Dassault Aviation Business Services SA

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Revision 0

Management System manual

Approvals

- Maintenance organisation EASA Approval: CH.145.0248
- CAMO EASA Approval: CH.CAMO.1001
- Refer to DA-0108 for additional approval

Manual reference DABS manual	**DA-0001**
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0 INTRODUCTION

Management System (Safety, Quality & Compliance)

Management system is a systematic, explicit, and comprehensive process for the management of risks that integrates operational activities and technical systems with financial and human resources management, for all activities related to our Maintenance and CAMO organisation.

0.1 SCOPE OF THE MANUAL

This manual describes the Management System in place at DABS and details the approach used for implementation of policies, practices, processes, monitoring, recording, evaluation, and performance measurement.

Management System Approach

The system includes:

- A comprehensive approach to the **management of Risk** / Safety within the company, including clear line of responsibility and defined interfaces between the company and its partners.
- A **Positive & Just Culture**, in which employees are encouraged to interact with management and approach tasks in ways that help them meet higher standards.
- An **event reporting system** to improve the safety and the efficiency of the activities by detection of deficiencies, occurrences, and operational hazards, enabling the identification, the investigation, and the implementation of appropriate actions to prevent re-occurrence.
- A focus on the **hazards** and their effects on processes, including their evaluation and actions to be taken to mitigate the risk.
- The full integration of safety, quality, and compliance considerations into the activities, via the documentation of **key processes** and their **active monitoring** by process owner.
- An **independent compliance monitoring** (audit processes) to verify adequacy of the documented procedures and to validate that the process and its control are in place, including improvement and feedback mechanisms.
- A focus on **continuous improvement** to improve the efficiency of the activities.
- A focus on **training** to maintain personnel competent to perform their duties and tasks.

0.2 LIST OF EFFECTIVE PAGE

Part Page		Ed - R	Date
Part 0	**Introduction**		
0-1	0-12	AA - 0	1-Sep-2024
Part 1	**Policy and Objectives**		
1-1	1.2	AA - 0	1-Sep-2024
Part 2	**Organisation and Accountability**		
2-1	2.7	AA - 0	1-Sep-2024
Part 3	**Reporting system and Hazard identification**		
3-1	3.8	AA - 0	1-Sep-2024
Part 4	**Oversight and Improvement**		
4-1	4.20	AA - 0	1-Sep-2024
Part 5	**Common elements / Tools**		
5-1	5.10	AA - 0	1-Sep-2024
Part 6	**Dissemination of Information**		
6-1	6.1	AA - 0	1-Sep-2024
Part 7	**Documentation Management**		
7-1	7.4	AA - 0	1-Sep-2024
Part 8	**Training**		
8-1	8.4	AA - 0	1-Sep-2024
Part 9	**Emergency Response Plan (ERP)**		
9-1	9.1	AA - 0	1-Sep-2024
Part 10	**Appendix**		
10.1	10.1	AA - 0	1-Sep-2024

Bundesamt für Zivilluftfahrt - Federal Office of Civil Aviation - BERN

Established by Dassault Aviation Business Services SA
VP Safety, Quality & Compliance

Dassault Aviation Business Services SA VP SAFETY & ... CH-145 0245 BARRE T.

Date: 1 September 2024

Edition AA – Revision 0 - DIRECT APPROVAL

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Approved _
Federal Office of Civil Aviation
Technical Organisations Zurich
O. Koller

Effective Date:

0.3 RECORD OF REVISIONS

Corrected or revised lines or areas are identified with blue text.

Edition/ Revision	Issued Date	Main changes	approved by	Effective date
B/P0	15 Sept. 2007	New Revision Implementation of management system	FOCA	2 Jan. 2008
B/P1	10 March 2009	New Revision including management audit performed by FOCA	TAG	20 May 2009
B/P2	10 March 2010	New Revision including management audit performed by FOCA	TAG	10 May 2010
B/P3	1 July 2011	New Revision including management audit performed by FOCA	TAG	10 July 2011
C	1 Sept. 2013	New Manual including management system concept	FOCA	30 July 2014
D	1 Sept. 2014	Update	TAG	1 Sept. 2014
E	1 Sept. 2015	Update	TAG	1 Sept. 2015
F	1 Sept. 2016	Manual integrated FBO area and IS-BAH requirements	TAG	1 Sept. 2016
G	7 June 2017	New Engineering coordinator	TAG	7 June 2017
H	5 Jan. 2018	FBO area removed / New management	TAG	10 Feb. 2018
I	22 Aug. 2018	New manager for Station / update	TAG	7 Sept. 2018
J	2 Sept. 2019	New Name – TAG Maintenance Services TMS covers CAMO	TMS	2 Sept. 2019
K	2 Jan. 2020	New name for Quality managers	TMS	2 Jan. 2020
L	14 Feb. 2021	New name for Quality managers	TMS	2 April 2021
M	7 Feb. 2022	Manual is required for part M iaw CAMO.A.200 to 205	TMS	7 Feb. 2022
N	1 Oct. 2022	New Name is Dassault Aviation Business Services SA (”DABS”) New station Quality manager	DABS	1 Oct. 2022
O	1 Feb. 2023	Quality manager is replaced by Compliance Monitoring manager FAB quality manager left the company	DABS	1 Feb. 2023
AA / 0	1 Sep 2024	New edition Change in regards of AMO.145.200		1 Sep 2024

0.4 TABLE OF CONTENTS

0.4.1 Document Control

0.4.1.1 General

This manual is divided into paragraphs.
Each page bears Edition In the top (Reference Number of last revision).
In the bottom a number, consisting of a group of numerals indicating the chapter and the consecutive page number in that chapter.

0.4.1.2 Amendment

This Manual is a controlled document. The **VP Safety, Quality and Compliance** is responsible for the contents and the issuance of all amendments in relation to this manual.
He is responsible to ensure that the associated procedures and forms are up to date.

Amendments are transmitted in the form of complete re-issues.
A record of change chapter 0.3 briefly describes the reason for revision.

Any error of content, omission, ambiguity or for any other reason should be brought to the attention of the SQC department by email (dabs-quality@dassault-business.com) for correction.

0.4.1.3 Changes

To identify changes, a vertical bar in the margin indicates **main changes** in the adjacent text for the current revision of that page only. The change bar is dropped at the next revision of that page.
To identify text changes, blue format is used to outline revised or newly change on the published paragraphs.

Manual is reviewed on a regular basis and as a minimum once per year to ensure the suitability, adequacy and effectiveness of the contents.

0.4.2 Access

The SQC department ensures that the current manual and associated procedures are made available on the company server in secured PDF file format and in a secure 'Read only" directory. It will be unalterable, except by the **SQC department**.

Amendments to this manual are notified internally to staff by email.

Languages

This manual is written in English. If necessary, parts of the exposition may be translated for the employees of DABS in their mother language. The reference manual is the exposition written in English.

0.5 DEFINITIONS AND ABBREVIATIONS

0.5.1 Definition

The following terminology is specific to this manual and to those portions of functional area control manuals that pertain to inspections and audits:

Term	Definition - General
Quality	The totality of features and characteristics of a product or service that bear on its ability to satisfy stated or implied needs.
Safety	Safety is the state in which the possibility of harm to persons or of property damage is reduced to, and maintained at or below an acceptable level through a continuing process of hazard identification and risk management.
Procedure or **process**	Description of steps to be followed to complete an activity. This includes the activity to be done, person(s) involved, the place, the manner of completion, the equipment and documentation to be used, and the way the activity is to be controlled,
Data Evaluation	Collection and evaluation of data in the specific field of activity to identify trends and non-compliance. It includes review, examination, measurement, checking, observation, and monitoring.
Assessment (EASA)	A planned and documented activity performed by **competent personnel** to evaluate and analyse the achieved level of performance and maturity in relation to the organisation's policy and objectives. ***Note**: Assessment focuses on desirable outcomes and evaluate the ability of the organisation to reach these objectives. The main objective of the assessment is to identify strengths and weaknesses to drive improvement. Assessment review provided evidence in combination with demonstrated behaviour, against the concepts and principles of a model or standard.*
Competency (EASA)	Combination of individual skills, practical and theoretical knowledge, attitude, training, and experience.
Fatigue (EASA)	Physiological state of reduced mental or physical performance capability resulting from sleep loss or extended wakefulness, circadian phase, or workload (mental and/or physical activity) that can impair a person's alertness and ability to safely perform his or her tasks.
Just culture (EASA)	means a culture in which front-line operators or other persons are not punished for actions, omissions or decisions taken by them that are commensurate with their experience and training, but in which gross negligence, wilful violations and destructive acts are not tolerated.
Management Review	Evaluation of overall effectiveness of organisation and achievement of goals based on data evaluation. It permits to verify that products, processes, practices, services and documents conform to requirements. Strategy and Goals are established.
Change Management	A systematic approach to controlling changes to any aspect of processes, procedures, products or services, both from the perspective of an organisation and individuals. Its objective is to ensure that risks resulting from change are reduced to as low as reasonably practicable.
Term	**Definition - Management**
Management System	Coordinated activities to direct and control an organisation. It generally includes establishment of the policy and objectives, planning, control, assurance and improvement.
Policy	Overall intentions and direction of an organisation related to Safety & Quality as formally expressed by the Accountable manager. *Generally, the policy provides a framework for the setting of objectives.*
Objectives	Something sought or aimed. Objectives are generally based on the organisations policy. Objectives are generally specified for relevant functions and levels in the organisation.
Planning	Part of Management system focused on setting objectives and specifying necessary operational processes and related resources to fulfil the objectives.
Control	Part of Management system focused on fulfilling requirements.
Assurance System	Part of Management system focused on providing confidence that requirements will be fulfilled.
Improvement System	Part of Management system focused on increasing the ability to fulfil requirements. The requirements should be satisfied in terms of operational procedures, technology and systems,
Performance indicators	Measurable objectives reflecting the performance of an indicator expressed in numerical terms. They should be obvious, measurable and linked to the management concerns.

Term	Definition - Assurance
Audit (EASA)	Means a systematic, independent, and documented process for obtaining evidence and evaluating it objectively to determine the level to which requirements are complied with. *The purpose of an audit is to examine if activities and results comply with defined objectives or if procedures are implemented effectively to achieve compliance with requirements.*
Inspection (EASA)	Means an independent documented conformity evaluation by observation and judgement accompanied, as appropriate, by measurement, testing or gauging, in order to verify compliance with applicable requirements. *The primary purpose of an inspection is to observe a particular event/action/document, in order to verify whether established procedures and requirements are followed during the accomplishment of that event and whether the requirements are achieved. for example, to verify closure of a particular finding or implementation of corrective or preventive actions*
Non-compliance	A non-compliance to a specified regulation requirement identified and documented, Root causes Analysis should be performed.
Finding	The documented statement based on factual evidence that indicates something is not in conformity with a regulation requirement or standard or described procedure.
Error (EASA)	Action or inaction by a person that may lead to deviations from described procedures or regulations. *Note: Errors are often associated with occasions where a planned activities either fails to achieve its intended outcome, or is not appropriate with regard to the intended outcome, and when results cannot be attributed purely to chance*
Deficiency	The circumstance that permits hazards to exist.
Barrier	A **barrier** is a system, which serve to prevent the development of the threat into an **undesirable event**. There may be one or **several** barriers in a hazard prevention system.
Correction (EASA)	The action(s) taken to eliminate a detected non-compliance.
Corrective action (EASA)	The action(s) taken to eliminate or mitigate the root cause(s) and prevent recurrence of an existing detected non-compliance, or undesirable condition/situation/event. Proper determination of the root cause is necessary for defining effective corrective actions to prevent reoccurrence.
Preventive action (EASA)	The action(s) taken to address and eliminate the risk, or other undesirable potential situation/event.
Corrective Action Plan (CAP)	A plan submitted in response to non-compliance, deficiencies and non-conformities. The CAP outlines how the company proposes to correct the deficiencies, *It includes corrective and preventive actions.*
Term	**Definition - Risk**
Occurrence	Undesirable situation/event **that takes place**, *including accidents and incidents* that have undesirable impact the management of the organisation or the safety of personnel, equipment, and environment.
Hazard (EASA)	A condition, object, activity or event with the potential to cause or contribute to: - aircraft incident or accident, injuries to personnel, - damage to equipment or structures, loss of material, or - reduction of ability to perform a prescribed function.
Near-miss	An event in which an occurrence reported was narrowly averted or avoided
Safety Event	Failure condition, causal factor, threat, or precursor event which in isolation or in combination with other events could result in an undesirable situation/event.
Probability	The likelihood that a possible consequence of an undesirable event or condition might occur.
Severity	The seriousness of possible consequences of an undesirable event or condition.
Risk (EASA	The consequence or outcomes of a hazard, measured in terms of predicted probability and severity, taking account the worst potential consequence.
Risk Assessment (EASA)	An evaluation based on judgement and/or analysis method in order to establish whether the achieved or perceived risk is acceptable or tolerable
Risk Management	A process that ensures identification, analysis (in terms of Probability and Severity), assessment (in terms of tolerability) and control (in terms of mitigation) of risks to an acceptable level (as low as reasonably practicable - ALARP).
Mitigation	Designated measures to address the hazard and bring under control the risk probability and severity of the consequences of the hazard. *i.e. measures taken to eliminate a hazard or to reduce the severity or likelihood of a risk.*
Human performance (EASA)	refers to human capabilities and limitations which have an impact on the safety and efficiency of aeronautical activities.

0.5.2 Abbreviations

The following definitions and abbreviations of terms are used.

AcM ..... Accountable manager or his deputy
AMP ..... Aircraft Maintenance Programme
AMO ..... Approved Maintenance Organisation
ARF ..... Action Report Form
CAME ..... Continuing Airworthiness Management Exposition (Part CAMO)
CAMO ..... Continuing Airworthiness Management Organisation
CAP ..... Corrective Action Plan
CIE ..... Continuous Improvement Expert
DOA ..... Design Organisation Approval
EASA ..... European Aviation Safety Agency
ERP ..... Emergency Response Plan
FOCA ..... Federal Office of Civil Aviation (CH)
ICAO ..... International Civil Aviation Organisation
ISO ..... International Standard Organisation
KPI ..... Key Performance Indicator
MOE ..... Maintenance Organisation Exposition (Part 145)
MSRB ..... "Management System" Review Board
N/A ..... Not Applicable
NAA ..... National Aviation Authority
NCR ..... Non-Conformity Report
OR ..... Occurrence report
NER ..... Notification Event report
TDR ..... Technical Deficiency Report
MOR ..... Mandatory Occurrence report
MRB ..... "Management" Review Board
QAG ..... Quality Action Group
SAG ..... Safety Action Group
SNA ..... Safety Notice Advisory
SQC ..... Safety, Quality & Compliance
SQMS ..... Safety & Quality Management System (DA-0001)
SRB ..... "Safety" Review Board

0.6 STANDARDS AND ASSOCIATED MANUALS

This Manual forms the basis of the Management System in order to achieve the standards desired by DABS and required by the Authorities.

0.6.1 List of approved Manual

Documentation organisation and its access is described in chapter 7.

DABS Manual as well as any associated following manuals defines the organisation's compliance with the DABS Approvals under regulatory requirements.

Management system

The company management system is exposed in this manual (**DA-0001**).
Additional procedures are issued to support the implementation of the Management System with detailed guidance, forms, and instructions. Refer to Appendix.

Area

The company maintenance organisation system is exposed in the manual MOE (**DA-0100**) iaw the requirements of Part 145. Specific requirements of other authorities are exposed in manual supplements.

The company CAMO system is exposed in the manual CAME (**DA-0101**) iaw the requirements of Part CAMO. Specific requirements of other authorities are exposed in manual supplements.

0.6.2 Applicable regulations

The manual is based on the following Regulation:

- • Commission Regulation (EC) No 2018/1139 (Basic regulation on common rules in the field of civil aviation).
- • Commission Regulation (EC) No 1321/2014 (Technical Regulation on the continuing airworthiness of aircraft and aeronautical products, parts and appliances, and on the approval of organisations and personnel involved in these tasks) and associated Means of Compliance (AMC) & Guidance Material (GM) - Decision No 2003/219/RM and following amendments.

The manual complies with the following:

- The CAMO.A.200 to 205 provides requirement for CAMO organisation.
- The 145.A.200 to 205 provides requirement for AMO organisation.

0.7 MANAGEMENT SYSTEM PRINCIPLES

DABS has established, documented, implemented, and maintains a Management System in accordance with the requirements of applicable standards and regulations.

What does a Management System consist of?

- An effective organisation where roles, responsibilities, accountabilities, structure and means of achieving coordination among organisational units are clearly defined.
- A comprehensive corporate approach to safety where a description of the overall philosophies and principles of the organisation with regards to safety, referred to as the safety policy.
- The identification of aviation safety hazards entailed by the activities, their evaluation and the management of associated risks, including taking actions to mitigate the risk and their effectiveness.
- Maintaining the personnel trained and competent to perform their tasks.
- Documenting all management system key processes including a process for making personnel aware of their responsibilities
- Monitoring compliance with the relevant requirements which includes a feedback system of findings to the accountable manager to ensure effective implementation of corrective actions.

What are the goals of a Management System?

- Reducing potentially conflicting responsibilities and relationships.
- Considering the wider impacts of risks and opportunities across all activities; and,
- Allowing effective monitoring and management of performance across all activities

This is accomplished through several elements:

- *A compliance element*, which ensures compliance with legislation, internal rules, and recognised standards.
- *A risk management element*, including mitigation strategies to prevent the likelihood of an accident or incident. It describes how data are collected, hazards are identified, risks analysed and assessed. Coupled with risk criteria, it assists the decision on whether to eliminate the hazardous activity or to mitigate its risks in terms of probability and/or consequence.
- *A remedial element*, including investigation capability to learn from past experiences and to correct systems' deficiencies to avoid that event could reoccur elsewhere and potentially lead to undesirable event.
- *A prevention element*, including the control or the introduction or the reinforcement of defences to prevent undesirable event and the incorporation of means to minimize the consequences of an event or to prevent further loss.
- *A containment element*, including strategies to return to normal operations as soon as possible to ensure business continuity.

What is a Safety Management System?

A safety management system is part of the management system and is a collection of structured processes that provide effective risk-based decision-making for daily business functions which help DABS offering products and services at the highest level of safety and maintaining safe operations.
The key processes of a Safety Management System are

- **Safety policy and Objectives**: the definition of a policy reflecting the organizational commitment regarding safety and the promotion of a positive safety culture and the association of objectives forming the basis of safety performance monitoring and measurement.
- **Safety Risk Management**: a set of processes aimed at identifying hazards associated with aviation products or services, including reactive and proactive methods of data collection, the analysis assessment and control of safety risks associated with the identified hazards.
- **Safety assurance**: a mean to verify the safety performance of the organization and to validate the effectiveness of safety risks controls.
- **Safety promotion**: a safety training program ensuring that personnel are trained and competent to perform their SMS duties.

Role of the Safety, Quality & Compliance department -in the deployment of the Management System-

- Ensuring that procedures are developed by the Departments to support the processes and to facilitate their oversight,
- Publishing and controlling those documentations,
- Observing and auditing personnel and processes for compliance with the procedures,
- Documenting compliance in records available to the management, customers, authorities, auditors, and personnel, and
- Disseminating information for continuous learning and management monitoring.

1 POLICY AND OBJECTIVES

1.1 SAFETY POLICY

Safety policy is promoted and approved by the Accountable Manager. Policy states the company's intentions, management principles and aspirations for continuous improvements.

Each area of the organisation is responsible to define a policy in relation with the mission. (It concerns Maintenance and CAMO area). Policies are integrated in each manual. *Refer to MOE 1.2.1 & CAME 0.1.2*

The Policies provide a starting point for the department's objectives. It defines the perimeter within which each department will run.

Policy is readily accessible on internal server to all personnel and reviewed on a regular basis, minimum once per year during management review.

1.2 OBJECTIVES

The objective of DABS Management System is to provide a structured management approach to control safety risks in DABS operations.

Effective Management System must take into account the organization's specific structures and processes related to the safety and Quality of DABS operations.

The key objectives of the "Safety" Management System are to:

- Provide a structure which enables safety risks in DABS operation to be managed.
- Engage and actively involve all employees in safety.
- Facilitate the identification of safety hazards.
- Encourage the reporting of safety hazards and events.
- Provide the organization with the information to make risk-based decisions.
- Build a positive safety culture.
- Determine SPIs to measure the achievement of the safety objectives.
- Measure, monitor and increase of the safety performance.

The key objectives of the "Quality" Management System are to:

- Ensure that all DABS operations strictly adhere to relevant regulations and directives.
- Maintain the completeness, accuracy, and readiness of all essential operational documentation.
- Evaluate the quality management system to ensure it effectively identifies and rectifies compliance discrepancies.
- Verify that all personnel are adequately trained, certified, and kept up to date.
- Review and ensure the consistency of DABS operational procedures to enhance safety and efficiency.
- Analyse the effectiveness of corrective actions taken in response to compliance deviations or audit findings.
- Improve the processes through detailed root cause analysis to prevent future reoccurrence of safety issues or compliance discrepancies.

1.3 JUST CULTURE & NON-PUNITIVE PRINCIPLES

1.3.1 Just Culture

Refer to MOE 1.2.2

DABS has developed a “Just Culture” as part of its management system.

A Just Culture is one in which individuals are encouraged to report errors, near misses, and safety concerns without fear of punitive action. It recognizes that human error is inevitable and seeks to differentiate between behaviours that result from unintentional mistakes, reckless disregard for safety, and intentional misconduct.

DABS senior management acknowledges that accountability is essential for maintaining safety standards. However, we also recognize that errors are often a result of systemic issues rather than individual failures. Therefore, we strive to balance accountability with a focus on learning and improvement.

Employees are encouraged to report errors, near misses, and safety concerns promptly and transparently. All reported incidents will be assessed and, if appropriate, investigated to identify underlying causes and contributing factors. The primary goal of investigations is to learn from mistakes and implement corrective actions to prevent recurrence.

1.3.2 Non-Punitive Principles

Refer to MOE 1.2.3

DABS senior management is committed to encourage open reporting of errors, near-misses, and safety concerns without fear of punitive action, thereby fostering a proactive approach to identifying and addressing potential hazards.

The adoption and implementation of the non-punitive approach is there to encourage a transparent and consistent analysis of behaviour and is a key enabler to the delivery of the overall Error Management System.

2 ORGANISATION AND ACCOUNTABILITIES

The Accountable Manager bears the safety accountability that means that he is ultimately accountable for safety in the Company.

The Accountable Manager endorses the Safety policy and management objectives, provides the human and material resources necessary for operating the SQMS.

2.1 ORGANISATION

2.1.1 Organisation under approval certificate

The organisation of activities is under the management of the Accountable Manager. Specific organisations, duties and processes are described in manual exposition in relation with the approval certificate.

2.1.2 Management system – Quality, Safety & Compliance

Safety management organisation includes the Accountable Manager (AcM), VP Safety, Quality & Compliance (Nominated Persons for safety and compliance monitoring), a Quality and Compliance Director and Compliance Monitoring Managers. It integrates the following:

- a Management System Review Board (MSRB) on organisational level under AcM responsibility
- a Safety Review Board (SRB) on organisational level under AcM responsibility,
- a Management Review Board (MRB) including the management of outstations under AcM responsibility,
- a Quality Action Group (QAG) under VP Safety, Quality & Compliance responsibility .

2.1.3 Key personnel

Position	Names	MSRB	SRB	MRB	QAG
Accountable manager / President	Franck **MADIGNIER**	**Y**	**Y**	**Y**	
Nominated Persons					
VP Safety, Quality & Compliance	Thierry **BARRE**	**Y**	**Y**	**Y**	**Y**
Maintenance Director	Laurent **BURNIER**	**Y**	**Y**	**Y**	
Station director	Vasco **ARAÚJO**	**Y**	**Y**	**Y**	
VP Customer Support Technical Services	Cyrille **PILLET**	**Y**	**Y**	**Y**	
Logistic Director	Denis **CORMIER**	**Y**	**Y**	**Y**	
Senior managers					
Chief Human Ressources Officer	Pascale BRABANTS-MICARD	**Y**		**Y**	
Finance / IT Director	Bernard BIQUET	**Y**		**Y**	
Safety / Quality					
Quality & Compliance Director	Stephan BUCHS			**Y**	**Y**
Compliance Monitoring function	Marco FIALHO DOS SANTOS				**Y**
Station Compliance Monitoring function	Ines RODRIGUES				**Y**
Practical training Supervisor / Safety Officer	Albert SERRANO				**Y**
Training Quality function	Dominique SEGURA				**Y**
Other managers					
Head of IT	Jonathan DI-PAOLO			**Y**	
Head of Customer Support	Tarik AMARI			**Y**	
Sales Support Director	Frédéric CADIOU			**Y**	
DABS LIS / LAD Stations Manager	Joel FONSECA			**Y**	
Station Finance Manager	Jorge PEREIRA			**Y**	
Legal Counsel Europe / LIS HR Manager	Célia MONTEIRO GOMES			**Y**	
Logistic and Support Manager	Sofia VALEIRA ROS			**Y**	
MCC Manager	Ricardo TORRES			**Y**	

2.2 MANAGEMENT SYSTEM – RESPONSIBILITY AND DUTIES

The Management System is an independent system by whom the adherence, compliance and adequacy to the established procedures and legal requirements can be determined.

This chapter provides a summary of the responsibilities of principal personnel involved in the Management System.

2.2.1 Accountable manager

Function of Accountable manager is described in MOE 1.4.2 and CAME 0.3.1.

2.2.2 Nominated Persons & Senior Management personnel

The term “Nominated Managers” & “Senior managers” state persons nominated by the Accountable manager, with the responsibility of ensuring that the organisation remains in compliance with the applicable requirements, including those regarding the management of safety & quality.

The functions of the Nominated Persons & senior management personnel are:

- Determining the department’s policy in coordination with the Accountable manager,
- Determining the department’s objectives with regard to the policy,
- Allocation of responsibilities, duties and instructions to individuals, sufficient for implementation of the objectives and the maintenance of safety standards,
- Identifying indicators in their processes to increase their commitment,
- Ensuring performance monitoring in their field of activity by conducting and documenting monitoring activities such as inspections, analysis of records and evaluation of data and indicators,
- Ensuring that deviations from Company standards are reported to the SQC department,
- Identifying potential hazards in his area and participating to risk assessment,
- Determining and implementing appropriate corrective and preventive actions within their department,
- Discussing and analysing safety issues identified through the monitoring System,
- Providing periodic reports on management performance and collecting data for MRB and SQCRB as appropriate,
- Responsible for externally supplied services,
- Liaison with the Authority in coordination with the SQC department,

Competency

- Comprehensive knowledge in the application of safe practices.
- Comprehensive knowledge of aviation, Regulation, standards, DABS specifications and of relevant part of this document.
- Familiar with Management System and its organisation.

2.2.3 Responsible of the Management System

The responsible of the Management System is the Accountable Manager supported by the **VP Safety, Quality & Compliance** who reports directly to him. He has direct access to the relevant managing staff.

The **VP Safety, Quality & Compliance** establishes, implements, maintains and further develops the Management system on behalf of the Accountable manager.

Responsibilities

- Develop and harmonise the processes / procedures concerning the Safety, Quality & Compliance within the all organisation,
- Organise an effective event reporting system,
- Provide resources for investigation, when necessary,
- Provide advice to management and propose corrective actions on risk related issues as needed,
- Implement processes for hazard identification and risk assessment management,
- Facilitate the implementation of actions to mitigate risks,
- Facilitate changes necessary to improve efficiency and safety across the organisation,
- Establish an independent monitoring System in which compliance with the relevant requirements and adequacy of the procedures is reviewed at regular intervals,
- Ensure processes comply with regulation requirements, including a common WP and card system to be used throughout the organisation.

Note: hazard identification, risk assessment, risk mitigation and implementation control become an integral part of day-to-day business. Day-to-day supervision of the activities and therefore safety is the responsibility of the 'managers'.
The SQC department is responsible for the supervision of the processes. Managers are responsible to develop processes, procedures and work instructions for their respective staff to perform their activities in an efficient and safe manner.

The **VP Safety, Quality and Compliance** is assisted by the **SQC personnel** for the following tasks.

- To promote corporate culture in matter of safety, quality and compliance,
- To oversee hazard identification systems
- To ensure event reporting system,
- To be involved in occurrence / accident investigations,
- To maintain a record of hazard risk controls (mitigations) and investigations,
- To work with departmental heads to help formulate procedures,
- To conduct audits/inspections of any aspect of the activities relating to approval certificate in all parts of the organisation, and as necessary, any subcontracted organisation,
- To keep current on all legal national and international requirements relating to our activities, to advise managers concerned of changes,
- To ensure that the Authorities are notified regarding changes to Approval certificate as defined in manuals (Location, personnel, scope of approvals, arrangements),
- To coordinate and communicate (on behalf of the Accountable manager) on safety issues within the organisation, as well as with the Authorities, external contractors and customer as appropriate,
- To ensure that an Audit plan and a Training plan are properly implemented, maintained, and continually reviewed and adapted.

2.2.4 Safety, Quality & Compliance personnel

The **SQC department** is composed of the following persons working under the supervision of the **VP Safety, Quality & Compliance**:

- **Quality and Compliance Director**
- **Compliance Monitoring managers** (acting as Compliance Monitoring function in MO)
- **CAMO Compliance Monitoring manager** (acting as Compliance Monitoring function in CAMO)
- **Training Coordinator**
- **Practical Training supervisor / Safety Officer**

The SQC team responsibilities*:*

- Promote corporate culture regarding safety, quality and compliance,
- Act independently to encourage the reporting,
- Maintain a close liaison with managers and personnel on all matters affecting regulation and processes,
- Keep current on all national and international requirements relating to our activities, to advise managers / Personnel concerned Changes/Updates,
- Work with heads of department to help formulate procedures/instructions,
- Maintain a close liaison with authorities, including application related to the AMO certificate,
- Identify Performance Indicators (KPI) in their processes to increase their commitment,
- Record hazard risk controls (mitigations),
- Be involved in occurrence / accident investigations,
- Ensure the implementation of the company's integrated safety policy / procedure,
- Work with personnel to ensure on-going compliance with quality requirements,
- Ensure that personnel are trained & assessed regarding their knowledge, in coordination with the training coordinator,
- Control that internal authorisations are issued/renewed/cancelled for authorised staff,
- Carry out audit/inspection in accordance with the independent compliance monitoring System in which compliance with the relevant requirements and adequacy of the specific procedures is reviewed,
- Lead Local compliance audits (internal, customer, 3rd party regulatory and provider),
- Assist in the Suppliers/Providers/subcontractors qualification and evaluation programme,
- Ensure that a systematic corrective actions Plan (CAP) process is implemented – review & oversee adequacy of root cause analysis, corrective actions, preventative actions and effectiveness,
- Ensure the adequate and appropriate closure of audit findings with respect to root cause analysis, corrective and preventative actions,
- Manage a reporting system, including confidential reporting, to facilitate the identification, risk analysis and management of hazards to ensure that an unacceptable risk is eliminated, or is reduced to an acceptable level,
- Ensure initiation and follow-up of investigations / roots cause analysis for event reported,
- Facilitate hazards identification, risks evaluation/analysis and management,
- Create a set of instructions and procedures for Safety, Quality and Compliance processes,
- Provide periodic reports on quality & safety performance (KPI) to permit Review of the management system to ensure that it is effective and suitable to support the required standards, It includes details of any reported discrepancies not being adequately addressed or any problems concerning corrections,
- Inform and advice the Accountable manager and senior managers regarding safety issues identified by the system.

Compliance monitoring:

- Ensure that Audit schedule are properly and continually reviewed and adapted
- Conduct audits/inspections of any aspect of the activities relating to approval certificate in all parts of the organisation, and as necessary, any subcontracted organisation,
- Lead Local compliance audits (internal, customer, 3rd party regulatory and provider),
- Ensure regular audits of the activities in accordance with the audit plan to:
- monitor the compliance with, and adequacy of the documented procedures,
- monitor the compliance with the applicable requirements,
- verify the adequate process monitoring by the managers,
- Support managers for inspection of their area,
- Review existing practices / procedures and making recommendations to the manager to improve,
- Ensure facility procedures & instructions are appropriate to the day-to-day activities,
- Identify non-compliance and analysing with the managers having the responsibility to ensure corrective actions the feed-back from reporting system and compliance monitoring system,
- Monitor that requested corrective actions are taken in a timescale,
- Verify with the relevant managers that requested corrective actions meet their intended purpose
- Maintain a close liaison with authorities, including Capa list approval,

Training and Licence Coordinator*:*

- Review assessment of personnel to reissue internal authorisation,
- Amend internal authorisation,
- Maintain a close liaison with authorities, including certifying staff list approval and training processes (PTS and OJT),
- Ensure that Training plan are properly implemented, maintained, and continually reviewed and adapted.
- Control Due training for all staff working in maintenance area,

Practical Training Supervisor*:*

- Elaborate PTS – OJT support for approval by appropriate authority,
- Support staff in realisation of their PTS – OJT,
- Authorise and Maintain a list of assessor and instructor,
- Elaborate training syllabus and coordinate internal practical training
- Aircraft variant Course, Pilot course, ERT course, Ramp & Cleaning course

Continuous improvement team*:*

- Act independently to encourage the reporting,
- Perform inspection in maintenance area
- Oversee event reporting system,
- monitor occurrence / accident investigations,
- Coordinate and communicate on safety issues within the organisation, and customer as appropriate,

Administrative

- Manage the enrolment of staff on learning training
- Record Training Certificate
- Prepare Licence file in case of amendment
- Prepare of assessment for internal authorisation
- Support Training and licencing function

2.2.5 Management system review board (MSRB)

- The MSRB is high-level Board that considers all strategic matters in support of the Accountable manager.
- The MSRB meeting is chaired by the Accountable manager, and be composed of heads of functional areas. Persons participant to the MRB are listed in chapter 2.1.3.
- The MSRB monitors the management performance against the objectives by reviewing key performance indicators, ,
- The MSRB monitors the objectives,

The MSRB ensures that appropriate resources are allocated to achieve the established performance, including safety performance.

2.2.6 Safety Review Board (SRB)

The Safety Review Board (SRB) has a strategic function and deals with high level issues such as safety policy, resources allocation and organizational performance.

The SRB is chaired by the **Accountable Manager** and composed by the following nominated persons:

- the VP Safety, Quality & Compliance,
- the Base Maintenance Director,
- the Stations & MCC Director,
- the VP Customer Support,
- Any other person as deemed necessary,

The **VP Safety, Quality & Compliance**, whenever appropriate and outside of the regular SRB meeting schedule, initiates safety reviews addressing subjects of safety relevance to the company.

The objectives of the Safety Review Board are monitoring issues such as but not limited to:

- Defines Safety Objectives and performance standards for the next period.
- Making recommendations/ decisions concerning safety policy and objectives.
- Defining safety performance indicators and set safety performance goals for the organisation.
- Reviewing safety performance and ensuring that corrective actions are taken in a timely manner.
- Providing strategic directions to Departmental Safety Action Groups (SAG) where applicable.
- Directing and monitoring the initial SMS implementation process.
- Ensuring that appropriate resources are allocated to achieve the established safety performance.
- Effectiveness of the safety training and safety promotion.
- Review the Management of Changes outcomes.

2.2.7 Safety Action Group (SAG)

SAGs are tactical entities that deal with specific implementation issues in accordance with the strategies developed by the SRB. The safety action group consists of at least the following persons:

- The VP Safety, Quality & Compliance or the Safety Officer
- The Base or Stations Compliance Monitoring Manager
- Responsible Manager(s) of the concerned area
- Any other person as deemed necessary.

The objectives of the Safety Action Group are but not limited to:

- Monitors operational safety and security,
- Assessing the impact of aviation safety on operational changes and activating hazard and risk assessment process as appropriate,
- Reviews significant risks and proposes to SRB final decision regarding risk tolerability,
- Validates or defines actions to mitigate the identified significant risks,
- Implementing mitigation or corrective actions to improve aviation safety relevant to the area,
- Ensure that safety actions are implemented within agreed timescales,
- Reviews and validates internal investigation reports,
- Ensures that satisfactory arrangements exist for safety data capture and employee feedback,
- Maintenance and review of relevant performance indicators,
- Managing safety training and promotion activities within the area.

2.2.8 Employee Involvement

It is essential that managers commit to improve safety, and it is equally important that all employees understand and see that their input, ideas and their contributions could help to improve the level safety in the company.

Employees are ideally placed to understand the most efficient and appropriate mechanisms for their work environment. To achieve this, all employees have a role to play in the successful development and implementation of the Safety & Quality management system.

Employees are encouraged to:

- Report occurrences to the SQC department. This reporting can be made anonymously.
- Report hazards and safety-related events and any other relevant information to the SQC department and as well, when the risk is imminent, to their direct Manager.
- Practice and promote the Company’s Safety policy.
- Be mindful of the risks and ensure both their own safety and those of other personnel in their daily activity and in the working environment.
- Interrupt or discontinue the work if their safety or safety of others is at risk.
- Perform their tasks in compliance with regulations, manuals and procedures.
- Participate, whenever requested, in analyses and investigations process, indicating potential roots causes and suggesting preventive actions,
- Participate in SAG when requested by the Safety Officer or their direct responsible.
- Give their suggestions/feedback during in house training and periodical meetings.
- Know their role in the Company’s Emergency Response Plan.

3 REPORTING SYSTEM AND HAZARD IDENTIFICATION

3.1 GENERAL

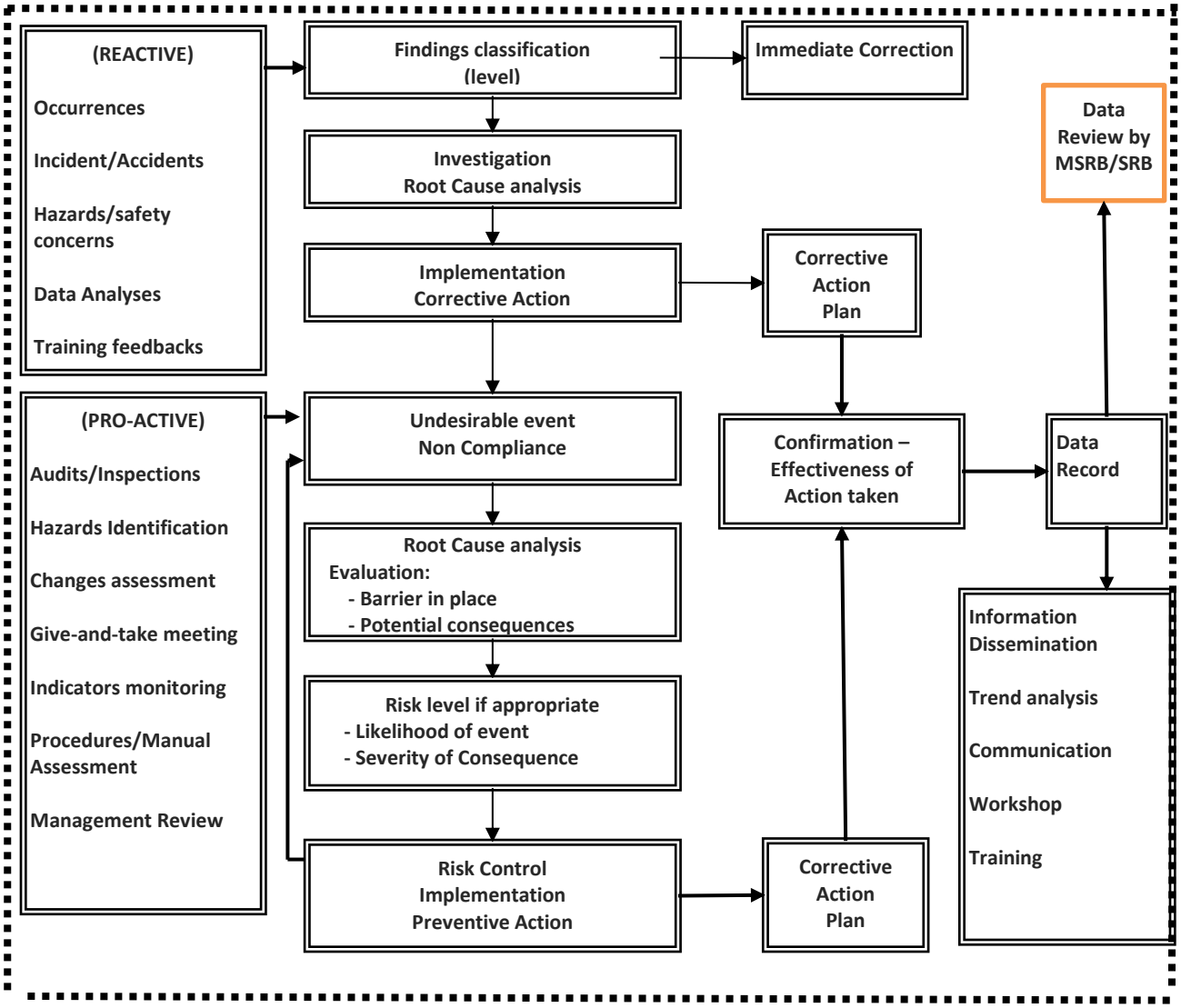
Reporting system is fundamental to the management process. This is achieved through two principal means:

- *Reactive - Occurrences/Incidents/hazards reporting, Training feedbacks*
- *Proactive – Hazards identification, near-misses, Audits/inspections reporting and management of change assessments*

The basic difference is the method of discovery:

- The reactive process responds to events that have occurred.
- The proactive method actively seeks to identify potential risks through an analysis of the activities/processes of the company. It includes potential hazard that has been identified or reported through the company's reporting system.

Once an occurrence has been reported, or a hazard identified, the procedures for dealing with these issues follow the process below and described in chapter 5.



3.2 REPORTING

Reporting

Every event is an opportunity to learn valuable Safety & Quality lessons.
People are encouraged to provide safety related information concerning all events, that have the potential to be instructive, through the event reporting scheme.

This process will involve investigation process to determine the contributing factors, the organisational and human factors within the organisation that played a role in the event.

Report forms (§3.3.2)

Employees have a means of reporting all events and emerging hazards to the SQC department.
The reports have been created to improve the quantity and the quality of event reporting.

Some are essential in creating a climate of trust, others are needed to motivate people to file reports. All have the same purpose:

- Indemnity against disciplinary proceedings (as far as it is practicable and legally acceptable, refer to the just culture),
- Report is confidential and may be unidentified (if appropriate or if required by the reporter),
- The SQC department oversees the collection and the analysis the reports. There is no link with the management to institute disciplinary sanctions,
- Access to reporting system is useful, and easy to use,
- Feedback to reporters is performed by the SQC department through the Safety Officer.

Protection of individuals during Investigations

In each case, an analysis is conducted to establish the context of the events and consequences, and the roots cause to understand if it be attributed to the mistake of individual(s) concerned or to the system within which their actions took place including environment, organisational and human factors criteria.

This analysis is performed with the individual concerned (if appropriate) and appropriate managers. It should then seek to determine defences failings in the system to mitigate the risk of reoccurrence. DABS uses the Maintenance Error Decision Aid (MEDA) process to investigate events caused by maintenance technicians and/or inspector performance.

Learning from unsafe acts

A Just Culture supports learning from unsafe acts.

Any safety related event, especially human or organisational errors, must first be considered as a valuable opportunity to improve processes and to avoid events reoccurrence through experience, feedback and lessons learnt.

Feedback is given on the findings and correctives actions to the personnel involved.

3.3 EVENT REPORTING SCHEME

DABS must report to the authorities all occurrences defined in Paragraph 3 of Annex II of the Commission (EU) No 2015/1018, and as required by the applicable regulation.

In addition to the above, the event reporting scheme includes the **confidential reporting.**

The objectives of the event reporting scheme are to:

- Investigate appropriately event and establish their root cause and contributing factor(s) that caused the event, and identify actions to minimize the chance of recurrence,
- Provide a factual record of the circumstances of the event or hazard to allow others to learn from the situation, and
- Establish continuous improvement and the appropriate corrections (correctives and preventives).

The scheme is also a tool to identify and analyse procedures that appear to have failed or where there was a failure to apply the procedures.

The scheme is an essential element of the overall monitoring function and it is complementary to the normal day-to-day procedures.

3.3.1 Any irregularity/safety concerns

Any employee has also to report any irregularity/safety concern they may observe while performing their duties in the company. It may include missing or inadequate:

- Documentation / Procedures,
- Training,
- Facilities, tools and equipment,
- Other in relation with human performance,

Reporting of such non-conformities to the required standard must be reported to the SQC department for follow-up using adequate reports (§3.3.2).

Deficiency may also be reported verbally, by email or on a simple sheet of paper to the SQC department.

For day-to-day activities, Deficiency reports are described directly in appropriate manual/ procedures. i.e.:

- in the case of tools and equipment found non-conforming to the required standards,
- in the case of missing tools and equipment,
- in the case of error found in approved data established by the Design organisation,

3.3.2 Occurrence/Hazard

Any event or situation with the potential to result in significant degradation of safety and can cause undesirable event, damage and/or injury should be reported.

The scheme also permits to collect and evaluate errors and hazards internally.

3.3.2.1 Approach

The Company's approach is described as follows.
Every occurrence/hazard identified through occurrence reports, confidential reporting or other sources provides the opportunity to draw safety lessons.
Learning from experience is only possible if all events are reported and analysed and their causes are determined and analysed.

The SQC department records and monitors these events.
It permits to identify and define recommendations to correct possible deviations and avoid accidents (proactive approach).

Reports are confidential and can be treated anonymously at the reporter's request.

Reporting occurrences is essential for improving safety and is strongly encouraged. In return, the Company guarantees that the reporter(s) will not be punished for reporting safety concerns except in the case of illegal act, gross negligence, or a deliberate disregard. Refer to chapter 1.3 for non-punitive approach.

The reporting scheme will maintain confidentiality between the person reporting the event and the SQC department.

Any information distributed widely because of hazard/event report must be de-identified.

The SQC department shall ensure that the appropriate report regarding mandatory occurrences is transmitted to the competent authorities within **maximum 72 hours.** Mandatory occurrences are described in Paragraph 3 of Annex II of the Commission (EU) No 2015/1018.

The responsible managers are responsible to initiate investigation when occurrence is received.

3.3.2.2 Reporting – Forms used

What is judged to be reportable may differ, and the absence or presence of a single factor, organisational, human, or technical, can transform an event into an incident or accident.

Typical events to be reported are those where safety was, or could have been endangered, or which could have led to an unsafe condition.

Report should also be made when an event did not endanger safety but, if repeated in different but likely circumstances, would create an undesirable situation.

It is highly recommended to do so in the interest of "sharing the experience" and to improve procedures.

The person involved in the event or witness of an event should report what discovered/happened. Several report forms are used in the Company:

- **Confidential reporting using the form available via QR Code or link. This report can be made anonymously.**

  Scan the QR or use link to join

  or link https://forms.office.com/e/7ZAmgjdHiJ?origin=lprLink

- **Notification Event Report form - NER. DA-0019_NER**
  *This form is used in case of an **occurrence** affecting the safety and/or the quality. It permits to report minor, major or critical discrepancies discovered / happened.*
  *This form is also used when event is requiring **immediate attention from the management** to ensure that acceptable standards of safety & quality are always met. The goal is to improve the safety and the quality of work done by DABS and its contractors/subcontractors.*

- **Technical Deficiency Report –TDR. DA-0019_TDR**
  *This Form is used to provide a simplified procedure for reporting **maintenance data** hazards or errors when work is prepared from external source (e.g. CAMP).*

- **Work Package Deficiency Report –WPDR. DA-0019_WPDR**
  This Form is used in case of deficiency discovered during review of Work Packages.

- Events may also be reported:
  - verbally to the VP Safety, Quality & Compliance or the Safety Officer
  - by email (*DABS-safety@dassault-business.com*) or
  - on a simple sheet of paper to the SQC department.

3.3.3 Reporting Process

The scheme is organised as follow:

1. **Report** to the SQC department (§3.3.2.2**)** which includes the identification of the report type (Incident / Hazard / Near-miss))

2. **Event risk classification** of the event / non-compliance with the support of the responsible manager (§3.3.4),

3. **Immediate action** for the **correction** is taken in case the event has an impact on the safety.

4. **Investigation** based on the severity of the event,

   In case of investigation, the process as described in chapter 5.2 permits to address the roots cause, including any technical, organisational, managerial, or human factors issues, contributing to undesirable event to reduce the likelihood of such event reoccurring,

5. **Corrective/preventive actions** to be taken to address deficiencies.

6. The managers ensure that actions taken internally address any safety issues and hazards,

7. **Feedback** is given to reporters both on an individual and a more general basis to ensure their continued support of the event reporting scheme,

8. **Continuation training** whilst maintaining appropriate confidentiality,

3.4 HAZARD IDENTIFICATION

Hazard identification is the act of identifying any condition with the potential of causing injury to personnel, damage to equipment or structures, loss of material, or reduction of the ability to perform a prescribed function.

This includes any conditions that could contribute to the release of an un-airworthy aircraft or to the operation of aircraft in an unsafe manner.

This is achieved through internal reporting scheme, audit, inspection, assessment of the processes, and any changes, or through dedicated periodical meeting.

3.4.1 Hazard Identification Approach

The hazard identification process is the formal means of collecting, recording, analysing, acting on and generating feedback about hazards and the associated risks that affect the Company's activities.

The hazards identification process is both a reactive and proactive scheme.
Identifying the hazards and inherent risks associated allows the organisation to minimize undesirable event and its consequence and respond proactively, by improving the processes or barrier.
These include training, procedures, planning, and other organisational factors.

Reactive approach

The reactive approach consists of analysing undesirable event that have occurred and trying to understand why.
The following questions should be asked: "What did happen and why?"

This includes mainly **event reporting system, training feedback.**

Proactive approach

The proactive approach consists of analysing the activity to identify potential hazards and assess the associated risks and then to mitigate risks factors before they result in undesirable event.
This approach should trigger the following questions: "What could happen and why?"

This includes mainly **audit, inspection, assessment of the functions, processes and systems, and any changes to them.**

Hazard identification also features a proactive component.
It consists of conducting analysis on some indicators to identify and mitigate risks before they are evident.
This approach poses the following question: "What could happen in the future and why?"

This includes mainly **monitoring of indicators but also discussion with personnel through dedicated periodical meeting, brainstorming or workshop.**

3.4.2 Hazard Classification

Some of the hazards are set out as follows:

- Economic: competition, production pressure, cost pressure, etc.
- Unsafe conditions: documents not up to date, poor resources.
- Unsafe acts: errors, violations, negligence, excessive/uncontrolled performance variations.
- Technological: design or maintenance related, hazardous material, etc.

3.4.3 Hazard identification Sources

Following internal sources are used by the Company for hazard identification:

- Hazards which may threaten the activities, This is primarily done by senior manager.
- Audits and Inspections,
- Review - indicator tendencies,
- Occurrences – Occurrence reports,
- Hazards report - Event reports, spontaneous identification,
- Meeting,
- Etc.

Following external sources are also used by the Company for hazard identification:

- Occurrences - Accident and incident reports,
- Publications from manufacturers,
- Safety Information Bulletins, safety alerts and other publications from authorities ,
- Benchmarks from the manufacturers,
- Etc.

3.4.4 Hazard Consequences

Hazard identification also provides a systematic overview of all possible consequences.
It is important to identify the underlying hazards and to assess the risks. One effective way of doing this is to group similar events to try and identify the underlying hazards.

3.4.5 Hazard Log

The following information is included in the hazard log **(form DA-026_Hazard)**:

- Hazard identification,
- Hazard description,
- Indication of the nature of hazard including potential consequence**s**,
- Assessment of the possible consequence**s** arising from the hazard in term of:
  - Probability,
  - severity,
- Description of the actions and defences for the risk controls (mitigations),
- Assessment after implementation of risk controls
- Identification of supporting documents and procedures

Refer to part 5 for the risk assessment and control.

4 OVERSIGHT AND IMPROVEMENT

The organisation should continually seek to improve its performance.

Continuous improvement is achieved through:

- Performance monitoring by the managers
  - Evaluation of processes performance through key performance indicator (KPI),
- Active monitoring by the managers
  - Evaluations of processes through inspection or review in order to verify their effectiveness, and
  - Evaluations of individuals' performance,
- Implementing changes
  - Monitoring and evaluating the effects of changes,
- Independent compliance monitoring
  - Evaluations of facilities, equipment, documentation and procedures through the Compliance Monitoring programme (audits, inspections and surveys), and
- Management System Review
  - Annual review for evaluation of the performance of the organisation and the effectiveness of the management system.

4.1 PERFORMANCE - MONITORING AND MEASUREMENT

4.1.1 Approach to Performance Measurement

Effective management requires a thorough understanding of processes in place. This cannot be achieved without some form of monitoring and measurement.

Performance monitoring and measurement is the process by which the performance is evaluated and verified in comparison to the defined policy and objectives.

Effective performance measurement supports the identification of opportunities for improvement not only related to safety, but also to efficiency and adequacy.

4.1.2 Performance Objectives

The process for determining performance objectives consists of:
1. Measuring indicators against which improvements are to be assessed,
2. Fixing reasonable, yet ambitious targets/trends, and
3. Monitoring data and reviewing targets/trends as necessary.

The Accountable manager shall ensure that both the objectives and the indicators are pertinent and documented.

4.1.3 Process

The Accountable manager shall ensure that the process for performance measurement is established and implemented through the different feedback tools.

Objectives are monitored over time by the Accountable manager and reviewed by the Review Boards. Safety/Compliance objectives are reviewed with the VP SQC.

Indicators and Performance are reviewed during the Review Boards meetings (MSRB, MRB and SRB).with regards to the performance of the organisation.

4.1.4 Feedbacks Tools

The following Tools and Processes are used regarding the type of feedback needed to the senior management can properly allow to analyse and assess how well the organisation functions, to allocate adequate resources and to take appropriate decision, but also to all staff to ensure that everyone is informed on company's objectives achievements.

1. Event reporting, addressing the occurrences, hazards, non-compliances, the compliance with the applicable requirements and the adequacy with documented process,
2. Identification of Hazards induced by the activities of the organisation, their evaluation and the management of risk associated,
3. Audits focussing on the integrity of the organisation's management system, and periodically assessing the status of safety risk controls and barriers for any risks identified,
4. Inspections focussing on examining elements or procedures of a specific area, such as problem areas identified in daily maintenance activities, observations and opinions of maintenance personnel, and areas of confusion,

   This type of check performed by manager or SQC department facilitates consultation with various parties,
5. Customer feedback to measure whether the organisation has met their requirements, This information is collected and analysed with the objective of enhancing customer satisfaction
6. Safety Performance Indicator (SPI) to measure the effectiveness of safety risk controls and barriers for any risks identified,
7. Key performance indicator (KPI) to measure the effectiveness of processes. This implies that managers measure performance at all levels of organisation by adopting a broad set of indicators involving key aspects of activities and processes and allowing to measure those key aspects in different ways. When planned results are not achieved, appropriate actions are implemented and monitored to ensure improvement.

   Annual evaluation of individuals' performance and competency,
8. Safety Risk Evaluation during the management of changes which are conducted during implementation and/or deployment of changes that may have an impact on safety (equipment/technologies, new or changed procedures, organisational changes),
9. Periodical Meeting which are held periodically in each department to exchange about failure, non-compliance, changes and improvements,
10. Review Boards meetings (MSRB, MRB and SRB) are held periodically in the organisation to review indicators with regards to the objectives,

4.1.5 Performance Indicators

4.1.5.1 Definition of performance indicators

A set of described indicators is reviewed during MSRB, SRB and MRB.

These measures are interactive and cover all aspects of the systems that address:

- **SPIs** – Safety Performance Indicators that reflect system failures.
- **KPIs** – Key Performance Indicators that reflect the proper functioning of processes.
- **HPIs** – Key Performance Indicators that reflect the health of the personnel.

Indicators must be simple, measurable and appropriate.

The quality of data available are important for improving performance. The Company has adopted an approach to measure performance based on:

- Compliance with the applicable requirements,
- Adequacy of performance indicators,
- Identification of weaknesses and areas where improvement is required,
- Continuous learning and improvement,
- hazard identification and risk assessment when appropriate,
- Specific issues identified from the data collected,
- Review of barriers in place.

4.1.5.2 Process to identify performance indicators

DA-0022 describes the process to be used to identify indicators. It includes:

Step 1: Responsibilities
Step 2: Identification of key issues and main focus
Step 3: Determination of data needs
Step 4: Definition of indicators (SPIs and KPIs)
Step 5: Collection of data and results
Step 6: Analysis of results
Step 7: Evaluation of Indicators

4.1.5.3 Performance Indicators

The following are example of indicators reviewed during the MRB, MSRB and SRB.

SPIs –

- Number of voluntary reporting during the month (expected to receive at least 5 per month)
- Number of release/assessments using incorrect documentation
- Number of damages performed to aircraft during maintenance
- Number of FOD events
- Number of Fatigue related events
- Maintenance errors
- Communication effectiveness

KPIs –

- Number of findings
- Number of Level 1 finding
- Corrective action extension requests
- Overdue corrective actions
- Monthly Mhrs Performance,
- Cost of Poor Quality
- Records sent to customer after 25 days ,
- Number of WPDR performed per month,
- Customer satisfaction,
- Recurrent training management,

HPIs –

- Number of incidents
- Number of accidents

DA-0022_appendix lists KPIs and SPIs in each business units

4.2 ACTIVE MONITORING

There are several methods that can be employed in active monitoring by managers, these include:

- **Inspections**
  - Determine adherence to requirements, plans and procedures by inspection of area and equipment or activities. Usually achieved through detailed inspection of activities against procedures. Tends to be focused at the task level.

- **Process and practice monitoring**
  - Identifies whether the procedure used is relevant and the practices employed are in accordance with the objectives defined by the manager. Tends to be focused at the process level by analysis of indicators.

- **Individual performance**
  - Usually achieved through evaluation of individual. Tends to be focused at people's activities and the system they use.

- **Quality, Safety & Compliance Reviews**
  - Provide an overview of one process for its effectiveness and appropriateness.

- **Documentation Reviews**
  - Provide an overview of one procedure for its effectiveness and appropriateness.

4.3 MANAGEMENT OF CHANGE

Change is the initiator for the organisation to performing the hazard identification and risk management process.

4.3.1 General

Changes can introduce new hazards or risks, which can impact the relevance or the effectiveness of actual procedure or previous risk assessment or risk mitigation.

The management of change is a documented process to identify external and internal significant change that may influence established processes or services.

Identification of changes

Changes may have various positive or negative impacts that shall be identified and managed through the existing processes for hazard identification, risk assessment and mitigation/control.

The following is a list of examples of changes that should be considered:

- Change in or New **Regulations**,
- Change in or New Manufacturer **requirements**, including technical data,
- **New risks** (experience from accidents, occurrences, reporting of safety concerns, internal inspections, audits and reviews, hazard reporting),
- Change in market, development of new markets, etc., Change in **economic** and financial pressure,
- Change in or New **activities** and/or missions/goals,
- Management reorganisation, **organisational** changes,
- Significant changes in personnel (affecting nominated persons or certifying staff in stations),
- Change in or New **facilities**/shop,
- Change in or New location / **stations**,
- Change in or New **scope** of work / type(s) of maintenance or aircraft type,
- Change in or New maintenance **procedures**, equipment or tools,
- New contractor or subcontractor,
- New training provider,

Documentation Reviews consist of a periodically review or at any time a change to the company activities or structure occurs or is planned to occur.

Assessment

Form DA-0160

A formal assessment identifies the changes within or from outside the organisation which may affect established processes and services. Risk assessment is part of the management of Change process.

Communication

Information of significant changes must be communicated to concerned employees.

4.3.2 Change impact assessment Process

The Change impact assessment procedure is described as follows:

1. **Identify** the nature and scope of the change(s).
2. **Perform an initial description** study covering:
   - Documentation (Manual and procedures),
   - Work organisation (staffing, composition of the teams, scheduling, additional training, etc.),
   - Processes,
   - Infrastructure.
3. Identify key personnel who will assist in implementing the change and the mitigation measures required and involve them in the change management process.
4. **Define and approve** an implementation plan (by manager).
5. **Perform a change assessment incl. Risk Analysis** (See the Risk Management chapter):
   - Identify hazards related to implementing the proposed change and their possible consequences,
   - Identify exiting risk controls and define, as appropriate, additional mitigation measures.

   Involve the concerned personnel in the project to gather their support.
6. **Implement** the mitigation actions as defined in the plan.
7. **Define** new performance indicators if required
8. Check the overall effects through the performance indicator / Control of the effectiveness .

Form DA-0160 and **DA-0043**

4.4 COMPLIANCE MONITORING / ASSURANCE SYSTEM

The primary objective of the Assurance system / Compliance Monitoring programme through independent audits and inspections is to ensure that the organisation remains in compliance with the applicable requirements and adequacy of the established procedures designed to ensure activities, including those of the Management System.

The SQC department is responsible for the surveillance of the Management System. In doing so, the compliance monitoring programme should cover as a minimum, and where appropriate:

- Privileges of the organisation and the scope of approved activity,
- Compliance with procedures,
- Compliance with Training standards, and
- Management system procedures and records.

Audits are not limited to items of regulatory non-compliance and also encourage to act proactively and to improve the different processes. Therefore, auditing ensures both the quality assurance / compliance with regulation, and the hazard identification element of risk management.

4.4.1 Organisation and Responsibility

The VP Safety, Quality & Compliance is responsible for ensuring that the Compliance Monitoring programme is properly established, implemented, and maintained in respective departments and services.

The Compliance Monitoring programme is based on a cycle of checks (inspections and audits), documentation of findings and concerns, analysis and investigation, corrective and preventive action, follow-up, and evaluation of the whole process.

The VP Safety, Quality & Compliance is responsible to ensure the establishment and the monitoring of the **Audit Plan (DA-0038)**.

The VP Safety, Quality & Compliance appoints independent compliance monitoring staff (auditors) or specialised staff to perform audits and inspections, using external resources if necessary.

Independent compliance monitoring staff (Auditors) employed in the SQC department are full time employees. The auditors are approved to perform audits in all the areas of maintenance, internally as well as externally.

The independence of the audit function is always ensured, and audits or inspections are always performed under the responsibility of one independent auditor in particular situation where the individuals carrying out the compliance inspection also have a responsibility for other functions or are external personnel.

The SQC Department retains the responsibility to ensure that the personnel have the relevant knowledge, background, and experience as appropriate to the activities being audited or inspected, including knowledge and experience in quality.

Note: *Managers will generally not become internal auditors. They may carry out an audit/inspection with a contractor. However, the Managers are required to carry out inspections in own department in accordance with Control and Supervision principle as described in §4.2.*

4.4.2 Purpose of the Compliance monitoring System

The **Compliance monitoring System** is one of the tools in the Management system to ensure that the organisation is capable to perform its activities iaw its procedures and to meet its objectives.

The **Compliance monitoring System** is main concern to **inspect** the **process in place** and **tasks already performed** and to **examine** whether tasks were **performed up to the required standard and documented procedures.**

Purpose is to detect:

- **possible inadequacy of procedures** or **equipment**,
- **possible failure** in performing the established procedures,
- **possible deviations** in current practices from the established procedures and standards within the Organisation,
- whether performance of processes could be **improved upon** either **through changes in the procedures** or through **training** of the personnel involved.

In cases where **findings** or **non-compliances** found, the **Compliance monitoring System should ensure that:**

- The findings and associated non-compliance are graded (level) in accordance with the classification defined in chapter 5.1,
- The findings and associated non-compliance are discussed with the relevant manager(s) for correction and giving target dates for corrective actions,
- **Necessary investigations** are performed on the findings **and the roots cause or causes** of a non-compliance are established,
- The relevant department(s) should act on findings, **taking corrective actions**, and inform the SQC department of such actions,
- **Necessary corrective actions** shall be implemented in a **timely manner**, and
- The **results of the changes** will be **followed up** to ensure that they have had a **positive effect** on the affected system.

The Accountable manager, senior management, managers and SQC department hold regular meetings.
The SQC department provides the meeting (MSRB, MRB) with

- the **information feedback** concerning findings resulting from the independent audits of the organisation,
- the **information feedback** to enable the Accountable manager to be kept informed of any relevant issues,
- the **information feedback** necessary for the managers to evaluate/review, whether objectives set up within the organisation are reached as expected.

It also allows the managers to determine the areas to be improved and whether training plan or audit plan must be revised.

The **Compliance monitoring System** also acts as a **feedback** system within the Organisation.

4.4.3 Compliance Monitoring Programme / Assurance system

The VP Safety, Quality and Compliance shall retain the overall responsibility for the effectiveness of the compliance monitoring function and, particularly, in the effective implementation and follow-up of all corrective actions.

The Compliance Monitoring programme includes the following, as minimum, during the applicable audit planning cycle:

- **System audit** for compliance with regulation,
- **Process audit** for adequacy of procedure,
- Product sampling **audit** for adequacy of procedure, tools, staff, forms for one product (A, B, C, D)
- **Surveillance** / **audit** for contracted/subcontracted service,
- **Inspections** in the form of routine sample checks of certain aspects of the organisation's ability to carry out on specific activity to the required standards or procedures,
- **Reviews** in the form of observation of certain aspects of processes coming directly from managers (WPDR, spot check).
- **Deviation/ non-conformity report** coming from periodical meeting / individual report.

The SQC department has the authority to perform unscheduled inspections

- whenever a personnel perceives a discrepancy or identify a malfunction.
- after a correction (correction / corrective or preventive action) has been completed.

The SQC department is responsible that the required audits are performed, properly documented including evidence of non-compliance using appropriate audit check list, and that any findings are recorded and monitored for analysis and mitigation in **CAP**.

4.4.3.1 System audit

The primary purpose of the system audit is to perform a systematic and objective review of the organisation and Management system to verify its function and effectiveness, and that the required regulation is complied with.
Audits are the systematic search for answers to the following questions:

- Do the company provisions meet the regulation requirements?
- Are the company provisions complied with?
- Do the company provisions ensure activities in an efficient way?

The SQC department develops an annual schedule **audit plan** for internal audits to ensure compliance to requirements of the applicable regulation and standards. **(Schedule Audit Plan - DA-0038)**
Period: All aspects should be reviewed within every period of:

CAMO Organisation (Part CAMO):	12 months
Maintenance Organisation (Part 145):	12 months

Period cannot be change without approval received from authorities.

The following areas must be checked with appropriate customised check list:

- Policy and objectives,
- Organisation of CAMO and Maintenance,
- Main general Processes,
- Training Records - All aspects including initial, recurrent, and continuous training,
- Contracted and subcontracted Organisation,
- Safety & Quality Management System,

4.4.3.2 Process audit

The primary purpose of the process audit is to perform an objective review of the process in one department in order to verify its effectiveness, and that the required output is achieved.

Process audit is a comparison of the way in which an activity is being conducted against the way in which published procedures say it should have been conducted.

Audits are the regular search for answers to the following questions:

- Do the company processes meet the standards requirements?
- Are the company processes respected by the personnel?
- Do the company procedures ensure activities in an efficient way?
- Are the available resources adequate to comply with the company procedures and standards?

The SQC department develops an annual schedule **audit plan** for internal audits to ensure conformity to the applicable procedures. **(Schedule Audit Plan - DA-0038)**
Period: All department should be reviewed within every period of 12-24 months

The following areas must be checked with appropriate customised audit check list:

- Procedures, instructions and forms
- Competence and internal authorisation
- Training Records - All aspects including initial, recurrent and continuous training,
- Hazards identification,

4.4.3.3 Product sampling audit

The independent audit does not require each procedure to be checked against each product.

The independent audit should sample one product on each activity at least once during the applicable audit planning cycle as a demonstration of the effectiveness of procedures compliance.

The sample check of a product means to witness any relevant testing and visually inspect the product against the associated documentation and procedures. The sample check should not involve disassembly or repeat testing unless the sample check identifies findings requiring such action.

To conduct product's audits, the audit plan includes any product under an approval class rating as specified in the approval certificate issued to the organisation and particular line station.

Independent audits should also include a percentage of random inspections carried out on a sample basis when maintenance is being carried out.

A report should be raised each time an audit or inspection is performed describing what was checked and the resulting findings against applicable requirements and procedures.

4.4.3.4 Surveillance of Contractors/Subcontractors

Monitoring that all contracted / subcontracted organisation is carried out in accordance with the requirements/contract, including sub-contractors used by contractors is focused on checks that contracted activities is carried out in accordance with the purchase order/contract.

4.4.3.5 Inspections

The primary purpose of the inspection is to observe a particular process to verify whether established procedures and requirements are adhered to, and whether the required standard and objectives are achieved.

Three important elements must be fulfilled:

a) Safety
b) Respect of the process
c) Efficiency of the process

The Managers are responsible for that the inspections are performed, properly documented, and that any findings, as a result of the inspections, are given to the SQC department.

4.4.4 Documentation

The Organisation has in place relevant documentation that addresses the SQMS function as part of the Company's overall management structure.
The documents for the Compliance Monitoring programme shall reflect the following:

- Audit plan (DA-0038),
- Audit procedure (DA-0028),
- Audit checklist (DA-0040),
- Findings and observation (DA-0041),
- Follow-up and corrective action plan (DA-0036),
- Recording system.

4.4.5 Records

All records pertaining to the independent audit and the feedback system of findings are retained for at least 3 years after the date of closure of the finding to which they refer to, or for such periods as to support changes to the audit plan cycle.

4.4.6 Qualification

All personnel involved in the SQC department have a thorough knowledge of regulations including EASA & NAA requirements, and organisation' policies and procedures.

Auditors shall have the relevant knowledge, background and appropriate experience related to the audited activities of the organisation.
It also includes knowledge and experience in compliance monitoring.
Additional qualification requirements are described in chapter 2.2.4.

4.4.7 Training

The Organisation ensures that all personnel engaged in managing the compliance monitoring function understand the objectives as laid down in the management system documentation.
The Organisation ensures that the SQC team, those personnel responsible for managing the compliance monitoring function receive appropriate training for this task.
This training covers the requirements of compliance monitoring, manuals and procedures related to the task, audit techniques, reporting and recording.

4.4.8 Process

The Compliance Monitoring manager shall retain the overall responsibility for the effectiveness of the compliance monitoring function and for the effective implementation and follow-up of all corrective actions.

The independent compliance monitoring staffs (auditors) are responsible to perform audit/inspections and to determine non-compliances / findings.

The managers are responsible to determine and implement corrective actions, analysis and determine roots cause of non-compliances / findings.

Process is described in DA-0028.

Before the audit, **auditors** should:

- Prepare and maintain audit checklists (**DA-0040**), relevant to the activity to be audited, which will aid in the audit routines
- Schedule audits in advance iaw **Audit Plan** in order to proper notify all personnel necessary for the audit, in particular the Auditee.

During the audit/inspection, **auditors** should:

- Use relevant documentation.
- Interview personnel regarding established procedures.
- Observe how activities are carried out.
- Complete the check list.
- Identify and record any concern or finding, and the evidence necessary to substantiate such concerns or findings, if necessary.
- Fill out NCR - internal Audit Non-Conformity Record forms (**DA-0041**), as necessary.

After completing the audit, **auditors** should:

- Prepare a documented audit report (**DA-0042**) containing all findings
- Present findings , due date for RCA and corrective actions with the auditees, the managers of areas audited during **the audit closing meeting** (maximum 5 working days after the performance of the audit).
- Ensure that the audit report and ARF are distributed and reviewed by the relevant persons for corrective action, including Auditees, managers, and Accountable manager.
- Ensures that the Corrective Action plan -CAP- (**DA-0036**) and action report form -ARF- (**DA-0041**), are filled-in in due time and with appropriate answers.

After receipt of notification of findings, the **manager** shall:

- Identify the root cause of the non-compliance within defined period.
- Define corrective actions based on the RCA within defined period. .
- Determine if the risk assessment is required and if required define preventive action to mitigate the risk.
- Demonstrate implementation of actions within agreed period and have them reviewed by SQC department for approval.

4.5 MANAGEMENT SYSTEM REVIEW

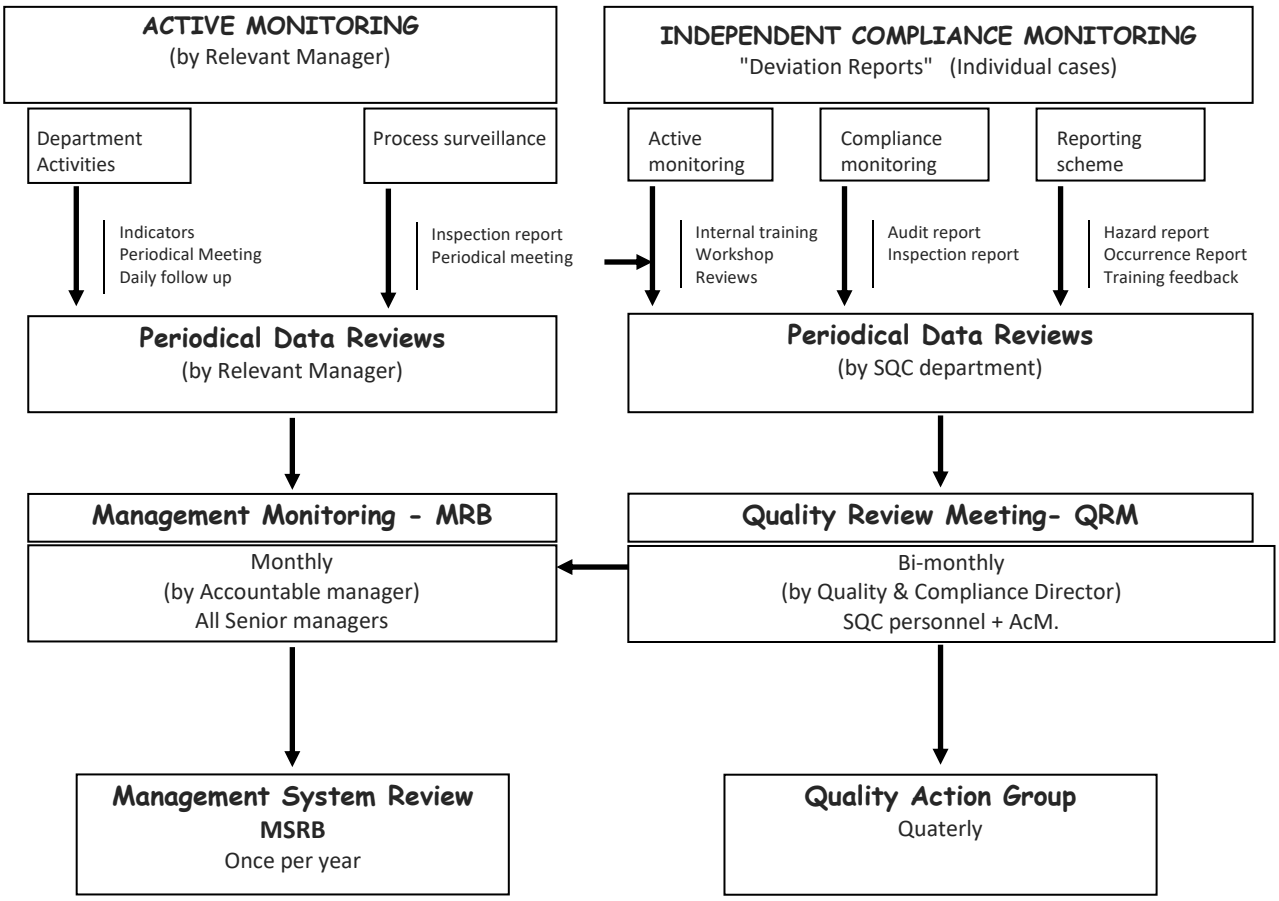
«Management review» ensure that the Management examine the performance of the company and whether the Management System is being implemented suitably and effectively.

These Meetings is organised with the Accountable manager for a review of the overall results. It also permits to Identify and analyse possible issues and new challenges.

4.5.1 General

Management evaluation is based on the following

- Active monitoring in different department
- Independent compliance monitoring
- Management monitoring



List of meetings´ participants is identified in 2.1.3. Additional participant may be required to attend on request of meeting chairman.

4.5.2 Activities review

4.5.2.1 Daily meeting

The management organises each morning day a short meeting with the representative of each activities for Maintenance day to day decisions (maintenance, Planning and Quality).

A review of event (including occurrences and discrepancies) and Health incident is made to decide if correction or investigation are required.

4.5.2.2 Periodical meeting

In addition to the daily meeting, each manager organises some “Give-and-take” meeting:

- The management organises a planning meeting which involve planning decision and staff availability according with the works plan for scheduled maintenance)
- The CAM organises an airworthiness meeting which involve all CAS for continuing airworthiness activities and safety / quality events.
- The Technical services organises a meeting which involve all preparation services for maintenance activities and safety / quality events.

4.5.2.3 Safety Reviews

The Safety officer with support of CIE (Continuous Improvement Expert) shall, whenever appropriate, initiate safety reviews addressing subjects of safety relevant to the Company.
Purpose of Safety reviews is to give additional information on selected topics which has been identified by the event reporting system or during the introduction and deployment of change or new procedures.

Safety reviews are by their nature larger in scope than the analysis of specific hazards.
Safety reviews can address a variety of subjects such as compliance with Standard or Procedures, maintenance event preparation and risk assessment of specific activity such as dealing with specific modification, etc.
Safety reviews can make use of information published in technical publications from manufacturers and the regulatory authorities. This can include a review of accident and incident reports, conference, and press releases often available on internet.

4.5.2.4 Product/services compliance monitoring

DABS implements and maintains comprehensive methods for monitoring and controlling the characteristics of products/services to verify that requirements are achieved throughout all the process in accordance with appropriate procedures.
DABS ensures that:

- Key characteristics, additional inspections and/or documentation required or identified are monitored and controlled.
- The documents used for product acceptance are valid and appropriate for use.
- The product will not be used until it has been inspected or verified as conforming and all required measurement and monitoring activities have been completed.
- The work order will contain a record of the person authorising the release of product consistent with work instructions defining acceptance criteria and authority. As a result, such records provide evidence that the process and resulting product meets all the requirements.
- Final release will not occur until all planned activities have been satisfactorily completed unless otherwise approved by the appropriate Manager, when applicable, the customer.
- Measurement requirements for acceptance, as a part of the documentation, will include Accept/reject criteria, Records of results, Identification of Inspection equipment and test documentation.

4.5.3 Periodical Data Reviews

Each manager monitors and reviews Data's and indicators in his area, to ensure the continuing suitability, adequacy, and effectiveness of the management system.
Records are maintained and discussed during Management Review Board (MRB) meeting.

4.5.4 Review Board

Reviews are performed periodically during the MSRB & SRB meeting to permit analysis and assessment of:

- Policies and Objectives,
- Performance and indicators, including safety but also management aspects,
- effectiveness of Management System, including through an assessment of the findings and the effect of the corrective actions,
- changes in the organisation,
- Health and Security.

Possible negative trends and deficiencies may be identified and as well as actions taken to correct these deficiencies by targeting their causes.

4.5.4.1 MRB meeting

Participants are listed in §2.1.3.
This **meeting** addresses the following perspective in terms of activity, management view and indicators review:

- Update of Business Activity
- Financial and cost Activity
- Business Development
- Department activity
- Billing activity
- Compliance monitoring programme, including external and internal audits
  - Debriefing of audit performed month before
  - Discussion about next scheduled audit
  - Reviewing of significant open findings
- Event reporting
  - Significant event for last month,
  - Information regarding performed investigation.
  - Number of Mandatory reports issued to EASA or other NAA
- Training activities
  - Planning adherence, course performed and new course
  - Personnel overdue

The MRB develops the strategic objectives to be implemented in department. The MRB deals with issues in relation to resources allocation and organisational performance monitoring.

This review should ensure that appropriate resources are allocated to achieve the performance in relation with the indicator, eventually by recommending the establishment of dedicated action groups.

4.5.4.2 SRB meeting

Refer to MOE 3.3.2

4.5.5 Management System Review Board

4.5.5.1 Management System Review Board (MSRB) meeting

At annual intervals, the Accountable manager holds a "Management System Review Board" to review the organisation. It permits to identify and analyse possible issues and new challenges.
It includes a review of following:

- Objectives and goals,
- Current Year KPIs and SPIs review,
- Recommendations for improvement,
- New challenges

4.5.6 Quality review

4.5.6.1 Quality Review meeting

At monthly intervals, the Quality & Compliance director holds a "Quality review" meeting to current activity of the SQC department. It includes the following:

- External audit
- Internal audit
- Occurrence reporting TOR
- Work package inspection
- Training Maintenance
- Certifying staff and Staff status
- Documentation & approval review
- Regulation
- Project

4.5.6.2 Quality Action Group

At quarterly intervals, the VP Safety, Quality & Compliance holds a "Quality Action Group" to examine whether the system is being implemented suitably and effectively. It includes the following:

- Review of incidents/accidents/occurrences/deviations/MOR and any trends identified, or items to be escalated by the Safety , Quality & Compliance department,
- Compliance with the overall audit schedule plan and confirmation that all subjects have been addressed,
- Next audit schedule validation,
- Review of Trend Analysis from all audits performed during the previous quarter,
- Review of training program and next planned trainings
- Recommendations for improvement,

5 COMMON ELEMENTS / TOOLS

5.1 FINDING CLASSIFICATION (LEVEL)

The **severity of the non-conformity/audit finding** is classified as following:

Classification		Max Delay to implement correction
Class	**Interpretation**	
Level 1	- Any significant non-compliance is detected with the applicable requirements of Regulation (EU) 2018/1139 and its delegated and implementing acts, with the organisation's procedures and manuals, or with the organisation's certificate including the terms of approval, which lowers safety or seriously endangers flight **safety.**	A soon as possible
	Level 1 findings shall also include: • any failure to grant the competent authority access to DABS facilities during normal operating hours and after two written requests. • obtaining the organisation certificate or maintaining its validity by falsification of the submitted documentary evidence. • any evidence of malpractice or fraudulent use of the organisation certificate. • the lack of an accountable manager.	
	The reoccurrence of Level 2 findings in different areas / processes shows that the system is inefficient and is considered not acceptable to the compliance system.	
	The finding has a significant impact on security, safety, or aircraft airworthiness.	
Level 2	Non-compliance with applicable regulation requirements which is not classified as level 1 and which **could lower the safety or possibly endangers** the safety of the aircraft or component,	Not more than **3 months**
	The finding affects the good function of the process, but this is localised. • Lack of procedures. • Procedures wrongly applied. • Lack of supervision / control. • Inadequate Procedure.	
	The reoccurrence of Level 3 findings is considered not acceptable to the quality compliance system.	
Level 3	Non-conformity with applicable Procedure/standards or Non-compliance or potential problems that could lead to a non-compliance with applicable regulation requirements.	Not more than **4 months**
	The finding does not affect the functioning of the process in normal circumstances. It is an individual failure/ error not considered as systemic. • Unclear procedure/instruction • Procedure wrongly applied. • Inadequate supervision / control • Inadequate procedure. Introduction or modification of procedures / Systems / Equipment will allow clarifying the existing.	
	Several remarks/observations have been made, remarks which require particular attention.	
Remark	Any items that could be considered compliant with the applicable Regulation but may provide recommendations for potential improvement of the organisation in terms of efficient and effective performance.	**Action Plan**
Observation	It is not a finding.	

Due date and extension for findings are described in DA-0028.

5.2 INVESTIGATION AND ROOT CAUSE ANALYSIS

5.2.1 General

The scope of internal safety investigations should extend beyond the scope of occurrences required to be reported to the competent authority.

Investigations are carried out in particular in the case of:

- Outcome of process not iaw target
- Error, Accidents and incidents,
- Discovery of new hazards and risks,
- Recurrent risks.

The extent of the investigation will depend on the actual and potential consequences of the occurrence or hazard. This can be determined through a risk assessment.
Reports that demonstrate a high potential should be investigated in greater depth than those with low potential.

Moreover, the SQC department may at any time decide to launch an investigation procedure on an opportune basis.

Investigations consist of collecting and analysing events, determining causal and contributing factors, drawing up conclusions and making safety recommendations as applicable.

The following is applicable:

1. ***Step 1*** - Decision to launch an investigation is taken by management or SQC department. An investigating team is created including one person of the SQC department and, if deemed appropriate, a person from the CIE team.

2. ***Step 2*** - Analyse the facts, determine the causes and identify the associated hazards. (5W)

    a. The following relevant sources can be analysed to evaluate different scenario:

    b. Physical examination,

    c. Documentation and files,

    d. Interviews with the persons involved and Expert consultancy,

    e. Observation/Simulations,

3. ***Step 3*** - Risk Control/Mitigation Analysis.

    a. Identify and assess risk controls/mitigations. Determine corrective/preventive action.

4. ***Step 4*** - Report /record.

    a. The investigative report should address the factors that contributed to the event, rather than simply focusing on the event itself.

5. ***Step 5*** – Corrective Action Plan

6. **Step 6** - Communicate the investigation results and action plan to all those concerned.

5.2.2 Process

To proceed into **risk management,** we first consider the **hazards** and the associated **risks** in a systematic manner.

1. **Describe** the activity/system to be analysed.
2. **Identify** the **hazards** which may threaten the activities..
   - Are people or product exposed to potential harm?
   - What could go wrong in a described process?
   - Are an occurrence could reoccur?
   - Is a change to a system or activity could expose people or article to potential harm
3. **Assess** the hazards in terms of **consequence** and **causes**
4. **Evaluate risk probability** and **severity of the consequence**.
   - Evaluate the **probability** of the hazard developing the most **severe** consequence.
   - Evaluate the **severity** of the consequence.
5. **Identify** the **barriers** (defences) that exist to **reduce**, **control** or **eliminate** the **hazards**.
6. **Assess** the **barriers** (defences) for their **effectiveness**.
7. Identify the need for **mitigations**.
   - Threats and consequences need to be controlled.
   - Can the causes be eliminated?
   - Can the hazard and the involved risk be prevented/reduced?
8. Assess the **mitigations** to determine if they are **appropriate, managed** and **controlled**. **Adjust** mitigations as necessary by continuous **follow up.**

This is done with the support of the monitoring system, the supervision and controlling action of the SQC and relevant managers.

5.2.3 Definition of the system to be analysed

Description - The activity to be analysed should be described in terms of organisational structures, processes and procedures (including personnel, equipment and facilities) and the environment in which the activity is to take place.
The description should also explain the interface between the different processes.

Working Group -

- For simple issues, the risk assessment can and is usually performed by a single individual. The SQC managers, the Continuous Improvement Experts (CIE) or the senior managers.
- For complex issues, the person responsible for performing the risk assessment shall determine with the Quality and Safety department the need for a dedicated working group comprised of suitable subject matter experts and personnel that are to be involved in the activity.

5.2.4 Hazard identification

Hazards relevant to the activity and the causes that could release them are established.

5.2.5 Risk Assessment

Risk combines two dimensions: Probability of consequences and their severity.
Both dimensions have to be assessed.

5.2.5.1 Probability

probability is based on the following:

- Consequences of hazard are analysed to establish possible causes or contributing factors,
- Causes and contributing factors are then further analysed to determine likelihood of an occurrence.

In the causal analysis of consequence, human and organisational factors are considered for their possible contributing effects. The following **factors** are considered:

- direct causes ('unsafe acts'),
- workplace factors, and
- organisational factors ('error provoking or latent conditions').

The effects of existing avoidance **barriers** that influence the chain of events are considered and documented, taking into account the following:

- certification requirements,
- existing normal and abnormal procedures,
- technical measures/equipment,
- training,
- human and organisational factors.

Causal analysis is performed to establish relevant probability values. **DA-0026**.
Alternatively, values can be estimated on the basis of expert judgement, or on the basis of observed frequencies provided for the activity, type of operations, etc.

5.2.5.2 Severity

The severity of all hazard consequences is analysed. The analysis considers immediate consequences and consequences that only become apparent afterwards, such as effects on the natural and work environment.

In the analysis of severity of each consequence, human and organisational factors are primarily considered for their possible contributing effects.

The effects of existing **recovery barriers** that influence the consequence itself or the consequence chain should be considered, as applicable:

- certification requirements (e.g. fire protection),
- existing abnormal and emergency procedures,
- secondary safety measures (e.g. crashworthiness, personal protective equipment),
- technical measures/equipment,
- training,
- emergency preparedness.

5.2.5.3 Risk Evaluation

Risk Assessment involves taking into account

- Probability of occurrence occur, and
- Severity of any potential consequences resulting.

The result of the risk evaluation is compared to the criteria for acceptable risk that calls for a particular action and the levels of management who have the authority to make decisions regarding the tolerability of risks.

The risk level forms the basis for risk mitigation. Based on the results of the likelihood and severity analysis, the risk is described as the worst combination of the likelihood of the consequence of the hazards and the associated severity.

When it becomes apparent that risk reduction is essential, the manager identifies how this might be achieved. The level of risk can be reduced by reducing the severity, or by reducing the likelihood of consequence.

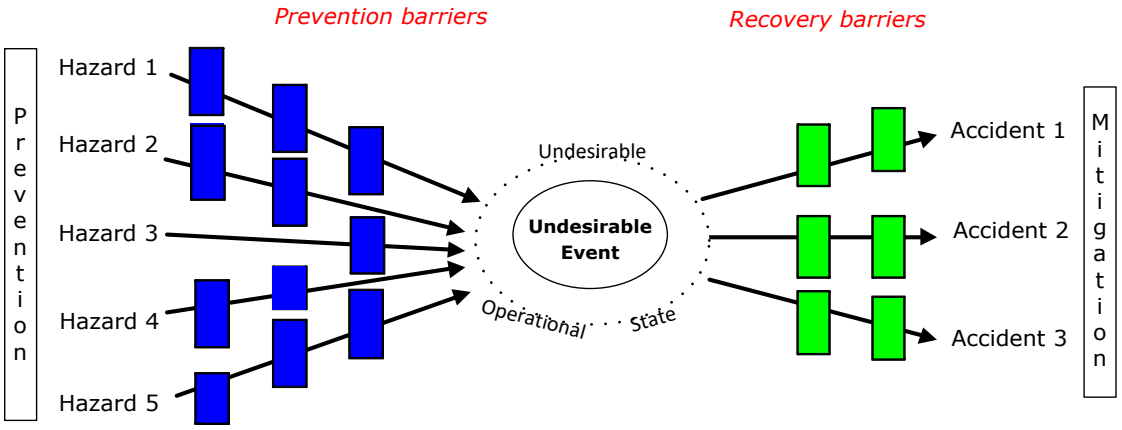
Where the risk is still not in the acceptable level after action taken, then the risk may be accepted, provided that the risk is understood and has the endorsement of the appropriate manager in the organisation.

Risk must be re-assessed, when a change is introduced. See chapter Management of Change.

5.2.6 Risk Control

5.2.6.1 Risk Control Types

Controls that prevent an undesirable event occurs are **prevention barriers**.
Controls that prevent an undesirable event resulting in accident are **recovery barriers**,
Controls that mitigate the effect of an incident or accident are called **mitigation barriers**.



5.2.6.2 Identification of Risk Control Measures

The risk evaluation forms the basis for deciding on risk control measures and in assessing the effectiveness of these measures.
Risk control measures identify the consequences associated with the risk level and where further risk reduction measures are feasible and reasonable.

Risk control measures are implemented based on the following:

- **E**=Elimination — Remove the **event** / make sure that there is nothing to **cause** the event
- **P**=Prevention — Stop the event becoming a **Consequence**
- **C**=Control — Prevent / reduce the probability of the **Consequence**
- **M**=Mitigation — Does not prevent the consequence from happening, but lessens the severity of the **Consequence**

Examples of risk controls include:

- human factors (e.g. training and competence),
- equipment or organisational factors (e.g. procedures).

5.2.6.3 Risk Control Effect Assessment

Risk is re-assessed considering the effects of the proposed risk control effects,
The measures are not necessarily sufficient to bring the risk level back to an acceptable level in a first round. An iterative process is used to add or modify risk controls until the risk is as low as reasonably practicable (ALARP).
The ALARP concept combines the technical feasibility of further reducing the safety risk and the cost, demonstrating that the safety risk is ALARP means that any further risk reduction is either impracticable or grossly outweighed by the cost.

The new measures should also be assessed with respect to:

- Functionality: Does the measure influence the ability to perform the activity?
- Robustness: Will the measure be effective under varying conditions and over time?
- Possible other effects such as introduction of new risks.

When identifying risk control measures, any new risks that may arise from the implementation of such measures should be identified.

5.2.7 Implementation of Risk Control Measures

5.2.7.1 Implementation of mitigation

The managers are responsible for the implementation action plan of the mitigation taking into consideration the recommendations issued by SQC.

5.2.7.2 Changes in the Risk Assessment

Changes that could change the conclusion of a risk assessment could be:

- significant changes in the preconditions and context,
- new knowledge of risks involved (experience from accidents and occurrences, reporting of safety concerns, research, better risk analysis methods, internal inspections, audits and reviews, hazard reporting),
- significant changes in the data used for the assessment,
- significant organisational changes, and
- several smaller changes that together might constitute a significant change.

Depending on the type of affected activity and the nature of the changes, the VP Safety, Quality may decide to reassess the risk.

5.2.7.3 Monitoring, Review and Improvement

The risk assessment process is monitored for the purpose of:

- analysing and learning from events, changes and trends,
- detecting changes in the internal and external context including changes to the risk itself,
- ensuring that the risk control measures remain effective, and
- identifying emerging risks.

Monitoring and review are performed through periodic reviews, inspections and audits, risk assessments and the risk management process itself, with the aim to strive for a continuous reduction in the risk level.

5.2.8 Risk assessment record

Any risk assessment is documented. It shall contain unambiguous, precise and robust conclusions to enable decision makers to take appropriate control reduction decisions.

The documentation includes or references, as required, descriptions of the following:

- purpose of the risk assessment,
- activity/issue analysed,
- involvement of personnel and other company with whom we interact,
- context/framework for the activity/issue,
- assessment of who is affected by the activity/issue and how,
- data used,
- analysis method,
- hazard(s),
- contributing factors and consequences
- likelihood and severity,
- risk control measures,
- risk control measures assessment,
- implementation plan and any need for further work

The SQC department shall maintain a register of hazards, and of the corresponding risk assessments including the mitigations in place.

The information is both communicated and is made available to all in the Company with special attention to the responsible in charge, pending of the nature of the risks.

5.3 CORRECTIVE ACTION PLAN (CAP)

A corrective actions plan (CAP) is established by the SQC department to monitor response/correction to findings (internal or external). **DA-0036** form is used.

5.3.1 Identification

Once an event report has been investigated and analysed, or a hazard identified, a report outlining the occurrence, and if available, the results of a hazard assessment, should be given to the appropriate manager for determination of corrective or preventative action.

The manager should determine appropriate corrections (corrective and preventive actions).

A CAP is monitored by the SQC department in response to findings, outlining how the company proposes to correct the deficiencies documented in the findings.

Depending on the findings, the CAP includes corrections, corrective and preventive actions).

- ***Correction*** - This action corrects the specific issue specified in the audit finding /event and is preliminary to the corrective action.
  Correction should be completed by the date/time specified in the CAP.
- ***Corrective Action*** - This action corrects the issue specified in the roots cause analysis and is preliminary to the preventive action that prevents recurrence of the problem.
  Corrective action should be completed by the date/time specified in the CAP.
- ***Preventive Action*** - Preventive action has two components.
  The first element involves identifying the root cause of the problem and indicating the measures the manager will take to prevent a recurrence. These measures should focus on a system change.
  The second component is a timetable for implementation of the Preventive action. Preventive action should include a proposed completion date.

Some Preventive actions may require additional time periods more than the company's established acceptable timeframe especially in the case where significant investments might be required (e.g. major equipment purchases are involved). Where applicable, the company shall include milestones or progress review meetings not exceeding the established timeframe leading up to the proposed completion date.

5.3.2 Monitoring

The SQC department monitors the status and progress of all required corrections.

Each Deviation/Non-compliance requiring a correction is identified by a person responsible for the action, and the time limitation.

It is the responsibility of individual department's heads and specialist staffs:

- To identify the action required to achieve the satisfactory closure of a particular event/occurrence.
- To decide what corrective/preventive action is required and provides the resources necessary to overcome the problem.

It is the responsibility of SQC department to ensure that findings are acknowledged and addressed by the department concerned within a specified timescale.

If a correction has not been accomplished within the defined time limit, the SQC department must request remedial action from the responsible person, within a reasonable timeframe. New time limitation is indicated on the "**CAP**".

If corrective action has still not been accomplished within the extended time limit, the condition shall be reported to the Accountable manager, who will determine further action.

The process should include the following:

- Reviewing findings (Severity),
- Determining causes of findings,
- Evaluating the need for action to ensure that findings do not recur ,
- Risk assessment,
- Determining and implementing the action needed,
- Records of the results of action implemented,
- Review of corrective action implemented.

The SQC department is responsible for a feedback system is used to provide early warning of safety problems and for input into the corrective action system.

6 DISSEMINATION OF INFORMATION

Supplementary instructions and information not contained in the Manual may be either of a semi-permanent nature or of an ad-hoc nature necessitating prompt means of distribution.

Due to its relevance such instructions / information is controlled and shall contain:

- A reference,
- The name and the function of the editor,
- The personnel to which the instruction or information is addressed,
- The date of its issuance,
- The start and if, applicable, the end of its validity.

6.1 MEETINGS

Meetings can be scheduled as need in response to a specific event The objectives are to

1. Day-to-day operational issues
2. Plan and organise onboarding training
3. Optimise the scheduling of the maintenance works
4. Keep all managers informed about new documentation or revision

6.2 COMMUNICATION

The Company shall establish an effective communication system regarding safety related matters that:

- ensures that all personnel are aware of their safety roles,
- conveys safety critical information, especially related to assessed risks and analysed hazards,
- ensure that feedback on occurrences is shared with all personnel
- explains why safety procedures are introduced or changed.

Communication is kept simple and appropriate to maximise effect, to involve all personnel, and to reinforce commitment towards safety.
Communication is open. It encourages discussion, develops the Company's Culture, and makes the most of the lessons learned from running the SQMS.

Different communication means are used:

- Meetings,
- Trainings,
- Safety briefings,
- Safety information from the OEMs, the authorities, Associations and from national and international Safety Initiatives,
- DABS Continuous Improvement Newsletter ,
- DABS safety feedback using SNA
- Survey reports, and safety reviews,
- Company forum(s) or professional networking

Communication is a two-way process: Meetings, tool box talks, e-mails and other interactive methods allow for the provision of gathering the feedback from the personnel and can generate discussion.

7 DOCUMENTATION MANAGEMENT

The organisation documents management system key processes in separate manuals:

- Safety & Quality Management System Manual (SQMS), and
- Specific manuals for technical requirements:
  - Maintenance Organisation Exposition **MOE**,
  - Continuous Airworthiness Management Exposition **CAME**

These manuals are the key instrument to communicate the management approach for the whole organisation. These manuals document all the aspects of the management, system, which include the policy, objectives, procedures, and individual responsibilities.

Additional information required for the day-to-day are documented in separate documents. In such case, the manuals provide references to these additional documentation which are part of the organisation's management system documentation.

7.1 GENERAL

The Management System Documentation consists of following levels:

- **LEVEL 0** External requirement - From external documentation (Regulations, manufacturer's documentation)
- **LEVEL I** Company Policy and objectives – A documented Statement
- **LEVEL II** Manuals – Manual establish guidelines for the overall System. These requirements and guidelines are applicable to the process at DABS.
- **LEVEL III** Procedures – The Procedures support the Manual's requirements and guidelines. The Procedures details the implementation of requirements and guidelines for the process.
- **LEVEL IV** Instructions, checklists, forms – documented as necessary to support each applicable Procedure. They detail specific instructions for the performance of individual tasks.
- **LEVEL V** Records – Completed Forms provide the objective evidence of compliance.

DABS maintains its documents on various media.

All controlled documentation is available on server.

7.2 DESCRIPTION OF DOCUMENTATION

All internal documentation, all regulations and standards, all manufacturer documentations and all Airworthiness data covering aircraft and components as listed in the different approval certificate are available to all personnel.

Publications used for “training only” are identified as such.

7.2.1 Safety & Quality Management System manual

DABS has established and maintains this Manual that includes:

a) The description and the scope of the activities of DABS, including a description of activities provided by DABS, duties, responsibilities, and competences of its personnel.

b) Reference to the documented manuals and procedures.

The preparation, distribution and the review of the Manual is delegated to the SQC department.

7.2.2 Internal documentation

Internal documentation consist of documentation issued to comply with the regulations and standards. This documentation may include:

- Manuals outlining the procedures and the methods of the organisation
- Documented procedures and work instructions required by applicable regulations and standards
- Records required by applicable regulations
- Documents needed to ensure effective planning, operation and management of DABS processes

7.2.3 External documentation

External documentation consists of:

- Regulations issued by the competent authorities,
- Airworthiness Directives (AD) or Airworthiness Notices (AN) issued by the competent authorities
- Instructions for Continuing Airworthiness (ICA), issued by type certificate holders, supplementary type certificate holders, any other organisation required to publish such data by Part-21,
- Service Bulletins (SB) issued by the appropriate manufacturers,
- Manufacturer's documentation issued by the appropriate manufacturers.

7.3 MANAGEMENT OF DOCUMENTATION

Documents required by the management system are managed according to the Documentation Management Procedure - **DA-0027**.

The Documentation Management Procedure is established to define the means needed to:

b) Approve documents for adequacy prior issuance,

c) Review and update as necessary documents,

d) Ensure that changes and current revision status of documents are identified,

e) Ensure that applicable versions of documents are available to users,

f) Ensure that documents remain legible and readily identifiable,

g) Ensure that documents are identified, and their distribution managed using a Master List as defined in Manuals, and

h) Prevent the unintended use of obsolete documents, and to apply suitable identification to them if they are retained for any purpose.

Remarks: External origin document are identified, and their distribution managed using Quantum software.

DA-0027 only manages documentation issued to manage the activities. Documentation as outcomes of processes is managed directly by each department in accordance with **DA-0027**.

7.4 IMPLEMENTATION

Document Control

- All new documents and/or changes are approved prior to their issuance-
- Documents that are outdated are archived by responsible department.

Availability of Documents

- Original Documents are available in DABS server.
- SQC department is in charge to distribute documents Level I, II, III,IV.

Changes to Documents

- Revisions are communicated to concerned staff
- Modifications are clearly identified within the documents,
- Related internal documents and procedures are updated accordingly,
- Document changes are recorded and kept for traceability purposes.
- Obsolete/invalidated versions are archived by SQC department ,

Note: Obsolete hard copy documents must be destroyed.

7.5 MANAGEMENT OF RECORDS

Refer to MOE 3.22

Mechanisms are established for records to remain legible, readily identifiable and retrievable. Records and Preservation of Documentation are described in each area.

7.6 MANAGEMENT OF BACK-UP SYSTEM

The IT department is responsible to define the protection modes for installations, safeguard of data, the security of access to the network and data loose, as well as the back-up system.

The backup process whereby copies of computer files are taken in order to allow recreation of the original, should the need arise. Backup files retained on high capacity tape represent the organisation's protection against loss, damage or non-availability of the data held on information systems.

It is important to have available the most recent few backups - to enable restore in case of need. The strategy of backup adopted is:

- 1 backup annual of level 0 (the tape is kept)
- 1 backup monthly of level 0 (11 tapes in turn)
- 1 backup weekly of level 0 (4 tapes in turn).
- 1 backup daily of level 0 (6 tapes in turn).

8 TRAINING

8.1 INTRODUCTION

The senior management is in charge to establish a yearly training plan.
The training plan ensures that all staff are trained with the required knowledge to perform the assigned tasks, and remained current in terms of skills, organisation procedures and regulations.

DA-0106 contains the policies and procedures DABS uses to determine training requirements in maintenance area.

DABS uses a closed loop system to ensure that the training requirements for the company and Personnel are identified, standards are established, training is provided, and training plan is revised every year for accuracy and pertinence.

The Accountable Manager has the overall authority for DABS's training programme. The training programme consists of the following basic components:

- An assessment to identify DABS's overall training needs.
- A yearly assessment to identify individual Personnel training needs.
- Training sources and methods available to Personnel for the areas of study, courses, and/or lessons.
- An approved yearly training plan with all courses scheduled.
- The method for documenting/recording Personnel qualifications and training.
- The methods to measure the effectiveness of the training plan and to make changes as necessary.

8.2 TRAINING REQUIREMENTS

8.2.1 General

The SQC department monitors the approved training plan based on the results of a training needs assessment performed by the responsible managers.

Initial and continuation trainings requirements are defined for the associated courses and lessons.

- Induction training is provided to all Personnel from the start date and within a period of 1 month.
- Initial training is provided to the Personnel by the direct manager from the start date.
- Continuation training.
- Remedial training will be assigned to ensure Personnel who lacks demonstrated knowledge and has been provided the information necessary to accomplish assigned maintenance or alteration tasks properly.

8.2.2 Induction Training

New employee receives an induction training from relevant managers as per below listing, and within a period of one month from the date the new employee joined DABS:

- DABS company and service presentation
- Facilities visit & Security rules
- Health & Security rules including Hazmat, Dangerous goods awareness
- Regulations
- Management system, MOE, CAME,

Additional training may be given regarding the functions the new employee will exercise in DABS:

- Maintenance procedures, and basic principles,
- Incoming inspection and release certificate
- Dangerous goods
- Function of aircraft equipment/tools/maintenance instructions (if necessary),
- ERP system (Quantum), CMTS,...,

The training is monitored and registered by the direct manager in coordination with the SQC department.

8.2.3 Technical and Continuation training (Initial and Refresher)

1) Depending on the requirements of the position, maintenance personnel are continuously trained on:
   - Regulations/Standards,
   - Management system including Reporting system
   - Work procedures and Privileges,
   - Human Factors,
   - Fuel tank safety / CDCCL (Refer to MOE §2.24.13.1),
   - EWIS (Refer to MOE §2.24.13.2),
   - SMS, including Risk management
2) With regard to the approved training plan, maintenance personnel are trained on **technical** aspect:
   - **Aircraft Training courses** (**Initial or refresher)** for Support/certifying staff - including Practical training or OJT,
3) With regard to the changes, maintenance personnel may be trained on:
   - Specific changes in procedures,
   - Specific changes in regulation
   - New Product or improvements including data system,

The method of training is intended to be a flexible process and includes on-Job training, continuation training courses, aeronautical courses, internal courses, seminars, E-Learning, self-training using videos and manuals, internal communication, etc.

8.3 TRAINING EFFECTIVENESS

8.3.1 Training Methods

The material to be presented, the level of personnel receiving the training, and available alternatives will be used to establish training methods for areas of study and/or courses/lessons.
DABS uses various methods to train its Personnel including:

- External classes and courses
- Internal classroom training
- Practical Training under supervision
- Self study
- Case study
- Computer-based training (CBT) including E-learning or on-line training
- Manufacturers' Seminars

.
Many areas of study, courses, and lessons can be provided by more than one method.

8.3.2 Training Sources

Sources available for training is monitored by SQC department to ensure DABS is aware of alternative solutions. When a new or revised training need is identified, the available options are reviewed.

If the training is conducted by an outside provider, approval is verified, when applicable, and examination of records is conducted.

8.3.3 Training Instructors

Instructors shall be qualified or be an expert on the subject matter and can demonstrate teaching ability. Subject matter expertise may be established by experience, demonstrated knowledge, and/or certification. The ability to instruct can be determined by observation, demonstration, or experience. The evaluation of in-house instructors is documented in the course description.

8.3.4 Training effectiveness

The SQC department will regularly evaluate each course for its content, time, quality of the training materials (courseware), training facilities, and instructor. This is accomplished through observation, examination results, and feedback.

To ensure that personnel receive adequate knowledge of subjects covered, they may pass an examination with a minimum grade of 75%.
Tests are performed within the facilities by means of multiple-choice questions.

8.4 MANAGEMENT SYSTEM COURSE

8.4.1 Staff dedicated to the Safety, Quality and Compliance Management system

The Quality & Compliance director ensures that SQC department personnel and nominated persons receive a training (internal or external training) covering:

a. Regulations,
b. Company's organisational structure,
c. Concept of management system,
d. Concept of risk management
e. Concept of Quality Assurance/ Compliance monitoring programme,
f. The function of the Management System in the company concerning:
   - Documentation (development, availability) ,
   - Reporting,
   - Risk assessment,
   - Management of changes,
   - Recording,
   - Dissemination of information,
g. Manuals and procedures available in the company.

Recurrent training covers the changes in Regulations, internal documentation, and dissemination of information.

8.4.2 Employees

All employees must receive an in-house training/briefing by the SQC department covering:

a. Regulations overview,
b. An introduction to the concept of the Management System,
c. The function of the Management System in the company concerning:
   - Documentation (development, availability) ,
   - Reporting,
   - Risk assessment,
   - Management of changes,
   - Recording,
   - Dissemination of information,
d. Access to Manuals and procedures available in the company.

Recurrent training covers the changes in Regulations and internal documentation, review of occurrences recorded and associated action taken and Human factors issues and risk assessment concept.

9 EMERGENCY RESPONSE PLAN (ERP)

An Emergency Response Plan (ERP) is established to provide the actions to be taken by the organisation or specified individuals in an emergency.

9.1 GENERAL

The AcM is responsible for the overall direction and coordination of the Company's accident response. Direct control of the field handling, the on-site investigation and final reporting is delegated to the Field/Scene Director. The extent and nature of the Company's response to a major accident depends upon the judgment of these two officials.

The actual Organisation of the response group is flexible and may be modified to fit the circumstances.

9.2 ERP

ERP is focussed on events which can affect safety of flight for aircraft, or components. It includes:

- Immediate safety action and coordination with the operator's Emergency Response Plan (ERP) to act promptly when is identified safety concerns with the potential to have immediate effect on flight safety.
- Types of fire safety measures that are provided in designated premises and includes floor layout plans and fire evacuation procedures. The Health and Security officer is also required to conduct one exercise per year,
- Emergency response to a major aircraft occurrence during maintenance operations, such as oxygen fire, or engine major failure during a ground run,
- Response to requests for expert advice from aircraft and/or operators during an occurrence,
- Response to requests for expert emergency aircraft recovery assistance from aircraft and/or aerodrome operators in the case of occurrence on or around the airfield where the maintenance services are provided.

10 APPENDIX

10.1 ADDITIONAL FORMS

Form Reference	Title
Manual	
DA-0100	MOE - Maintenance Organisation Exposition - EASA
DA-ERP	ERP – Emergency response Manual
DA-IT	IT recovery plan
Forms - Reporting	
DA-0019	Reporting form (different forms) – **NER / TOR**
DA-0043_RA	Risk assessment
DA-0043_RCA	Root cause analysis
DA-0090	**Event Cause and Analysis Report (**ECAR**)**
Forms - compliance monitoring programme	
DA-0036	Corrective Action Plan (**CAP**)
DA-0038	Schedule of Audits
DA-0039	Notification of Audits
DA-0040	checklists for Audit
DA-0041	Action Report form (**ARF)**
DA-0042	Audit report
Additional Forms	
DA-0160	Change assessment
DA-0031	Competence assessment
Quality Procedures	
DA-0022	KPI
DA-0026	Risk management
DA-0027	Internal Documentation
DA-0028	Internal Audit
Training	
DA-0450	Internal training and Modules description