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Ref: ES AN 4/44 - 0030

13 January 2005

**Subject: AFI RVSM Safety Assessment Data**

**Action Required: Reply by 5 February 2005**

Sir/Madam,

I have the honour to draw your attention to APIRG/14 meeting held in Yaounde, Cameroon, from 23 to 27 June 2003. APIRG/14 Conclusion 14/21 and AFI RVSM Task Force/5 meeting Conclusion 5/5 which *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.

**RVSM TF/5 Conclusion 5/1 - Safety Assessment Data**

That States continue to provide the required safety assessment data to ARMA on monthly basis initially for a period of eight months commencing 1 November 2004.

**RVSM TF/5 Conclusion 5/5 - Implementation of RVSM in the AFI Region**

**That:**

- a) All RVSM implementation preparation works (safety, assessment, training) be done taking into consideration the FL band between 290 and 410 inclusive;
- b) RVSM implementation date of 20 January 2005 be postponed by one year to facilitate States/Operators to complete their required strategy/action Plan.

**c) Implementation of RVSM in the AFI Region be harmonized and coordinated within the AFI Region as well as the adjacent Regions.**

You may wish to recall that the introduction of RVSM must be done in conjunction with a thorough assessment of the safety implications that will result from this change of operation within the Region. As required in other Regions AFI RVSM has to demonstrate to the international aviation community that the Target Level of Safety (TLS) set out by ICAO for vertical collision risk will not be exceeded in the AFI RVSM airspace.

An AFI RVSM Pre-Implementation Safety Case is therefore required to provide the assurance that the objectives stated in the AFI RVSM Safety Policy are met. Evidence must be provided that (i) all identified hazards and risks are managed and mitigated, and (ii) the collision risk meets the ICAO Target Level of Safety. In order to demonstrate that these required objectives are met, appropriate risk estimation methodologies will need to be available, and sufficient operational and technical data will need to be collected to obtain risk estimates with sufficient confidence. The contributing factor to extension of the RVSM implementation date to 19 January 2006 was due to lack of sufficient data for the RMA to carry out the safety assessment.

As you are aware, each State is also responsible for the safe implementation of RVSM in the airspace over which it has jurisdiction and will be responsible for providing assurance that their responsibilities have been met. All Area Control Centres (ACC) will be required to conduct monitoring of aircraft height deviations in the AFI RVSM airspace and forward the relevant data to the AFI RMA **on a monthly** basis in response to Conclusion 5/1.

Attached please find the relevant forms required for monitoring of aircraft height deviations that need to be completed monthly. I would be grateful if you could forward the completed forms to the AFI Regional Monitoring Agency (ARMA) with a copy to this office as soon as possible but not later than **5 February 2005**.

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

  
Lot Mofel  
Regional Director

## **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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