Safety Management System (SMS)  
Evaluation Tool



**Version 2**

**April 2019**

This paper was prepared by the Safety Management International Collaboration Group (SM ICG). The purpose of the SM ICG is to promote a common understanding of Safety Management System (SMS)/State Safety Program (SSP) principles and requirements, facilitating their application across the international aviation community. In this document, the term “organization” refers to a product or service provider, operator, business, and company, as well as aviation industry organizations; and the term “authority” refers to the regulator authority, Civil Aviation Authority (CAA), National Aviation Authority (NAA), and any other relevant government agency or entity with oversight responsibility.

The current core membership of the SM ICG includes the Aviation Safety and Security Agency (AESA) of Spain, the National Civil Aviation Agency (ANAC) of Brazil, the Civil Aviation Authority of the Netherlands (CAA NL), the Civil Aviation Authority of New Zealand (CAA NZ), the Civil Aviation Authority of Singapore (CAAS), Civil Aviation Department of Hong Kong (CAD HK), the Civil Aviation Safety Authority (CASA) of Australia, the Direction Générale de l'Aviation Civile (DGAC) in France, the Ente Nazionale per l'Aviazione Civile (ENAC) in Italy, the European Aviation Safety Agency (EASA), the Federal Office of Civil Aviation (FOCA) of Switzerland, the Finnish Transport Safety Agency (Trafi), the Irish Aviation Authority (IAA), Japan Civil Aviation Bureau (JCAB), the United States Federal Aviation Administration (FAA) Aviation Safety Organization, Transport Canada Civil Aviation (TCCA), United Arab Emirates General Civil Aviation Authority (UAE GCAA), and the Civil Aviation Authority of United Kingdom (UK CAA). Additionally, the International Civil Aviation Organization (ICAO) is an observer to this group.

Members of the SM ICG:

* Collaborate on common SMS/SSP topics of interest
* Share lessons learned
* Encourage the progression of a harmonized SMS/SSP
* Share products with the aviation community
* Collaborate with international organizations such as ICAO and civil aviation authorities that have implemented or are implementing SMS and SSP

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Introduction

The International Civil Aviation Organization’s (ICAO’s) Annex 19 promotes a common approach to Safety Management across aviation domains; both for States and for organisations. The Safety Management International Collaboration Group (SM ICG) has developed the SMS Evaluation Tool in direct support to this common approach and accordingly, the following guidance explains the background, purpose, and methodology relevant to the use of the tool.

The tool evaluates the overall effectiveness of the SMS; as a function of both compliance and performance, through a series of indicators[[1]](#footnote-2) based on ICAO Annex 19[[2]](#footnote-3) and ICAO Safety Management Manual (doc 9859)[[3]](#footnote-4) and is organised by the ICAO SMS Framework. Each indicator should be reviewed to determine whether it is *Present*, *Suitable*, *Operating,* or *Effective*, using the definitions and guidance set out below.

This concept of evaluating SMS effectiveness supports the move from traditional, compliance-based oversight to performance-based oversight that focuses on how the SMS is performing. It provides a common baseline for SMS effectiveness evaluation that creates a sound basis for mutual acceptance of SMS.

When to Use the Tool

The evaluation tool is designed to be used by both Regulatory Authorities and by organisations. The Regulatory Authority can use the tool for an initial approval or on-going oversight of an organisation. The organisations can use it to evaluate the maturity and effectiveness of their own SMS for the purpose of continuous improvement. The resulting evaluation could be presented to the Regulatory Authority to demonstrate their self-evaluation of their SMS. Organisations may also use the tool to evaluate the SMS of other organisations. Finally, organisations could use the tool as an SMS gap-analysis and accordingly develop an informed, forward-looking plan regarding further implementation.

Initial certification/implementation

Before issuing an approval or certificate, the Regulatory Authority should make sure that all processes are *Present* and *Suitable*, so that all the required enablers of a functioning SMS are implemented by the organisation. In this initial certification phase, a large part of the SMS evaluation could be carried out by a desktop review of relevant SMS documentation. However, carrying this out at the organisation provides an opportunity for the inspector to advise and guide the organisation on its SMS implementation and support standardised implementation.

Surveillance

After initial implementation, the organisation should start using the SMS as part of its operations. The Regulatory Authority should allow enough time for the organisation’s SMS to mature before it carries out ongoing surveillance that evaluates whether the processes are *Present*, *Suitable*, or *Operating*. An organisation may eventually have *Effective* SMS processes. In order to check that SMS processes remain *Operating* and/or *Effective,* the SMS should be re-evaluated on a regular basis to evaluate how well it is performing. The review should evaluate all of the items in the evaluation tool which can be done by a combination of organisational visits, meetings, and desktop reviews.

As an organisation’s SMS processes mature and moves to *Operating* and *Effective*, the *Suitable* criteria may also need to be revisited. Changes to an organisation’s approval may also require a reconsideration of the *Suitable* designation of the SMS processes. When significant changes take place, the Regulatory Authority may determine the need to review the existing evaluation to ensure it is still appropriate.

Credit for other surveillance activities

Valuable information about SMS effectiveness can be gained from other surveillance activities. This may include such activities as routine compliance audits and inspections, occurrence investigations, and meetings with the organisation. Regulatory Authorities may also consider giving credit when an organisation has received accreditation for meeting an industry standard.

Defining the surveillance program

In the context of performance-based and risk-based oversight, the results of the SMS evaluation may be considered along with other data and information to determine the type, scope, and frequency of surveillance activities.

Dealing with multiple certificate holders

In the case of an organisation holding multiple certificates or approvals, the use of the SMS evaluation tool should follow the *1-organisation = 1-evaluation* rule. Therefore, if one organisation integrates all activities within a single SMS, the evaluation should consider the SMS as a whole.

Yet, it may be the case that different teams of inspectors oversee the same SMS with regard to different certificates, and a single evaluation may be impracticable. In such case, the different evaluations should be shared with the various teams of inspectors and a common message from the Regulatory Authority, or Authorities, should be provided to the organisation.

How to Use the Tool

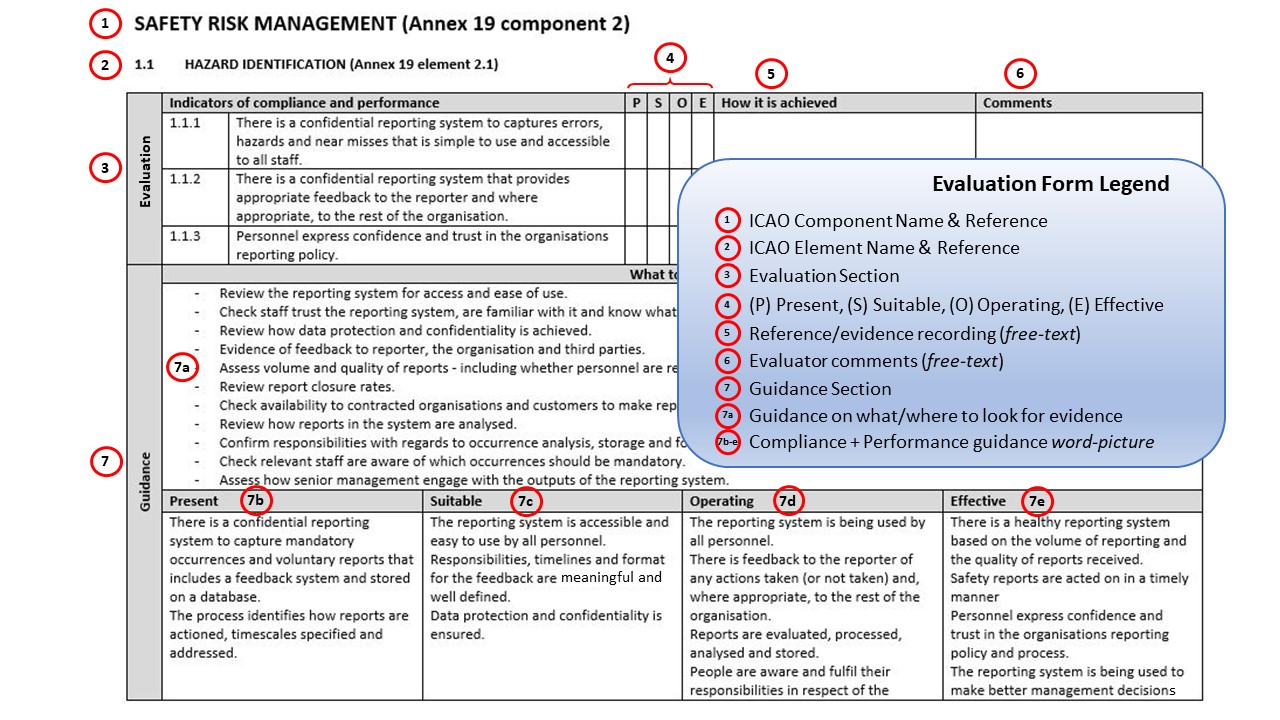
Although the evaluation tool follows the SMS Framework in Annex 19, the order of the components has been changed to start with Safety Risk Management. This is considered the most important component of an organisation’s SMS and should therefore be given the most attention during the evaluation. In addition, a section dedicated to interface management has been added, to reflect Annex 19[[4]](#footnote-5).

However, users of the tool may choose to customise the order of the components to align it with the order of Annex 19. During the evaluation, the user may choose to start with any of the components due to the availability of personnel or resources, or to focus on a specific concern.

Users may decide to customise the evaluation tool to:

* Reflect organisational requirements;
* Reflect national SMS requirements or terminology; and/or
* Address a specific need that has been identified through the State Safety Programme (SSP).

The layout of the tool is shown below, with an accompanying legend defining the purpose of each box.



Definitions used in the tool

**Present (P):** There is evidence that the relevant indicator is documented within the organisation’s SMS documentation.

**4**

**Suitable (S):** The relevant indicator is suitable based on the size, nature, and complexity of the organisation and the inherent risk in its activity.

**7c**

**4**

**Operating (O):** There is evidence that the relevant indicator is in use and an output is being produced.

**4**

**7d**

**Effective (E):** There is evidence that the relevant indicator is achieving the desired outcome and has a positive safety impact.

**4**

**7e**

Generally, *Present* and *Suitable* are used for initial approval or certification. *Operating* and *Effective* are expected to be found in a functioning SMS.

Due to the continuously changing and dynamic nature of aviation, during ongoing or subsequent evaluations the *Suitable* designation should be re-evaluated considering any changes to the organisation and its activities.

An item cannot be considered *Operating* or *Effective* if it is not *Present* and it cannot be considered as *Present* if it is not documented—documentation ensures consistent repeatable and systematic outcomes.

**What to look for:** This section guides the evaluator when looking at each individual feature and is not meant to be a checklist. The items listed are not specific to an individual *Present*, *Suitable*, *Operating*, or *Effective* level, but remind the evaluator of areas they may want to consider. Some items in this column may not be relevant depending on the size, type, or nature of the organisation.

**7a**

Level of detail to be recorded

It is important that the evaluator records evidence of the evaluation. Evidence includes documentation, reports, and records of interviews and discussions. For example, for an item to be designated *Present* the evidence is likely to be documented only, whereas for an item to be designated *Operating*, the evaluation may involve evaluating records as well as face to face discussions with personnel within an organisation.

Addressing findings and observations

For the initial evaluation or as part of a transition to new SMS requirements, all processes should be *Present* and *Suitable*. If not, then the approval or certificate should not be granted or the transition should not be accepted. Once an SMS is functioning and transition periods expired, a finding should be issued if a process is found not to be *Operating* during the evaluation.

Where a feature is found not to be *Effective*, the inspectors may consider issuing an observation to give rise to suggested improvements. However, findings should not be issued if the process is *Operating* but not *Effective*.

The completed evaluation tool with the Regulatory Authority, or at least a summary of the SMS evaluation, should be provided to the organisation along with a report that captures any findings and observations. Providing the organisation with detailed comments of the evaluation will assist in continuous improvement of the SMS and supports a positive safety culture at State level.

Scoring the SMS evaluation

The main objective of the Evaluation Tool is to assist in the evaluation of the SMS in terms of maturity and effectiveness in a consistent way rather than to deliver a ‘score.’

The SM ICG does not recommend that the SMS be scored, but should the Regulatory Authority decide to score the SMS evaluation across its industry, the following important considerations are needed:

* Scoring should not be linear but weighted or even exponential so that a higher score is achieved for being *Effective* to encourage organisations to strive to achieve that level for their processes.
* Scoring should not be used as a *pass/fail* criterion but instead to help evaluate the maturity of the SMS as a benchmark against other organisations and to aid continuous improvement.
* Regulatory Authorities should also be mindful; scoring may create the wrong behaviours in organisations that could undermine a positive safety culture.

Training considerations

It is important that staff are competent to carry out the SMS evaluation and it is applied in a consistent way. This is likely to involve additional training as the evaluation involves the inspectors making judgements that may be subjective.

All inspectors and their managers should be trained and competent to use the tool. The training should include practical case study examples based on real SMS documentation and actual industry events.

The tool should be used by staff with training and competency in:

* Safety Management Systems based on the ICAO SMS Framework;
* Auditing techniques;
* Interview techniques including communication skills;
* Understanding of the application of risk management;
* Appreciation of the difference between compliance and performance;
* Report writing techniques to allow narrative to be used to summarise the evaluation;
* Understanding of safety culture;
* Understanding of human factors; and
* State Safety Programme and State Safety Objectives.

It is recommended that as well as being trained to use the tool in the classroom environment, staff are provided additional training during a live evaluation to familiarise themselves with the tool and its practical use.

Standardisation

It is important that the SMS evaluation tool is used in a consistent manner. This can be achieved by having the SMS evaluation being carried out by a team. The regulator should also develop a programme for standardisation of how the evaluation tool is being used by its inspectors. This will help identify inconsistencies in the approach and where additional training may be required. This should involve a combination of desktop reviews to assess the completed evaluation tool, and any follow up actions and on-the-job observations to assess how well the SMS evaluation is carried out.

Evaluation summary

The tool has been designed to evaluate the maturity and effectiveness of the SMS in a standardized manner. In order to give the organisation an overall picture of its SMS performance, it is recommended to issue an evaluation summary that is concise and reflects the level of progress achieved by the organisation.

An example of an evaluation summary is provided in Appendix 1.

**Appendix 1 – Example of an evaluation summary**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Initiating** | **Present and Suitable** | **Operating** | **Effective** | **Excellence** |
| **The SMS as a Whole** | The SMS is at the implementation stage. | All main elements of the SMS are in place. | The systems and processes of the SMS are operating. | The SMS is working in an effective way and is striving for continuous improvement. | The organisation is an industry leader and embraces and shares its best practices. |
| **Safety Risk Management** | The safety risk management processes are not fully developed. | A safety reporting system is in place and there is a process for how risks are assessed and managed. | The hazard and risk registers are being built up and risks are starting to be managed in proactive manner. | The organisation is continuously identifying hazards and understands its biggest risks and is actively managing them; this can be seen in their safety performance. Safety Risk Management is proactive. | Key personnel throughout the organisation are aware and understand the risks relative to their responsibilities and are continuously searching out new hazards and risks and re-evaluating existing risks. |
| **Safety Assurance** | Safety assurance activities, including safety performance indicators (SPIs) are not fully developed. | Initial SPIs linked to the safety objectives have been identified and there is a change management process in place. | The organisation has established SPIs that it is monitoring and is auditing and assessing its SMS and its outputs. | The organisation assures itself that is has an effective SMS and is managing its risk through audit, assessment, and monitoring of its safety performance. | The organisation is continuously assessing its approach to safety management and is continuously improving its safety performance and seeking out and embracing best practices. |
| **Safety Policy and Objectives** | Policies, processes, and procedures are not fully developed. | There are policies, processes, and procedures in place that detail how the SMS will operate. | There is a safety policy in place and senior management are committed to making the SMS work and is providing appropriate resources to safety management. | Senior management are clearly involved in the SMS and the safety policy sets out the organisation’s intent to manage safety. This is clearly evident in day to day operations. | The organisation is an industry leader and embraces best practices. |
| **Safety Promotion** | Safety promotion activities are not fully developed. | There is a training programme and the means to communicate safety information is in place. | The organisation has trained its people and has several mediums for safety promotion that it uses for passing on safety information. | The organisation puts considerable resources and effort into training its people and publicising its safety culture and other safety information and monitors the effectiveness of its safety promotion. | In addition, the organisation provides training and safety promotion to its contracted service providers and assesses the effectiveness of its safety promotion. |
| **Human Factors Management** | Human Factors are considered but not formally captured by the organisation. | Human Factors policies and processes have been defined and documented where required by regulation. | Human Factors are being managed across the organisation and are starting to be integrated into the organisation’s SMS. | Human Factors are integrated into the SMS and the operations of the organisation. All staff including management are aware of Human Factors and apply it in the way they work. | Human Factors are embedded into the day to day activities of the organisation and fully integrated into the SMS. This is evident throughout the organisation from senior management to front line staff. |

Note 1: In addition to *Present*, *Suitable*, *Operating*, and *Effective*, this example uses two additional maturity levels: *Initiating* and *Excellence*.

Note 2: A specific line for Human Factors has also been added in this example to highlight the importance of considering Human Factors as part of the SMS.

**SM ICG SMS Evaluation Tool**

|  |  |  |
| --- | --- | --- |
| Organisation: | Approval/Certificate Reference(s): | |
| SMS or MS Manual Revision: | Evaluator(s) (Name and Department): | |
| Scope of Evaluation: | Date of Evaluation: | Evaluation Reference: |

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# 1. SAFETY RISK MANAGEMENT (Annex 19 component 2)

## 1.1 HAZARD IDENTIFICATION (Annex 19 element 2.1)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 1.1.1 | There is a confidential reporting system to capture errors, hazards, and near misses that is simple to use and accessible to all staff. | |  |  |  | |  |  | |  |
| 1.1.2 | There is a confidential reporting system that provides appropriate feedback to the reporter and, where appropriate, to the rest of the organisation. | |  |  |  | |  |  | |  |
| 1.1.3 | Personnel express confidence and trust in the organisation’s reporting policy. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the reporting system for access and ease of use. * Check staff’s trust of and familiarity with the reporting system, and whether they know what should be reported. * Review how data protection and confidentiality is achieved. * Evidence of feedback to reporter, the organisation, and third parties. * Assess volume and quality of reports, including whether personnel are reporting their own errors and mistakes. * Review report closure rates. * Check whether contracted organizations and customers are able to make reports. * Review how reports in the system are analysed. * Confirm that responsibilities with regards to occurrence analysis, storage, and follow-up are clearly defined. * Check that relevant staff are aware of which occurrences should be mandatory. * Assess how senior management engage with the outputs of the reporting system. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a confidential reporting system to capture mandatory occurrences and voluntary reports that includes a feedback system and stored on a database.  The process identifies how reports are actioned, and timescales are specified and addressed. | | The reporting system is accessible and easy to use by all personnel.  Responsibilities, timelines, and format for the feedback are meaningful and well defined.  Data protection and confidentiality is ensured. | | | | The reporting system is being used by all personnel.  There is feedback to the reporter of any actions taken (or not taken) and, where appropriate, to the rest of the organisation.  Reports are evaluated, processed, analysed, and stored.  Staff are aware of and fulfil their responsibilities in respect to the reporting system.  Reports are processed within the defined timescales. | | | There is a healthy reporting system based on the volume of reporting and the quality of reports received.  Safety reports are acted on in a timely manner.  Personnel express confidence and trust in the organisations’ reporting policy and process.  The reporting system is being used to make better management decisions and continuously improve.  The reporting system is available for third parties to report (partners, suppliers, and contractors). | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 1.1.4 | There is a process that defines how hazards are identified from multiple sources through reactive and proactive methods (internal and external). | |  |  |  | |  |  | |  |
| 1.1.5 | The hazard identification process identifies human performance related hazards. | |  |  |  | |  |  | |  |
| 1.1.6 | There is a process in place to analyse safety data and safety information to look for trends and gain useable management information. | |  |  |  | |  |  | |  |
| 1.1.7 | Safety investigations are carried out by appropriately trained personnel to identify root causes (why it happened, not just what happened). | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review how hazards are identified, analysed, addressed, and recorded. * Review structure and layout of hazard log. * Consider hazards related to:   + Possible accident scenarios;   + Human and organisational factors;   + Business decisions and processes;   + Third party organisations; and   + Regulatory factors. * Review what internal and external sources of hazards are considered such as safety reports, audits, safety surveys, investigations, inspections, brainstorming, management of change activities, commercial and other external influences, etc. * Review whether safety investigations identify human and organisational contributing factors. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process that defines how hazards are identified though reactive and proactive methods.  The triggers for safety investigations are identified. | | Multiple sources of hazards (internal and external) are considered and reviewed, as appropriate.  The data analysis process enables gaining useable safety information.  Hazards are documented in an easy-to-understand format.  The level of sign-off for safety investigations is defined and adequate to the level of risk. | | | | The hazards are identified and documented. Human and organisational factors related to hazards are being identified.  Safety investigations are carried out and recorded. | | | The organisation has a register of the hazards that is maintained and reviewed to ensure it remains up-to-date. It is continuously and proactively identifying hazards related to its activities and the operational environment and involves all key personnel and appropriate stakeholders including external organisations.  Hazards are continuously assessed in a systematic and timely manner.  Safety investigations identify causal/contributing factors that are acted upon. | |

## 1.2 SAFETY RISK ASSESSMENT AND MITIGATION (Annex 19 element 2.2)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 1.2.1 | There is a process for the management of risk that includes the analysis and assessment of risk associated with identified hazards expressed in terms of likelihood and severity (or alternative methodology). | |  |  |  | |  |  | |  |
| 1.2.2 | There are criteria for evaluating the level of risk the organisation is willing to accept and risk assessments and ratings are appropriately justified. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the risk classification scheme and procedures. * Check that severity and likelihood criteria are defined (or that an alternative methodology is described). * Review whether risk assessments are carried out consistently. * Sample an identified hazard and review how it is processed and documented. * Review what triggers a risk assessment. * Check any assumptions made and whether they are reviewed. * Review how issues are classified when there is insufficient quantitative data available. * Check that the process defines who can accept what level of risk. * Check that the risk register is being reviewed and monitored by the appropriate safety committee(s). * Evidence of risk acceptability being routinely applied in decision making processes. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process for the analysis and assessment of safety risks.  The level of risk the organisation is willing to accept is defined. | | Severity and likelihood criteria are clearly defined and fit the service provider’s actual circumstances.  The risk matrix and acceptability criteria are clearly defined and usable.  Responsibilities and timelines for accepting the risk are clearly defined. | | | | Risk analysis and assessments are carried out in a consistent manner based on the defined process.  The defined risk acceptability is being applied. | | | Risk analysis and assessments are reviewed for consistency and to identify improvements in the processes.  Risk assessments are regularly reviewed to ensure they remain current.  Risk acceptability criteria are used routinely and applied in management decision making processes and are regularly reviewed. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 1.2.3 | The organisation has a process in place to make decisions and apply appropriate and effective risk controls. | |  |  |  | |  |  | |  |
| 1.2.4 | Senior management have visibility of medium and high risk hazards and their mitigation and controls. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Risk controls consider human and organisational factors. * Evidence of risk controls being actioned and follow up. * Aggregate risk is being considered. * Check whether the risk controls have reduced the residual risk. * Risk controls are clearly identified. * Review the use of risk controls that rely solely on human intervention. * Check that new risk controls do not create additional risks. * Check whether the acceptability of the risks is made at the right management level. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The organisation has a process in place to decide and apply risk controls. | | Responsibilities and timelines for determining and accepting the risk controls are defined. | | | | Appropriate risk controls are being applied to reduce the risk to an acceptable level including timelines and allocation of responsibilities.  Human Factors are considered as part of the development of risk controls. | | | Risk controls are practical and sustainable, applied in a timely manner, and do not create additional risks.  Risk controls take Human Factors into consideration. | |

# 2. SAFETY ASSURANCE (Annex 19 component 3)

## 2.1 SAFETY PERFORMANCE MONITORING AND MEASUREMENT (Annex 19 element 3.1)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.1.1 | Safety performance indicators (SPIs) linked to the organisation’s safety objectives have been defined, promulgated, and are being monitored and analysed for trends. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Evidence that SPIs are based on reliable sources of data. * Evidence of when SPIs were last reviewed. * The defined SPIs and targets are appropriate to the organisation’s activities, risks, and safety objectives. * SPIs are focused on what is important rather than what is easy to measure. * Consideration of any State SPIs. * Review whether any action has been taken when an SPI is indicating a negative trend (reflecting a risk control or an inappropriate SPI). * Evidence that results of safety performance monitoring are discussed at the senior management level. * Evidence of feedback provided to the Accountable Executive. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process in place to measure the safety performance of the organisation including SPIs and targets linked to the organisation’s safety objectives and to measure the effectiveness of safety risk controls. | | SPIs are focused on what is important rather than what is easy to measure.  Reliability of data sources is considered in the design of SPIs.  SPIs are linked to the identified risks and safety objectives.  Frequency and responsibility for the trend monitoring of SPIs are appropriate.  Realistic targets have been set.  State SPIs are considered, as applicable. | | | | The safety performance of the organisation is being measured and meaningful SPIs are being continuously monitored and analysed for trends. | | | SPIs are demonstrating the safety performance of the organisation and the effectiveness of risk controls based on reliable data.  SPIs are reviewed and regularly updated to ensure they remain relevant.  Where the SPIs indicate that a risk control is ineffective, appropriate action is taken. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.1.2 | Risk mitigations and controls are being verified/audited to confirm they are working and effective. | |  |  |  | |  |  | |  |
| 2.1.3 | Safety assurance takes into account activities carried out by all directly contracted organisations. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Evidence of risk controls being assessed for effectiveness (e.g., audits, surveys, reviews, SPIs and safety performance targets [SPTs], reporting systems). * Evidence of risk controls applied by contracted organisations being assessed and overseen (e.g., quality check, reviews, and regular meetings). * Information from safety assurance and compliance monitoring activities feeds back into the safety risk management process. * Review where risk controls have been changed as a result of the assessment. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process in place to assess whether the risk controls are applied and effective. | | Responsibilities, methods, and timelines for assessing risk controls are defined.  Contracted organisations are included in the safety assurance process. | | | | Risk controls are being verified to assess whether they are applied and effective. | | | Risk controls are assessed and actions taken to ensure they are effective and delivering a safe service. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.1.4 | Responsibilities and accountability for ensuring compliance with safety regulations are defined and applicable requirements are clearly identified in organisation manuals and procedures. | |  |  |  | |  |  | |  |
| 2.1.5 | There is an internal audit programme including details of the schedule of audits and procedures for audits, reporting, follow up, and records. | |  |  |  | |  |  | |  |
| 2.1.6 | Responsibilities and accountabilities for the internal audit process are defined and there is a person or group of persons with responsibilities for internal audits with direct access to the Accountable Manager. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review how senior management ensure the organisation remains in compliance. * Review job descriptions for compliance responsibilities. * Evidence that senior management take action on internal and external audit results. * Review how independence of the internal audit function is achieved. * Review how the internal audit function interacts with:   + Senior management,   + Line managers, and   + The safety management staff. * Assess the contents of the programme against any regulatory requirements. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| Responsibilities and accountabilities for compliance are defined.  The organisation has an internal audit programme and procedures for audits, reporting, and records.  A person or group of persons with responsibilities for internal audits has been identified and they have direct access to the Accountable Executive. | | The internal audit programme covers all applicable regulations and includes details of the schedule of audits.  Independence of the internal audit function is achieved. | | | | The compliance monitoring programme is being followed and regularly reviewed.  All staff are aware of their responsibilities and accountabilities for compliance and to follow processes and procedures.  Internal and external audit results are reported to the Accountable Executive and senior management. | | | Individuals are proactively identifying and reporting potential non-compliances.  The Accountable Executive and senior management actively seek feedback on the status of internal and external audit activities. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.1.7 | After an audit, there is appropriate analysis of causal factors and corrective/preventive actions are taken. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the methods used for causal analysis * Check that the method is used consistently. * Review any repeat findings and check for actions have not been implemented or are overdue. * Check for timely implementation of actions. * Review senior management awareness of the status of significant findings and related corrective/preventive actions. * Check that appropriate personnel participate in the determination of causes and contributing factors. * Look for consistency between internal audit results and external audit results. * Review whether causal factors are considered as potential hazards. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The process for the identification and follow-up of corrective/preventive actions are defined.  The interface between internal audits and the safety risk management processes is described. | | Responsibilities and timelines for determining, accepting, and following-up the corrective/preventive action are defined.  Compliance monitoring includes contracted activities. | | | | The identification and follow-up of corrective/preventive actions is carried out in accordance with the procedures including causal analysis to address root causes.  The status of corrective/preventive actions is regularly communicated to relevant senior management and staff. | | | The organisation investigates the systemic causes and contributing factors of findings.  The organisation proactively reviews the status of corrective/preventive actions.  Effectiveness of the corrective/preventive actions is verified. | |

## 2.2 THE MANAGEMENT OF CHANGE (Annex 19 element 3.2)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.2.1 | The organisation has a process to identify whether changes have an impact on safety and to manage any identified risks in accordance with existing safety risk management processes. | |  |  |  | |  |  | |  |
| 2.2.2 | Human Factor (HF) issues have been considered as part of the change management process and, where appropriate, the organisation has applied the appropriate HF/human-centred design standards to the equipment and physical environment design. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Key stakeholders are involved in the process. * Review what triggers the process. * Review recent changes that have been through the risk assessment process. * Check that change is signed off by an appropriately authorised person. * Transitional risks are being identified and managed. * Review follow up actions such as whether any assumptions made have been validated. * Review whether there is an impact on previous risk assessments and existing hazards. * Review whether consideration is given to the accumulative effect of multiple changes. * Review that business-related changes have considered safety risks (organisational restructuring, upsizing or downsizing, IT projects, etc.). * Evidence of HF issues being addressed during changes. * Review impact of change on training and competencies. * Review previous changes to confirm they remain under control. * Consider how the changes are communicated to those people impacted by the change. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The organisation has established a change management process to identify whether changes have an impact on safety and to manage any identified risks in accordance with existing safety risk management processes. | | Triggers for the change management process are defined.  The process also considers business related changes and interfaces with other organisations/departments.  The process is integrated with the risk management and safety assurance processes.  Responsibilities and timelines are defined. | | | | The change management process is being used and includes hazard identification and risk assessments with appropriate risk controls being put in place before a decision to make the change is taken.  HF issues have been considered and been addressed as part of the change management process. | | | The change management process is used for all changes that may impact safety, including HF issues, and considers the accumulation of multiple changes. It is initiated in a planned, timely, and consistent manner and includes follow up action that ensures the change was implemented safely.  The change is communicated to those affected.  Risk control and mitigation strategies associated with changes are achieving the planned effect. | |

## 2.3 CONTINUOUS IMPROVEMENT OF THE SMS (Annex 19 element 3.3)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 2.3.1 | The organisation is continuously monitoring and assessing its SMS processes to maintain or continuously improve the overall effectiveness of the SMS. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the information and safety data used for management decision making and continuous improvement. * Evidence of:   + Lessons learnt being incorporated into SMS and operational processes;   + Best practices being sought and embraced;   + Surveys and assessments of organisational culture being carried out and acted upon;   + Data being analysed and results shared with Safety Committees; and   + Follow-up actions. * Information from external occurrences, investigation reports, safety meetings, hazard reports, audits, and safety data analysis all contribute towards continuous improvement of the SMS. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process in place to monitor and review the effectiveness of the SMS using the available data and information. | | The SMS is periodically reviewed, and the review is supported by safety information and safety assurance activities.  Senior management and different departments are involved.  The decision making is data informed.  External information is considered in addition to internal information. | | | | There is evidence of the SMS being periodically reviewed to support the assessment of its effectiveness and appropriate action being taken. | | | The assessment of SMS effectiveness uses multiple sources of information including the safety data analysis that supports decisions for continuous improvements. | |

# 3. SAFETY POLICIES AND OBJECTIVES (Annex 19 component 1)

## 3.1 MANAGEMENT COMMITMENT (Annex 19 element 1.1)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.1.1 | There is a safety policy, signed by the Accountable Manager, which includes a commitment to continuous improvement; observes all applicable legal requirements and standards; and considers best practices. | |  |  |  | |  |  | |  |
| 3.1.2 | The safety policy includes a statement to provide appropriate resources and the organisation is managing resources by anticipating and addressing any shortfalls. | |  |  |  | |  |  | |  |
| 3.1.3 | There are policies in place for safety critical roles relating to all aspects of Fitness for Duty (for example, Alcohol and Drugs Policy or Fatigue). | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Interview the Accountable Executive to assess their knowledge and understanding of the safety policy. * Check that the safety policy is reviewed periodically for content and currency. * Confirm that the safety policy meets the requirements. * Interview staff to determine to what extent the safety policy is known, as well as how readable and understandable it is. * Review available resources including personnel, equipment, and financial. * There are sufficient and competent personnel. * Review planned resources versus actual resources. * Check how a positive safety culture is encouraged and impacts the overall effectiveness. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a safety policy, signed by the Accountable Manager, which includes a commitment to continuous improvement; observes all applicable legal requirements and standards; and considers best practices. The safety policy includes a statement to provide appropriate resources. | | The safety policy is easy to read.  The content is customised to the organisation.  There is a process for assessing resources and addressing any shortfalls. | | | | The safety policy is reviewed periodically to ensure it remains relevant to the organisation.  The organisation is assessing the resources being provided to deliver a safe service and taking action to address any shortfalls. | | | The Accountable Executive is familiar with the contents of the safety policy and endorses it.  The organisation is reviewing and taking action to address any forecasted shortfalls in resources. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.1.4 | There is a means in place for the communication of the safety policy. | |  |  |  | |  |  | |  |
| 3.1.5 | The Accountable Executive and the senior management team promote a positive safety/just culture and demonstrate their commitment to the safety policy through active and visible participation in the safety management system. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review how the safety policy is communicated. * Safety policy is clearly visible to all staff including relevant contracted staff and third-party organisations. * Question managers and staff regarding knowledge of the safety policy. * All managers are familiar with the key elements of the safety policy. * Evidence of senior management participation in safety meetings, training, conferences, etc. * Feedback from safety surveys that include specific just culture aspects. * Relationship with regulator and other stakeholders. * Review how a positive safety and just culture are promoted. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a means in place for the communication of the safety policy. The management commitment to safety is documented within the safety policy. | | The safety policy is clearly visible to all staff (consider multiple sites).  The safety policy is understandable (consider multiple languages). The Accountable Executive and the senior management team have a well-defined role in the safety management system. | | | | The safety policy is communicated to all personnel (including relevant contract staff and organisations). The Accountable Executive and the senior management team are promoting their commitment to the safety policy through active and visible participation in the safety management system. | | | People across the organisation are familiar with the policy and can describe their obligations in respect of the safety policy. Decision making, actions, and behaviours reflect a positive safety/just culture and there is good safety leadership that demonstrates commitment to the safety policy. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.1.6 | The safety policy actively encourages safety reporting. | |  |  |  | |  |  | |  |
| 3.1.7 | A just culture policy and principles have been defined that clearly identifies acceptable and unacceptable behaviours to promote a just culture. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Evidence of when the just culture principles have been applied following an event. * Evidence of interventions from safety investigations addressing organisational issues rather than focusing only on the individual. * Review how the organisation is monitoring reporting rates. * Review the number of aviation safety reports appropriate to the activities. * Safety reports include the reporter’s own errors and events they are involved in (events where no one was watching). * Feedback on just culture from staff safety culture surveys. * Interview staff representatives to confirm that they agree with just culture policy and principles. * Check that staff are aware of the just culture policy and principles. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| A just culture policy and principles have been defined. | | The just culture policy clearly identifies acceptable and unacceptable behaviours.  The principles ensure that the policy can be applied consistently across the whole organisation.  The just culture policy and principles are understandable and clearly visible. | | | | There is evidence of the just culture policy and supporting principles being applied and promoted to staff. | | | The just culture policy is applied in a fair and consistent manner and staff trust the policy.  There is evidence that the line between acceptable and unacceptable behaviour has been determined in consultation with staff and staff representatives. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.1.8 | Safety objectives have been established that are consistent with the safety policy and they are communicated throughout the organisation. | |  |  |  | |  |  | |  |
| 3.1.9 | The State Safety Programme (SSP) is being considered and addressed as appropriate. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Assess whether the safety objectives are appropriate and relevant. * Objectives are defined that will lead to an improvement in processes, outcomes, and the development of a positive safety culture. * Assess how safety objectives are communicated throughout the organisation. * Safety objectives are being measured to monitor achievement through SPIs and SPTs. * Assess if the safety objectives have considered the State safety objectives in the SSP. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| Safety objectives have been established that are consistent with the safety policy and there is a means to communicate them throughout the organisation. | | Safety objectives are relevant to the organisation and its activities.  Safety objectives are understandable and clearly visible.  Safety objectives are aligned with the SSP. | | | | Safety objectives are being regularly reviewed and are communicated throughout the organisation. | | | Achievement of the safety objectives is being monitored by senior management and action taken to ensure they are being met. | |

## 3.2 SAFETY ACCOUNTABILITY AND RESPONSIBILITIES (Annex 19 element 1.2)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.2.1 | An Accountable Executive has been appointed with full responsibility and accountability to ensure the SMS is properly implemented and performing effectively. | |  |  |  | |  |  | |  |
| 3.2.2 | The Accountable Executive is fully aware of their SMS roles and responsibilities in respect of the safety policy, safety standards, and safety culture of the organisation. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Evidence that the Accountable Executive has the authority to provide sufficient resources for relevant safety improvements. * Evidence of decision making on risk acceptability. * Review SMS activities are being carried out in a timely manner and the SMS is sufficiently resourced. * Evidence of activities being stopped due to unacceptable level of safety risk. * Look for evidence that Accountable Executive actions are consistent with the active promotion of a positive safety culture in the organisation. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| An Accountable Executive has been appointed with full responsibility and ultimate accountability for the SMS. | | The Accountable Executive has control of resources. | | | | The Accountable Executive ensures that the SMS is properly resourced, implemented, and maintained, and has the authority to stop the operation if there is an unacceptable level of safety risk.  The Accountable Executive is fully aware of their SMS roles and responsibilities.  The Accountable Executive is accessible to the staff in the organisation. | | | The Accountable Executive ensures that the performance of the SMS is being monitored, reviewed, and improved. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.2.3 | Safety accountabilities, authorities, and responsibilities are defined and documented throughout the organisation and staff understand their own responsibilities. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Question managers and staff regarding their roles and responsibilities. * Confirm senior managers are aware of the organisation’s safety performance and its most significant risks. * Evidence of managers having safety related performance targets. * Look for active participation of the management team in the SMS. * Evidence of appropriate risk mitigation, action, and ownership. * The levels of management authorised to make decisions on risk acceptance are defined and applied. * Check for any conflicts of interest and that they have been identified and managed. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The safety accountability, authorities, and responsibilities are clearly defined and documented. | | Individuals have access to their safety accountability, authorities, and responsibilities (for example, through job descriptions or organisational charts). | | | | Everyone in the organisation is aware of and fulfil their safety responsibilities, authorities, and accountabilities and are encouraged to contribute to the SMS. | | | The Accountable Executive and the senior management team are aware of the risks faced by the organisation and SMS principles exist throughout the organisation so that safety is part of the everyday language. | |

## 3.3 APPOINTMENT OF KEY PERSONNEL (Annex 19 element 1.3)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.3.1 | A competent safety manager who is responsible for the implementation and maintenance of the SMS has been appointed with a direct reporting line to the Accountable Executive. | |  |  |  | |  |  | |  |
| 3.3.2 | The organisation has allocated sufficient resources to manage the SMS including, but not limited to, competent staff for safety investigation, analysis, auditing, and promotion. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review safety manager role including credibility and status. * Review the training that the safety manager has received. * Evidence of maintained competency. * Review how the safety manager gets access to internal and external safety information. * Review how the safety manager communicates and engages with operational staff and senior management. * Review the safety manager’s workload/allocated time to fulfil role. * Check there are sufficient resources for SMS activities such as safety investigation, analysis, auditing, safety meeting attendance, and promotion. * Review of safety report action and closure timescales. * Interviews with Accountable Executive and safety manager. * Check for any conflicts of interest and that they have been identified and managed. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| A safety manager who is responsible for the implementation and maintenance of the SMS has been appointed with a direct reporting line to the Accountable Executive. | | The safety manager is competent.  Sufficient time and resources are allocated to maintain the SMS. | | | | The safety manager has implemented and is maintaining the SMS. The safety manager is in regular communication with the Accountable Executive and escalates safety issues when appropriate.  The safety manager is accessible to staff in the organisation. | | | The safety manager is competent to manage the SMS and identifies improvements in a timely manner.  There is a close working relationship with the Accountable Executive and the safety manager is considered a trusted advisor and given appropriate status in the organisation. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.3.3 | The organisation has established appropriate safety committee(s) that discuss and address safety risks and compliance issues and includes the Accountable Executive and the heads of functional areas. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review safety committee and meeting structure and Terms of Reference for each committee/meeting. * Review meeting attendance levels. * Review meeting records and actions. * Check that outcomes are communicated to the rest of the organisation. * Evidence of safety objectives, safety performance, and compliance are being reviewed and discussed at meetings. * Participants challenge what is being presented when there is limited evidence. * Senior management are aware of the most significant risks faced by the organisation and the overall safety performance of the organisation. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The organisation has established safety committee(s). | | Safety committee(s)’ structure and frequency supports the SMS functions across the organisation.  The scope of the safety committee(s) includes safety risks and compliance issues.  The attendance of the highest-level safety committee includes at least the Accountable Executive and the heads of functional areas. | | | | There is evidence of meetings taking place detailing the attendance, discussions, and actions.  The safety committee(s) monitor the effectiveness of the SMS and compliance monitoring function by reviewing there are sufficient resources.  Actions are being monitored and appropriate safety objectives and SPIs have been established. | | | Safety committees include key stakeholders. The outcomes of the meetings are documented and communicated and any actions are agreed, taken, and followed up in a timely manner. The safety performance and safety objectives are reviewed and actioned as appropriate. | |

## 3.4 CO-ORDINATION OF EMERGENCY RESPONSE PLANNING (Annex 19 element 1.4)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.4.1 | An appropriate emergency response plan (ERP) has been developed and distributed that defines the procedures, roles, responsibilities, and actions of the various organisations and key personnel. | |  |  |  | |  |  | |  |
| 3.4.2 | The ERP is periodically tested for the adequacy of the plan and the results reviewed to improve its effectiveness. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review emergency response plan. * Review how coordination with other organisations is planned. * Review how ERP is distributed and where copies are held. * Interview key personnel and check they have access to the ERP. * Check that different types of foreseeable emergencies have been considered. * Review when the plan was last reviewed and tested and actions taken. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| A coordinated ERP has been developed and defined. | | Key personnel have easy access to the relevant parts of the ERP at all times.  The ERP defines the procedures, roles, responsibilities, and actions of the various organisations and key personnel.  The frequency and methods for testing the ERP are defined.  The coordination with other organisations (including non-aviation organisations) is defined with appropriate means. | | | | The ERP is reviewed and tested to make sure it remains up-to-date. There is evidence of coordination with other organisations as appropriate. | | | The results of the ERP review and testing are assessed and actioned to improve its effectiveness. | |

## 3.5 SMS DOCUMENTATION (Annex 19 element 1.5)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 3.5.1 | The SMS documentation includes the policies and processes that describe the organisation’s safety management system and processes and is readily available to all relevant personnel. | |  |  |  | |  |  | |  |
| 3.5.2 | SMS documentation, including SMS related records, are regularly reviewed and updated with appropriate version control in place. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the SMS documentation and amendment procedures. * Check for cross references to other documents and procedures. * Check availability of SMS documentation to all staff. * Check that staff know where to find safety-related documentation including procedures appropriate to their role. * Review the supporting SMS documentation (hazard logs, meeting minutes, safety performance reports, risk assessments, etc.). * Check how safety records are stored and version controlled. * Check appropriate staff are aware of the records control processes and procedures. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The SMS documentation includes the policies and processes that describe the organisation’s SMS and processes. The SMS documentation defines the SMS outputs and which records of SMS activities will be stored.  Records to be stored, storage period, and location are identified. | | SMS documentation is readily available to all relevant personnel.  SMS documentation is comprehensible.  SMS documentation is consistent with other internal management systems and is representative of the actual processes in place.  Data protection and confidentiality rules have been defined. | | | | Changes to the SMS documentation are managed.  Everyone is familiar with and follows the relevant parts of the SMS documentation.  SMS activities are appropriately stored and found to be complete and consistent with data protection and confidentiality control rules. | | | SMS documentation is proactively reviewed for improvement.  SMS records are routinely used as inputs for safety management-related tasks and continuous improvement of the SMS. | |

# 4. SAFETY PROMOTION (Annex 19 component 4)

## 4.1 TRAINING AND EDUCATION (Annex 19 element 4.1)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 4.1.1 | There is a training programme for SMS in place that includes initial and recurrent training. The training covers individual safety duties (including roles, responsibilities, and accountabilities) and how the organisation’s SMS operates. | |  |  |  | |  |  | |  |
| 4.1.2 | There is a process in place to measure the effectiveness of training and to take appropriate action to improve subsequent training. | |  |  |  | |  |  | |  |
| 4.1.3 | Training includes human and organisational factors including just culture and non-technical skills with the intent of reducing human error. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the SMS training programme including course content and delivery method. * Check training records against the training programme. * Review how the competence of the trainers is being assessed and maintained. * Training considers feedback from external occurrences, investigation reports, safety meetings, hazard reports, audits, safety data analysis, training, course evaluations, etc. * Review how training is assessed for new staff and changes in position. * Review any training evaluation. * Check that the training includes human and organisational factors. * Ask staff about their own understanding of their role in the organisation’s SMS and their safety duties. * Check that all staff are briefed on compliance. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is an SMS training programme in place that includes initial and recurrent training. | | The training covers individual safety duties (including roles, responsibilities, and accountabilities) and how the organisation’s SMS operates.  Training material and methodology are adapted to the audience and include human factors.  All staff requiring training are identified. | | | | The SMS training programme is delivering appropriate training to the different staff in the organisation and is being delivered by competent personnel. | | | SMS training is evaluated for all aspects (learning objectives, content, teaching methods and styles, tests, etc.) and is linked to the competency assessment.  Training is routinely reviewed to take feedback from different sources into consideration. | |

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 4.1.4 | There is a process that evaluates the individual’s competence and takes appropriate remedial action when necessary. | |  |  |  | |  |  | |  |
| 4.1.5 | The competence of trainers is defined and assessed and appropriate remedial action taken when necessary. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review how competence assessment is carried out on initial recruitment and recurrently. * Check it includes safety duties and responsibilities, as well as compliance management. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| A competency framework is defined for all personnel, including trainers. | | There is a process in place to periodically assess the actual competency of personnel against the framework. | | | | There is evidence of the process being used and being recorded. | | | The competence assessment programme and process is routinely reviewed and improved.  The competence assessment takes appropriate remedial action when necessary and feeds into the training programme. | |

## 4.2 SAFETY COMMUNICATION (Annex 19 element 4.2)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 4.2.1 | There is a process to determine what safety critical information needs to be communicated and how it is communicated throughout the organisation to all personnel, as relevant. This includes contracted organisations and personnel where appropriate. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review the sources of information used for safety communication. * Review the methods used to communicate safety information (e.g., meetings, presentations, emails, website access, newsletters, bulletins, posters, etc.). * Assess whether the means of communication is appropriate. * The means for safety communication is reviewed for effectiveness and material used to update relevant training. * Significant events, changes, and investigation outcomes are being communicated. * Check accessibility to safety information. * Ask staff about any recent safety communication. * Review whether information from occurrences are timely communicated to all relevant personnel (internal and external) and has been appropriately disidentified. | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| There is a process to communicate safety critical information. | | The process determined *what*, *when*, and *how* safety information needs to be communicated.  The process includes contracted organisations and personnel where appropriate.  The means of communication are adapted to the audience and the significance of what is being communicated. | | | | Safety critical information is being identified and communicated throughout the organisation to all personnel, as relevant, including contracted organisations and personnel where appropriate. | | | The organization analyses and communicates safety critical information effectively through a variety of methods as appropriate to maximise it being understood.  Safety communication is assessed to determine how it is being used and understood and to improve it where appropriate. | |

# 5. INTERFACE MANAGEMENT (Annex 19 Appendix 2 note 2)

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| **Evaluation** | **Indicators of compliance and performance** | | | **P** | **S** | **O** | | **E** | **How it is achieved** | | **Comments** |
| 5.1.1 | The organisation has identified and documented the relevant internal and external interfaces and the critical nature of such interfaces. | |  |  |  | |  |  | |  |
| **Guidance** | **What to look for** | | | | | | | | | | |
| * Review how interfaces have been documented. It may be included in a system description. * Evidence that:   + Safety critical issues, areas, and associated hazards are identified;   + Safety occurrences are being reported and addressed;   + Risk control actions are applied and regularly reviewed; and   + Interfaces are reviewed periodically. * Training and safety promotion sessions are organised with relevant external organisations. * External organisations participate in SMS activities and share safety information. * Check the identified interfaces (e.g., interfaces with aerodromes, airlines, Air Traffic Control [ATC], training organisations, contracted organisations, and the State). | | | | | | | | | | |
| **Present** | | **Suitable** | | | | **Operating** | | | **Effective** | |
| The organisation has identified and documented the relevant internal and external interfaces and the critical nature of such interfaces. | | All relevant interfaces are addressed.  The way the interfaces are managed is appropriate to the criticality in terms of safety.  The means for communicating safety information is defined. | | | | The organisation is managing the interfaces through hazard identification and risk management.  There is an assurance activity to assess risk mitigations being delivered by external organisations. | | | The organisation has a good understanding of interface management and there is evidence that interface risks are being identified and acted upon.  Interfacing organisations are sharing safety information and take actions when needed. | |

1. The use of the term *indicator* in this tool should not be confused with the term “Safety Performance Indicator” used in Annex 19. [↑](#footnote-ref-2)
2. ICAO Annex-19, Second Edition, July 2016, incorporating amendment 1. [↑](#footnote-ref-3)
3. ICAO Doc-9859 Safety Management Manual, Fourth Edition, 2018. [↑](#footnote-ref-4)
4. ICAO Annex 19, Second Edition, July 2016, Appendix 2, note 2. [↑](#footnote-ref-5)