



# **ANS Safety Oversight Manual**

**TP ANS 02**

Issue 01  
June 2017



## DOCUMENT APPROVAL

This document, **ANS Safety Oversight Manual**, reference **TP ANS 02**, Issue 01 of June 2017, is approved by the Head Air Navigation Standards and Air Traffic Controller Licensing Inspectorate of the Safety Regulation Division.

Signature: \_\_\_\_\_

Date and official stamp: \_\_\_\_\_

01<sup>st</sup> June 2017





### RECORD OF AMENDMENTS

<b>Amendment No.</b>	<b>Subject</b>	<b>Source</b>	<b>Section affected</b>	<b>Entered by (Date)</b>	<b>Effective Date</b>
-	Initial issue				01 June 2017



## FOREWORD

1. The ANS Safety Oversight Manual is issued under the authority of the Chief Executive Officer of the Seychelles Civil Aviation Authority pursuant to Regulation 21 of the Civil Aviation (Safety) Regulations, 2017.
2. The manual is directed at all applicants for the provision of air navigation services and existing air navigation service providers and details the procedures to assist in the safety oversight of their services by the Authority.
3. All applicant for the provision of air navigation services and existing air navigation services providers are to comply with the procedures contained in this manual.
4. Air navigation service providers or applicants for the provision of air navigation services shall refer to the applicable sections of the Civil Aviation (Safety) Regulations, 2017, the Seychelles Technical Standards for ANSPs, as applicable to the services provided, in conjunction with this manual, to ascertain the standards are effectively implemented and their obligations under the Civil Aviation Act 2005 are met.
5. The latest version of this manual is published in electronic format on the Authority website at:

[http://www.scaa.sc/index.php?option=com\\_content&view=article&id=140:scap-ans&catid=48&Itemid=836](http://www.scaa.sc/index.php?option=com_content&view=article&id=140:scap-ans&catid=48&Itemid=836)

or on request from the Air Navigation Standards & Air Traffic Controller Licensing Inspectorate at the email below.

6. The content of this manual is controlled by an approved amendment system and is not to be removed and used in any other format where it may be outside the control of the amendment system. The manual will only be distributed electronically by the Authority as a complete document and as such a list of effective pages is not considered necessary.

Amendments to the original issue shall be incorporated into the manual on receipt and the manual distributed as a complete revised document with amendment status indicated in the Record of Amendments page. All changes to the text from the previous version shall be identified by the use of strikethrough of the previous text and grey highlight of the new text until a subsequent amended document is issued. Each page will also indicate the amendment date and issue number. For clarity and simplification, all pages of the respective section will have the same amendment status upon amendment of one or more pages.

The Head Air Navigation Standards & Air Traffic Controller Licensing Inspectorate is responsible for amendments to this manual. Readers should forward advice of errors, inconsistencies or suggestions for improvement to the Head Air Navigation Standards & Air Traffic Controller Licensing Inspectorate at the address and email below.

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## ACRONYMS

<b>ACS</b>	Aeronautical Charts Service
<b>AIS</b>	Aeronautical Information Service
<b>ANS</b>	Air Navigation Services
<b>ANS&amp;ATCLI</b>	Air Navigation Standards Inspectorate
<b>ANSP</b>	Air Navigation Service Provider
<b>ATS</b>	Air Traffic Services
<b>CA(S)R</b>	Civil Aviation (Safety) Regulations
<b>CNS</b>	Communication, Navigation and/or Surveillance
<b>HANS&amp;ATCLI</b>	Head Air Navigation Standards & Air Traffic Controller Licensing Inspectorate
<b>MET</b>	Aeronautical Meteorological Services
<b>PANS OPS</b>	Procedures for Air Navigation – Flight Operations ( <i>Flight Procedure Design</i> )
<b>SAR</b>	Search & Rescue
<b>STS</b>	Seychelles Technical Standards





## Chapter 1

### INTRODUCTION

#### 1.1 Purpose of this manual

This manual provides the procedures and guidance to support the application for provision of air navigation services and the safety oversight of air navigation service providers consistent with Part 16 - Air Navigation Service and Part 21 Authority Matter - Safety Oversight of the Civil Aviation (Safety) Regulations, 2017 (CA(S)R 2017).

#### 1.2 Structure of this manual

The manual is structured as follows:

*Chapter 2 – Principles of Regulation*

Provides an overview of the regulatory framework which governs air navigation services provision and safety oversight obligations of the State towards air navigation services along with processes associated with technical standards development to promulgation.

*Chapter 3 – Air Navigation Service Providers' Safety Management System Acceptance*

Sets out the procedures for the 'Initially Accepted' and 'Accepted' phases of the Air Navigation Service Provider (ANSP) Safety Management System (SMS) implementation.

*Chapter 4 - The Safety Oversight Procedure*

Sets out the procedures and the stages intended to support the safety oversight programme of ANSPs against the Seychelles Technical Standards (common and specific requirements (STS-ANS and STS-ATS, STS-CNS, STS-AIS/ACS, STS-MET, STS-PANS OPS), as applicable, to the ANSP.

*Appendices*

Contain guidance on the use of ANSPs Letter of Designation where exemptions are granted by the Authority and timelines associated with audits.

#### 1.3 Scope of this manual

- 1.3.1 These procedures shall be followed by the Authority and ANSPs, as are applicable, to verify and ensure compliance with the applicable Seychelles Technical Standards (STSS).
- 1.3.2 The Authority shall decide which arrangements, elements, services, products, physical locations and activities of an ANSP which are subject to safety oversight.
- 1.3.3 Verification of compliance with regard to the common requirements of STS-ANS is required by the Authority for all ANSPs.
- 1.3.4 ICAO standards related to the provision of air traffic services, notably those included in ICAO Annexes 2, 10, 11 and 19 are considered as applicable safety technical standards wherever they are subject to verification of compliance. This is the case for the safety oversight of the ATSP against the both the STS-ANS and STS-ATS.
- 1.3.5 For other ANSPs, the Authority may decide to apply fully or partially, the provisions for the safety oversight of ATS, for those services with direct implication on safety.
- 1.3.6 Nothing prevents the Authority from adopting various principles in Civil Aviation (Safety) Regulations, 2017 (CA(S)R2017 and its associated guidance material in order to address the verification of compliance with the STSS not specifically considered as applicable safety STSS in the sense of the CA(S)R2017 definition.
- 1.3.7 An integrated procedure, covering safety and non-safety related requirements, is applied to address the safety oversight of ANSPs. Accordingly, the procedure outlined in Chapter 2 is intended to maximise the possibility of integrating safety oversight with the activities which address non-safety related STSS, in order to support an approach capable of addressing all ANS STSS.



## 1.4 Definitions and terminologies

**Audit.** A systematic and objective review of a State's aviation framework to verify compliance with the provisions of the Chicago Convention or national regulation, conformance with or adherence to Standards and Recommended Practices (SARPs), procedures and good aviation safety practices.

*Note: In this document the term 'audit' is used in relation to its specific application to ANS safety oversight in the form of 'safety oversight audits'. Throughout the text, both terms have the same meaning.*

**Audit base.** The specified requirements against which an auditor performs audit verification.

**Audit management.** The function responsible in a designated authority for determining, implementing and following up the annual programme of safety oversight audits required in CA(S)R2017. This includes the management of the audit procedures and the auditors.

**Audit scope.** Those parts of an organisation that are the subject of an audit.

**Corrective action.** Action to eliminate the root-cause of a detected non-conformity or other undesirable situation.

*Note: Corrective action does not mean the action taken to restore a non-conforming situation to a conforming situation. This is known as remedial action. If the root cause of a non-conformity is not addressed then it is very likely that similar non-conformities will recur.*

**Initial oversight.** The process undertaken by the Authority to gain objective information to enable a decision to be made to permit an organisation to operate in a particular field.

**Inspection.** The basic activity of an audit, which involves examination of the specific characteristics of the safety oversight programme of the State.

**Inspector.** A person trained and authorized to undertake inspections.

**On-going oversight.** The process undertaken by the Authority to verify that regulatory objectives and requirements are continuing to be effectively met.

**Safety oversight.** The function undertaken by designated authority to verify that safety regulatory objectives and requirements are effectively met.

**Verification.** Confirmation through the provision of objective evidence that specified requirements have been fulfilled.

## 1.5 Related processes

1.5.1 In the context of the safety oversight of ANSPs, Part 21 of CA(S)R2017 requires the Authority to establish a safety oversight programme to verify compliance with applicable STSs prior to recognising the capability of an organisation to provide air navigation services.

1.5.2 More specifically, the verification process shall base the confirmation of compliance on the use of audits.

1.5.3 Audits constitute the basic means by which the Authority obtains objective evidence regarding the compliance by ANSPs with applicable STSs. They are the means identified in CA(S)R2017 to implement, wherever safety is the aspect subject to verification, "proper inspections" required under the regulations.



## Chapter 2

### PRINCIPLES OF REGULATION

#### 2.1 The Regulatory Framework

2.1.1 Civil aviation in the Seychelles is governed by:

- a) Primary aviation legislation which permit regulations to be issued;
- b) Subsidiary legislation which is promulgated by means of Civil Aviation Regulations (CARs) to address and give effect in part or in whole to the ICAO Annexes to the Convention; and
- c) Tertiary requirements, which are promulgated by the Chief Executive Officer as Civil Aviation Directives (CADs) to incorporate international or national technical standards to give effect in part or in whole to the technical standards of the Annexes to the ICAO Convention.

2.1.2 The Civil Aviation Act 2005 enables further legislation and regulations, e.g. the CA(S)R2017, to be made in order to permit the Authority to fulfill its regulatory obligations.

2.1.3 The Civil Aviation Authority Act 2005 establishes the Seychelles Civil Aviation Authority (SCAA) and provides the framework for its regulatory powers.

The State Safety Programme (SSP) for the Seychelles provides a detailed description of the national aviation safety regulatory legal framework.

2.1.4 Air Navigation Services are principally regulated by the Authority under CA(S)R2017. Regulation is achieved, as appropriate, through the designation of services, grant of approval to equipment and systems, licensing of personnel and auditing/inspecting the subsequent systems and service provision.

2.1.5 The Authority website, [www.scaa.sc](http://www.scaa.sc) should be consulted in respect of civil aviation legislation and regulations.

#### 2.2 Standards, technical procedures and guidance material

2.2.1 The Authority regulates Air Navigation Services in Seychelles in order to ensure that high safety standards are set and achieved in co-operation with those regulated whilst simultaneously minimising the regulatory burden. This objective is achieved by providing the industry with Seychelles Technical Standards (STSs) through issue of Civil Aviation Directives (CADs), Technical Procedures (TPs) supporting the STSs and guidance material to assist the assessment of initial and ongoing compliance with those STSs by service providers.

2.2.2 The Authority will review its published STSs and TPs as necessary. STSs will be accompanied by one or more Acceptable Means of Compliance (AMC) where applicable and which are acceptable to the Authority. ANSPs are at liberty to utilise an AMC or an alternative solution of its own choice provided that it demonstrates that the STS is achieved.

2.2.3 Designated ANSP must recognise that STSs and TPs may be changed from time to time on grounds of safety, potentially necessitating re-approval where necessary. A reasonable period of prior notification will be given in such circumstances.

#### 2.3 STSs capture

STSs capture is the process of identifying a need for new or amended standards and may be triggered by:

- (a) Ad hoc comments and formal consultation on STSs;
- (b) International obligations: changes to ICAO SARPs related to the provision of ANS;
- (c) changes to the Seychelles legislation, regulations and directives directly or indirectly related to the provision of ANS;
- (d) Authority policy and strategy: changes to the scope of regulation or the indication SR position on a particular issue. Re-drafting of existing STSs into objective based safety requirements;



- (e) ATS environment: monitoring the ATS environment, by means of the Mandatory Occurrence Reporting (MOR) Scheme or other mechanism, to identify safety risks;
- (f) Industry demand: the ATSP wishing to bring into service, systems or equipment or to implement procedures, for which no applicable STSs currently exist;
- (g) Introduction and developments of new technology in the provision of ATS.

## 2.4 STSs production

STSs production includes the authorisation and drafting of STSs, internal review processes, consultation and publication. The consultation process is briefly outlined in the following section. As part of the STSs drafting process, the author may draw on any appropriate additional expertise both from within the Authority and externally.

## 2.5 STSs consultation

A procedure has been established for the formal consultation process and the management of ad hoc comments for the STSs in accordance with the Authority code of practice. With the exception of editorial changes and STSs or guidance material which needs urgent promulgation, all other material is subject to the formal consultation process. Ad hoc comments and those received during the formal consultation process will be considered by the authors of the STSs and responses prepared as necessary. Where appropriate, changes will be incorporated into an amendment to this document.

### 2.5.1 Formal consultation

The Authority invites comments on proposals that may have an impact on the provision of ANS in the Seychelles, or on the ANSP. Once the necessary stages of the Authority internal development and production process have been completed, the Authority will issue Information Notices to formally notify the ANSP of consultation period. Consultative material will then be emailed to the accountable manager of the ANSP and published on the Authority website to allow consideration by a notified date that marks the end of the consultation period. This formal consultation process enables comments on proposed changes to be made by individuals and industry prior to the effective date of the changes. Any documents currently under review as part of the formal consultation process may be accessed from the Authority website at:

[http://www.scaa.sc/index.php?option=com\\_content&view=category&id=48&Itemid=836](http://www.scaa.sc/index.php?option=com_content&view=category&id=48&Itemid=836).

### 2.5.2 Ad hoc comments

2.5.2.1 Ad hoc comments on the STSs that relate to the provision of ANS may be submitted at any time by email to the Head Air Navigation Standards & Air Traffic Controller Licensing Inspectorate (HANS&ATCLI) at [ANSI@scaa.sc](mailto:ANSI@scaa.sc)

## 2.6 Publication of STS(s), technical procedures and guidance material

2.6.1 Notification of publication of STSs, technical procedures and guidance material to ANSPs shall be through email to their respective accountable manager following the publication in PDF format on the SCAA website at the following link:

[http://www.scaa.sc/index.php?option=com\\_content&view=article&id=140:scap-ans&catid=48&Itemid=836](http://www.scaa.sc/index.php?option=com_content&view=article&id=140:scap-ans&catid=48&Itemid=836)

The publications shall also be made available on request by email to [ANSI@scaa.sc](mailto:ANSI@scaa.sc)

2.6.2 Amendments to STSs shall be in accordance with the procedure set out in paragraph 4 of the Foreword pages of the STSs.

2.6.3 Amendments to technical procedures and other guidance shall be in accordance with the procedures set out in the Foreword page of those documents.

2.6.4 Whenever there is an amendment to an STS, technical procedure or guidance material or the publication of an Authority generated Notice of Proposed Amendment, the ANSPs and concerned parties shall be notified in the first instance through email to their respective accountable manager.



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## Chapter 3

### ANSP SAFETY MANAGEMENT SYSTEM ACCEPTANCE

#### 3.1 Introduction

- 3.1.1 Subpart C of the STS-ANS requires that ANS providers establish a management system, inclusive of safety management and Subpart C of STS-ATS specifically requires an ATS provider to establish a safety management system (SMS) that is acceptable to the Authority.
- 3.1.2 For ANSPs other than an ATSP, those aspects of their services with direct operational safety implications shall be included in the scope of the ATSP's SMS. It is therefore the prime responsibility of an ANSP to satisfy the Authority that the services it provides to aircraft are safe and satisfies all appropriate requirements. This applies also to initial approval and any subsequent changes to the approved functional systems.
- 3.1.3 Within the overall management of the service, an ANSP has a responsibility to ensure that all relevant safety issues have been satisfactorily dealt with and provide assurance that this has been done.
- 3.1.4 Safety management is that function of service provision, which ensures that all safety risks have been identified, assessed and satisfactorily mitigated. A formal and systematic approach to safety management will maximise safety benefits in a viable and traceable way.
- 3.1.5 The Authority is required to implement a procedure for the initial acceptance of the SMS and to ensure that the SMS is effectively implemented, as part of its safety oversight programme.

#### 3.2 Acceptance of the SMS

- 3.2.1 Before an ANSP is regulated under Subpart C of STS-ANS and STS-ATS, the supporting SMS documentation must be reviewed and accepted by the Authority.
- 3.2.2 Following submission, the SMS descriptive and supporting documentation will be reviewed and the ANSP advised whether it is acceptable or not. Any areas that are deficient will be identified. The time taken to review the documentation will depend upon its complexity. If the documentation is not acceptable, the ATSP should make amendments to address the identified deficiencies and resubmit as necessary.
- 3.2.3 An acceptable SMS shall address all the technical standards set out in STS-ANS.060, STS-ANS.065 and the components and elements set out in STS-ATS.015, as applicable, and will document the procedures by which they are to be achieved.
- 3.2.4 In association with the implementation of an SMS, it is necessary to carry out an analysis of the safety significance of existing functional systems and to demonstrate that they satisfy the current safety requirements of both the Authority and those set out in the ANSPs' SMS. This is usually presented in the form of safety assurance documentation.
- 3.2.5 When the ANSP is satisfied that its SMS is sufficiently developed and that its implementation will result in a service that continues to be safe for use by aircraft, it shall submit the SMS and any associated documentation to ANSI for assessment and acceptance.
- 3.2.6 If the SMS is assessed as satisfactory, it will be deemed to be 'Initially Accepted' and the ANSP will be authorised to operate in accordance with the procedures in its SMS. After a suitable period of SMS operation, during which time the ANSP will be gathering evidence of the application of the SMS and recording the results of applying the relevant processes, ANS&ATCLI will conduct an initial audit in accordance with the audit procedure laid down in Chapter 4, 4.9. The initial audit may involve an assessment of the SMS on a line-by-line basis.
- 3.2.7 If the initial audit finds that the SMS meets the relevant STSs and that the application of the SMS is resulting in the provision of an ANS that is safe, the ANSP's 'Initial Accepted' SMS status will be amended to 'Accepted' to require the ANSP to operate in accordance with its SMS. The acceptance process is now incorporated into the ANS safety oversight programme.

If the SMS implementation is considered not to be appropriate with respect to one or more of the key criteria, additional guidance will be provided.



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## Chapter 4

### THE ANS SAFETY OVERSIGHT

#### 4.1 Objectives of safety oversight

The objectives of ANS safety oversight by the Authority are to:

- a) identify the basic principles, actions, inputs and outputs intended to harmonise and standardise the steps required in the context of initial application for air navigation service provision and the continuing provision of services after designation, as established by the Authority.
- b) ensure that, in accordance with Government policy, existing Seychelles levels of safety are not eroded;
- c) ensure that the delivery of services by designated ANSPs in Seychelles are in accordance with the Specific Operating Regulations as mandated by ICAO Critical Element 2; and
- d) minimise costs to industry arising from Seychelles legislation by utilising existing structures, systems and processes wherever possible.

#### 4.2 Principles of safety oversight

The principles behind ANS safety oversight are:

- a) The Authority applies the STSs in a manner that is commensurate and proportionate to the aviation safety risk posed by the ANSP under consideration;
- b) Existing Authority organisational structures, regulatory processes and resources are utilised wherever practicable;
- c) The Authority focuses regulatory activity at the point of service delivery;
- d) The requirements for ANSP safety oversight are only those explicitly stated in the STSs;
- e) Any existing national requirements not transposed directly into the STSs shall fall outside the remit of the safety oversight programme;
- f) Where an STS has been amended or re-written as part of the transposition amended ICAO SARP's, the Authority shall ensure implementation of the transposed version as it appears in the STS; and
- g) For the purpose of safety oversight, existing ANSPs, where relevant, are asked to confirm their compliance with relevant ICAO SARP's as transposed in the applicable STS.

#### 4.3 Roles or functions of individuals

The roles of individuals or functions involved in the ANS safety oversight are explained throughout the text of this chapter.

#### 4.4 Safety oversight procedure steps

##### 4.4.1 Triggers

The main triggers or inputs which start the whole process are:

- a) The initial application for provision of air navigation services;
- b) The submission of designated ANSPs for initial safety oversight or ongoing safety oversight after completion of the annual cycles, required by the continuous safety oversight process.

##### 4.4.2 Activities - the steps

4.4.2.1 Four main parts constitute the whole process:

- a) Application/Submission and preparation;
- b) Assessment of compliance; and
- c) Monitoring of any corrective action plan;
- d) Closure of annual cycle.





4.4.2.2 Further breakdown of the steps provides details at the level of actions and Flow Chart 1 gives details of the procedure in a pictorial way.

#### **4.5 Application for designation, submission for initial oversight and preparation of oversight**

4.5.1 An applicant for designation of ANS shall submit an application to the Authority using the form prescribed by the Authority. The application form can be downloaded from Authority website at the following link:

[http://www.scaa.sc/index.php?option=com\\_content&view=article&id=90&Itemid=354](http://www.scaa.sc/index.php?option=com_content&view=article&id=90&Itemid=354)

or can be requested by email from the ANS&ATCLI to [ANSI@scaa.sc](mailto:ANSI@scaa.sc)

4.5.2 Designated ANSPs shall submit themselves to the Authority for initial oversight, in the form of a letter, upon being notified of the safety oversight programme by the Head ANS Inspectorate.

4.5.3 An applicant for designation of ANS and designated ANSPs shall attach compliance checklists to their application/submission as follows:

**a) ATS Provider:**

i) For STS-ANS and STS-ATS;

**b) A MET Service Provider:**

i) For STS-ANS and STS-MET;

**c) AIS/ACH Provider:**

i) For STS-ANS and STS-AIS/ACS;

**d) CNS Provider:**

i) For STS-ANS and STS-CNS;

**e) SAR Provider:**

i) For STS-ANS and CA(SAR)R 2018;

**f) PANS OPS Provider**

i) For STS-ANS and STS-PANS OPS;

4.5.4 The compliance checklists shall be filled in as specified in the pre-ambule to the checklist. There shall be a statement of compliance and there shall be a reference to the applicable documentation where evidence of compliance can be found.

4.5.5 In addition, the applicant shall accompany the application for initial designation (or changes) with compliance checklists covering specific conditions for designation (to be developed by the applicant as applicable for the service to be designated). For those specific conditions, such as technical equipment to be used for the provision of services, the information included in the application will be used for the designation. The Authority shall verify the correctness of the information.

4.5.6 The compliance checklists are primarily intended to support:

- a) a first assessment of the eligibility of the ANSP according to the STSs; and
- b) the technical investigations for initial and on-going oversight intended to verify compliance with the STSs.

4.5.7 The compliance checklists will not be considered as sole and exclusive proof of compliance with applicable STSs. Any claim made by an applicant in the compliance checklists may potentially be subject to further investigation by means of auditing in order to confirm the accuracy of the claim and its effective implementation.

#### **4.6 Application/Submission management**

4.6.1 Application shall be sent to the HANS&ATCLI at least 3 months prior to the intended date of commencement of service to allow for initial safety oversight of the ANSP. Submission for initial safety oversight of designated ANSPs shall be sent to the HANS&ATCLI immediately following the safety oversight notification by the specific ANS Inspector.



4.6.2 The specific ANS Inspector shall acknowledge receipt of the application and submission within 5 working days of their receipt.

4.6.3 The ANS Inspector shall verify the application and where incorrect or incomplete information is supplied, will notify the applicant in writing as soon as possible detailing the omissions and errors.

4.6.4 The ANS Inspector shall make a first assessment of the documentation received before deciding how to proceed with the application/submission. This will be communicated to the applicant/designated ANSP within 2 months following receipt of the application/submission.

#### **4.7 Eligibility assessment**

4.7.1 After eligibility has been assessed, the ANS Inspector shall inform the applicant/designated ANSP, copied to the HANS&ATCLI, and, where applicable/identified, the audit team to be involved in the audit, of the following:

- a) Whether the application has or has not been accepted for further investigation, and if accepted;
- b) The details of the audit team who will perform the audit for initial oversight to verify compliance with applicable STSs. If no selection has been made yet, the ANS Inspector shall notify the applicant of the projected time frames for when such resources are expected to be available.

4.7.2 In cases of the refusal of an application, the Authority shall notify this decision in writing to the applicant, together with the reasons.

#### **4.8 Allocation of audit tasks**

##### **4.8.1 Audit Team**

4.8.1.1 An audit team established by the HANS&ATCLI shall comprise of an audit team leader and audit team members. Where the extent of the audit does not justify the need for a team, only one team member shall perform the full audit task.

4.8.1.2 Prior to the execution of the initial audits of 4.9.2 below, the audit team leader shall appoint a number of audit team members, if appropriate, to review of the applicant's documentation.

4.8.1.3 After reviewing the applicant's documentation as foreseen in paragraph 4.9.3 below, a final determination of the audit team's resources needed for the initial audits shall be established by the audit team leader.

4.8.1.4 To determine the composition and size of the audit team, the following considerations should be taken into account:

- a) The size of the ANSP organisation;
- b) The number of sites covered by the safety oversight programme;
- c) The nature of the service(s) provided by the ANSP and their direct impact upon aviation safety;
- d) The various criteria as regards the review of the ANSP's documentation and the execution of initial oversight audit visits.

4.8.1.5 Within the team, specific responsibilities shall be allocated as regards the activities intended to verify compliance with all the STSs applicable to the services.

4.8.1.6 For specific investigations the audit team shall call upon the assistance of appropriate experts, more specifically with regard to:

- a) applicable STSs;
- b) specific qualification criteria to be met by the audit team leader and all the audit team members involved in verifying compliance;
- c) quality requirements when the ANSP is not providing an ISO 9001 Designation.

The qualification criteria to be met by the audit team leader and all the audit team members involved in verifying compliance should be based on the ISO standard 19011, Chapter 7 relating to auditors for quality management systems.



#### **4.8.2 Use of qualified entity**

Audit team leaders and/or audit team members may be ANS&ATCLI staff or suitably qualified inspectors from an accredited organisation commissioned to conduct safety oversight tasks, fully or partly, on behalf of the Authority under authorisation provided for in CA(S)R 2017, Part 19, Regulation 97 and under specific arrangements.

#### **4.8.3 Panels of experts**

4.8.3.1 Panels of experts may be established by the Authority in order to provide the ANS&ATCLI with advice on general organisation and compliance with STSs, opinions on the technical interpretation of the STSs and opinions on the conclusions and recommendations of final audit reports.

4.8.3.2 Wherever established, these panels shall:

- a) consist of experts with extensive technical knowledge of the disciplines necessary for the safety oversight of an ANSP; and
- b) base their opinions on the technical interpretation of the STSs.

### **4.9 Assessment of compliance**

#### **4.9.1 Authority for the audit**

4.9.1.1 ANS Inspectors are the convening authorities in their respective departments for the audits as approved by the HANS&ATCLI. They are:

- a) accountable to the HANS&ATCLI for matters relating to the safety management system, where appropriate, and safety oversight of air navigation services;
- b) authorised to plan and conduct audits and selection of audit team members.

#### **4.9.2 Initial safety oversight**

4.9.2.1 Initial safety oversight shall be conducted by the audit team to gain objective information to enable the Authority's recognition of an ANSP as capable of providing specific services. For that purpose the audit team, under the co-ordination of the audit team leader shall make direct arrangements with the ANSP for the assessment of documentation, meetings and inspections at all the relevant locations.

4.9.2.2 As a result of the initial safety oversight, the Authority may terminate the audit process if it appears that it cannot be completed due to the lack of resources within the ANSP's structure or its lack of commitment to comply with the applicable STSs. Such a decision shall be notified to the ANSP together with the reasons.

4.9.2.3 The audit team shall maintain records of all documents generated and received during the initial safety oversight.

#### **4.9.3 Review of ANSP documentation**

4.9.3.1 The audit team shall undertake a review of the documentation that the ANSP has put in place to describe, communicate and operate its arrangements for providing the services in accordance with the applicable STSs.

4.9.3.2 The audit team shall look for evidence that the applicable STSs have been understood and there are clear indications that procedures have been developed to comply with them. The review shall not necessarily be confined to the documents referenced by the ANSP in its organisational exposition. It shall also cover:

- a) Operational documentation (e.g. Operations and Technical Manuals, etc.);
- b) Technical systems documentation (e.g. arrangements related to the installation and maintenance of equipment, etc.);
- c) Various documentation in the areas of quality, human resources, staffing plans, security and quality of services, etc. depending upon the case.

4.9.3.3 If the document review indicates possible areas of weakness or concern regarding the ANSP's arrangements to meet the applicable STSs, this is to be subjected to further investigation, such as an on-site audit.



4.9.3.4 For certain areas a review of the documentation shall be sufficient.

4.9.3.5 In the event that the documentation review reveals serious concerns about the applicant's level of understanding of the applicable STSs or the processes that may have been put in place to meet them, the audit team leader shall not proceed with the initial oversight audit visits. The matter is then referred to the HANS&ATCLI for decision on further action to be taken.

#### **4.9.4 Initial audit visit**

4.9.4.1 Once the documentation review has been performed, the audit team shall verify that the arrangements described in the documentation are indeed being used and are effectively implemented within the ANSP. This verification shall involve a series of on-site audit visits to the relevant site(s) of the ANSP.

*Note: Depending upon the case, on-site audit visits may focus on a specific aspect or address various applicable STSs.*

4.9.4.2 Based upon the information obtained at the documentation review, the audit team leader shall identify areas and specific procedures to be audited in order to test the ANSP compliance with applicable STSs. In addition the implementation of the ANSP's arrangements in line with the identified intentions set out in the documentation reviewed should be audited.

#### **4.9.5 Planning for the audit visit**

4.9.5.1 The audit team leader is responsible for planning the audit visit, which shall include the provision of an audit visit schedule, identifying date(s) of the visit, auditors in the team and areas/departments/processes to be audited during the visit. The audit will always be planned as a sampling activity and never a 100% verification. The sampling approach is used to provide confidence in the ANSP's ability to meet applicable STSs and to operate an appropriate safety management.

4.9.5.2 The sampling of STSs in each area of the ANSP's organisation will depend upon the procedures being verified and the level of confidence obtained by the audit team from the documentation review in 4.9.3 above. It will not however exclusively cover those areas highlighted by the documentation review, but will take into account the results from audits conducted by the Authority in the previous safety oversight programme in order to verify corrective action implementation which may have extended into the current programme.

#### **4.9.6 Audit visit notification**

4.9.6.1 The ANS Inspector shall notify the ANSP through its accountable manager of the audit visit at least 2 months prior to the audit visit.

4.9.6.2 The ANSP shall concur with the proposed audit visit schedule or propose alternate dates at least 28 working days prior to the audit visit.

#### **4.9.7 Audit support and assistance**

4.9.7.1 The audit team shall decide on the necessary support and assistance that may be required of the ANSP to facilitate the conduct of the audit, such as:

- a) access to office facilities such as photocopiers etc.
- b) guides to accompany the auditor(s) throughout the audit,
- c) meeting room for the entry meeting, analysis/summary of everyday audit activities and exit meeting,
- d) access to documentation and records (hard copy, data bases, intranet etc.).

4.9.7.2 The audit team leader will clarify and confirm such matters as:

- a) working times of various departments,
- b) any restriction on the use of mobile phones, recording devices, cameras, etc.

4.9.7.3 All such support requests and clarifications shall be communicated and/or confirmed in writing in advance of the audit, and preferably at the same time that the audit schedule is communicated and agreed with the ANSP.

4.9.7.4 The audit team leader will verify, at least 5 days before the intended audit date, that the ANSP has put in place the necessary arrangements to support the audit team and facilitate the audit process, key staff have been informed of the visit and that all staff have been made aware that they may become



involved in the audit process, dependent upon the needs of the audit team.

#### **4.9.8 Audit assessment and evidence logging**

4.9.8.1 For each set of STSs, a non-prescriptive approach of assessment of compliance shall be presented in a number of dedicated forms covering key elements of the STSs driving its assessment, description of which evidence is expected from the ANSP and a proposed method of evaluating the evidence. These forms cover the issues incorporated within the STSs.

All safety oversight forms can be downloaded from Authority website at the following link:

[http://www.scaa.sc/index.php?option=com\\_content&view=article&id=90&Itemid=354](http://www.scaa.sc/index.php?option=com_content&view=article&id=90&Itemid=354)

or can be requested by email from the ANS&ATCLI to [ANSI@scaa.sc](mailto:ANSI@scaa.sc)

The Authority may consider using the panels of experts referred to in 4.8.3 to seek advice on additional criteria to assess the compliance with STSs.

#### **4.9.9 Non-compliances**

4.9.9.1 Non-compliances shall only be raised in relation to the STSs applicable to the ANS. The relationship should always be made explicit wherever a non-compliance is determined.

4.9.9.2 An interim audit report shall be submitted to the HANS&ATCLI within 14 working days following the completion of the on-site audit. The interim report shall be forwarded to the accountable manager of the ANSP within 7 working days after the HANS&ATCLI has reviewed and accepted the report.

#### **4.9.10 Corrective Action**

4.9.10.1 Short-Term Corrective Action corrects the specific non-compliance from the finding and is preliminary to the long term solution that prevents recurrence of the safety concern. It must be completed by the date/time specified in the immediate corrective action section of the Finding Form or per the accepted Corrective Action Plan.

4.9.10.2 Long-Term Corrective Action identifies the root cause of the non-compliance and indicates the measures focused on system change the ANSP must undertake to prevent recurrence. It consists of a timeline with a proposed completion date for implementation which must take place within 90 days.

For long-term corrective action which may require time periods in excess of 90 days, the ANSP will include milestones/progress review points at 90 days intervals leading to the proposed completion date for each audit finding. Where short-term corrective actions taken are found to meet the requirements of long-term corrective actions, they shall be so stated in the long-term corrective action section of the Corrective Action Form.

4.9.10.3 The ANSP shall be responsible for determining and initiating the corrective actions needed to rectify the non-compliances or their root causes. The accountable manager must submit within 28 working days after receiving the interim audit report, the corrective action plans based on the accepted audit team findings.

4.9.10.4 The audit team shall assess the proposed corrective actions and accept them if they are deemed sufficient to address the non-compliances found in the audit.

4.9.10.5 Corrective actions shall be completed by the ANSP within the time period agreed with the audit team. The period will depend on the nature of the findings and resources available.

4.9.10.6 The audit team leader shall record details of all non-compliances, agreed corrective actions, closure of non-compliances and recommendations.

4.9.10.7 The ANSP should modify the compliance checklists to incorporate the resolution of non-compliances found in the audit.

4.9.10.8 For an applicant for designation of ANS, the successful completion of the audit occurs when it can demonstrate that the STSs, as applicable, have been fully implemented in the form of management System documentation, training documentation, operating procedures and engineering arrangements, as applicable to the unit where the designation will apply.

#### **4.9.11 Follow-up audits**

4.9.11.1 For designated ANSPs, a follow-up audit will be necessary in order to verify not only that the corrective action has been taken, but that it has also been effective in dealing with the root cause of the problem, and that repeats of the originally observed non-compliances are no longer evident.



4.9.11.2 The audit team leader has the responsibility to ensure the adequacy of the audit follow-up and to keep good record relating to its activities at this stage by completing Audit Follow-up Reporting Forms and checklists.

4.9.11.3 Follow up audits will be planned such that similar samples to those that revealed the original non-compliances are selected. Follow-up audits shall be conducted within 6 months following the submission of the corrective action plan. For inspections, it will be conducted at an agreed date between the audit team leader and ANSP.

#### **4.9.12 Audit close-out**

4.9.12.1 Once the audit team leader is satisfied that the root cause of an originally reported non-compliance has been addressed and no further symptoms of the problem have been noted during the follow up audit then the audit will be closed out. This will require a formal sign off of the original audit finding and associated corrective action to indicate that the follow up audit has revealed no further similar findings and the audit report is closed. The date of the follow up audit and the verification action(s) will be recorded.

4.9.12.2 The Authority will use enforcement measures if the ANSP fails to implement the corrective actions agreed with the audit team leader within the granted timeframe.

### **4.10 Regulatory enforcement measures by the Authority**

4.10.1 Regulatory enforcement may be defined as any activity that is carried out in order to seek effectively to remedy a breach or suspected or potential breach of regulations applicable to civil aviation.

4.10.2 There is a range of enforcement measures available to enable the Authority to secure safety and compliance with the regulations and its choice of approach will be guided by the seriousness of the issue, the flexibility permitted within the regulation and the ANSP or individual's intent and past behaviour. Where appropriate, the Authority will seek to elicit compliance and good conduct by those subjected to regulations by informal means. The Authority may take more significant enforcement measure subsequently if a non-compliance, safety risk or breach of regulations is not addressed or becomes more serious or extensive. However, it should not be assumed that first reaction to information received will always be informal. If the Authority believes that there is a significant risk to safety or that there may have been a serious breach of regulations, it should be expected that it will intervene without delay to impose an enforcement measure intended to safeguard safety standards.

4.10.3 The audit team leader will provide the information needed, based upon objective evidence obtained during the audits, inspections or observations to initiate a number of Authority enforcement measure processes established to address various non-compliances.

4.10.4 Non-compliances are classed into two basic categories associated with levels of safety significance as follows:

- a) Category 'Level 1' includes any non-compliance with the applicable STSs which lowers the safety standard and is significantly hazardous to the safety of aircraft; and
- b) Category 'Level 2' includes any non-compliance with the applicable safety STSs which lowers the safety standard and may possibly be hazardous to the safety of aircraft.

4.10.5 Where a 'Level 1' non-compliance is revealed, the audit team leader will need to report the case immediately to the HANS&ATCLI without waiting for the report in the case of audit. The HANS&ATCLI will take immediate action in accordance with Part 19 of the CA(S)R2017, as applicable, which may result in variation, provisional suspension, suspension or revocation of a designation or licence. Corrective action will be required before the enforcement measure is lifted and before the activity giving rise to the finding is recommenced.

4.10.6 Part 19 of the CA(S)R2017 authorises the Authority to issue Safety Directive (SD) when a serious safety concern has been determined to exist in a system by the audit team. The SD will be issued through the ANSP Accountable Manager.

4.10.7 Where a 'Level 2' non-compliance is revealed, the normal corrective action procedure shall be followed. The Authority shall require the ANSP or individual to develop an acceptable corrective action plan that will restore compliance within an agreed timescale.

4.10.8 The issue of an SD is not necessarily confined to situations where 'Level 1' non-compliances are revealed. Following the results of an audit, an SD may require the ANSP to take action to eliminate a practice or implement a process improvement. An SD will not however interfere with the normal



corrective action process where only 'Level 2' findings have been revealed. Accordingly, the issue of an SD will normally wait until corrective actions are proposed by the auditee and agreed by the ANS Inspector, unless 'Level 1' non-conformities were revealed. In addition, the contents of the SD must be consistent with the corrective actions agreed by the ANS Inspector.

4.10.9 Only Authority inspectors can exceptionally act as representatives of the Authority beyond their audit responsibilities if a serious safety concern is revealed in an audit. This is not possible if the audit is conducted by recognised organisations.

4.10.10 The following are enforcement measures that may be taken by the Authority. They are not necessarily in order of escalation, and it should be noted that more than one enforcement measure may be taken concurrently.

#### **4.10.10.1 Informal discussion**

This will typically involve the ANS Inspector discussing potential or suspected issues with the ANSP or individual to facilitate a return to compliance.

#### **4.10.10.2 Observations**

The Authority may provide advice and guidance to ANSP or individual on how non-compliance might be avoided. The Authority expects this advice to be taken seriously and acted upon appropriately. Observations will usually be raised as the result of an audit or inspection when best practice is not being followed, or when it is anticipated that the ANSP, although currently in compliance, is unlikely to remain so unless appropriate action is taken.

#### **4.10.10.3 Formal meetings to advise of breaches**

The Authority will invite the ANSP or individual to a formal meeting to discuss the non-compliance(s) that have taken place and the steps that should be taken to return to compliance.

#### **4.10.10.4 On Notice**

The Authority may notify an ANSP or individual that it is 'On Notice' when there is reason to believe that safety performance is deteriorating and that unless this trend is corrected, it will result in the ANSP or individual falling below the level of safety required for the designation or licence to remain valid. Examples could be where an ANSP or individual has been subject to repeated Level 2 findings, has failed to address the findings in the agreed timescale or does not have an effective Safety Management System. The ANSP or individual will be subject to increased monitoring and will need to provide the Authority with an acceptable corrective action plan. It is expected that improvement in safety performance is detected as the ANSP or individual undergoes continuous monitoring by the Authority. The 'On Notice' notification may be lifted if the ANSP or individual's actions address the safety concerns. However, if the situation continues to deteriorate, it is likely that findings will be made, which may result in the Authority taking action to vary, suspend or revoke the designation or licence of the ANSP or individual.

#### **4.10.10.5 Special Attention**

Where an ANSP is subject to large complex developments or significant operational changes which raise concerns, or it needs to achieve and/or maintain a satisfactory standard of compliance, the Authority may identify that ANSP as requiring 'Special Attention' and therefore subject it to increased safety oversight.

#### **4.10.10.6 Warning Letters**

These may be sent to an ANSP or individual that has been in breach of regulation where the Authority believes that clearly and formally setting out the non-compliance and corrective action required will result in a return to compliance.

#### **4.10.10.7 Advisory Letters**

These may be sent to an ANSP or individual where a concern has been raised which the Authority does not consider warrants further formal action, but may nonetheless wish to draw the ANSP or individual's attention to the nature of the concern in the expectation that such conduct will be avoided in future.

#### **4.10.10.8 Variation, suspension or revocation of designation or licence**

Where a non-compliance gives rise to an unacceptable loss of safety, the Authority will take action to vary, suspend or revoke the designation or licence. This can arise from a Level 1 finding but may also be requested voluntarily by the ANSP or individual concerned.

Variation means that, although the overall continuation of services or approval remains current, some specific function(s) within may be suspended until such time as the issue is resolved. Variation or



suspension are a temporary measures and will be appropriate where the ANSP or individual is thought likely to return to compliance within the foreseeable future.

#### **4.10.10.9 Revocation of designation or licence**

Where a non-compliance results in an unacceptable loss of safety and the Authority does not consider that the ANSP or individual will return to compliance, the Authority will revoke the designation or licence.

#### **4.10.10.10 Provisional suspension when Authority proposes a variation, suspension or revocation**

It is likely to be the case that the Authority will not wish the holder of a designation or licence to exercise its privileges during the period between making the proposal to vary/suspend/revoke and the proposal coming into effect. Accordingly, it will very often be the case that in addition to proposing to substantively suspend, vary or revoke a designation or licence, a provisional suspension will be imposed. Such a provisional suspension has immediate effect. Where an application is made for a review of the proposal to vary, suspend or revoke, the provisional suspension will remain in place until that review is completed. If the review finds in favor of the designation or licence holder, the privileges will be reinstated to the extent specified by the review board. If the review finds against the holder, or the period allowed for requesting a review expires, a substantive variation, suspension or revocations, as applicable will be applied.

#### **4.10.10.11 Prosecution**

The Authority may consider investigation with a view to prosecute whenever there is an alleged breach of the applicable regulations, particularly when there has been a serious breach of the regulation or deliberate criminal action is suspected. A decision as to whether or not to prosecute will be taken when the Authority is satisfied that a decision to prosecute would comply with the Seychelles Penal Code.

### **4.11 Expectations**

4.11.1 The following are what ANSPs and individuals who are subject to regulations can expect from the Authority in carrying out its safety oversight and enforcement duties and what the Authority expects from those ANSPs and individuals.

4.11.2 The Authority will:

- a) address those who are subject to the regulations in a professional and courteous manner;
- b) use a proportionate and risk-based approach to the breach where there is no immediate risk to safety, but where there is evidence of immediate risk of harm to the customer or public, will intervene rapidly by taking appropriate action;
- c) take independent, objective, evidence-based decisions where all pertinent information available will be considered to support its enforcement decisions and will ensure that those decisions are suitably documented;
- d) consider how best to bring ANSPs and individuals back to compliance;
- e) publicise the enforcement measures, where publication is in the interests of the customer or the public;
- f) protect commercial and private data that is provided in line with its data protection obligations.

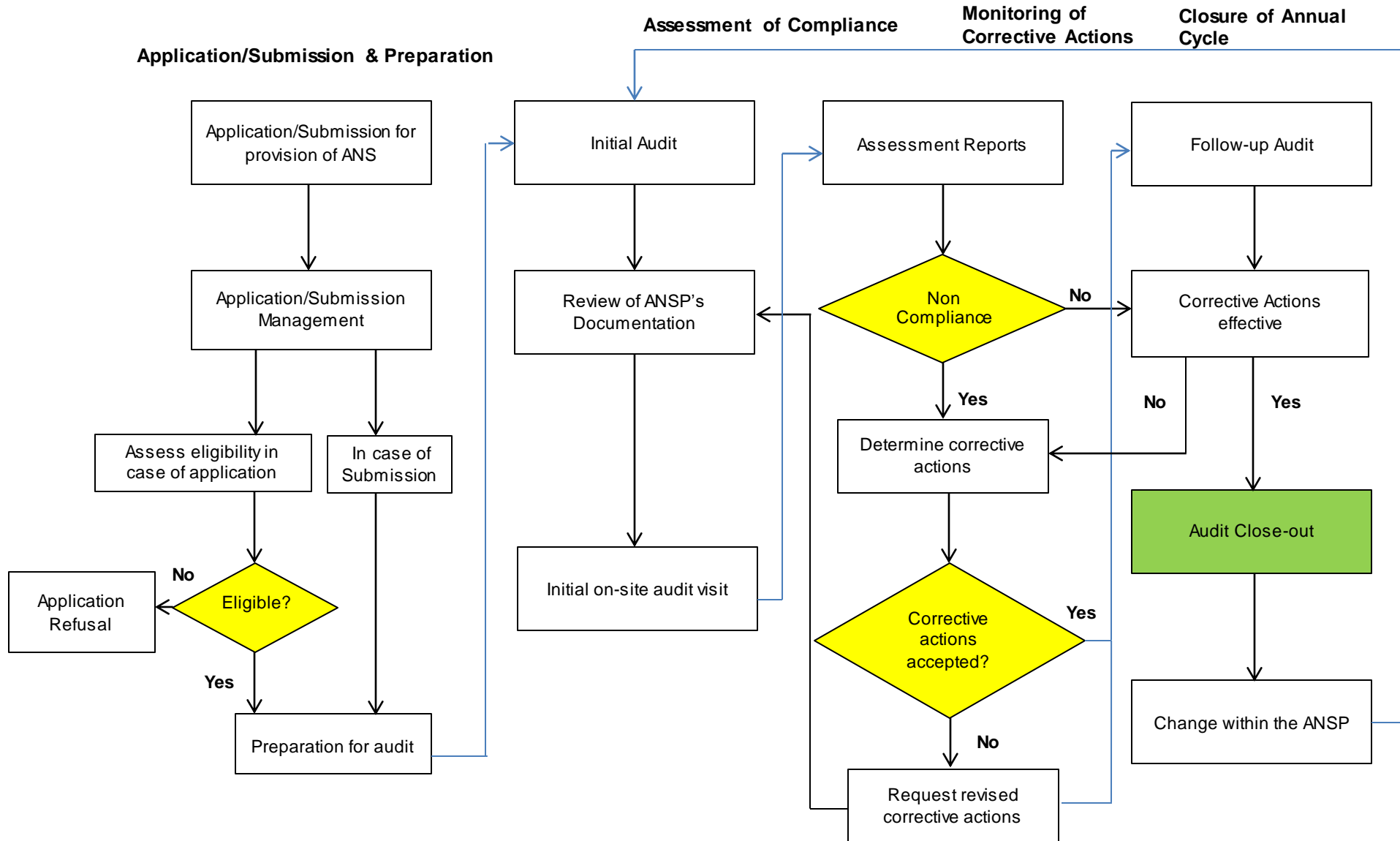
4.11.3 The Authority expects ANSPs and individuals to:

- a) be aware of their legal obligations and observe them;
- b) be proactive in being aware of planned changes to regulation, planning for their implementation; and
- c) remaining compliant with them at all times. When the regulation changes, both ANSPs and individuals almost always have a reasonable notice period before the new obligations come into force, and the Authority expect that they will use this notice period to determine how to comply;
- d) seek clarification where the regulation and/or legislation appear to be unclear or they disagree with the Authority's interpretation of the regulations and/or legislation or have difficulties in ensuring compliance.





**Flow Chart 1: Activities steps of the safety oversight Procedure steps (4.4.2)**





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## 4.12 Safety Oversight procedures of changes to ANS functional system

### 4.12.1 Objective

4.12.1.1 The objective of this procedure is to ensure the independent verification that:

- a) all ANS functional system changes are assessed for safety significance;
- b) any associated risks are reduced to tolerable levels prior to the implementation of any change; and
- c) any risk assessment and mitigation addresses the total ANS functional system through the complete lifecycle of that system.

### 4.12.2 Scope

This procedure applies to all changes to ATS functional systems and those of supporting ANSPs with direct safety implications.

### 4.12.3 Responsibility

The HANS&ATCLI has overall responsibility for this safety oversight of change to ATS and supporting services.

### 4.12.4 Procedure

4.12.4.1 Any safety-related key personnel, organisational or equipment change within the ATS functional system and supporting services including, inter alia:

- a) the implementation of a new post;
- b) modification of existing posts;
- c) implementation of a new procedure;
- d) modification of existing systems; and
- e) the introduction of new equipment;

shall be subject to the change management assessment. Such changes shall only be effected after a safety assessment has demonstrated that the identified risks are tolerable.

4.12.4.2 Initial safety oversight and ongoing safety oversight shall be applied as appropriate to the type of change that the ATSP and supporting ANSPs intend to implement.

4.12.4.3 Any change to ATS and supporting ANS which modifies the terms of its compliance matrices shall require the notification to the HANS&ATCLI by completing Form SMF03 available at this link:

[http://www.scaa.sc/index.php?option=com\\_content&view=article&id=108&Itemid=867](http://www.scaa.sc/index.php?option=com_content&view=article&id=108&Itemid=867)

by request to email at [SIAsafetyman@scaa.sc](mailto:SIAsafetyman@scaa.sc)

The purpose of the notification is to determine whether the change proposal is classified as Major or Minor.

**Note:** This may take place as part of the notification of planned changes to the provision of services in the case of an existing ANSP, or as a result of changes needed following the initial safety oversight in the case of a new applicant for provision of ANS.

4.12.4.4 The change categories are described as follows:

**Minor:** A change which can be effectively managed at unit level. The responsibility for management of the change is initially assigned to the Manager ANSP. Such changes will relate to items such as operating procedures (temporary or permanent) and working practices.

**Major:** A change to such an extent that the unit resources are unable to manage it. Responsibility for management of the change is initially assigned to the nominated ANSP representative. Such changes will relate to areas such as ATS/CNS equipment (new, modifications, and decommissioning) and introduction of new procedures or airspace change.

All changes to nominated post holders and/or their safety accountabilities/ responsibilities within the SMS are included in this category.

4.12.5 If the Designation has been issued, the provisions of 4.2 shall apply and the first assessment referred to in 4.2.4 shall conclude whether the proposed change is accepted without further verification,



or if additional verification by an audit team is required.

- 4.12.6 If the change is proposed before the Designation is issued, the audit team leader will review the application and any associated documentation and take the appropriate action.
- 4.12.7 In any case, the audit team leader will determine the extent of any subsequent review, including, if required, a full investigation for initial oversight, according to the impact of the proposed changes to the ANSP.
- 4.12.8 When the initial oversight audit of the change has been satisfactorily completed, the ANS Inspector will carry out a review of all applicable documents pertaining to the change.

#### **4.13 Ongoing safety oversight**

- 4.13.1 An initial plan of audits for the on-going oversight of ANSPs shall be developed by the audit team leader, taking into consideration the follow-up of corrective actions accepted by the Authority.
- 4.13.2 The initial plan of audits shall be communicated to the ANSPs by the audit team leader.
- 4.13.3 The provisions of section 4.9 of this manual shall apply in cases of ongoing safety oversight audits.
- 4.13.4 Wherever corrective actions have not been properly implemented within an agreed timescale, the Authority shall take appropriate enforcement measures in accordance with section 4.10, whilst taking into account the continuity of services.

#### **4.14 Unsuccessful application for an ANS Designation**

- 4.14.1 If the application for provision of ANS is unsuccessful, the applicant will be advised of the additional steps that need to be taken prior to reconsideration. For example, the Operations Manual may need to be amended to incorporate any changes to the applicant's facilities and equipment that may be required in order to comply with the STSs specified in the common requirements.

If, after being advised of the additional steps that must be taken to rectify the shortcomings identified during the verification visit, the applicant is still not able to satisfy the STSs, the Authority may refuse to grant designation of service provision.

- 4.14.2 The refusal may be based on one or more of the following determinations, for which details should be given:
- a) The inspection of applicant's facilities and equipment revealed that they do not make satisfactory provision for the safety of aircraft operations;
  - b) The assessment of the applicant's operating procedures revealed that they do not make satisfactory provision for the safety of aircraft operations;
  - c) The assessment of the applicant's Operations Manual revealed that it does not contain the procedures to comply with the STSs; and
  - d) The assessment of the above facts and other factors revealed that the applicant will not be able to properly provide the air navigation services as are required in the STSs.

#### **4.15 Appeals**

- 4.15.1 There may be occasions when the Authority's decisions could be challenged. These challenges will typically be in the event of non-compliance with STSs which the Authority considers should lead to one of the following: variation, suspension or revocation of a designation or licence.
- 4.15.2 Should an ANSP or individual not agree with the Authority decision, an appeal to the decision may be made by requesting a "Review of adverse decisions or proposals", except for aeromedical assessments of an applicant's medical fitness. This request must be made by simply writing a letter to or emailing the HANS&ATCLI within 14 days of the notification by the Authority. The ANSP or individual will then be contacted by the HANS&ATCLI who will appoint a review board to take up the request.

It should be noted that it is not possible to challenge the wording of the applicable regulation or legislation via such an appeal.



#### **4.16 Document confidentiality**

All documents and information received by the ANSI relating to the safety oversight procedures are subject to protection from disclosure in accordance with the Civil Aviation Act 2005, clause 9, sub-clause (3).



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## **Appendix 1**

### **USE OF THE ANSP LETTER OF DESIGNATION WHEREVER EXEMPTIONS ARE GRANTED**

A1.1 Wherever the Authority chooses to grant exemption in accordance with Part 19, Regulation 98 of CA(S)R2017, it shall specify the nature and scope of the exemption in the conditions attached to the Letter of Designation indicating its legal basis.



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## Appendix 2

### AUDIT PROCEDURE TIMELINE

a. 2 months prior to audit visit	Notify Accountable Manager of ANSP of planned audit dates.  Audit team leader to submit Audit Visit Schedule upon concurrence to audit dates.
b. 1 month prior to audit visit	Accountable Manager of ANSP to concur with audit dates or propose alternate dates.
c. 5 days prior to audit visit	Audit team leader to verify the necessary arrangements to support the audit with the Accountable Manager of ANSP
d. Audit visit	Entry Meeting  Conduct audit of ANSP (duration depends on scope of audit)
e. Final audit visit	Exit Meeting – Audit team leader to inform ANSP of findings
e. 14 days after audit visit	Audit team leader to submit interim audit report to HANS&ATCLI for review
f. Within 7 days after HANS&ATCLI review	Audit team leader to submit reviewed interim audit report to ANSP Manager
g. 28 working days after receiving interim audit report	Accountable Manager of ANSP to submit corrective action plans for acceptance
h. Immediately following acceptance of corrective action plan	Audit team leader to submit final audit report to HANS&ATCLI thereafter to the Accountable Manager of ANSP
i. 28 working days after receiving final audit report	Accountable Manager of ANSP to provide comments on final audit report
j. Within 6 months following submission of corrective action plan by the Manager of ANSP	Team members to conduct audit follow-up
k. 14 working days after audit follow-up visit	ATL to submit audit follow-up report to ANSP Manager
l. 28 working days after receiving audit follow-up report	ANSP Manager to provide comments on audit follow-up report
m. Completion of corrective action plan	Audit Close-out



SAFETY REGULATION DIVISION  
ANS SAFETY OVERSIGHT MANUAL

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