responsible for Oversight of Mitigation Actions:	1.		
	2.		
	3.		
11. Approval of Accountable Manager:		*Date/Signature*	

Example: Probability Classification

Probability Classification	Definition	
Frequent 5	*Qualitative*	*Likely to occur many times (has occurred frequently)*
	Qualitative (System/Fleet)	*May occur several times during operational life of the system*
	Quantitative	*Probability of occurrence per operational hour is greater than 1×10^{-3}*
Occasional 4	*Qualitative*	*Likely to occur sometime (has occurred infrequently)*
	Qualitative (System/Fleet)	*May occur once during total operational life of the system*
	Quantitative	*Probability of occurrence per operational hour is between 1×10^{-3} to 1×10^{-5}*
Remote 3	*Qualitative*	*Unlikely but possible to occur (has occurred rarely)*
	Qualitative (System/Fleet)	*Unlikely to occur during total operational life of each system but may occur several times when considering several systems of the same type or fleet*
	Quantitative	*Probability of occurrence per operational hour is between 1×10^{-5} to 1×10^{-7}*
Improbable	*Qualitative*	*Very unlikely to occur (not known to have occurred)*

2	*Qualitative (System/Fleet)*	*Unlikely to occur when considering several systems of the same type, but nevertheless, has to be considered as being possible*
	Quantitative	*Probability of occurrence per operational hour is between $1x10^{-7}$ to $1x10^{-9}$*
Extremely improbable 1	*Qualitative*	*Almost inconceivable that the event will occur*
	Qualitative (System/Fleet)	*Has never occurred yet throughout the total operational life of an entire system or fleet*
	Quantitative	*Probability of occurrence per operational hour is less than $1x10^{-9}$*

Example: Severity classification

Severity Classification	Severity Indicators			
	Level of damage	*Level of injury*	*Safety Barriers (e.g. Emergency procedures, technical systems)*	*Operational / Human Factors*
Catastrophic 5	• *Loss of Aircraft* • *Equipment destroyed*	*Multiple fatalities*	*No safety barriers remaining*	• *Complete reduction of operational capability* • *Complete loss of control* • *Outcome is not under control* • *Operator is unable to avoid accident*
Hazardous 4	*Substantial aircraft or equipment damage*	*Fatal or serious injuries to several people*	*None or very few safety barriers remaining*	• *Large reduction of operational capability* • *Physical distress* • *Excessive workload such that operators cannot be relied upon to perform required tasks accurately or completely*

Major 3	*Minor damage to aircraft or equipment*	*Individual serious injuries but no fatalities*	*Several safety barriers remaining*	• *A significant reduction in the capability of the operators to cope with adverse operating condition* • *Significant increase in operator workload, and* • *significant concern over the consequences of failure* • *Conditions impairing operator efficiency or creating* • *significant discomfort* • *Physical distress to passengers and operators*
Minor 2	*Insignificant damage to aircraft or equipment*	*Individual minor injuries*	*Multiple safety barriers remaining Alternate/emergency procedures can compensate for functional loss/ nuisance*	• *Actions required by operators are well within their capabilities but cause slightly increased* • *workload/operation limitations/loss of efficiency* • *Some physical discomfort to passengers (not to operators)* • *Nuisance*
No Significant Safety Effect 1	*No damage to aircraft or equipment*	*No injury*	*Existing safety barriers come into play to avoid the event turning into a minor incident*	• *Nuisance/Failure can be eliminated by routine action, or* • *does not require action at all*

Example Risk Matrix:

Risk probability		Risk Severity				
		Catastrophic	Hazardous	Major	Minor	No Significant Safety Effect
		5	4	3	2	1
Frequent	5	25	20	15	10	05
Occasional	4	20	16	12	08	04
Remote	3	15	12	09	06	03
Improbable	2	10	08	06	04	02
Extremely Improbable	1	05	04	03	02	01

Example: Definition of tolerability matrix:

Classification	Definition
Unacceptable	A risk falling into this region is regarded as unacceptable whatever the level of benefits associated with the activity. Any activity or practice giving rise to risks falling in that region would, as a matter of principle, be ruled out unless the activity or practice can be modified to reduce the degree of risk so that it falls in one of the regions below, or there are exceptional reasons for the activity or practice to be retained.
	Risks in that region are typical of the risks from activities that people are

Tolerable	*prepared to tolerate to secure benefits, in the expectation that:* • *the nature and level of the risks are properly assessed, and the results used properly to determine control measures. The assessment of the risks needs to be based on the best available scientific evidence and, where evidence is lacking, on the best available scientific advice;* • *the residual risks are not unduly high and kept as low as reasonably practicable (the ALARP principle); and* • *the risks are periodically reviewed to ensure that they still meet the ALARP criteria, for example, by ascertaining whether further or new control measures need to be introduced to consider changes over time, such as new knowledge about the risk or the availability of new techniques for reducing or eliminating risks.*
Broadly acceptable	*Risks falling into this region are generally regarded as insignificant and adequately controlled. The levels of risk characterising this region are comparable to those that people regard as insignificant or trivial in their daily lives. They are typical of the risk from activities that are inherently not very hazardous or from hazardous activities that can be, and are, readily controlled to produce very low risks.*

Example: The GAR-Model

The GAR- Model (Green/Amber/Red-Model) is <u>one</u> possible simple methodology to identify operational hazards and assess inherent risk. Generally, there are six operational areas, where safety hazards can be identified:

1. *Supervision*

    Supervisory Control considers how qualified the supervisor is and whether effective supervision is taking place. Even if a person is qualified to perform a task, supervision acts as a control to minimise risk. This may simply be someone checking what is being done to ensure it is being done correctly. The higher the risk, the more the supervisor needs to be focused on observing and checking. A supervisor who is actively involved in a task (doing

something) is easily distracted and should not be considered an effective safety observer in moderate to high-risk conditions.

2. *Planning*

   Planning and preparation should consider how much information you have, how clear it is, and how much time you must plan the development or evaluate the situation.

3. *Team Selection*

   Team selection should consider the qualifications and experience level of the individuals used for the specific event/development. Individuals may need to be replaced during the event/development and the experience level of the new team members should be assessed.

4. *Team Fitness*

   Team fitness should consider the physical and mental state of the crew. This is a function of the amount and quality of rest a crew member has had. Quality of rest should consider the accommodation, potential sleep length, and any interruptions. Fatigue normally becomes a factor after 18 hours without rest; however, lack of quality sleep builds a deficit that worsens the effects of fatigue.

5. *Environment*

   The environment should consider factors affecting personnel performance as well as the performance of the asset or resource. This includes, but is not limited to, time of day, temperature, humidity, precipitation, wind conditions, proximity of aerial/navigational hazards and other exposures.

6. *Operational Complexity*

   Operational complexity should consider both the required time and the situation. Generally, the longer one is exposed to a hazard, the greater are the risks. However, each circumstance is unique. For example, more iterations of an operation can increase the opportunity for a loss to occur but may have the positive effect of improving the proficiency of the team, thus possibly decreasing the chance of error. This would depend upon the experience level of the team. The situation includes considering how long the environmental conditions will remain stable and the complexity of the work.

Workflow:

1. Define the hazards and assign a risk code to each hazard in each operational sub area from 0 to 10 (0=no risk, 10= maximum risk).
2. To get the risk of the operational area: add up all values (for the example below, "Hazard Checklist for operational area planning": 3+3+4+8=18. To get the risk value for the operational area divide 18 by 4 =4.5.
3. Repeat step 1+2 for each operational area.
4. Add up the risk values for each operational area (for the example below, "Hazard Checklist for operational area planning", the risk value is 4.5).
5. The result shows the risk for the overall risk for the whole operation/mission.

Operational Area	*Operational Sub-Area*	*Task*	*Risk*
Supervision	• *Organisational Supervision* • *Crew Supervision* • *Observation* • *Cross-Checking & Monitoring* • *Policies* • *Processes* • *SOP's* • *Guidelines* • *Checklists*	*Consider Type, Quality and Quantity of the Supervision.* *Identify Hazards and assess the relevant Risk.*	*Assign a Risk Value from 0 to 10.*
Planning	• *Accuracy of information* • *Amount of information* • *Availability of information* • *Time available*	*Identify Hazards during the planning phase and assess the relevant Risk.*	*Assign a Risk Value from 0 to 10.*
Team Selection	• *Experience Level: Flying Hours, Mission Type, Area of Knowledge, Equipment of Knowledge, Route, and Aerodrome Competence.* • *Crew Composition: Interaction,Communication, Cohesiveness, Changes to the crew.*	*Identify Hazards in the area Team Selection and assess the relevant Risk.*	*Assign a Risk Value from 0 to 10.*

Team Fitness	• *Physical State* • *Medical Problems* • *Fatigue* • *Rest Time* • *Mental State* • *Stress Factors* • *Pressure on the Team*	*Identify Hazards in the area Team Fitness and assess the relevant Risk.*	*Assign a Risk Value from 0 to 10.*
Environment	• *Physical Environment: Temperature, Time of Day, Visibility, Organisational Culture, Management Philosophy, Mission Pressure, Attitudes, Norms.* • *Operational Environment: Traffic Density, Terrain Considerations, Controlled vs. Uncontrolled Airspace, Radar vs. Non-Radar Environment, Language Difficulties.*	*Identify environmental Hazards and assess the relevant Risk*	*Assign a Risk Value from 0 to 10.*
Operational Complexity	• *Complexity of the task* • *Time to complete the Task* • *Number of Iterations* • *Level of Stability*	*Identify the Event or Evaluation Complexity Hazards and assess the relevant Risk.*	*Assign a Risk Value from 0 to 10.*
Total Risk Score (add up the value for each operational area)			*Σ = …*

The mission risk can be visualized using the colours of a traffic light. If the total risk value falls in the GREEN ZONE (1-23), risk is rated as low. If the total risk value falls in the AMBER ZONE (24-44), the risk is moderate, and you should consider adopting corrective and preventive actions to minimise the risk. If the total value falls in the RED ZONE (45-60), you should implement measures to reduce the risk prior to starting the operation.

GAR Evaluation Scale – Colour Coding the Level of Risk

0	23	44	60
GREEN (Low Risk)	AMBER (Caution)	RED (High Risk)	
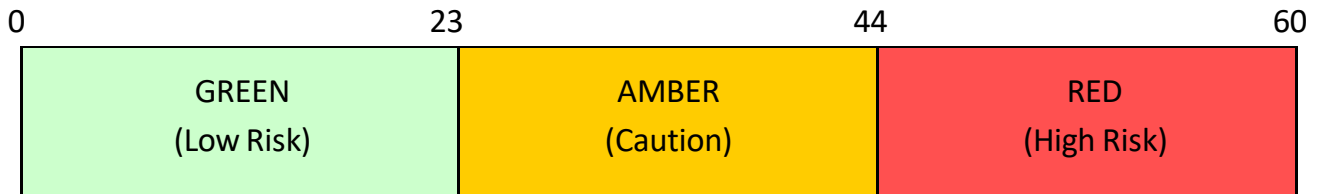
The ability to assign numerical values or "colour codes" to hazards using the GAR-Model is not the most important part of risk assessment. What is critical to this step is team discussions leading to an understanding of the risks and how they will be managed.

Example: Hazard Checklist for operational area planning:

Before a mission starts considering each operational area:

Operational Area	Operational Sub-Area	Question	Risk Value 1-10	Mitigation Action	Implem/tion Date	Implemented by
Planning	1.Accuracy of information	Is the information accurate?	3			
	2.Amount of information	Do we have all the information needed for the intended mission?	3			
	3.Availability ofinformation	Is information available?	4			
	4.Time available	Do we have enough time for planning?	8	More time for planning and better information to Pilots	dd.mm.yyyy	X.X
Risk value for Planning (=18 divided by the amount of operational sub areas, 4)			4.5			

Result: The total risk for planning is within the green range (low risk). Even though it is in the green range you can see in the sub area "time available for planning" that the risk value is quite high (8 out of 10), therefore mitigation action should be considered for this operational sub area.

5.3 Management of Change (MoC)

General

The process to manage safety risk related to a change should make use of the organisation's existing hazard identification, risk assessment and mitigation processes.

Changes that could have a negative impact on safety could come from:

- implementation of new, or modification of processes / procedures;
- contracting new providers;
- implementation of new or modification of aircraft;
- evaluation of new stations;
- definition of alternative means of compliance;
- organisational changes regarding safety responsibilities;
- change of a nominated person;
- change in organizational structure;
- changes within the scope of activity;
- implementation of new or modification of infrastructure, equipment, and tools;
- implementation or changes in operational matters;
- implementation or changes in the organisations documentation and/or means of publication;
- changes in training documentation/-procedures or -equipment (e.g. implementation of new or modification of FSTDs);
- changes in legislation and the corresponding procedures in applicable operations manuals / expositions;
- any kind of projects with safety relevance.

ATO LAPL, PPL, SPL, and BPL

If applying the organisational review concept, management of change may be covered by the organisational review which is referred to in chapter 11.1 «Management Evaluation» giving further guidance on the organisational review.

Example Change Process:

Task	*Note*	*Responsible*
Identify scope of change	•	*Responsible Manager (Project Manager)*
Perform initial impact assessment	• *Impact on SOP's* • *Work-instructions* • *Infrastructure* • *Equipment* • *Personnel*	*Project Manager with Safety Manger*
Perform Safety Risk Analyses	• ***Identify Hazards (refer to risk assessment)***	*Project Manager with Safety Manager*
Define mitigation actions	• *Preventive barriers*	*Domain Manager/SM*
Identify key personnel	• *Key personnel who assist the implementation of the change*	*Project Manager*
Define implementation plan	• *Timelines and also SPI's*	*Project Manager*
Assess related financial costs	• *budgeting*	*Project Manger*
Check overall effects through Safety Performance Monitoring	*Refer to management evaluation*	*Safety Manager*

5.4 Safety Review Board (SRB)

Complex Organisation and CAMO

The Safety Review Board (SRB):

- should be a high-level committee that considers matters of strategic safety in support of the Accountable Manager's safety accountability;

- should be chaired by the Accountable Manager and be composed of heads of functional areas;
- should monitor:
    1. safety performance against the safety policy and objectives;
    2. that any safety action is taken in a timely manner; and
    3. the effectiveness of the organisation's safety management processes.
- should ensure that appropriate resources are allocated to achieve the established safety performance.

The SRB should be part of the organisational structure.

The Safety Manager or any other relevant person may attend, as appropriate, Safety Review Board meetings;

He may communicate to the Accountable Manager all information, as necessary, to allow decision-making based on safety data.

The SRB should provide strategic direction to the safety action group.

The management evaluation activities conducted under former legal requirements are typical activities which should be assigned to the SRB to evaluate the safety performance and to ensure continuous improvement.

The SRB and the Safety Action Group (SAG) may be combined.

5.5 Safety Action Group (SAG)

Complex Organisation

A Safety Action Group may be established as a standing group or as an ad-hoc group to assist or act on behalf of the Safety Review Board.

More than one Safety Action Group may be established depending on the scope of the task and specific expertise required.

The Safety Action Group should report to and take strategic direction from the Safety Review Board and should be comprised of managers, supervisors, and personnel from operational areas.

The Safety Action Group should:

- monitor operational safety;
- resolve identified risks;
- assess the impact on safety of operational changes; and
- ensure that safety actions are implemented within agreed timescales.

The Safety Action Group should review the effectiveness of previous safety recommendations and safety promotion.

The SRB and the Safety Action Group (SAG) may be combined.

5.6 Safety Performance Monitoring and Measurement

Complex Organisation

Definition and Explanation:

- **Safety Performance Monitoring and Measurement** should be a process by which the safety performance of the organisation is verified in comparison to the safety policy and objectives.
- **Safety.** The state in which the possibility of harm to persons or of property damage is reduced to, and maintained at or below, an acceptable level through a continuing process of hazard identification and safety risk management.
- **Level of safety** is the degree of safety of a system. It is an emerging property of the system, which represents the quality of the system, safety-wise. It is expressed through safety indicators.
- **Safety indicators** are the parameters that characterise and/or indicate the level of safety of a system.
- **Safety targets** are the concrete objectives of the level of safety.
- **Acceptable level of safety** is the minimum degree of safety that must be assured by a system in actual practice.
- **Safety indicator value** is the quantification of a safety indicator.
- **Safety target value** is the quantification of a safety target.

- **Safety Performance** is defined as the level of safety achievement against the Safety Performance Objectives or Targets (SPO's), using specific Safety Performance Indicators (SPI's). The Safety Performance reflects the ability of the organisation to effectively manage risks.

General

At different levels of maturity of the Safety Management System, the amount of quality safety data differs. Therefore, HCAA recommends, a gradual approach for safety performance measurement:

At the first stage, the focus should be on the establishing of a functioning reporting system (refer also to Chapter 6 "Reporting Scheme"). It is of utmost importance to receive enough reports to get evidence for analysing and improving the system concerned. Therefore, all employees need to be informed about the importance of the reporting (refer also to Safety Policy, culture).

At the second stage, the measurement can begin. The management should set safety targets and define Safety Performance Indicators (SPI's) which are in-line with the safety policy. The targets can be of a quantitative (numerical) or of a qualitative (non-numerical) nature. The Safety Performance should then be verified and communicated on a regular basis.

At the start of the measurement the indicators might be of a simpler kind, such as simple counting of reports. Once the Safety Management is in place and compliance with requirements has been achieved, new more sophisticated SPI's will need to be introduced to achieve improvement of safety performance.

At the maturity level where the compliance and an effective hazard and risk assessment process are established, safety issues can be identified, mitigation measures introduced, and their effectiveness monitored. At this stage the focus should also be on continuous improvement of the system.

Example of Indicators

Quantitative indicators:
- the number of safety reviews performed;
- the number of staff who received training in Safety Management;
- the number of internal audits performed versus number of audits planned;
- the number of voluntary safety reports per staff member per year;
- the number of risk assessments performed following organisational changes;
- average lead time for completing corrective actions following internal audit;
- number of suggestions for safety improvements;
- frequency and effectiveness of safety briefings;
- number of hazard reports received;
- relation number of high risk to low-risk occurrences in relation to flight hours flown;
- number of occurrence reports in relation to flight hours flown;
- solidity of risk controls (defences) per 1 year;
- risk value (total risk values/number of reports/flight hours per month).

Qualitative indicators:
- feedback received from staff on the safety policy;
- feedback received from staff on new procedures implemented in internal occurrence reporting or hazard identification.

Example Safety Performance Indicators

Item	Objective	Year YYYY										
			2	3		5	6		8	9	10	11	12
		1st Quarter			2nd Quarter			3rd Quarter			4th Quarter		
		1st Half						2nd Half					

number of safety reviews performed													
number of internal audits performed versus number of audits planned													
number of voluntary occurrence reports perstaff member													
number of mandatory occurrence reports raised/flight hour													
number of hazard reports received/flight hour													
number of risk assessments performed													
average lead time for completing corrective actions following internal audit													
number of suggestions for safety improvements													
relation number of high risk to low risk occurrences in relation to flight hours													
Risk value	*3.5*	*4*	*4*	*4.5*	*4.2*	*3.8*	*3.4*	*3.3*	*3.2*	*3.1*	*2.8*	*2.8*	*2.8*
....													

5.7 Safety Promotion and Communication

Safety Promotion:

- The Safety Promotion is a process aimed to promoting a culture of safety by ensuring that, all personnel in an organisation are aware that, at their level and in their day-to-day activity, they are key players in safety and that everyone, therefore, contributes to an effective safety management.
- Managers are an important driving force of effective safety management. It is the responsibility of each manager to demonstrate his/her commitment to safety, to promote safety in everyday activities and to lead by example.
- Training and effective communication on safety are two important processes supporting safety promotion.

Communication:

- The organisation should establish communication about safety matters which:
    a) Ensures that all personnel are aware of the safety management activities as appropriate for their responsibilities;
    b) Conveys safety critical information, especially relating to assessed risk and analysed hazards;
    c) Explains why particular actions are taken; and
    d) Explains why safety procedures are introduced or changed.
- Regular meetings with personnel where information, actions and procedures are discussed may be used to communicate safety matters.

Example safety communication concept:

Tool	Information	Frequency/Year	Responsibility
Safety Newsletter	International/National Safety development. General Information about Safety Issues.	12	SM
E-Mail	Special Information	When needed	Domain Manager

Safety Meetings	Information about company developments: OR, Hazard Reporting statistics, mitigation actions etc.	12	SM
……	……	……	……

5.8 Safety Studies, Reviews, Surveys, Investigation

Safety Studies

• Safety Studies are rather large analyses encompassing broad safety concerns, which could be at the state or global level. To underline some safety concerns, it is not enough to argument on isolated occurrences and anecdotal information. Therefore, safety studies are addressed when a company has to analyse a system safety deficiency which requires a major change rather than identify specific, individual hazards (e.g.: incorrect procedures, incorrect instructions …).

Example Safety Study Procedure:

Step	Remark	Tool	Responsibility
Identify the need for a safety study	• Conclude order to Safety Action Group (SAG)	…	Safety Review Board (SRB)
Plan Safety Study	• Define activities • Define specialists	…	Safety Action Group (SAG)
Conduct Study	• Define scope • Define method of study • Define hypothesis • Empiricism • Analyses • Define Hazards • Define Risk • Define possible • mitigation actions	Hazard identification process	SAG

	including SPI's		
Communication to SRB	• *SRB Meeting*	*Power Point presentation*	*Safety Manager*
Decision of Implementation	• *Board of Directors*	*…*	*Accountable Manager*
Implementation Action	• *…*	*…*	*SAG*
Controlling	*Monitoring of effectiveness of implementation*	*Management Evaluation Tool*	*SRB*

Safety Reviews:

Safety Reviews are a trend monitoring of the overall safety development of the organisation. With the Safety Review the actual performance of the organisation in relation to the targeted performance objectives is compared. This data should be reflected in the Management Review.

Safety Surveys:

Safety Surveys examine procedures or processes related to a specific operation. Safety surveys may involve the use of checklists, questionnaires, and informal confidential interviews. Safety surveys generally provide qualitative information. This may require validation via data collection to determine if corrective action is required. Nonetheless, surveys may provide an inexpensive and valuable source of safety information.

Internal Safety Investigation:

Internal Safety Investigations include occurrences and events that are not required to be investigated or reported to the State. For example: frequency congestion (ATC), ramp vehicle operation (aerodrome). Nevertheless, they could have a safety and a financial impact.

Example Process Internal Safety Investigation:

Step	*Remark*	*Tool*	*Responsibility*
Decision to launch an Investigation	*Put together investigation team.*	*...*	*AM/SM*
Activity planning	*• Define and breakdown the activities* *• Define the investigation needs*	*Project management tool*	*SAG*
Data collection	*• Collect Data about the event. Possible sources:* *• Physical examination, documentation and files, interviews, observation of actions, simulations, expert consultancy, safety database.*	*Tool xyz...*	*SAG*
Scenario identification	*Identify and reconstruct the scenario.*	*Risk Assessment form*	*SAG*
Scenario analyses	*• Analyse the facts, determine the causes, and identify the associated hazards.* *• Integrate all investigation elements.*	*• Just culture process* *• Reason model*	*SAG/SM*
Risk Assessment	*Determine risk level and assess risk acceptability*	*Risk Assessment tool*	*SAG/SM*
Correction/prevention	*Determine corrective and preventive action*	*Risk assessment form*	*SAG/SM*
Safety communication	*Communicate the result of the investigation toall involved*	*E-Mail*	*SM*
Controlling	*Check effectiveness of mitigation action*	*Management evaluation*	*SM*
Completion of the investigation	*Close and archive file*		*SM*

6. Reporting Scheme

6.1 Reporting and Feedback System

As a main concept, the processing of reporting shall be defined in the OMM and specific reporting procedures including sample forms as required by the organisation and its terms of approval, shall be detailed, and presented in the relevant manual. Reporting procedures are to be established for the relevant personnel for easy use and access. However, duplications should be avoided.

Reporting schemes are an essential part of the overall monitoring function with the aim of improving aviation safety, and additionally, increase product quality, efficiency, job satisfaction and adding value. The introductory text should mention that the overall purpose of a reporting scheme is to use reported information to improve the level of safety performance of the organisation and not to attribute blame.

- The following reporting are subject to the Reporting and Feedback System:
  - Mandatory reporting;
  - Voluntary reporting;
  - Anonymous reporting; and
  - Hazard reporting.
- A Reporting and Feedback System shall contain the following essential elements:
  - Possibility and means to report;
  - Analysis and assessment of the implications;
  - Definition of the any necessary action;
  - Implementation of corrective and preventive action;
  - Feedback to the reporter;
  - Monitoring of effectiveness of corrective and preventive actions;
  - Specific retaining and archiving system;
  - Promulgation of relevant information so that other persons and organisations may learn from them.

- Reporting processes are to be defined for easy use and access. The following information shall be provided:
    - What is to be reported / What are the reportable circumstances/issues;
    - Who has to report;
    - What resources/means should be used for reporting / What kind of forms have to be used;
    - Which are the relevant addresses and contacts;
    - What are the different time frames for submission (dispatch provisions).
- In other words, who is responsible to file which form/means to which address within which time

6.2 Occurrence Reporting

NOTE: By the introduction of Regulation (EU) No 376/2014 on reporting, analysis, and follow-up of occurrences in civil aviation, a list of occurrences to be mandatorily reported has been drawn up which is found in Regulation (EU) No 2015/1018.

The EU has established a reporting portal (ECCAIRS2) which shall be used for the mandatory reporting and may be used for voluntary reporting (the system automatically transfers reports in due time to the applicable competent authority – HCAA).

The introductory text is to include that:
- all persons involved in civil aviation are to report any occurrence endangering or potentially endangering safety of operation;
- the procedures are to ensure that knowledge of relevant incidents and accidents is disseminated, so that other persons and organisations may learn from them;
- the reporting scheme is complementary to the normal day-to-day procedures and 'control' systems and is not intended to duplicate or supersede any of them.

Occurrence reports shall be processed as defined in the Reporting and Feedback System. Additionally, they should include:

- Reporting-Forms as required by the kind of occurrence as stipulated by the regulation and provisions for the organisation and its terms of approval;
- an assessment of the safety implications of each relevant incident and accident, including previous similar occurrences, so that any necessary action can be initiated;
- Notification of the competent authority within 72 hours of identifying the occurrence to which the report relates to. Immediate notification is required in case of a serious incident or accident;
- Notification to internal and external parties involved and/or interested;
- Implementation of corrective and preventive action to avoid similar occurrences in the future. Measures taken shall be reported to the competent authority.

If the organisation identifies an actual or potential safety risk as a result of its analysis, it shall transmit to the authority within 30 days from the date of the notification of the occurrence by the reporter:

- the preliminary results of the analysis performed; and
- the results of the analysis as soon as they are available and, in principle, no later than three months from the date of notification of the occurrence.

Example of a follow-up process for handling occurrence reports

Step	Task	Tool	Responsibility
Data Input	Collect and sort	Specific reporting means	
Initial Analysis	Evaluate and classify data	Reporting means	SM
Notification	Notify HCAA at the latest within 72 hours	Reporting Procedures as relevant to the case Refer Manual XX, ChapterXY	NP of the area concerned
Hazard Identification	Identify Hazard	Hazard Identification Form, Refer XX	SM
Risk Assessment	Assess the Risk Transfer to Risk portfolio	Risk Assessment Tool, Refer XX Risk Portfolio	SM
Tolerability Assessment	Check tolerability	Tolerability Matrix, Refer XX	SM

Mitigation	*Define corrective action and preventive measures*	*…*	*SM and NP of the area concerned*
Notification	*Notify HCAA regarding corrective action and preventive measures*	*Communication means*	*SM and NP of the area concerned*
Feedback	*Provide the sender of the report with a feedback*	*Form XY*	*SM*
Information	*Notification of internal and external parties involved and/or interested*	*Reporting schemes of external parties and/or Means as adequate to the case including investigation documentation or parts thereof*	*SM*
Implementation	*Implement corrective action and preventive measures*	*…*	*NP of the area concerned*
Monitor	*Monitor the effectiveness*	*Risk Portfolio*	*SM*
…			

7   Compliance Management (CM)

7.1 Compliance Monitoring Function and Programme

General

Compliance Monitoring is the function that monitors the compliance of the organisation with all relevant requirements and standards, including those of Safety Management. The verification of the compliance is mainly conducted through the independent audit- and inspection processes.

The Compliance Monitoring Function is managed by the Compliance Monitoring Manager.

Organisational set-up:

- The basic structure of the organisational set-up of the Compliance Monitoring Function shall be tailored to the size, complexity, and activity of the

organisation. The set-up should be defined and illustrated within the organisational structure of the organisation.

This means possible multiple functions/positions may be assigned to fulfil the task of Compliance Monitoring. However, there is only one single person assigned as Compliance Monitoring Manager towards the competent authority (refer to chapter 4.2).

The Compliance Monitoring Programme shall include, as a minimum:

- Audit and inspection procedures including related documents (e.g. audit/inspection report);
- Scope and area of audit and inspection, including related checklist;
- The schedule for the programme (e.g. audit-schedule);
- Follow-up and corrective action procedures;
- Feedback to the Accountable Manager;
- Record and archiving system;
- Compliance Monitoring Training.

The Compliance Monitoring Programme shall be properly implemented, maintained, and continuously reviewed and improved.

It is strongly recommended that the Compliance Monitoring Programme requires that all aspects of the organisation are reviewed periodically, within a defined cycle (ideally 12 months, extendable to 24 months – see under 'CAMO' further down)

Scope to be monitored:

- As a minimum, the organisation should monitor compliance with the procedures they have designed, and where appropriate, monitor:
  - privileges of the organisation and the scope of activities / terms of approval(s), authorisation(s) or declaration(s);
  - management system procedures and manuals including those of the safety management.
  - compliance with the applicable regulatory requirements and standards, as well as any additional requirements as established by the organisation;
  - manuals, logs and records; o training standards;
  - any outsourced activities for compliance with the contract

- Additionally for Air Operator: o activities of the organisation carried out under the supervision of the nominated persons
- Additionally for ATOs:
  • Adherence to the learning subjects and learning objectives

CAMO

The standard cycle is 12 months. It may be extended to 24 months if there are no safety-related findings, subject to a risk assessment and agreement by the competent authority (ref. AMC2 CAMO.A.200(a)(6)(f)).

NOTE: The Compliance Monitoring function itself should be subject to independent monitoring of compliance.

7.2 Audit and Inspections

NOTE: For ATO LAPL, PPL, SPL, and BPL, if applying the organisational review concept, may perform audits and inspections by the organisational review checklist. Refer to chapter 11 «Management Review» for further guidance on the organisational review.

General

Definition and Explanation:

'**Audit**' means a systematic, independent, and documented process for obtaining evidence and evaluating it objectively to determine the extent to which requirements are compiled to. '**Inspection**' means an independent, documented conformity evaluation by observation and judgement, accompanied, as appropriate, by measurement, testing or gauging, to verify compliance with applicable requirements.

While internal audits are often thought of as a test or "grading" of an organisation's activities, they are an essential tool for safety assurance. They help managers in charge of activities supporting the delivery of services, to ensure that - once safety risk controls have

been implemented - they continue to perform and are effective in maintaining continued operational safety.

Audits should go beyond just checking compliance with regulatory requirements and conformance with the organisation's standards. The auditor should assess whether the procedures in use are appropriate and whether there are any work practices that could have unforeseen safety consequences.

There is no need to categorise audits according to the focus of the audit (e.g. safety audit, compliance audit etc.)

Audit and Inspection Procedures:

Audit and Inspection procedures shall contain the following essential steps:
1. Planning;
2. Preparation;
3. Execution;
4. Reporting;
5. Initiation of action;
6. Monitoring of implementation of measures; and
7. Monitoring of effectiveness.

In accordance with the compliance monitoring, the scope and area of audit and inspection shall be defined.

The procedure should include that follow-up events are scheduled, when necessary, to verify that corrective actions were carried out and that they were effective.

To ensure flexibility for recording audits/inspections performed and for scheduling additional events, the plan should be maintained as a separate document or file.

The Inspections procedure should consider ad-hoc inspections.

Audit Schedule and Plan:

- The audit scopes are to be defined in the "Audit Plan". Whatever the plan is named and designed, the basics of an Audit Plan are:
  - Listing of all audit scopes, as required by the compliance monitoring;
  - Reference to checklists, records and means used for the audit;
  - Date of the audit and scheduled duration;
  - Auditor by name.

- The schedule of audits should be flexible and allow unscheduled audits when trends are identified.

- To ensure that all aspects of the organisation are reviewed periodically, it is strongly recommended to specify an interval between audits, covering the same scope and focus. Ideally, all aspects should be reviewed within a period of 12 consecutive months. The organisation may increase the frequency up to 24 months. However, it is unlikely that an interval between audits greater than 24 months is effective.

Inspection Plan:

- Areas to be inspected should be defined in an "Inspection Plan" and include a schedule of inspections to be carried out in a year. Whatever the plan is named and designed, the major elements of an Inspection Plan are:

  - Listing of all subject area, as required by the compliance monitoring;
  - Topic to be inspected;
  - Period/frequency;
  - Checklists, records and means used to inspect the concerned topic;
  - Responsible function for the subject to be inspected.

Audit and Inspection Report Format:

- The audit report means a written evaluation by the auditor of the results of the audit.
- The inspection report means a written evaluation by the inspector of the result of the inspection.
- Audit and Report forms may be combined.
- Template for report forms may include the following key information:
    - Report identification and reference system;
    - Audit summary;
    - Assignment to the defined category of the scope/area;
    - Finding and level of finding; or observation;
    - Corrective action and prioritised list of measures with suggested timeline; or
    - recommendation;
    - Signatures.

Air Operators (Complex Operator)

Air Operators should monitor compliance with the operational procedures they have designed to ensure safe operations, airworthy aircraft, and the serviceability of both operational and safety equipment.

Typical **audits** scopes are, as applicable:
- operational procedures;
- flight safety procedures;
- operational control and supervision;
- aircraft performance;
- all weather operations;
- communication and navigational equipment and practices;

- mass, balance and aircraft loading;
- instruments and safety equipment;
- ground operations;
- flight and duty time limitations, rest requirements, and scheduling;
- aircraft maintenance/operations interface;
- use of the MEL;
- flight crew;
- cabin crew;
- dangerous goods;
- security.

Typical areas for **inspections** are, as applicable:
- actual flight operations;
- ground de-icing/anti-icing;
- flight support services;
- load control;
- technical standards.

ATO complex

ATOs should monitor compliance with the training and operations manuals they have designed to ensure safe and efficient training:

Typical **audit** scopes are, as applicable:
- training procedures;
- technical standards;
- flight safety;
- flight and duty time limitations, rest requirements and scheduling;
- aircraft maintenance/operations interface.

Typical areas for **inspections** are:
- facilities;
- actual flight and ground training;

FSTD

Typical subject areas for inspections are:

- actual FSTD operation;

- maintenance;

- verification of technical standards through QTG reruns, fly-outs, etc.;

- FSTD safety features

As a minimum, FSTD Qualification Certificate Holders shall have the following **audit** scopes:

- organisation;

- plans and objectives;

- maintenance procedures;

- FSTD qualification level;

- supervision;

- FSTD technical status;

- manuals, logs and records;

- defect deferral;

- personnel training;

- aircraft modifications;

- FSTD configuration management.

FSTD Compliance Monitoring audits and inspections may be documented on the «Compliance Monitoring Checklist» based on «COMPLIANCE MONITORING ASSESSMENT FOR ORGANISATIONS OPERATING FSTDs» as stipulated and illustrated in GM2 ORA.FSTD.100.

CAMO

The CAW Regulation does not explicitly distinguish between audits and inspections. The task should be done in congruence to the organisations definitions.

Example of an Audit plan:

Scope of Audit	Department	Auditor	Tool	January	February	March	April	May	June	July	August	September	October	November	December
Safety Management	Safety Manager	A.B	Checklist XX			X					X				
Operational Control	Dispatch	C.D	Checklist XX				X								
Mass & Balance	Flight Operations	A.B	Checklist XX				X								
Anti- / De-Icing	Ground Operations	P. C	Checklist XX	X											X
Subcontractor XY	Line Maintenance	Y. X							X						
FSTD technical status	FSTD	T. Q	Checklist XX											X	
CAMO (if own CAMO)	CAM	I. M	Checklist XX								X				
....															

Year 2050

Example Audit Report

Date of Audit:						
Scope of Audit:						
Department audited:						
Auditee:						
Auditors:						
List of Findings						
Legal Reference	**Ref. Manual**	**Finding**	**Class of Finding**	**Required Action**	**Responsible**	**Due date**

ORO.GEN.160	OMM chapter xx	Occurrence Reporting: The organisation does not have any process for occurrence reporting and does not send any OR to HCAA.	2	*Establish Occurrence Process within the company and inform the employees about the procedure accordingly*	*AM*	*DD.MM.YYYY*
…	*…*	*…*				

Air Operator (Non-Complex Operator)

Compliance monitoring audits and inspections may be documented on a «Compliance Monitoring Checklist», and any findings recorded in a «Non-compliance Report». As stipulated and illustrated by the GM3 ORO.GEN.200(a)(6), the following example may be used for this purpose:

Compliance Monitoring Checklist *Year:*			
Subject	*Date Checked*	*Checked by*	*Comments / Non-compliance Report No.*
Flight Operations			
Aircraft checklists checked for accuracy and validity			
Minimum five flight plans checked and verified for proper and correct information			
Flight planning facilities checked for updated manuals, documents, and access to relevant flight information			
Incident reports evaluated and reported to the appropriate competent authority			

Ground Handling			
Contracts with ground handling organisations established and valid, if applicable			
Instructions regarding fueling and de-icing issued, if applicable			
Instructions regarding dangerous goods issued and known by all relevant personnel, if applicable			
Mass and Balance			
Min. five load sheets checked and verified for proper and correct information, if applicable			
Aircraft fleet checked for valid weight check, if applicable			
Minimum one check per aircraft of correct loading and distribution, if applicable			
Training			
Training records updated and accurate			
All pilot licenses checked for currentness, correct ratings and valid medical check			
All pilots received recurrent training			
Training facilities & Instructors approved			
All pilots received daily inspection (DI) training			
Documentation			
All issues of operations manual (OM) checked for correct amendment status			
AOC checked for validity and appropriate operations specifications			

Aviation requirements applicable and updated			
Crew flight and duty time record updated, if applicable			
Flight documents record checked and updated			
Compliance monitoring records checked and updated			
Safety Management			
Safety Manager is appointed and qualified			
The safety policy is communicated and includes a commitment towards achieving the highest safety standards, signed by the Accountable Manager			
There are documented management organisational diagrams and job descriptions for all personnel			
The organisation has a reporting system to capture errors, hazards and near misses that is simple to use and accessible to all personnel			
The organisation has proactively identified all the major hazards and assessed the risks related to its current activities. The list is kept up to date			
Investigations establish and track root causes / contributing factors (why it happened, not just what happened)			
The safety reporting system provides feedback to the reporting person of any actions taken (or not taken) and, where appropriate, to the rest of the organisation			

There is a structured process for the management of risk that includes the assessment of risk associated with identified hazards, expressed in terms of severity and probability			

Non-Compliance Report			*Number:*	
To Compliance Monitoring Manager		*Reported by:*	*Date:*	
Category	▉ ▉ ▉	☐ *Ground Handling*	☐ *Mass and Balance*	
	☐ *Training*	☐ *Documentation*	☐ *Other*	
Description:			*Reference:*	
Level of Finding:				
Root-cause of non-compliance:				
Suggested correction:				
Compliance Monitoring Manager: ☐ *Corrective action required*		☐ *Corrective action not required*		
Responsible person:		*Time limitation:*		
Corrective action:		*Reference:*		
Signature responsible person:		*Date:*		
Compliance Monitoring Manager: ☐ *Correction and corrective action verified*		☐ *Report closed*		

Signature Compliance Monitoring Manager:	*Date:*

7.3 Auditors and Inspectors

General

The Compliance Monitoring Manager may perform all audits and inspections himself/herself or appoint one or more auditors by choosing personnel having related competence either from within or outside the organisation.

Inspections and audits should be carried out by personnel <u>not</u> responsible for the function, procedures or products being audited.

Auditors and inspectors should have and demonstrate relevant knowledge, background, and experience as appropriate to the activities being audited or inspected; including knowledge and experience in compliance monitoring.

If external personnel are used to perform compliance audits or inspections:
- any such audits or inspections are performed under the responsibility of the Compliance Monitoring Manager; and
- the organisation remains responsible for ensuring that the external personnel have relevant knowledge, background, and experience as appropriate to the activities being audited or inspected; including knowledge and experience in compliance monitoring.
- The organisation retains the ultimate responsibility for the effectiveness of the compliance monitoring function, for the effective implementation and follow-up of all corrective actions.

Auditors are to be listed by name on the audit plan, including their scope of activity.

On the defined inspection scopes, the function responsible for the inspection should be named.

The authority, duties and responsibilities of an auditor should include, as a minimum:
- conducts audits and inspections in accordance with the defined processes;
- evaluates safety management issues and procedures;
- evaluates the compliance of the organisation in accordance with the Compliance Monitoring Programme;
- supports the establishment of audit and/or inspection checklist;
- establishes the audit and/or inspection report, as applicable
- reports findings/deficiencies/concerns identified directly to the CMM/SM or as applicable, in accordance with the audit/inspection processes and provides recommendations for improving the organisation's operations, in terms of both efficient and effective performance;
- refuses an audit / inspection if:
  - not trained and qualified as auditor;
  - not in the position to demonstrate relevant knowledge, background, and experience as appropriate to the activities being audited or inspected; and
  - responsible for the function, procedure or product being audited (audit only).

FSTD

Inspection tasks should be conducted by the FFP and/or appropriate FSTD organisation's personnel such as evaluation pilots or the technicians running the QTG tests

Example List of internal Auditors:

Name of Auditor	Scope of activity	Initial training performed	Recurrent training performed	Next recurrent training due
H.Omorfi	Management System	DD.MM.YYYY	DD.MM.YYYY	DD.MM:YYYY
O.Magkas	FSTD Evaluation Pilot aircraft type XY	DD.MM.YYYY	DD.MM.YYYY	DD.MM:YYYY
H.Tsakpina	FSTD QTG review aircraft type	DD.MM.YYYY	DD.MM.YYYY	DD.MM:YYYY

	XY/FNPT MEP			
…	*…*	*…*	*…*	

7.4 Findings, Corrective and Preventive Actions

Definition and Explanations

Findings/non-compliance may either be detected by the operator itself (compliance monitoring) or by HCAA (e.g. Audit).

A **«non-compliance»** describes detected facts and circumstances which do not comply with rules and regulations associated with a certification or authorisation or to a submitted declaration.

A «non-compliance» observed as part of a certification task such as a proof reading of an operator manual before issuing an approval or during initial certification is addressed by the term «Non-compliance» and should not be linked to a rectification due date. So-called noncompliances are documented mainly in document evaluation reports (DER).

A **«Finding»** in the context of oversight describes a non-compliance with the applicable regulations based on which a certificate or authorization was issued, or a declaration was received.

A «non-compliance which was discovered during an audit or inspection shall be addressed by the term «Finding».

An **«Observation»** describes an issue which is not directly safety critical, and which does not constitute a violation against applicable regulations, but which may become safety critical in the future or when considered in a broader way. An Observation may also be raised to indicate poor practice according industry standard. The term Observation may be used during audits and inspections as well as during document evaluations.

The **«Root Cause»** defines the most underlying cause(s) of any non-compliance that can reasonably be identified, and which requires to be controlled and fixed by the organisation. When corrected, it will prevent or significantly reduce the likelihood of the problem's reoccurrence.

In addition to «Root Cause» the CAW Regulation names «Contributing Factors» to be

identified. The examples provided for Contributing Factors are regulatory, human factors, organisational, technical, etc.

The identification of «**Contributing Factors**» is a prerequisite to conclude a «Root Cause» and are therefore expected to be part of a Root Cause Analysis.

- After receipt of notification of findings, the operator shall identify the root cause(s) (incl. Contributing Factors) of the non-compliance of each finding.

- The Inspector must be satisfied that the root cause(s) identified, and the corrective actions taken are adequate to correct the non-compliance and to prevent the reoccurrence.

«Correction» is the action to eliminate a detected finding/non-compliance.

«Corrective action» is the action to eliminate or mitigate the root cause(s) and prevent reoccurrence of an existing detected finding/non-compliance or other undesirable condition or situation (proper determination of the root cause is crucial for defining effective corrective actions to prevent reoccurrence)

«Preventive action» is the action to eliminate the cause of a potential finding/non-compliance or other undesirable potential situation.

The **«corrective action plan»** defined by the operator should address the effects of the finding/non-compliance, as well as its root cause.

- The organisation should always produce a CAP for internal control of rectification.

- The CAP must be submitted to HCAA in any case, even if no extension of the due date is requested.

- An agreed corrective action plan is always required to extend the formal corrective action implementation period (finding due date).

- The CAP must be agreed with the competent authority before the "CAP due date". The inspector must be satisfied that the corrective action plan and its corrective actions are adequate to correct the noncompliance and to prevent the re-occurrence.

The handling of findings includes:

- Identify the root cause of the finding/non-compliance;

- carrying out Corrective action;

- implementation of Preventive action;

- monitoring of its effectiveness.

In case of findings/non-compliances detected by HCAA the organisation must:

- submit the root cause analysis and the action plan for each finding/non-compliance to HCAA;

- demonstrate corrective action implementation to the satisfaction of HCAA within a period agreed with HCAA.

General

The process related to findings (at least for HCAA findings) should include the following steps:

- identification of the root cause of the non-compliance;

- establishment of a corrective action plan;

- the corrective action;

- implementation of the preventive action;

- monitoring of implementation; and

- monitoring of its effectiveness.

The steps may be integrated in the audit and inspection process. In such cases, a separate process should be established to ensure that measures and all other safety information, including airworthiness directives, mandated by third parties (e.g. by HCAA, EASA etc.) are implemented.

For the monitoring of the implementation of corrective- and preventive action including its effectiveness, the organisation should establish a means to track the follow-up. Such a mean could include:

- Reference to the case;

- Brief description of the corrective action to be implemented;

- Brief description of the preventive action to be implemented,

- Responsible person, manager or function:

- Time limit or Deadline:

- A summary of the measures implemented:

- Statement of status:

- Signatures.

Example of a Follow Up File:

Nr.	Ref.	Date	Corrective Action	Preventive Action	Time Limit	Measures Implemented	Status	Name	Sign
01	Inspection Report XXX	XX.XX.XX	Thebattery of the AED is to be replaced	Battery of the AED is to be checked regularly and the life cycle of the battery is to be monitored	XX.XX.XX	Battery replaced Process implemented and responsibilities assigned. Control File implemented	closed		
02	HCAA Audit, 03 June 2017, Finding #3	YYY	Effectiveness of corrective actions not verified	CMM informed. All findings's corrective actions of last 24 months will be reviewed.	YYY	Additional column in planning tool «Aktionsüberwachung» implemented at CMM station leading to reviews and providing an additional deadline for each item/case.	open		
03	…								

FSTD

• Results from the technical inspections and from authority inspections/evaluations shall be treated according to the above-described general process.

7.5 Classification of Findings

ANNEX VII to the Regulation on Air Crew, Part ORA and Annex III to the Regulation on Air Operations Part ORO, do not provide guidance material or an acceptable means of compliance for the classification of findings for the organisation's <u>internal</u> findings It is recommended to treat internal findings the same way as HCAA findings.

Recommendation:

By using the risk-assessment concept, which stipulates the classification of severity and the classification of the likelihood and the evaluation of the risk, the classification of finding levels could be defined as follows:

<u>Level 1:</u> Safety is affected and impacts the red zone within the Risk-Matrix:
a)   no further operation / activity until closure of finding; and
b)   corresponds to level "unacceptable".

<u>Level 2:</u> Safety might be affected and impacts the yellow zone within the Risk-Matrix:
a)   to be closed within due date (max. 2 months); and
b)   corresponds to level "tolerable".

8   Flight Data Monitoring

8.1 Flight Data Monitoring Programme

General

A FDM Programme, sometimes referred to as FDM System or Flight Operations Quality Assurance (FOQA), provides an effective tool for the proactive identification of hazards.

FDM Programmes generally involve systems that capture flight data, transform the data into

an appropriate format for analysis, and generate reports and visualisation to assist in assessing the data. The level of sophistication of the equipment can vary widely. Typically, the following equipment is required for an effective FDM Programme:

- an on-board device to capture and record flight data;
- a means to transfer recorded flight data to a ground-based processing station;
- a ground-based processing station and specialized software to analyse flight data;

Typically, flight data derived from the FDM Programme is used for:

- Exceedance detection;
- Routine measurements;
- Incident Investigation;
- Continuing Airworthiness; and
- Safety and trend analysis.

FDM Programmes are often viewed as one of the most expensive safety systems in terms of the initial outlay, software agreements and personnel requirements. They have the potential to save considerable money by reducing the risk of major accidents, improving operating standards, identifying external factors affecting the operation and improving engineering monitoring programmes.

Implementing a FDM Programme:

The following steps are required to implement a FDM Programme:

- Definition of objectives and scope;
- Implementation of pilot association agreements;
- Establishment and verification of operational and data protection procedures;
- Installation of on-board and ground-based equipment;
- Selection and training of dedicated and experienced personnel to operate the programme;
- Flight Crew information regarding operational and data protection procedures;
- Notification to internal and external parties involved and/or interested.

As a minimum the FDM Programme shall include, either:

- a systematic download and analysis of electronically recorded aircraft flight data; or
- a systematic acquisition, correlation and analysis of flight information derived from a combination of some or all the following sources:
    - aircraft FDR readouts;
    - confidential flight and cabin crew operational safety reports;
    - flight and cabin crew interviews;
    - quality assurance findings;
    - flight and cabin crew evaluation reports;
    - aircraft engineering and maintenance reports.

FDM Analysis Techniques shall compromise the following:

- Exceedance detection: searching for deviations from aircraft flight manual limits and SOPs;
- Flight Data measurement: a set of defined parameters and their tolerances;
- Statistics: a series of data collected to support and generate rate information and trend analysis.

Evaluation of a Flight Data Monitoring Service Provider:

Some aircraft manufacturers actively support FDM Programmes for their aircraft. They provide packages including tools and software, handbooks to support their FDM methods, procedures, and additional assistance for implementing the FDM Programme. Additionally, there are third party Flight Data Monitoring Service Providers which tailor their services to the required standards and specification of the operator. Depending on the scope and size of the operator it is recommended to outsource the complex ground-based processing to a third-party provider in order to minimise installation, training and software license costs. This recommendation is especially to be considered for small and low cycle operators. Other operators may choose to implement a fully-fledged in-house FDM Programme. Ideally, there should be a list stipulating the aircraft registration, corresponding name of the FDM System and contracted service provider.

De-identification of sensitive Flight and Crew Data:

The procedure to prevent disclosure of sensitive flight data or crew identity shall be written in a document and signed by all parties such airline management, flight crew member representatives nominated either by the union or the flight crew themselves. This procedure shall, as a minimum, define:

- the objective and scope of the FDM programme;
- a data access and security policy that should restrict access to information to non-specifically authorised persons;
- the method to obtain identified or de-identified flight crew feedback;
- the data retention policy and accountability including the measures to ensure the security of the data;
- the criteria and procedure under which an advisory briefing or remedial training should take place;
- the conditions under which the confidentiality may be withdrawn for reasons of gross negligence or significant continuing safety concern;
- the participation of flight crew member representative(s) in the assessment of the data, the action and review process and the consideration of recommendations; and
- the policy for publishing the findings resulting from FDM.

9 Contracting and Leasing

9.1 Contracting and Monitoring of Contractors

General

The organisation shall ensure that when contracting or purchasing any part of its activity, the contracted or purchased service or product conforms to the applicable requirements.

Contracted activities include all activities within the organisation's scope of approval that are performed by another organisation either itself certified to carry out such activity (under the CAW regulation this qualifies as a «contractor») or if not certified, working under the organisation's terms approval (under the CAW regulation this qualifies as a «subcontractor»).

The ultimate responsibility for contracted products or services provided by external organisations always remains with the organisation (according to the CAW regulation this applies for subcontracted services).

Activities performed by contractors may have an impact on safety. Therefore, the contracted safety related activities need to be addressed through the organisation's safety management and compliance monitoring programme:

- As part of the safety management, a risk analysis is to be carried out on any newly contracted activity as part of the management of the change process. If corrective and/or preventive actions need to be implemented, they are to be submitted in writing to the contractors. Effective application of these measures needs to be checked and monitored

- As part of the compliance monitoring programme, the organisation ensures that the contracted organisation has the necessary certificate, authorisations and approvals where required, and has the resources and competence to undertake the task. Compliance with applicable regulations, organisation defined philosophies, policies, procedures, and requirements are to be verified and monitored.

Contractors are to be supplied with the organisation's documentation or parts thereof as applicable. Depending on the product or service provided, contractors are to be trained in the organisation's defined philosophies, policies, procedures, and requirements. This in particular concerns contracted organisations providing training and checking

Air Operators

An Operator may contract certain activities to external organisations, typical areas are:

- Ground de-icing/anti-icing
- Ground handling
- Flight support
- Training
- Manual preparation

AOC Holders / SPO Authorisation holders / ATOs

When any part of its activity is contracted to an organisation that is not itself certified or authorised in accordance with Part-ORO/ORA to carry out such activity, the contracted

organisation shall work under the approval of the operator/organisation. The contracting organisation shall ensure that the competent authority is given access to the contracted organisation, to determine continued compliance with the applicable requirements.

CAMO

When any part of its activity is <u>sub</u>contracted to an organisation, that organisation shall work under the approval of the operator/organisation. The contracting operator/organisation shall ensure that the competent authority is given access to the subcontracted organisation, to determine continued compliance with the applicable requirements

FSTD

All requirements that an organisation is expected to meet are equally applicable to its subcontractor. The organisation must ensure that the subcontractor complies with its compliance management.

Example of a list containing contracted activities:

Product / Service	Contractor	Agreement	Customer Number
Flight Planning Performance Calculation	Sample Company Ltd. 123, Aerodrome street Aerodrome Example 54321 Specimen	Yes	CN-123-321-456
Organisation Documentation Publication	Print Company Ltd 987, Editing street	Yes	658-DP-857
	54321 Specimen		
Recruitment of Personnel	Consultant Company Ltd …	Yes	None
Route-and Aerodrome Instructions and Information	Refer to OM C, Chapter 1.X «Subscription to Commercially Produced Manual System»		
Training	Refer OM D, Chapter 1.2 «Contracted Training Facilities»		
Audit and Inspections	Refer to OMM, Chapter X.X «Audit and Inspections»		
Base and Line Maintenance	Refer to CAME, Part 5 «Contracted Maintenance»		

Continuing Airworthiness Management Tasks	*Refer to CAME, Part 5 «Continuing Airworthiness Management Tasks»*

Example process for the evaluation of contractors

Step	Remarks	Tool	Responsibility
Definition of requirements and needs	• *define the product, service, activity or task to be contracted* • *specify the criteria for safety and quality and the standard of performance* • *define the standards of performance* • *establish budget and cap on costs*	*Contractor evaluation checklist*	*Project team*
Offer	*Request firm offer including evidence of certificates, authorisations and approvals*	*Offer documentation*	*Project team Contractor*
Release	*Release and approval of offer, conditions, budget and cap on costs*	*Project documentation*	*ACM*
Evaluation	• *Verify that the contractor holds the required certificates, authorisations and approvals* • *Verify the adequacy of the facilities and equipment as well as the availability of resources* • *Check the need to supply the contractor with organisation documentation or parts thereof* • *Verify the need to train the contractor on defined organisations philosophies, policies, procedures, and requirements*	*Contractor evaluation checklist*	*Project team*
Safety Impact	*Decide whether risk assessment is necessary*	*Risk assessment tool Supplier risk analysis*	*Project team*
Compliance Check	*Decide whether a detailed audit is required*	*Contractor Evaluation Audit Checklist*	*Auditor*
Decision and Closing	*Decide upon suitability, adequacy and acceptability*	*Project documentation*	*ACM*

Request Contract	Issue of contracts	Contract	Contractor
Contract review	• Evaluate contract, verify that the contracted activity, product or service is clearly defined • Verify costs	Contract	Project team
Sign contract	Signing of contracts by the responsible function and Accountable Manager	Contract	ACM

If there is a need for action, the preventive or corrective measure is submitted to the contractor in written form. To monitor the implementation, the corrective measure is tracked on the list of pending items.

* In case of negative trends, the relevant nominated person in collaboration with the Compliance Monitoring Manager decides about the necessity for the conduction of a contractor inspection/audit

Example for the continuous monitoring of contractors

Service/Product/Activity	Monitoring	Frequency	Responsibility
Training	ensuring the validity of necessary certificates, authorisations and approvals	According to the validity of the individual certificates, authorisations and approvals	NPCT
	inspection/audit of training provided	Acc. to risk assessment	NPCT
	• analysis of trainee's feedback report • treatment of feedback according to feedback & reporting	Each training OM D, Chapter «XY»	NPCT
Maintenance	supervision of maintenance according to continuing airworthiness management exposition CAME	-	NPCA
Fuelling	• fuel check according to OM A, Chapter 8.2	-	Pilot

	• *Occurrence report in case of occurrences*		
	risk assessment	*Supplier Risk Assessment*	*NPGO*
	audit* of fuel providers	*Acc. to risk assessment*	*…*
Ground Handling	*supervision of ground handling activities according to OM A, Chapter 8.2*	*Each flight*	*Flight Crew*
	sample checks (inspections) by crew based on checklist provided by dispatch	*…*	*Dispatch / Flight Crew*
	risk assessment	*Supplier Risk Assessment*	*NPGO*
	audit*	*Acc. to risk assessment*	*…*
	…	*…*	*…*
De-/Anti-Icing	• *Monitoring by crew according to OM A, Chapter 8.2* • *Occurrence report in case of occurrences*	*-*	*Commander*
	risk assessment	*Supplier Risk Assessment*	*NPGO*
	audit* of de-/anti-icing providers	*Acc. to risk assessment*	*…*
Flight Support	*…*	*…*	*…*
Navigation Data Providers	*Availability of Letter of Acceptance*	*…*	*NPCA*
	Occurrence report in case of occurrences	*…*	*Commander*
Flight Performance Data Provider	*Comparison of delivered product with order*	*…*	*NPGO*
	Occurrence report in case of occurrences	*…*	*Commander*
Providers of data for take-off performance calculation	*Comparison of delivered product with order*	*…*	*NPGO*
	Occurrence report in case of occurrences	*…*	*Pilot*

Flight Operations / Wet lease	*…*	*…*	*…*
Dry lease of FSTD	• *Check qualification of FSTD* • *Daily check*	*Before use after dry lease*	*NPCT*
Maintenance of FSTD	*ensuring the validity of necessary approval/qualification …)*	*According to the validity of the individual certificates, authorisations and approvals*	*CMM*
	verification of service report of provider	*each report*	*…*
	check of function as release to service	*before release to service*	*….*
FSTD engineering services	*as a minimum an incoming inspection is required*	*before release to service*	*FFP*
FSTD Manual preparation	*Verification of completeness, conformity & compliance with respective requirements*	*each service*	*FFP*
FSTD Navigation Data	*check-up-date*	*Current within 3 months (28 days for aerodrome competence trng!)*	*FFP*
FSTD Spare Parts	*Provision and validity of certificate of spare part during the arrival of part*	*each delivery*	*FFP*
	Check of function of spare part after installation / fitting	*each installation*	*FFP*
…	*…*		

9.2 Leasing Use of aircraft listed on an AOC for non-commercial operations and specialised operations

NOTE:

- *Any lease agreement concerning aircraft used by an operator certified according to part AOC is subject to prior approval by HCAA.*

- *For details on leasing see FSD/OPS/IB-5-2014 "Lease-Codeshare".*
- *Any lease agreement concerning aircraft used by a SPO operator is subject to prior approval by HCAA if the aircraft originates from a third country operator or is registered in a third country.*
- *Any rent-out of an aircraft listed on an AOC to another operator for non-commercial and specialised operations is subject to prior approval by HCAA for the AOC holder.*
- *Information appearing in Chapter 13 of the OM shall not be duplicated here.*

AOC holders / SPO / (ATO)

The term leasing applies for any aircraft «movement» from an AOC to another AOC. Moving an aircraft from an SPO declaration to another SPO declaration is not called leasing, unless the SPO operator *leases*-in an aircraft that is registered in a third country (TCO).

For AOC registered aircraft there is an option to be used for a period not exceeding 30 days for non-commercial and specialised operations (SPO) without having to be removed from the AOC.

Reference is made to the List of airlines banned within the EU - Transport for verification of operating bans.

9.3 Code-Share Agreement

NOTE: For details on Code-sharing see FSD/OPS/IB-5-2014 "Lease-Codeshare".
Information appearing in Chapter 13 of the OM shall not be duplicated here.

Operators should establish a code-share audit programme for monitoring continuous compliance of the third country operator with the applicable ICAO standard. The third country operator should be audited at periods not exceeding 24 months (for renewal date refer to AMC1 ORO.AOC 115 (b)). The audit programme should include:

- The audit methodology (audit report + compliance statements);
- Details of the specific operational areas to audit;
- Criteria for defining satisfactory audit results;
- A system for reporting and correcting findings;
- A continuous monitoring system;

- Auditor qualification and authorisation; and
- The frequency of audits.

After closure of all findings identified during the audit, the EU operator should submit an audit compliance statement to HCAA demonstrating that the third country operator meets all the applicable safety standards.

The initial audit and/or the continuous monitoring may be performed by a third-party provider on behalf of the EU operator. In any case, the use of a third-party provider does not exempt the EU operator from its responsibility under ORO.AOC.115.

The EU operator should maintain a list of the third country code-share operators monitored by the third-party provider.

10 Record Keeping

10.1 Record Keeping and Archiving

General

The organisation shall establish a system of records that allows storage and reliable traceability of all its activities. The format should be specified in the organisation procedure and should be stored in a manner that ensures protection from damage, alteration, and theft.

A record keeping includes the following cycle:
- Create storage;
- Maintain and monitor storage;
- End of storage period - destroy or archive file/record.

The record-keeping system should ensure that the records are always accessible and traceable throughout the retention period. The retention period starts when the record has been created. Computer system should have at least:
- one backup system which should be updated within 24 hours of any new entry;
- safeguarded against access by unauthorised personnel;

- a minimum storage period of five years unless otherwise specified in the respective subpart

All computer hardware used to ensure data backup should be stored in a different location from the one containing the working data. Special care should be taken when hardware or software changes take place making sure that all data continues to be accessible.

Microfilming or optical storage of records may be carried out at any time. The record should be as legible as the original record and remain so for the required retention period.

General

Example for management system related records:

Document	Responsibility	Type of Storage	Place of Storage	Storage Period	Follow-up
Data evaluation of managers	ACM	EDP	P://…/MgmtEval	5 years	-
SPI-Reports	…	…	…	5 years	…
Management evaluation report	ACM	EDP	P://…/MgmtEval	5 years	…
Individual feedback reports	…	…	…	5 years	archive
Audit Plan	…	…	…	…	
Audit reports	CMM	Hard Copy	Audit Folder	5 years	scan&destroy
List of inspections performed	Nominated Persons	Electronically	P://…/Inspections	5 years	…
Employees Introduction programme	…	…	…	5 years	…
Attendance records of Management System and	…	…	…	5 years	…

FLIGHT STANDARDS DIVISION

INFORMATION BULLETIN - OPS

FSD/OPS/IB 3/2024

Organization MANAGEMENT SYSTEM and MANAGEMENT SYSTEM MANUAL

ISSUE: Reissue
Effective date: / 6/2024

Safety Management related training					
List of pending items	*CMM*	*EDP*	*P://…/CorrActions*	*5 years*	
Report monitoring tool	*…*	*…*	*…*	*5 years*	
Company Risk Assessment	*ACM*	*…*	*…*	*5 years*	
Project Risk Assessment	*Project Manager*	*…*	*…*	*5 years*	*scan&destroy*
Investigation results	*…*	*…*	*…*	*5 years*	*archive*
Flight Data Monitoring analysis reports	*…*	*…*	*…*	*5 years*	*…*
Results from Studies, Surveys, Reviews	*SM*	*…*	*…*	*5 years*	*…*
…	*…*	*…*	*…*	*5 years*	*…*

Air Operators

List of record keeping «preparation and execution of flight»

Document	*Responsibility*	*Type of storage*	*Place of storage*	*Storage period*	*Follow-up*
Operational Flight plan	*NPFO*	*Hardcopy*	*Dispatch P://…/flightOps*	*3 Months*	*scan/destroy*
Route-specific notices (NOTAMs, weather….)	*NPGO*	*EDP*	*P://…/flightOps*	*3 Months*	*-*
Mass&balance	*…*	*……*		*3 months*	
NOTOC	*NPFO*	*Hardcopy*	*Dispatch*	*3 months*	*destroy*

Journey log / Tech Log	*NPCA*		*…*	*3 months*	*…*
Flight reports	*…*	*…*	*….*	*3 months*	*…*
Records of duty, flight duty and rest periods	*NPFO Concerned crew member*	*EDP*	*Office NPFO P://…/flightOps Crew member individual and private file*	*15 calendar months from the date of the last relevant entry*	*archive*
…	*…*	*…*	*…*	*…*	*..*

List «personnel records to be stored»

Document	*Responsibility*	*Type of Storage*	*Place of Storage*	*Storage period*	*Follow-up*
Flight crew licence	*NPCT*	*Copy and EDP*	*Office NPCT P://…/Training*	*If the crew member is exercising the privileges of the licence for the aircraft operator*	*archive*
Cabin crew attestation	*CCC*	*Copy and EDP*	*Office NPCT P://…/CabinCrew*	*If the crew member is exercising the privileges of the licence for the aircraft operator*	*archive*
Crew member training, checking and qualifications	*NPCT*	*Copy and EDP*	*Office NPCT P://…/Training*	*3 years*	*archive*
Records on Crew member recent experience	*…*	*…*	*…*	*15 months*	*…*
Crew member route and aerodrome/ tasks and area of	*…*		*…*	*3 years*	*…*

competence, as appropriate					
Dangerous goods training	…		…	*3 years*	…
If own CAMO, for ARS: *License and qualifications*	NPCA	…	…	…	…
Training/qualification records of other personnel for whom a training				*Last two training records*	
programme is required					

The operator shall maintain all training, checking and qualifications of each crew member, and make the records available, <u>on request</u> by the crew member.

ATO

The following record shall be kept for a period of at least 3 years after the completion of the training:

Document	*Responsibility*	*Type of Storage*	*Place of Storage*	*Storage period*	*Follow-up*
Details of ground training	*CTKI*	*File folder*	*Office CTKI T://…/Training*	*3 years*	*scan and destroy*
Details on flight training	*CGI*	*File Folder*	*Office CTKI T://…/Training*	*3 years*	*scan and destroy*
Details on simulator training	…	…	…	*3 years*	…
Progress reports from instructors	…	…	…	*3 years*	…
Details on Ground examinations	…	…	…	*3 years*	*scan and archive*

Information on licences	…	…	…	*3 years*	…
Associated Ratings	…	…	…	*3 years*	…
Certificates of student	…	…	…	*3 years*	*Scan and archive*
Medical incl. expiry date	…	…	…	*3 years*	*Scan and archive*

FSTD

The holder of a FSTD qualification certificate shall keep records of:
- All documents describing and providing the initial qualification basis and level of the FSTD for the duration of the FSTD's lifetime.
- Any recurrent document and reports related to each FSTD and to compliance monitoring activities for a period of at least 5 years.

List of FSTD records to be kept:

Document	*Responsibility*	*Type of Storage*	*Place of Storage*	*Storage period*	*Follow-up*
Configuration Control records	*FFP*	*Hardcopy File folder*	*Office FFP T://…/FSTD*	*lifetime of FSTD*	*scan&archive*
Fly-out reports	*FFP*	…	…	*5 years*	…
Maintenance job cards	…	…	…	*5 years*	…
Master QTG	…	*Hardcopy File folder*	*Office FFP T://…/FSTD*	*lifetime of FSTD*	*scan&archive*
Qualification certificate of initial evaluation	…	*Hardcopy File folder*	*Office FFP T://…/FSTD*	*lifetime of FSTD*	*scan&archive*
initial evaluation report	…	*Hardcopy File folder*	*Office FFP*	*lifetime of FSTD*	*archive*
QTG run records	…	*Hardcopy File folder*	*Office FFP*	*5 years*	*scan&destroy*

Document	Responsibility	Type of Storage	Place of Storage	Storage period	Follow-up
recurrent evaluation reports	…	…	…	lifetime of FSTD	…
Qualification Certificate(s)	…	…	…	lifetime of FSTD	…
reports of internal functions and subjective testing	…	…	…	5 years	…
technical log	…	Hardcopy File folder	…	lifetime of FSTD	scan&archive
CMS report	…	…	…	5 years	…
evaluation programme	…	…	…	5 years	…
…	…	…	…	5 years	…

AeMC

The AeMC shall:

• maintain records with details of medical examinations and assessments performed for the issue, revalidation or renewal of medical certificates and their results, for a minimum period of 10 years after the last examination date; and

• keep all medical records in a way that ensures that medical confidentiality is always respected.

Document	Responsibility	Type of Storage	Place of Storage	Storage period	Follow-up
Details and results from medical examinations & assessments for issue, revalidation or renewal of med. certificates	Head of AeMC	File Folder	Office XY	10 years	scan&archive

…	…	…	…	…	…

CAMO

• List of CAMO records to be kept:

Document / Record	Media	Location	State / Retention Period	Responsibility
Date of the entry, total time and flight cycles as applicable for aircraft, engine(s) and/or propeller(s)	*as applicable*	*as applicable*	*Current* *When the aircraft has been withdrawn from service plus 12 months*	*NPCA*
Mass and balance report	*…*	*…*	*Current* *When the aircraft has been withdrawn from service plus 12 months*	*…*
Status of: 1. *ADs* 2. *modifications and repairs;* 3. *compliance with the AMP;* 4. *deferred maintenancetasks and defects rectification.*	*…*	*…*	*Current* *When the aircraft has been withdrawn from service plus 12 months*	*…*
Status of: 1. *life-limited parts* 2. *time-controlled components*	*…*	*…*	*Current* *When the aircraft has been withdrawn from service plus 12 months*	*…*
ATL system covering the 36 months period prior to the last entry,	*…*	*…*	*36 months*	*…*
CRS and detailed maintenance records covering a period not shorter than 36 months	*…*	*…*	*Until superseded by new records equivalent in scope and detail but min 36 months*	*…*

In-service history record for each life-limited part	…	…	*Current* *When the aircraft has been withdrawn from service plus 12 months*	…
Data specific to certain components	…	…	*Until superseded by new records equivalent in scope and detail but min 36 months*	…
Continuing airworthiness management task records	…	…	*Until 3 years after the responsibility for the aircraft has been permanently transferred to another person or organisation.*	…
Airworthiness Review Records	…	…	*Until 3 years after the responsibility for the aircraft has been permanently transferred to another person or organisation.*	…
Management system, contracting and subcontracting records	…	…	*At least 5 years*	…
Personnel records	…	…	*Shall be retained until 3 years after the person has left the organisation*	…
…	…	…	…	…

11. Management Evaluation and Continuous Improvement

11.1 Management Evaluation

AOC holders / NCC or SPO / ATO CPL, MPL and ATPL / AeMC / FSTD

The Management Evaluation is a comprehensive and systematic review by the management to evaluate the overall effectiveness of the organisation including the management system regarding its policies, processes, and barriers. The main function is controlling and mitigating risks throughout the whole organisation (including corporate risk, finance...). Performance Indicators from all departments are reported. This process is of utmost importance for the steering of the organisation.

As explained in Chapter 4 of this IB, it is important that targets are defined and communicated (not only Safety Targets). The management has then to decide which

Performance Indicators are only reviewed and communicated within the concerned division and which SPIs are reviewed and communicated to the top Management and Board of Directors on a regular basis.

ATO LAPL, PPL, SPL, and BPL – Organisational Review

An ATO providing training only for the LAPL, PPL, SPL or BPL and the associated ratings or certificates, may accomplish safety risk management and compliance monitoring by the «organisational review».

The organisational review provides a new possibility to perform safety and risk management as well as compliance management, simply said, by using a checklist in compliance with GM2 ORA.GEN.200(c).

The primary objective of the organisational review is to enable the organisation to ensure that its management system remains effective by verifying that:

- it has continually identified its aviation safety hazards;
- it has effectively mitigated the associated risks; and
- it monitors compliance with the applicable requirements.

The organisational review consists of:

- a **programme** with the associated checklists covering the required review items;
- a **schedule** for the the different checklist items. Each item must be checked at least once within any **12-month** period.

NOTE: A Management System documentation is still required to cover the identification of safety hazard, mitigate associated risk and to verify compliance with the applicable requirements.

Example of indicators for the Management Evaluation

Area	Item	Objective	Year XXXX											
			1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
			1st Quarter			**2nd Quarter**			**3rd Quarter**			**4th Quarter**		
			1st Half						**2nd Half**					
Finance	Cash ratio	>40%												
	Quick ratio	>80												
	Current ratio	100%												
	Cash burn rate	>60 days												
	Cash flow ratio	>10%												
	Equity ratio	>40%												
	…													
Marketing	Return on sales													
	Return on invested capital													
	…													
Safety	Risk value	3.5	4	4	4.5	4.2	3.8	3.4	3.3	3.2	3.1	2.8	2.8	2.8
	Risk ratio													
	…													
Maint.	Reliability ratio													
	…													
FSTD	Availability	99%	99	92	98	100	100	99	…	…				
	closed defects	…	2	8	…	…								
	open discrepancies	5	3	10	9	…	…	…						
	…													

11.2. Continuous Improvement

Complex Organisation:

AOC holders / NCC or SPO / ATO CPL, MPL and ATPL / AeMC / FSTD

The organisation should continuously seek to improve its safety performance. Continuous Improvement should be achieved through:

(1)   Proactive and reactive evaluations of facilities, equipment, documentation and procedures through audits and surveys;

(2)   Proactive evaluation of individuals' performance to verify the fulfilment of their safety mitigation of risk; and

(3)   Reactive evaluation to verify the effectiveness of the system for control and mitigation of risk.

There are different means of how the organisations performance can be improved and the effectiveness increased. The Safety Manager should provide a report on safety performance and on how safety is managed. These results should then be reported to the management via management evaluation, (refer also to management evaluation). The data derives from:

-    Safety Reviews

-    Safety Studies

-    Safety Surveys

-    Internal Safety Investigations

-    Audits and Inspections(refer to audit and inspection)

-    Other...

12 Emergency Response Planning

12.1. Emergency Response Planning

General

An Emergency Response Plan outlines systematically and in writing what should be done after an accident or aviation crisis and who is responsible for each action.

The term Emergency Response Plan may be also known by different terms such as Contingency Plan, Crisis Management Plan, Continuing Airworthiness Support Plan, etc.

Where there is a possibility of an organisation's aviation operations or activities being compromised by other crisis or emergencies originating from external sources such as a public health emergency or a pandemic, these scenarios should also be addressed in the ERP concept.

The ERP should address all possible and likely scenarios and have appropriate mitigating actions or processes in place so that the organisation, its customers, the public and the industry at large may have a better level of safety assurance as well as service continuity.

Successful response to an emergency begins with effective planning. An Emergency Response Plan provides the basis for a systemic approach to manage the organisation's affairs in the aftermath of a significant event – in the worst case, a major accident.

Everyone involved in the initial response to a major aviation event will suffer from some degree of disorientation. Therefore, the Emergency Response Plan should take advantage of the use of checklists. These checklists may form an integral part of the organisation's documentation or the emergency response manual.

An Emergency Response Plan is a paper indication of intent. Hopefully, much of an ERP will never be tested under actual conditions. Nevertheless, comprehensive training is required to ensure that the described intentions are backed by operational capabilities. Furthermore, regular emergency response drills and exercises are strongly recommended. Some elements of the ERP, such as the call-out and communication plan may be tested by desktop exercises. Other aspects, such as on-site activities involving other agencies, need to be exercised at regular intervals. Such exercises have the advantage of disclosing deficiencies in the plan, which can be rectified before an actual emergency. For certain service providers such as airports, the periodic testing of the adequacy of the plan and the conduct of full-scale emergency exercise may be mandatory.

Purpose and Effectiveness of an Emergency Response Plan

The purpose of an Emergency Response Plan is to ensure:
- Delegation of the emergency authority;

- Assignment of emergency responsibilities;
- Documentation of emergency checklists, procedures, and processes;
- Safe continuation of essential operations, while the crisis is being managed;
- Proactive identification of all possible emergency events or scenarios and their corresponding mitigation actions;
- Coordination of emergency response efforts internally and with external parties.

An effective Emergency Response Plan should:

- Be Appropriate to the size, nature, and complexity of the organisation;
- Be readily accessible to all relevant personnel and other organisations where applicable;
- Include checklists and procedures relevant to different or specific emergency situations;
- Have quick reference contact details of relevant personnel;
- Be regularly tested through practical exercises involving all relevant departments and personnel of the organisation;
- Be periodically reviewed and updated when regulations, preconditions or other details change.

Emergency Response Plan Content

An ERP would normally be documented in the format of a manual and may include the following considerations:

- **Governing Policies:** The ERP should provide direction for responding to emergencies, based on governing laws and regulations for investigations, agreements with local authorities, company policies and priorities.
- **Organisation:** The ERP should outline management and key personnel intentions, roles, responsibilities, reporting and communication lines, call-out plan for key personnel, organisational set-up, etc. with respect to the emergency.
- **Notifications:** The ERP should specify who in the organisation should be notified of an emergency, and who will make external notifications and by what means.
- **Go-Team:** Depending on the circumstances, a Go-Team may be dispatched to the accident site to augment local authorities and administer the organisation's interests.

- **Additional Assistance:** Employees with appropriate training and experience may provide useful support during the preparation and execution of an organisation's ERP. These employees may fulfil different roles such as members of the Crisis Management Centre or the Family Assistance Programme.

- **Crisis Management Centre (CMC):** The CMC, which is normally in standby mode, should be activated at the organisation's headquarters once the stipulated activation criteria have been met. In addition, a Command Post (CP) may be established at or near the accident site. The ERP should address issues such as round-the-clock staffing, communication, documentation, checklists and procedures, emergency response equipment, office furnishing and supplies.

- **Records:** In addition to the organisation's legal requirement to maintain logs of events and activities, the organisation will be required to provide information to a State investigation team. Special emphasis should be given to procedures for the retention of relevant data in safe custody pending their disposition as determined in accordance with ICAO Annex 13. Considered as relevant data are FDR and CVR records, training and checking results, technical records, and flight planning relevant records.

- **Accident Site:** After a major accident, representatives from many jurisdictions have legitimate reasons for accessing the site, for example, police, fire-fighters, medics, airport authorities, coroners, State accident investigators and relief agencies (e.g. the Red Cross). Although coordination of the activities of these stakeholders is the responsibility of the State's police and/or investigating authority, the aircraft operator should clarify the following aspects of activity at the accident site: representative at the accident site, management of surviving victims, needs of relatives of victims, handling of human remains and personal property of the deceased, removal and security of the wreckage, preservation of assistance, etc.

- **News Media:** How the company responds to the media may affect how well the company recovers from the event, minimising reputational damage. The following issues should be thoroughly addressed in a comprehensive ERP: guidance regarding a prepared statement for immediate response to media queries, what information may be released and what information is protected by statute (FDR, CVR and ATC recordings, witness statements, etc.), designated

speakers, timing and content of the initial statement, provisions for regular media updates.

- **Formal Investigations:** Guidance for company personnel dealing with State accident investigators and police should be provided in the ERP.
- **Family Assistance:** The ERP should provide guidance for personnel working in stressful situations. This may include specific duty limits and providing post-critical incident stress counselling. The ERP should also include guidance on the organisation's approach to assisting the families of accident victims (crew and passengers post-critical incident stress counselling). Many employees will be required to support the organisation's Family Assistance Programme. It is strongly recommended to provide Critical Incident Stress Management (CISM) Training to all employees who are dealing with survivors or family members.
- **Post-Occurrence Review:** Direction should be provided to ensure that, following the emergency, key personnel carry out a full debriefing and record all significant lessons learned. This may result in amendments being made to the ERP and associated checklists and procedures.

Emergency Response Planning Service Provider

There are third party Emergency Response Service Providers which tailor their services to the required standards and specification of the organisation. Those services may include a crisis management centre, crisis communication, media call centre, family assistance, disaster recovery services, etc.

Depending on the scope and size of the organisation it might be advisable to outsource the complex, time-consuming and expensive set-up of certain emergency response elements to a third-party service provider to minimise set-up, training and running costs. This recommendation is especially worth considering for small and low cycle operators. Other operators may choose to implement a fully-fledged Emergency Response Plan. Ideally, there is a list stipulating which emergency response element is contracted to a specific service provider, and under which circumstances and criteria those services are activated.

Example for a Statement regarding the Scope and Objectives of the ERP Concept

ERP Scope:

- The ERP Concept has been designed to systematically assist the organisation in handling an Aviation Emergency, Accident or Serious Incident or any other event requiring activation of the Emergency Response Team.

- The Plan provides processes and guidelines to personnel performing essential tasks to ensure continuous operation, emergency handling and full recovery of the organisation, addressing both legal and moral responsibilities.

ERP Objectives: The ERP Concept has been designed to fulfil the following objectives:

- Ensuring an orderly and safe transition from normal to emergency operations and return to normal operations;

- Outlining a communication and notification plan, including communication and notification to the authorities and the emergency response team;

- Defining composition, role and contact details of the emergency response team;

- Providing guidelines and initial response procedures for the emergency response team members so that the initial tasks may be performed correctly;

- Ensuring the welfare of employees, crew, and passengers in a crisis.

Example for an Initial Notification of an Emergency

Step	Who / Responsibility	Means of Notification / Forms	Notification to / Address	Time Limit
1	*Any Flight Crew Member*	*Radio Communication*	*Local ATS Frequency or MHz 121.50*	*Immediately*
2	*Commander or any person becoming aware of the Emergency*	*By the most practical mean*	*Notification of the Emergency Response Team (refer to OMM, Chapter X.X Composition, Role and Contact Details of the Emergency Response Team)*	*ASAP*

3	*Manager Emergency Response Planning* *Or* *Next available Person according to the Composition, Role and Contact Details of the Emergency Response Team. Proceed according to order number.*	*Phone*	HARSIA (Ε.Ο.Δ.Α.Σ.Α.Α.Μ.) *And* *HCAA*	*Immediately*

Example for Composition, Role, and Contact Details of the Emergency Response Team

Order	Role	First Name / Family Name	Phone No 1	Phone No 2
1	*Manager Emergency Response Planning*	*K.X*	*…*	*…*
2	*Deputy Manager Emergency Response Planning*	*X.K*	*…*	*…*
3	*Accountable Manager*	*M.M*	*…*	*…*
4	*NP Flight Operations*	*…*	*…*	*…*
5	*NP Continuing Airworthiness*	*…*	*…*	*…*
6	*…*	*…*	*…*	*…*
…	*…*	*…*	*…*	*…*

Example for Initial Emergency Response Guidelines and Procedures

Step	Task	Responsibility	Verify/Check	Tool / Source
1	*Verify the seriousness of the Emergency*	*Manager ERP*	*Aeroplane/Crew Location. Get additional first-hand information.*	*Communication Means*
2	*Verify what kind of Emergency*	*Manager ERP*	*Accident or serious incident? Persons injured?*	*Local NAA or local Air Accident Investigation*

				Branch
3	*Consider activating the CMC, GoTeam, Family Assistance, etc.*	*Manager ERP*	*Call-out list*	*OMM or ERP Manual*
4	*Initial Notification to HARSIA (Ε.Ο.Δ.Α.Σ.Α.Α.Μ.) and HCAA*	*Manager ERP*	*Date, Time, Person*	*Initial Notification List*
5	*Collect Passenger Details*	*Manager ERP*	*Customer Files*	*Booking and Reservations Department*
6	*Collect Flight Documents and Crew Records*	*NP Flight Operations*	*Completeness*	*Dispatch, Outstation, Handling Agent, HR Department*
7	*Collect Aeroplane Documents*	*NPCA*	*Completeness*	*CAMO, MRO*
8	*…*	*…*	*…*	*…*
…	*…*	*…*	*…*	*…*
…	*…*	*…*	*…*	*…*
xx	*Deactivation of the Emergency Response*	*ACM*	*All relevant ERP Tasks completed*	*OMM or ERP Manual*

13 Management System Training

13.1 General Requirements

All training and checking programmes within an organisation should include training in those aspects of the management system and associated procedures that are relevant to the function and position in question. This means that the Management System Training is an integral part of the organisation's training programme as required by the relevant requirements and standards for all functions. The concept should consider the requirements of all of employee levels and could be structured as follows:

- Basic Management System Training for all employees;

- Advanced Management System Training for management personnel, auditors and inspectors; and
- Continuous training.

The Management System Training may consist of classroom instruction, self-study via media (newsletter, flight safety magazines, power point, e-learning, etc.) and must be specified in the respective syllabus or lesson plans.

The organisation's Management System Documentation may serve as training handout/documentation.

Detailed lesson plans as used by the instructors need not be integrated within the organisation's manual system to ensure necessary flexibility for improvements / amendments.

13.2 Basic Training – All Employees

A basic training for all employees should be based on the organisation's management system documentation.

Based on the organisation's management system, the basic training consists of:

Training Subject	Level of Training	Standard of Performance	Instructor
The Organisation's Scope of Activity	overview classroom	Knows the organisation, its facility and infrastructure Names the scope of activity	ACM
Organisation's Strategic Planning and Safety Policy	in-depth classroom	Understands the Safety Policy including Objectives and can actively apply the elements thereof; Names the organisation's vision, mission, values and strategy	ACM
Organisation's Documentation including System of Amendment and Revision	in-depth classroom	Names the organisation's documentation including manual system and knows the relevant documents, manuals and/or parts as required by his function	NPFO
Organisational Structure,Duties,	in-depth	Can find the defined organisational structures, management personnel including contacts,	NPFO

Responsibilities and Accountabilities	*classroom*	*understands the role and function of the management personnel; Understands and knows the duties and responsibility as defined for his function and is proficient to perform the respective duty*	
Safety Management	*overview classroom*	*Understands and can explain the basic principles of the safety management* *Understands and knows the own role within the safety management*	*SM*
Compliance Management	*overview classroom*	*Understands and can explain the basic principles of the compliance management* *Understands and knows the own role within the compliance management*	*CMM*
Occurrence Reporting	*in-depth classroom*	*Understands the different types of reporting and can report according to the defined reporting procedures* *Understands and knows the own role within the occurrence reporting system*	*NPFO*
Emergency Response Planning	*overview classroom*	*Can find the ERP relevant documentation and knows the different functions within the ERP*	*NPFO*
Management Evaluation and Continuous Improvement	*overview classroom*	*Knows and understands the principles of the management evaluation and continuous improvement*	*ACM*

Air Operations

For Flight Crew:

- - As a specific training module, the basic management system training shall be integrated within:

  1. Conversion Course Changing Operator; and

  2. Conversion Course Changing Operator and Aeroplane Type.

For Cabin Crew:

- - As a specific training module, the basic management system training shall be integrated within:

  1. Aircraft Type Specific Training and Conversion Course;

2. Refresher Training.

ATO

The basic management system training shall be a major part of:

    - Staff/Instructor initial organisation conversion;

FSTD

The basic management system training shall be a major part of:
- initial FSTD Qualification Certificate Holder conversion.

AeMC

The basic management system training shall be a major part of:
- initial medical centre conversion.

13.3. Advanced Training – Management Personnel, Auditors, and Inspectors

The advanced management system training shall ensure that the management personnel are able and skilled to establish, implement and maintain an effective management system. Additionally, all management functions, auditors and inspectors involved, shall have detailed and comprehensive knowledge of the organisation's structure, vision, mission and core values, scope of activity, philosophy, policies, and procedures. Consequently, the content of the basic management system training shall be the prerequisite for advanced management system training or an integral part.

Advanced Management System Training, as required by Management Function:

Training Subject	Provider	AM	NP	SM	CMM	Auditor	Inspector	FSTD-HCAAlPoint	Standard of Performance
Advanced Management System Training	Internal	X	X	X	X	X	X	X	Gets expertise and comprehensive knowledge of the organisation's management system and associated procedures. Is competent to maintain an effective management system within the organisation. Is skilled to actively promote safety, to analyse and evaluate data for the purpose to identify trends and systematic weaknesses within the organisation and to maintain continuous improvement
Safety Management Training	External: Manual XX, Chapter"Training Provider"			X					Is qualified and skilled to implement and maintain an effective Safety Management
Compliance Monitoring Management	External: Manual XX, Chapter"Training Provider"				X				Is qualified and skilled to implement and maintain an effective Compliance Monitoring Management
Audit and Inspection Techniques	External: Manual XX, Chapter"Training Provider"					X	X		Is qualified and skilled to conduct, evaluate and document audits and inspections. Is competent to initiate measures and to monitor its effectiveness
Relevant Standards and Requirements	External: Manual XX, Chapter "Training Provider		X	X	X			X	Gets expertise and comprehensive knowledge of the relevant standards and requirements. Names the structure, content and can find

Based on the organisation's MS, the advanced management system training consists of:

Training Subject		*Standard of Performance*	*Instructor*
The Organisation and Scope of Activity	• *Safety Policy* • *The Organisation – Vision, Mission, Values and Strategy* • *Introduction* • *Scope of Activity* • *Statement of Complexity* • *Relevant Standards and Requirements* • *Compliance Statement* • *Exemption and Derogation* • *Alternative Means of Compliance* • *Locations, Facilities and Infrastructure* • *Power of Authority*	• *The Participant shall practically show the ability to create the company's safety policy based on the vision, mission, values, and strategy, and to define the scope of activities for the company.* • *Additionally, the Participant shall be able to define and/or fully understand the details concerning statement of complexity, relevant standards requirements, compliance statements, exemption and derogation, alternative means of compliance, locations, facilities and infrastructure, and the power of the Authority.*	*ACM*
Organisation Documentation, System of Amendment and Revision	• *Overview of the Organisation Documentation* • *System and Form of Distribution* • *System of Amendment and Revision* • *Changes/Elements requiring prior Approval* • *Changes/Elements not requiring prior Approval* • *Control of External/Foreign Documents*	• *The Participant shall fully understand the requirement for the organisation's documentation and its structures (including overview), distribution forms, and the control of external/foreign documents.* • *Additionally, the system of amendment shall be explained together with the documentation "change management", also identifying items to be or not to be approved prior to the document's publication.* • *The Participant shall be able to support and/or lead the organisation's documentation needs and respective processes and document definitions, including changes.*	*NPFO*

Organisational Structure, Duties, Responsibilities and Accountabilities	• *Organisational Structure* • *Management Personnel – Name and Contacts* • *Duties, Responsibilities and Accountabilities* • *Accountable Manager* • *Safety Manager* • *Compliance Monitoring Manager*	• *The Participant shall know the required/applied organisational structure of the company in detail and shall be able to explain/define duties, responsibilities and accountabilities for the different management functions/posts.*	*ACM*
Safety Management	• *Safety Policy (if not presented at the beginning of the manual)* • *Hazard Identification and Risk Management* • *Flight Data Monitoring Programme* • *Change Management* • *Safety Board (SRB)* • *Safety Action Group (SAG)* • *Safety Performance Monitoring* • *Safety Promotion* • *Safety -Studies, -Reviews, -Surveys and Investigation*	• *The Participant shall fully support and enable the company's safety policy and shall be able to define respective changes and policies to international standards.* • *The Participant shall furthermore practice hazard identification and risk management, shall understand the data retrieved from flight data monitoring and shall enable or lead the processes for change management, of the SRB, SAG, safety performance monitoring, and safety studies, reviews and surveys.* • *The Participant shall also actively promote safety within the company and shall know the ways to do this.*	*SM*
Compliance Management	• *Compliance Monitoring Programme*	• *The Participant shall actively lead the compliance monitoring*	*CM*

	• *Audit and Inspections* • *Auditors and Inspectors* • *Findings, Corrective- and Preventive Actions* • *Classification of Findings*	*programme/processes and shall fully understand respective audit/inspection systems, checklists, finding classifications and resulting corrective and preventive actions.* • *The Participant shall be able to systematically communicate with auditors and inspectors, and, if within the activity scope, shall be able to lead these persons and to enable their important role within the company.*	
Management Evaluation	• *Purpose and Scope* • *Process of Management Evaluation* • *Continuous Improvement*	• *The Participant shall apply the management evaluation process according to the scope of activities and shall understand it for all management functions. Purpose and scope shall be fully understood/applied, and continuous improvement enabled.*	…
Occurrence Reporting Scheme	• *Reporting- and Feedback System* • *Occurrence Reporting*	• *The Participant is able to establish a reporting and feedback system including occurrence reporting and explains data storage and evaluation, including the ways/consequences/influences on the management evaluation, change management and continuous safety improvement.*	…
Emergency Response Planning	• *Objectives and Scope* • *Concept and Planning*	• *The Participant fully understands the background, requirements, objectives, and scope of an emergency response plan and is able to either participate or to lead an emergency response team according to the role/concepts and planning given in the emergency response plan.*	…
Management System Training	• *Basic Training* • *Advanced Training*	• *The Participant explains the concepts for basic and advanced management system*	…

	• *Continuous Training*	*training, can define objectives of a general or actuality-based kind, or, according to the managerial role, practices both types of such training.*	
Record Keeping	• *Record Keeping and Archiving*	• *The Participant designs a system for record keeping and archiving, respecting all requirements (i.e. storage periods, etc.) and can run it smoothly.*	*…*
Contracting and Leasing	• *Contracting and Monitoring of Contractors* • *Leasing* • *Code-Share Agreement*	• *The Participant fully understands the concept of contracting and sub-contracting and the processes required for monitoring (auditing/inspecting).* • *The leasing concepts and contracts are understood and correctly applied, as well as code-share agreements.*	*…*
…			

13.4.   Continuous Management System Training

General

The purpose of the Continuous Management System Training is to ensure that the organisation and all employees are continuously <u>maintaining and improving</u> the Standard of Performance regarding all aspects, philosophies, policies and procedures of the management system.

The Continuous Management System Training should be reviewed periodically for its effectiveness to ensure continuing relevance to the organisation.

Continuous training, mostly named as recurrent training, should be based on a <u>systematic analysis of factual data and results</u> of:

- Hazard identification and Risk Management;
- Safety Performance Monitoring;
- Studies, Investigations, Surveys and Reviews including Management Evaluation;

- If applicable, Flight Data Monitoring;

- Audit and Inspections, especially findings, corrective and preventive actions;

- Reporting and Feedback System.

Air Operations

For Flight Crew:

- As a specific training module, the Continuous Management System Training shall be integrated within:

    1. Recurrent Training and Checking.

For Cabin Crew:

- As a specific training module, the Continuous Management System Training shall be integrated within:

    1. Recurrent Training; and

    2. Refresher Training.

ATO

The Continuous Management System Training shall be a major part of:

- Instructor Refresher Training.

FSTD

The Continuous Management System Training shall be a major part of:

- Annual Review.

AeMC

The Continuous Management System Training shall be a major part of:

- Annual Review.

APPENDIX

Compliance Verification and Self-evaluation check list.

Note: The numbers before the domain questions, refer to the chapter numbers of this IB

3 Organisational Elements and Requirements

General:

☐ Is the manual system presented in a format which can be used without difficulty?

☐ Is there a correct table of contents?

☐ Are the records of revisions / amendments, as well as the list of effective pages available, and/or the list of effective chapters updated?

☐ Are all pages numbered throughout the manual?

☐ Does every page or chapter provide information about the effective date and the revision status?

☐ Is there an annotation of page layout?

3.2 Electronic Data Processing (EDP)

☐ Are there concepts and procedures for documents in an EDP solution?

☐ Is accessibility as well as the usability defined and are respective procedures available?

☐ Is the backup system defined and the reliability ensured?

☐ Are there common provisions regarding physical security?

3.3 Structure of the Management System Documentation

☐ Is an overview available of the manuals, which are in place to comprehensively define the lines of responsibility and accountability as well as the organisation's key processes?

3.3.1 Organisation Management Manual (OMM)

☐ Does the organisation use the possibility to develop an OMM?

☐ If yes, is there a brief description of the purpose and the scope of application of the defined OMM?

☐ Is there an introductory text describing the scope and applicability?

3.3.2 Overview – Basic Structure of an Organisation's Management Manual

☐ Are all relevant Chapters of the OMM systematically structured?

3.4 System of Amendment and Revision

AOC holders / AeMC / ATO / SPO Authorisation holders / CAMO:

☐ Is there a comprehensive amendment procedure, valid either for the whole Management System Documentation or for the individual manuals/parts, as specifically required?

☐ Is there a reference to the applicable system of amendment and revision?

☐ Is there a log of revisions/amendments and a record of revision highlights?

☐ Is there a list of effective pages/list of effective chapters?

☐ Are the different types of revisions which may be carried out defined (standard revision, temporary revision, urgent revision)?

☐ Is there a statement that revisions/amendments are to be processed and concluded entirely before new changes are initiated?

■ Does this revision/amendment procedure ensure compliance verification prior to the submission of the document to HCAA?

Changes requiring prior approval or not requiring prior approval

☐ Does/do the procedure(s) consider both kind of changes: Changes needing prior approval and changes not needing prior approval by the competent authority?

☐ In the case of revisions/amendments not affecting elements requiring prior approval, is there a statement that the compliance manager ensures, that no element requiring prior approval is included?

AOC holders / SPO

☐ Is there a statement that handwritten revisions/amendments are not permitted except in situations requiring immediate revisions/amendment in the interest of safety?

AOC holders / CAMOs:

☐ For changes requiring prior approval – does/do the procedure(s) consider conducting a safety risk assessment to be provided to the competent authority upon its request?

AOC holders / SPO Authorisation holders:

☐ Does the operator have processes to produce manuals and any other documentation required and associated amendments?

☐ Is the operator capable of distributing operational instructions and other information without delay?

3.5   Changes / Elements requiring prior Approval

☐ Is there a process which covers elements requiring prior approval or is it included within the system of amendment and revision?

☐ Is there a reference to the «Compliance List» or «List of Acceptance and Approvals»?

☐ Does the amendment procedure consider that the application needs to be submitted before any changes take place?

■ Does this revision/amendment procedure ensure compliance verification prior to the submission of the document to HCAA?

☐ Does this amendment procedure ensure that the application for the amendment of an operator / organisation certificate should be submitted at least 30 days before the date of the intended change?

☐ Does this amendment procedure ensure that in case of a planned change of a nominated person, the operator should inform the competent authority at least 20 days (10 days for ATO) before the date of the proposed change?

☐ Does this amendment procedure ensure that unforeseen changes should be notified at the earliest opportunity, to enable the competent authority to determine continued compliance with the applicable requirements and to amend, if necessary, the operator certificate and related terms of approval?

☐ Is there a statement that amendments requiring prior approval may only be implemented upon receipt of a formal approval?

3.6 Changes / Elements NOT requiring prior Approval

☐ Is there a comprehensive procedure which defines the handling of elements not requiring prior approval?

☐ Does/do the procedure(s) differ between changes requiring prior approval and changes not requiring prior approval by HCAA?

☐ Does the procedure include guidance on how to distinguish between changes requiring prior approval and changes not requiring prior approval?

☐ Is there a statement that revisions/amendments are to be processed and concluded entirely before new changes are initiated?

☐ Does this revision/amendment procedure ensure compliance verification prior to the submission of the document to HCAA?

☐ Is there a requirement that the application needs to be submitted before any amendment/revision takes place, even for those elements not requiring prior approval?

☐ Is there a statement that the compliance manager ensures, that no element requiring prior approval is included?

☐ Does the procedure include that the revision/amendment is to be submitted to HCAA at least 30 days prior to the planned publication;

3.7   Document Control of external / foreign Documents

☐ Is there a process for the amendment of defined foreign documents, which lists the different kinds of external documents, the responsible persons and their activities?

☐ Are updated versions of the relevant documents available?

3.8   Organisational Strategic Planning

☐ Is there a statement regarding the organisation's Vision, Mission, and Values?

☐ Is the statement consistent with the Safety Policy?

3.9   The Company and its Scope of Activity

General:

☐ Are the different types of activities clearly defined (either in the OMM or in other relevant manuals)?

☐ For AOC holders, AeMCs, ATOs and CAMOs: Are the privileges and detailed scopes of activities defined for which the organisation seeks certification or is certified for?

☐ For NCC or SPO declared operator: Are the privileges and detailed scopes of activities defined according to what the operator declared and/or is seeking authorisation or is authorised?

☐ Are the scopes of activities defined and consistent with the terms of any approval(s) held?

AOC holder:

☐ Does the operator provide a description of the proposed area and type of operation, including the type(s), and number of aircraft to be operated and the respective specific approvals?

ATO:

☐ Does the organisation provide a list of approved training courses and – if already approved – the number of the certificate?

FSTD:

☐ Does the organisation provide a list of FSTD(s) and – if already certified - the FSTD Qualification Certificate Number(s)?

AeMC:

☐ Does the AeMC provide a list with the privileges and the scope of activities as listed in the terms of approval and – if already approved – the assigned number of the AeMC?

CAMO:

☐ Does the CAMO provide a description of the area of operation, including the types and/or registration of the managed aircraft as well as the scope of work?

3.9.2   The Complexity of an Organisation

☐ Is the organisation defined either as non-complex or complex?

☐ Is this categorisation appropriate?

3.10   Relevant legal Requirements and Standards

☐ Does a list of relevant legal requirements / regulations exist?

☐ Did the organisation provide the competent authority with a statement that all the submitted documentation was verified and was found in compliance with the applicable requirements?

☐   The organisation shall list all legal requirements and standards relevant to its activities.

3.11   Compliance Statement

☐ Is there a statement, signed by the accountable manager, which confirms that the organisation will continuously work in accordance with the applicable requirements and the organisation's documentation as required by the respective Annexes?

3.12   Flexibility Provision

☐ Are there provisions related to an exemption?

☐ Is there a statement, that the organisation must not implement an exemption without having received formal approval?

☐ Does the assessment of exemption include a risk assessment?

☐ Is there a list and brief description of approved Exemptions?

☐ Is the list in conformity with the granted approvals?

3.13   Alternative Means of Compliance (AltMoC)

General:

☐ Are there provisions related to AltMoCs?

☐ Does the assessment of Alternative Means of Compliance include a demonstration that the Implementing Rules are met?

☐ Does the assessment of AltMoCs include a risk assessment?

☐ Is the list in conformity with any granted approvals?

AOC holders / SPO Authorisation holders / AeMCs / ATOs / CAMOs:

☐ Is there a statement, that the organisation must not implement AltMoCs without having received formal approval?

☐ Is there a list and brief description of approved AltMoC(s)?

3.14   Location, Facilities and Infrastructure

General:

☐ Is there a list containing a general description of the location and the facilities?

☐ Is there a clear reference to another manual including the respective chapter if the definition is made outside the OMM?

Air Operators:

☐ Are appropriate ground handling facilities available to ensure the safe handling of flights?

☐ Are there operational support facilities at the main operating base appropriate for the area and type of operation?

☐ Is the available working space at each operating base sufficient for personnel whose actions may affect the safety of flight operations?

ATO

☐ Are appropriate flight operations accommodation (facilities) available?

☐ Are appropriate facilities for theoretical knowledge instruction available if applicable?

AeMC:

☐ Is the AeMC equipped with medico-technical facilities adequate to perform aero-medical examinations necessary for the execution of the privileges included in the scope of the approval?

FSTD:

☐ Is the FSTD housed in a suitable environment that supports safe and reliable operation?

3.15   Access and Power of Authorities

☐ Is the power and access for authorities specified?

4   Organisation, Lines of Responsibilities and Accountabilities

General:

☐   Is there a general description of the organisation including an organigram of all related companies?

☐   Are the titles and functions of nominated persons and management personnel defined?

☐   Does an organisation chart exist which shows the lines of responsibility between the Accountable Manager, the Safety Manager, the Compliance Monitoring Manager and nominated persons?

☐   Is there a cross-reference table, providing the link to subordinated organisational structures in other manuals, as required by the available organisation's approvals?

Complex Organisation:

☐   Is a Safety Review Board (SRB) designated?

☐   Is a Safety Action Group (SAG) designated?

4.2   Personnel Requirements

☐   Is an Accountable Manager appointed?

☐   Is a Safety Manager appointed?

☐   Is a Compliance Monitoring Manager appointed?

☐   Are other personnel requirements fulfilled, as specifically required by the organisation?

☐   Do those persons ultimately report to the Accountable Manager?

4.3   Management Personnel – Name and Contacts

☐ Is there a list of all management personnel?

☐ Are there references to the lists of nominated personnel as required by the specific subparts?

☐ Are contact details of management personnel provided?

4.4 Duties, Responsibilities and Accountabilities – Concept

☐ Is accountability in each description of the duties and responsibilities clearly specified?

☐ Are the responsibilities and duties comprehensively defined (including their contribution to an effective Safety Management & Compliance Monitoring)?

4.4.1   Accountable Manager (ACM)

☐ Are the accountability, responsibilities and duties of the Accountable Manager comprehensively defined?

☐ Is a direct safety accountability of the Accountable Manager including the responsibility for establishing and maintaining an effective Safety Management System defined?

☐ Do the defined responsibilities include the endorsement of the safety policy?

4.4.2   Safety Manager (SM)

☐ Are the responsibilities and duties of the Safety Manager comprehensively defined?

☐ Are the responsibilities within the organisation defined for hazard identification, risk assessment and mitigation?

4.4.3   Compliance Monitoring Manager (CMM)

☐   Are the responsibilities and duties of the Compliance Monitoring Manager comprehensively defined?

☐   Has the Compliance Monitoring Manager direct access to the Accountable Manager?

☐   Is ensured that the Compliance Monitoring Manager is not one of the nominated persons?

5   Safety Management

5.1   Safety Policy

☐   Is there a comprehensive safety policy including all relevant elements defined?

☐   Is the Safety Policy endorsed by the Accountable Manager?

☐   Does the Safety Policy reflect organisational commitments regarding safety and its proactive and systematic management?

☐   Is there a statement indicating that the sole purpose of safety reporting and internal investigations is to improve safety and not to apportion blame to individuals?

☐   Does the Safety Policy reflect and foster a just culture?

☐   Is the Safety Policy promoted and deployed with visible endorsement throughout the organisation?

5.2   Hazard Identification and Risk Management

General:

☐   Is there a process to identify aviation safety hazards entailed by the activities of the organisation?

☐   Is there a process to evaluate and manage the associated risks of the hazards?

☐ Is there a process for the implementation of corrective and preventive actions to mitigate the risk and verify their effectiveness?

☐ Is hazard identification and safety risk management integrated into the day-to-day activities of the organisation?

☐ Is ensured that contracted activities are subject to hazard identification and risk management?

☐ Are the responsibilities for hazard identification and risk assessment defined?

Complex Organisations:

☐ Is there a process for reactive and proactive hazard identification?

☐ Is there a risk management process addressing the analysis of hazards in terms of likelihood and severity?

☐ Are the levels of management who have the authority to make decisions regarding the tolerability of safety risks specified?

☐ Is there a process to control and mitigate the associated risk of a hazard to an acceptable level?

☐ Are there examples existing for reactive and proactive hazard identification, risk analysis and mitigation action?

☐ Are internal safety investigations performed beyond the assessment of the occurrences?

☐ Is there a process by which the safety performance is monitored and verified in comparison to the safety policy and the organisation objectives?

☐ Is the Risk Management process periodically reviewed and improved?

Is an emergency response plan established?

5.2 Management of Change (MoC)

☐ Is there a documented process to manage safety risks related to a change?

☐ Does this process enable us to identify external and internal changes that may have an adverse effect on safety?

5.4   Safety Review Board (SRB)

Complex Organisation and CAMO:

☐ Is a Safety Review Board designated?

☐ Is the Safety Review Board chaired by the Accountable Manager?

☐ Are the SRB responsibilities and duties comprehensively defined?

5.5   Safety Action Group (SAG)

Complex Organisation:

☐ Is a Safety Action Group designated?

☐ Are the SAG responsibilities and duties comprehensively defined?

5.6   Safety Performance Monitoring and Measurement

Complex Organisation and CAMO:

☐ Are Safety objectives defined?

☐ Are the Safety objectives communicated to all employees?

☐ Are Safety Performance Indicators (SPI's) defined?

☐ Is the Safety Performance checked on a regular basis?

☐ Is the Safety Performance communicated to all staff on a regular basis?

5.7   Safety Promotion and Communication

☐ Is there a procedure on how employees are informed about safety Issues?

5.8 Safety Studies, Reviews, Surveys, Investigation

Complex Organisation and CAMO:

☐ Is a process defined how internal safety studies are conducted or how external studies are considered?

☐ Is a process defined by how internal safety investigations are conducted?

☐ Is a process defined which addresses proactive and reactive evaluation of facilities, equipment, documentation, and procedures?

6 Reporting Scheme

6.1 Reporting- and Feedback System

☐ Is a reporting system defined?

☐ Is a Feedback process integrated within the Reporting System?

☐ Is there a statement that the overall purpose of the reporting scheme is to improve safety performance and not attribute blame?

6.2 Occurrence Reporting

☐ Is there a link to the occurrence reporting procedures as required by the specific organisation?

☐ Is there a possibility to report anonymous and confidential?

☐ Is there a reference to the reporting portal (ECCAIRS2 - www.aviationreporting.eu «Aviation Safety Reporting» of the EU for mandatory occurrence reporting and, desirably, for voluntary reporting ?

☐ Do the procedures ensure that any occurrence, serious incident, and accident are reported by the organisation to HCAA and, in case of a serious incident or accident, to the HARSIA (Ε.Ο.Δ.Α.Σ.Α.Α.Μ.)?

☐ Do the procedures include defined time frames for each reporting step and stipulate that reports shall be made available to the competent authority as soon as possible, but latest within 72 hours if the individual is directly reporting to the authority? If the individual is reporting to an organisation the report shall be submitted within 72 hours to the organisation and within another 72 hours from the organisation to the authority. Are specific forms provided as required by the organisation and its terms of approval?

☐ Are the reports processed as defined in the Reporting and Feedback System?

☐ Do the procedures ensure that the corrective and the preventive actions to avoid similar occurrences in the future, are reported to the competent authority?

☐ Are all occurrence reports retained and stored regardless of their significance?

7 Compliance Management (CM)

☐ Is the organisational set-up of the Compliance Monitoring adequate to the size, complexity, and activity of the organisation?

☐ Is the scope of Compliance Monitoring appropriate to the complexity and activity of the organisation?

☐ Are the elements of the Compliance Monitoring Programme complete?

7.2 Audit and Inspections

☐ Is there a procedure for planning and scheduling the programme of audits?

☐ Does the audit procedure include the verification of practical samples?

☐ Is there a procedure for planning and scheduling the programme of inspections?

☐ Are the audit- and inspections scopes / areas specifically defined?

☐ Is there an audit plan or audit plans covering the relevant elements and audit-scopes?

☐ Do the audits also focus on the integrity of the organisation's management system including safety management?

☐ Does the audit and inspection procedure include the reporting, as well as the follow-up and corrective actions?

☐ Are audit and inspection reports available? Do they provide all relevant information? Is a sample provided?

☐ Does the audit and inspection procedure include the supervision of the implementation of corrective actions and the monitoring of their effectiveness?

☐ Are the audit and inspection processes applied, practiced and effective?

7.3 Auditors and Inspectors

☐ Is it ensured that inspections and audits are carried out by personnel not responsible for the function, procedure or products being audited?

☐ Do all the auditors and inspectors have relevant knowledge, background, and experience as appropriate to the activities being audited or inspected; including knowledge and experience in compliance monitoring?

☐ Is there a list of auditors by name and inspectors by function?

7.4 Findings, Corrective- and Preventive Actions

General:

☐ Are there provisions and procedures related to the handling of Findings?

☐ Does the procedure require that a corrective action plan is defined which addresses the effects of non-compliance, as well as its root-cause?

☐ Does the procedure require that any safety measures mandated by HCAA are implemented?

☐ Does the procedure require that any relevant mandatory safety information issued by the Agency, including airworthiness directives are implemented?

☐ Does the procedure require that the implementation of measures and its effectiveness is monitored?

FSTD:

☐ Does the process ensure that measures resulting from technical inspections and from competent authority's inspections/evaluations are implemented and their effectiveness is monitored?

7.5 Classification of Findings

☐ Is a categorisation established to classify findings according to their severity?

☐ Are there time limits allocated for the completion of corrective actions/measures?

8 Flight Data Monitoring

8.1 Flight Data Monitoring Programme

☐ For aeroplanes with a maximum certified take-off mass of more than 27000 kg is a Flight Data Monitoring (FDM) Programme established and maintained?

☐ Is the FDM Programme integrated in the Management System?

☐ Is there a statement regarding the objectives and scope of the FDM Programme?

☐ Is there a statement indicating that the FDM Programme is proactive and non-punitive?

☐ Does the FDM System contain adequate safeguards to protect the sources of data?

☐ Is there a procedure to de-identify and prevent disclosure of sensitive flight and crew data?

☐ Is there evidence that the flight data analysts have been trained operating the FDM system and analysing flight data?

☐ Is there a list regarding aircraft registration, corresponding name of the FDM System and contracted service provider?

9 Contracting and Leasing

9.1 Contracting and Monitoring of Contractors

☐ Does the introductory text include a statement indicating that the organisation ultimately remains responsible for the products or services provided by the contractor?

☐ Is a process defined which ensures that the contracted or purchased services and/or products do conform to the applicable requirements and, where applicable, that the contractor holds the required certificates and approvals?

☐ Does the process include the verification of the contractor's compliance with the defined philosophies, policies, procedures, and requirements of the organisation?

☐ Does the process include the verification of the contractor's facilities and resources and show the competence of the contractor to execute the contracted tasks?

☐ Is there a list containing the contracted products or services including contact details of the contractor?

☐ Does HCAA have access to the contracted organisation to determine compliance with the applicable requirements?

☐ Does the organisation have a written agreement with the contractor?

☐ Are the contracted activities clearly defined?

☐ Is it assured that the contracted activities are subject to compliance monitoring and safety management?

☐ Depending on the product/service provided, is it assured that contractors are trained on the defined philosophies, policies, procedures, and requirements of the organisation?

☐ Are contractors, if applicable, provided with the organisation's documentation or parts thereof?

☐ Does the process provide details on actions to be taken, should a contractor product or service fall below requirements – initiation and monitoring of corrective / preventive actions?

9.2 Leasing / Use of aircraft listed on an AOC for non-commercial M/CC operations and specialised operations

AOC holders / SPO:

☐ Is there a process describing how to handle lease agreements?

☐ Is there a description that ensures that the operator of the lease-in aircraft is not subject to an operating ban?

☐ Is the documentation of the application exhaustive in relation to the respective lease arrangement?

☐ Is there a processes describing how equal level of safety is reached for third country operators?

If aircraft listed on the AOC are rented-out to another operator for non-commercial operations and specialised operations:

☐ Is there a process describing the necessary procedures?

☐ Has a contract been established between the lessor and the lessee in accordance with the procedures?

9.3   Code-Share Agreement

AOC holders:

☐ Is an audit programme in place that shows how the operator verifies the compliance of ICAO standards when entering code-share agreements with third country operators?

☐ Is there a process that assures that a renewal audit of third country code-share operator is performed within 24 consecutive months?

☐ Is a process in place which assures that HCAA receives an audit compliance statement demonstrating that the third country operator meets all applicable safety standards?

10   Record Keeping

☐ Does the organisation have a system of record that allows storage and reliable traceability?

☐ Are all records accessible and available?

☐ Is specified how the records are kept (Hardcopies or Software)?

☐ Are the records safeguarded?

☐ Are the retention periods defined?

☐ Is a list available with all necessary documents and their retention periods?

11 Management Evaluation and Continuous Improvement

11.1 Management Evaluation

Complex Organisation:

☐ Are the Safety Performance (see Ch. 4) Indicators integrated in the Management Evaluation?

☐ Is the Management Evaluation performed on a regular basis?

11.2 Continuous Improvement

Complex Organisation:

☐ Is a process defined which addresses proactive and reactive evaluation of facilities, equipment, documentation, and procedures?

☐ Is a process defined on how results out of evaluations are used to improve the system?

12 Emergency Response Planning

12.1 Emergency Response Planning

General:

☐ Is there a statement regarding the scope and objectives of the Emergency Response Planning (ERP) concept?

☐ Is there a documented process ensuring an orderly and safe transition from normal to emergency operations and return to normal operations?

☐ Does the ERP concept outline a communication and notification plan, including communication and notification to the authorities and the emergency response team?

☐ Are the composition, role and contact details of the emergency response team defined?

☐ Are guidelines and initial response procedures for the emergency response team members defined so that the initial tasks may be performed correctly?

☐ Are the actions to be taken by the organisation or specified individuals in an emergency defined?

☐ Is the initial set-up of required facilities such as the Crisis Management Centre defined?

☐ Is there a procedure regarding restrictions of crew scheduling after a serious incident or accident?

☐ Is there a procedure regarding safeguarding and retaining of relevant data and records such as FDR and CVR recordings, training and checking results, technical records, flight planning documents (as well as to limiting/freezing the access to such records to preserve the status as per when the event happened)?

☐ Is there a documented process on how to notify the REGA Operations Centre, including relevant numbers and contact details?

Complex Organisation:

☐ Is the ERP concept integrated in the Organisation's Management System?

☐ Is the ERP concept ensuring safe continuation of the operations during the emergency?

☐ Is the ERP concept coordinated with the Emergency Response Plan of other organisations such as the home base airport or code share partners?

☐ Does the ERP concept address a public health emergency or pandemic as well?

13   Management System Training

13.1   General Requirements

☐ Is a Management System Training concept defined?

☐ Does the concept consider the requirements of all employee levels and functions?

☐ Does the concept consider initial and continuous training?

13.2   Basic Training – All Employees

General:

☐ Does the basic training include all fundamentals of the organisation's management system?

☐ Does the basic training ensure that all employees are aware of their responsibilities?

Air Operations:

☐ Is the management system training adequately integrated within the training and checking programme for flight crew and, if applicable, for cabin crew?

ATO:

☐ Is the management system training adequately integrated within the staff training programme?

13.3   Advanced Training – Management Personnel, Auditors, and Inspectors

☐ Does advanced training consider the requirements of all the management personnel levels and functions?

☐ Does advanced training ensure that all management personnel are aware of their responsibilities?

13.4 Continuous Management System Training

General:

☐ Is there a Continuous Management System Training defined?

☐ Is the Continuous Management System Training based on a systematic analysis of factual data and results derived from the Safety Management, Compliance Management, Reporting- and Feedback System and Management Evaluation?

Air Operations:

☐ Is the Continuous Management System Training adequately integrated within the training and checking programme for flight crew and, if applicable, for cabin crew?

ATO:

☐ Is the Continuous Management System Training adequately integrated within the staff training programme?

- THE END -