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Ref: ES AN4/44 - 0406

14 June 2005

**Subject: AFI RMA Safety Assessment Data**

**Action Required: Reply monthly to the ARMA until further notice**

Sir/Madam,

I have the honour to draw your attention to RVSM Task Force 6 meeting held in Nairobi, Kenya, from 25 to 27 May 2005. Task Force 6 Conclusion 6/1 *inter alia* advocates the following:

**Conclusion 6/1: Safety Assessment Data:**

**That:**

**States continue to provide the required safety assessment data on ARMA Forms 1, 2, 3 and revised Form 4 on a monthly basis until further notice.**

An AFI Regional RVSM Safety Assessment is required to provide the assurance that the objectives in the AFI RVSM Safety Policy are going to be met. Evidence must be provided that all identified risks are managed and that the collision risk meets the ICAO Target Level of Safety.

In order to demonstrate to the ICAO Air Navigation Commission (ANC) that these objectives are met, sufficient operational and technical data is being assembled to obtain the required risk estimates. This data is required indefinitely commencing 1 November 2004 and must be provided by individual Area Control Centers (ACC) **on a monthly basis to the ARMA.**

Attached please find four relevant forms, and an example of the information required on revised Form 4, which amends the previous Form 4 as presented in (ES AN 4/44 – 0764 dated 29 September 2004) for this purpose. **These forms must be completed as a matter of urgency** on a monthly basis and dispatched to the ARMA by the most convenient method however preferably by email to the AFI Regional Monitoring Agency (ARMA) using any of the contact details below:

Att: Mr. Kevin Ewels  
Manager: ARMA  
Private Bag X1  
Bonaero Park  
South Africa  
1622  
Telephone: 27-11- 928-6433  
Fax: 27-11-928-6420  
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:** ARMA

Form 1  
Form 2  
Form 3  
Form 4 As revised by Task Force 6  
(An example is attached)

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## **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. 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, Manager: ARMA Private Bag X1, Bonaero Park South Africa 1622

Telephone: 27-11- 928-6433

Fax: 27-11- 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)**  
**\*Revised by RVSM/TF/6**  
**May 2005**

**STATE:** \_\_\_\_\_ **ACC:** \_\_\_\_\_ **MONTH:** \_\_\_\_\_

**Please include information on all flights within the flight level band F290 – F410 (inbound, outbound and over flights)**

DATE	ROUTE	CALLSIGN	AIRCRAFT TYPE	OPERATOR	DEPARTURE AERODROME	DESTINATION AERODROME	NAV EQUIPMENT	WAYPOINT/REPORTING POINT	TIME AT WAYPOINT/REPORTING POINT	FLIGHT LEVEL
01-01-2005	UR978	AFR827	A319	AFR	FCPP	LFBG		ERKEL	00:24	350
								KAMER	03:02	350
								ATAFA	01:04	350
								BOD	01:21	350
								ELO	02:11	350
								NADJI	02:21	350
01-01-2005	UR978	KQA310	B744	KQA	HKJK	VABB		ERKEL	00:59	370

**Note: Please include all waypoints/reporting points, times and FL for the entire route per FIR**

**AFI REGIONAL MONITORING AGENCY (ARMA)**

**AIRCRAFT TRAFFIC FLOW DATA**

**(Form 4)**  
**\*Revised by RVSM/TF/6**  
**May 2005**

**STATE:**

**ACC:**

**MONTH:**

**Please include information on all flights within the flight level band F290 – F410 (inbound, outbound and over flights)**

<b>DATE</b>	<b>ROUTE</b>	<b>CALLSIGN</b>	<b>AIRCRAFT TYPE</b>	<b>OPERATOR</b>	<b>DEPARTURE AERODROME</b>	<b>DESTINATION AERODROME</b>	<b>NAV EQUIPMENT</b>	<b>WAYPOINT/ REPORTING POINT</b>	<b>TIME AT WAYPOINT/ REPORTING POINT</b>	<b>FLIGHT LEVEL</b>

**Note: Please include all waypoints/reporting points, times and FL for the entire route per FIR**