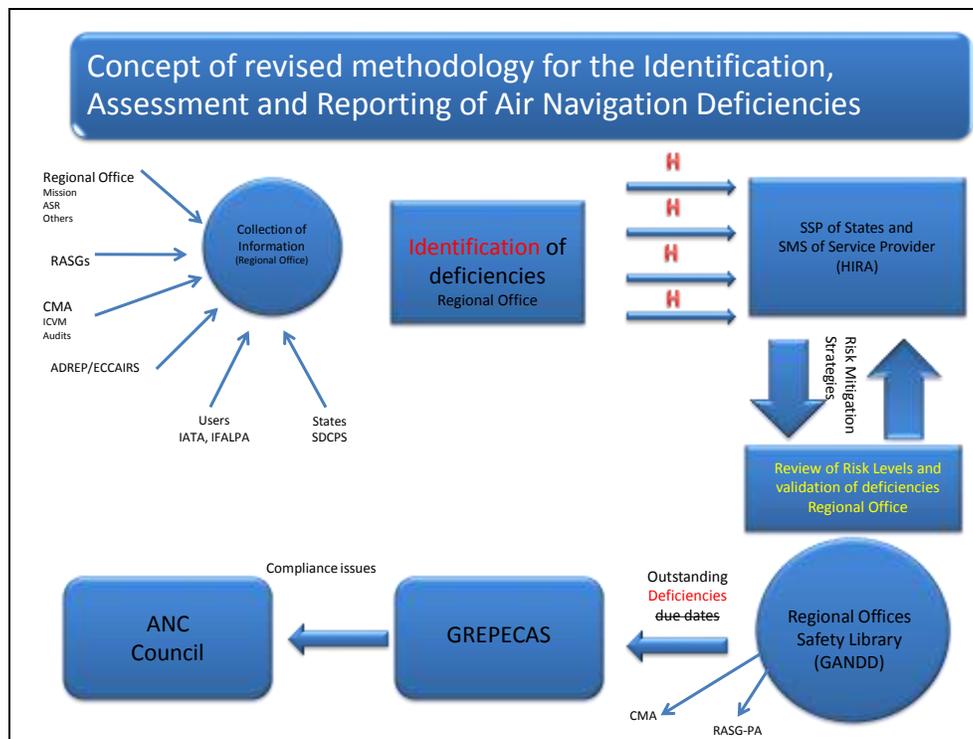


APPENDIX

REVISED METHODOLOGY FOR THE IDENTIFICATION, ASSESSMENT AND REPORTING OF AIR NAVIGATION DEFICIENCIES CAR/SAM



1. The Regional Office, upon identifying or receiving a report of a deficiency from sources approved by the Council (State/Territory, IATA, and IFALPA), assesses the report and verifies its validity.
2. The deficiency report duly validated by the corresponding Regional Office is sent to the State concerned through the designated focal point.
3. The State reviews the deficiency using its internal procedures, to assesses the risk generated by the hazard expressed in terms of probability and severity as established in ICAO Doc 9859, *Safety Management Manual*, so as to:
 - a) Identify hazards.
 - b) Determine the safety risk tolerability index.
 - c) Identify missing or inadequate defences.
 - d) Implement mitigation measures to control risk indices or values defined as intolerable, reducing the operational risk to an acceptable level.
 - e) .
4. The State will have thirty days to submit to the corresponding Regional Office the Hazard Identification and Risk Assessment (HIRA) form that appears in the **Attachment** to this procedure, duly completed, and insert a summary of the developed action plan in the GANDD.

Note: Within the following 15 working days of receiving the State feedback the corresponding Regional Office could suggest to the State to review the risk assessment of the analysis done of the reported deficiency.

5. If no information is received from the State within the established period , this information will be reported to the USOAP/CMA, which could increase the level of risk of this State.
6. The Regional Office will inform GREPECAS about the result of the risk mitigation assessment and actions taken by the State, if any.
7. Based on the result of the analysis of the deficiency, the information could be sent to the Air Navigation Commission or to ICAO Council.
8. A statistical report of CAR and SAM deficiencies/hazards will be provided to RASG-PA for inclusion in the annual safety report of that mechanism.

Deficiency: A deficiency is a situation where a facility, service, or procedure does not comply with **a regional air navigation plan approved by the Council, or with the related ICAO standards and recommended practices, and which situation has a negative impact on the safety regularity and/or efficiency of international civil aviation.*

**Hazard: A hazard is a condition or object that might cause death, injuries to personnel, damage to equipment or structures, loss of materials, or a reduction in the capacity to perform a prescribed function.*

Note: For the purpose of aviation safety risk management, the term hazard should be considered as a deficiency.

ATTACHMENT TO APPENDIX

SAFETY RISK MITIGATION RECOMMENDATIONS REPORT				
1. Description of identified deficiency:				
2. State/Territory/Organization:				
3. Report N°:				
4. Date of identification:				
5. Level of safety risk before mitigation measures are adopted:				
6. Solution				
7. Description of the solution:				
8. Estimated cost of this solution:	9. Revised risk assessment if <u>only</u> this solution is to be implemented:	10. Probability:		
\$ _____		11. Severity:		
		12. Level of safety risk:		
13. Potential implementation problems:				

SAFETY RISK MITIGATION RECOMMENDATIONS REPORT						
14. Recommended solution(s):						
15. Estimated cost and estimated time for implementation of recommended solution(s):		\$				
16. Revised safety risk assessment if implemented as recommended:						
RISK PROBABILITY		RISK SEVERITY				
		Catastrophic A	Hazardous B	Major C	Minor D	Insignificant E
	Frequent 5	5A	5B	5C	5D	5E
	Occasional 4	4A	4B	4C	4D	4E
	Remote 3	3A	3B	3C	3D	3E
	Improbable 2	2A	2B	2C	2D	2E
	Extremely improbable 1	1A	1B	1C	1D	1E
17. Report prepared by (State/Territory/Organization):						

EXPLANATION OF THE “SAFETY RISK MITIGATION RECOMMENDATIONS REPORT”

The State concerned shall complete the form based on the following explanations:

1. **Description of identified deficiency:** Complete with the same text contained in the deficiency or event occurrence report, validated by the corresponding Regional Office.
2. **State/Territory/Organization:** Complete with the name of the State/Territory/Organization.
3. **Report N°:** Complete with the same code of the identified hazard reported by the Regional Office and to which the risk mitigation recommendations refer.
4. **Date of identification:** Complete with the date (DD/MM/YY) of completion of the form.
5. **Level of safety risk before mitigation measures are adopted:** Complete with the level of risk estimated with the current mitigation measures.
6. **Solution:** Identifies the number of solution.
7. **Description of the solution:** Complete with a brief description of the first solution to be implemented.
8. **Estimated cost of this solution:** Complete with the estimated cost of implementing the first solution.
9. **Revised safety risk assessment if only this solution is to be implemented:** Associated to boxes 10, 11 and 12.
10. **Probability:** Complete with the coded and plain-language likelihood index that would be achieved with the implementation of this mitigation measure.
11. **Severity:** Complete with the coded and plain-language severity index that would be achieved with the implementation of this mitigation measure.
12. **Level of safety risk:** Complete with the coded and plain-language tolerability index resulting from the implementation of this mitigation measure.
13. **Potential implementation problems:** Complete with a brief description of the potential implementation problems that might prevent the application of the identified solution.
14. **Recommended solution(s):** Complete with the solution(s) to be implemented for reducing the tolerability index to an acceptable level.
15. **Estimated cost and time for implementation of the recommended solution(s):** Complete with the estimated cost of the solutions to be implemented.
16. **Revised safety risk assessment if implemented as recommended:** Complete with the risk assessment once the solution(s) described above has (have) been implemented.
17. **Report prepared by (State/Territory/Organization):** Complete with the name of the corresponding aeronautical authority or individual or area generating the report.