

INTERNATIONAL CIVIL  
AVIATION ORGANIZATION



ORGANISATION DE L'AVIATION  
CIVILE INTERNATIONALE

ORGANIZACIÓN DE AVIACIÓN  
CIVIL INTERNACIONAL

МЕЖДУНАРОДНАЯ ОРГАНИЗАЦИЯ  
ГРАЖДАНСКОЙ АВИАЦИИ

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P.O. BOX 46294  
00100 NAIROBI, KENYA

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SITA: NBOCAA  
E-mail: icao@icao.unon.org

Ref: ES AN 4/44 - 0764

29 September 2004

**Subject: AFI Regional Safety Assessment**

**Action Required: Reply not later than 30 October 2004**

Sir/Madam,

I have the honour to draw your attention to APIRG/14 meeting held in Yaounde, Cameroon, from 23 to 27 June 2003 and letter Ref. ES AN 4/44 – 0607 dated 10 August 2004 (copy attached). APIRG/14 Conclusion 14/21 *inter alia* advocated as follows:

**Conclusion 14/21: Implementation of RVSM in the AFI Region:**

**That:**

**States do their utmost to implement RVSM in selected airspaces, as per plan by AIRAC cycle date of 20 January 2005 concurrently with the CAR/SAM Region.**

**Conclusion 4/1: Safety assessment**

**AFI RMA undertakes safety assessment as a matter of urgency.**

An AFI Regional RVSM Pre-Implementation Safety Case is required to provide the assurance that the objectives in the AFI RVSM Safety Policy is met. Evidence must be provided that all identified risks are managed and that the collision risk meets the ICAO Target Level of Safety. As you are aware, each State is responsible for the safe implementation of RVSM in the airspace it has jurisdiction and is therefore also responsible for providing assurance that the above mentioned objectives were met.

.../2...

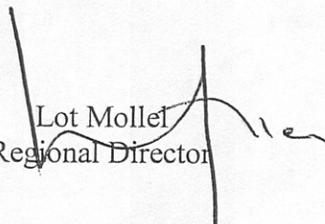
In order to demonstrate to the ICAO ANC that these objectives are met, sufficient operational and technical data will need to be collected to obtain the required risk estimates. This data is required for a period of one year commencing 1 July 2004 and must be provided by individual Area Control Centres (ACC) **on a monthly basis.**

Attached please find four relevant forms which now replace the original requirement of five forms (ES AN 4/44 – 0607 dated 10 August 2004) for this purpose. **These forms must be completed as a matter of urgency** and the data for July to October 2004 forwarded to the ICAO Program Office in Nairobi or the AFI Regional Monitoring Agency (ARMA) as soon as possible, **but not later than 30 October 2004** using any of the contact below:

Att: Vic van Der Westhuizen  
RVSM Programme Manager  
International Civil Aviation Organization  
P. O. Box 46294 – 00100  
Nairobi  
**Tel: 254-20-622-378**  
**Fax: 254-20-621394/623028**  
E-mail: [icao@icao.unon.org](mailto:icao@icao.unon.org)  
E-mail: [vanderwv@icao.unon.org](mailto:vanderwv@icao.unon.org)

Att: Mr Kevin Ewels  
ARMA Manager  
ATNS  
Private Bag X15, Kempton  
Park, 1620  
Telephone: 27-11-9610273 or 928-6433  
Fax: 27-11-392 3946 or 928-6420  
E-Mail: [afirma@atns.co.za](mailto:afirma@atns.co.za)

Accept, Sir/Madam, the assurances of my highest consideration.

  
Lot Mollel  
Regional Director

Attachments:

## **AFI REGIONAL MONITORING AGENCY (ARMA)**

### **ARMA forms for use in obtaining information from a State authorities and/or Service Providers**

#### NOTES TO AID COMPLETION OF ARMA FORMS

1. Please read these notes before attempting to complete forms for the ARMA.
2. It is important for the ARMA to have an accurate record of a point of contact for any queries that might arise from on-going height monitoring. States are therefore requested to identify their National Program Manager with their first reply to the ARMA. Thereafter, there is no further requirement unless there has been a change to the information requested on the form.
3. If recipients are unable to pass the information requested to the ARMA through the Internet, by direct electronic transfer, or by data placed on a floppy disk/CD, a hard copy must be completed.
  - (1) Enter the single letter ICAO identifier as contained in ICAO Doc 7910. In the case of their being more than one identifier designated for the State, use the letter identifier that appears first.
  - (2) Enter the operator's 3 letter ICAO identifier as contained in ICAO Doc 8585. For International General Aviation, enter "IGA". For military aircraft, enter "MIL". If none, place an X in this field and write the name of the operator/owner in the Remarks row.
  - (3) Enter the ICAO designator as contained in ICAO Doc 8643, e.g., for Airbus A320-211, enter A320; for Boeing B747-438 enter B744.
  - (4) Enter series of aircraft type or manufacturer's customer designation, e.g., for Airbus A320-211, enter 211; for Boeing B747-438, enter 400 or 438.
  - (5) Enter ICAO allocated Aircraft Mode S address code.
  - (6) Date example: For October 26, 1998 write 10/26/98.
  - (7) Use a separate sheet of paper if insufficient space available.

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**AFI REGIONAL MONITORING AGENCY (ARMA)**

**POINT OF CONTACT DETAILS/CHANGE OF POINT OF CONTACT DETAILS FOR MATTERS  
RELATING TO RVSM APPROVALS**

*This form should be completed and returned to the address below on the first reply to the ARMA or when there is a change to any of the details requested on the form (PLEASE USE BLOCK CAPITALS).*

STATE OF REGISTRY: enter State here

STATE OF REGISTRY (ICAO 2 LETTER IDENTIFIER): enter 2 letter State here

Enter the 2-letter ICAO identifier as contained in ICAO Doc 7910. In the event that there is more than one identifier for the same State, the one that appears first in the list should be used.

ADDRESS:

CONTACT PERSON:

Full Name: enter full name here

Title:

Surname:

Initials:

Post/Position:

Telephone #:

Fax #:

E-mail:

Initial Reply/Change of Details (*Delete as appropriate*)

When complete, please return to the following address:

RMA Address: Mr Kevin Ewels, Private Bag X15, Kempton Park, 1620

Telephone: 27-11-9610273 or 928-6433

Fax: 27-11-392 3946 or 928-6420

E-Mail: [afirma@atns.co.za](mailto:afirma@atns.co.za)

**AFI REGIONAL MONITORING AGENCY (ARMA)**

**HEIGHT DEVIATIONS**

**(Form 1)**

<b>STATE:</b>		<b>ACC:</b>		<b>MONTH:</b>	
State of Registry					
Flight Identification					
Operator					
State of Operator					
Aircraft Type and Series					
Registration					
Serial Number					
Mode S Address					
Total height deviation					
Total time of deviation					
Cause of Deviation <sup>1</sup>					
Date and Time of Measurement	Assigned Flight Level	Observed Flight Level	Air route	Geographical Location	
Provide description of incident including total height profile if available					
<sup>1</sup> Include Number from List Below					
1. Error in altimetry or altitude-keeping system of an aircraft					
2. Turbulence or weather related phenomena					
3. Emergency descent by aircraft without crew following established contingency procedures					
4. Response to Airborne Collision Avoidance System (ACAS) advisories					
5. Error in following a correctly issued ATC clearance, resulting in flight at an incorrect flight level					
6. Error in issuing an ATC clearance, resulting in flight at an incorrect flight level					
7. Errors in coordination or transfer of control responsibility for an aircraft between adjacent ATC units, resulting in flight at an incorrect flight level					
8. Other reason, include reason in Description of incident.					
NOTE: Complete with available information					

**AFI REGIONAL MONITORING AGENCY (ARMA)**

**MONTHLY MOVEMENTS**

**(FORM 2)**

**STATE:**

**ACC:**

**MONTH:**

**TOTAL IFR MOVEMENTS FOR THE MONTH:**

**TOTAL MONTHLY IFR MOVEMENTS IN THE BAND F290 – F410**

**AVERAGE TIME PER MOVEMENT IN LEVEL BAND F290 – F410**

**LEVEL FLIGHT**

**CLIMBING AND DESCENDING**

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**AFI REGIONAL MONITORING AGENCY (ARMA)**

OTHER OPERATIONAL CONSIDERATIONS					(Form 3)
STATE:		ACC:		MONTH:	
<b>COORDINATION FAILURES</b>					
		NUMBER OF EVENTS IN MONTH			
<b>COMMUNICATION FAILURE</b>					
DATE	TIME	DURATION		CAUSE OF COMMUNICATION FAILURE	
		TOTAL TIME FOR MONTH			
<b>TURBULENCE</b>					
DATE	TIME	DURATION	MAGNITUDE <sup>1</sup>	LOCATION	
<sup>1</sup> Magnitude as measured from Meteorology Turbulence Scale					
<b>ACAS INDICENTS</b>					
Date	Time	Description of ACAS Incident			

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**AFI REGIONAL MONITORING AGENCY (ARMA)**

**AIRCRAFT TRAFFIC FLOW DATA**

**(Form 4)**

**STATE:**

**ACC:**

**MONTH:**

**Please include information on all aircraft over flying the airspace within the flight level band F280 – F410**

<u>DATE</u>	ROUTE	CALLSIGN	AIRCRAFT TYPE	OPERATOR	DEPARTURE AERODROME	DESTINATION AERODROME	NAV EQUIPMENT	WAYPOINT	TIME AT WAYPOINT PASSING	FLIGHT LEVEL

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