



**December 2015**

**SMS for Small Organizations**

**Templates**

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# Appendix 2: Example of a Very Small Organization SMS Manual

The following is an example of the smallest SMS manual that could be used in a one or two person organization. It would still need to be customized and you would need to provide the appropriate cross reference to other manuals, procedures, and forms that are being used, but this is how simple it could be. It is worth discussing with your regulator to see if it would be acceptable and if it is appropriate to your organization.

**Company X Safety Management Manual**

1. **Safety Policy**

Safety is important to us as it helps us stay in business.

Our safety objective is simply for no aircraft accidents to occur as a result of our operations.

Therefore it is important that we meet all applicable regulations and where appropriate exceed them when a safety risk is identified.

I believe in a reporting system that allows people to report safety issues without fear of unfair reprisals. Everybody makes mistakes, and honest mistakes will be treated fairly. A healthy reporting system gives us the information to address safety issues as they arise, not when it is too late. We expect everyone who works or is connected to our operations to report any safety related events or issues they identify to me or one of our staff. In this respect we will apply just culture principles to any event that is reported to us directly in a timely manner.

This will help our organization to continuously improve our safety performance which is a shared responsibility.

Signed



*(insert name)*

*(insert date)*

1. **Safety Management Processes**

The Accountable Manager will fulfill the role of the Safety Manager and contract in expertise as required.

Copies of the separate Emergency Response Plan *(Insert document reference)* are held by *(insert name)* and in the *(insert location i.e., Operations Office)*.

1. **Hazard Identification and** **Risk Management Procedures**

All safety events, issues, or hazards should be reported to *(insert name)* by e-mail *(insert e-mail address)*, telephone *(insert telephone number)* or verbally; they will all be documented and assessed as below.

All events and reported issues will be assessed by *(insert name)* to determine what the issue is, what could happen as a result, and what actions need to be taken (if any) and by whom to manage the risk.

The Hazard Log (see below) will be updated and reviewed on a monthly basis and the updated version will be posted on the *(state location i.e., workshop safety notice board)*. All staff should read the Hazard Log and provide feedback if they have any issues with the content or feel something is missing.

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the issue?** | **What could happen as a result?** | **What action are we taking?** | **Action by whom and when** |
|  |  |  |  |

1. **Management of Change**

Any significant organizational changes will be assessed for safety issues related to the change and documented in the hazard log. If appropriate, an ad-hoc meeting will be arranged with all available staff to discuss significant changes where their expertise will be beneficial to identify possible safety issues. Any actions or decisions from this meeting will be documented.

1. **Safety Assurance**

Safety Assurance is carried out by *(insert name)* using the SM ICG *SMS Evaluation Tool* and this will include a review of the effectiveness of all risk mitigations in the Hazard Log. The Hazard Log will be reviewed as part of the annual Management Review with the assistance of an independent SMS auditor from *(insert name)*.

Our safety performance indicators (SPIs) are detailed in Appendix 1 and will be used to monitor our safety performance and help us strive for continuous improvements. These SPIs and our targets will be reviewed as part of our annual Management Review that will use the template in Appendix 2.

The Management Review will culminate in a meeting to allow all our staff to contribute.

1. **Safety Training and Promotion**

Any new employee, contractor, or contracted organization will be required to read this manual (including updates) and sign for having read and understood it.

Any safety critical information that needs distributing will be sent by e-mail to all our stakeholders and posted on the safety notice board. A distribution list is available held on the secure (company name) website and will be reviewed annually. All staff are expected to review the safety notice board and read any new safety articles.

# Appendix 3: A Sample SMS Manual Format for a Small Organization

The following is an example of an SMS Manual layout.

* Table of Contents
* List of Effective Pages
* Distribution List
* Safety Policy and Objectives
  + Safety Policy signed by the Accountable Executive to indicate “Management commitment and responsibility”
* Safety Organization
  + Safety accountabilities and responsibilities
  + The Accountable Executive and key safety personnel
* SMS Documentation
  + What, when, who, where and how to document and record the SMS activities
* Safety Risk Management
  + Safety reporting and hazard identification process
  + How to assess hazards and risks and how to take corrective actions
* Safety Assurance
  + Safety performance monitoring and measurement
  + Safety audits and surveys
  + How to manage changes using SMS
  + How to improve the SMS continuously using the monitoring result
  + Management Review
* Safety Promotion
  + How to provide safety training and education to all staff
  + How to achieve safety communication
* Emergency Response Plan
  + How to deal with emergency situations
  + Quick reference guide for key staff members

# Appendix 4: Sample Hazard Logs

# Hazard Log for a *Small* Organization

Note: Hazard Log information can be directly populated from reporting form.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Issue *(hazard)* | What is the result  *(consequence)* | How bad is the result | How likely is it to occur | What action are we taking  (Who and when) | Follow-up (if applicable) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# Hazard Log for a *Very Small* Organization

Note: Hazard Log information can be directly populated from reporting form if used.

|  |  |  |  |
| --- | --- | --- | --- |
| Issue  *(hazard)* | What is the result  *(consequence)* | What action are we taking | Follow-up  (if applicable) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Appendix 5: Safety Report Form Template for a Small Organization

**Company X Safety Report Form**

**Part A to be completed by the person identifying the safety issue or hazard.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of event |  | Local time |  |
| Location: |  | | |
| Name of Reporter |  | Section / Organization |  |

**Please fully describe the event or identified hazard:**

Include your suggestions on how to prevent similar occurrences.

|  |
| --- |
|  |

In your opinion, what is the likelihood of such an event or similar happening or happening again?

Unlikely Probable Likely

1 2 3

What do you consider could be the worst possible consequence if this event did happen or happened again?

Negligible Serious Incident Fatal Accident

1 3 5

**Part B To be completed by the *(insert title of responsible person).***

The report has been dis-identified and logged.

|  |  |  |
| --- | --- | --- |
| Report Reference |  |  |
| Signature |  | Date: |
| Name |  |  |

If further investigation is needed, perform that now and document on the investigation form. This information will support the Safety Committees activities.

**Part C To be completed by the Safety Committee.**

Rate the likelihood of the event occurring or recurring:

Unlikely Probable Likely

1 2 3

Rate the most credible worst-case consequences?

Negligible Serious Incident Fatal Accident

1 3 5

What action or actions have been or are being taken to prevent the issue or hazard from occurring in the future and/or to mitigate its consequences?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Resources required |  |
|  |  |
| Responsibility for Action |  |

Agreed and Accepted by

|  |  |
| --- | --- |
| ***(insert title of responsible person)*** | Date |
| Responsible Manager | Date |
| Accountable Executive | Date |

|  |  |
| --- | --- |
| Appropriate Feedback given to staff by Safety Officer  Signed: | Date |

Follow up action required:

|  |  |
| --- | --- |
| What |  |
| Who |  |
| When |  |

# Appendix 6: Safety Report Form Template for a Very Small Organization

**Company X Safety Report Form**

**Part A to be completed by the person identifying the safety issue.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of event |  | Local time |  |
| Location: |  | | |
| Name of Reporter |  | Section / Organization |  |

**Please fully describe the safety issue:**

Include your suggestions on how to prevent similar occurrences.

|  |
| --- |
|  |

**Part B To be completed by the *(insert title of responsible person)***

What action or actions have been or are being taken to prevent the issue from occurring in the future and/or to mitigate its consequences?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Resources required |  |
|  |  |
| Responsibility for Action |  |

|  |  |
| --- | --- |
| Signed: | Date |

Follow up action required:

|  |  |
| --- | --- |
| What |  |
| Who |  |
| When |  |

Hazard log updated by: Date:

|  |  |
| --- | --- |
|  |  |

# Appendix 8: Investigation Form Template for a Small Organization

**Company X Safety Investigation Form**

**To be completed by the person investigating the safety issue or hazard.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Original Safety Report reference | |  | | |
| Date of event |  | | Local time |  |
| Location: |  | | | |
| Name of Investigator |  | | Section / Organization |  |

**Describe what happened:**

|  |
| --- |
|  |

**Describe why the issue happened and any factors associated with it**:

**“Root Cause”**

|  |
| --- |
|  |

**Identify recommended corrective or preventative actions:**

|  |
| --- |
|  |

**Document the recommended action plan and any follow-up (by whom and when):**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Investigator's Signature |  | Date |  |
| Hazard Log updated |  | When |  |

# Appendix 9: Risk Management Procedures for a Small Organization

**Company X Risk Management Procedures**

All events and reported issues will be assessed for severity and likelihood using the following definitions and then assessed using the following risk acceptability matrix. The person responsible for the SMS *(insert title)* will carry out the initial risk assessment and an independent validation is carried out by one of the following personnel:

* Accountable Executive
* Quality Manager *(or identify alternative post)*
* *Identify another post if appropriate*

**Severity and Likelihood Definitions**

|  |  |  |
| --- | --- | --- |
| **Severity of Consequences** | | |
| **Definition** | **Meaning** | **Value** |
| Fatal Accident | Results in a serious accident or incident with fatalities | 5 |
| Serious Incident | Results in a Serious Incident (without fatalities) that would be reportable to the NAA | 3 |
| Negligible | Results in minor incident that would not be reportable to the NAA | 1 |

|  |  |  |
| --- | --- | --- |
| **Likelihood of Occurrence** | | |
| **Qualitative Definition** | **Meaning** | **Value** |
| Likely | Likely to reoccur or to occur several times in a year | 3 |
| Possible | Possibly reoccur or to occur at least once a year | 2 |
| Unlikely | Very unlikely to reoccur or occur | 1 |

**Risk Acceptability Matrix**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Likelihood | | |
| Severity |  | Unlikely (1) | Possible (2) | Likely (3) |
| Fatal Accident (5) | REVIEW (5) | UNACCEPTABLE (10) | UNACCEPTABLE (15) |
| Serious Incident (3) | REVIEW (3) | REVIEW (6) | UNACCEPTABLE (9) |
| Negligible (1) | ACCEPTABLE (1) | ACCEPTABLE (2) | REVIEW (3) |

**Risk Acceptance Actions**

Actions will be prioritized by the score from the Risk Acceptability Matrix but the following table will determine the appropriate action to be taken.

|  |  |
| --- | --- |
| Unacceptable | Risk Intolerable, Accountable Executive immediately informed and action must be taken to reduce the risk to a tolerable level. |
| Review | Risk reduction / mitigation must be considered. Where risk reduction / mitigation is not practical or viable acceptance by Accountable Executive is required. |
| Acceptable | Risk is considered acceptable but would be reviewed if reoccurs. |

**Management of Change**

Any issues identified as part of a change such as organizational, operational, and physical changes,will be assessed using this same process.

# Appendix 10: Risk Management Procedures for a Very Small Organization

**Company X Risk Management Procedures**

All events and reported issues will be assessed by *(insert name or role)* to determine what the issue is, what could happen as a result and what actions need to be taken (if any) and by whom to manage the risk. The Hazard Log (see below) will be updated and reviewed on a monthly basis and the updated version will be posted in the *(insert where it will be posted).*

|  |  |  |  |
| --- | --- | --- | --- |
| **What is the issue?** | **What could happen as a result?**  **(consequence)** | **What action are we taking?** | **Action by whom and when** |
|  |  |  |  |

**Management of Change**

Any significant changes, such as organizational, operational, and physical changes, will be assessed for safety issues related to the change and documented in the Hazard Log.

# Appendix 11: Safety Performance Indicators for a Small Organization

**Company X Safety Performance Indicators**

**Year 20XX**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Indicator** | **Target** | **Performance** | | | |
| **Qtr1** | **Qtr2** | **Qtr3** | **Qtr4** |
| Major Risk Incidents\* per 100 flights | 0 |  |  |  |  |
| Mandatory Reports per 100 flights | 3 or less |  |  |  |  |
| Voluntary Reports per employee per year | More than 10 |  |  |  |  |
| Overdue safety report closures per year | 2 or less |  |  |  |  |
| Safety meetings per year | 4 |  |  |  |  |
| Safety briefings per year | 2 |  |  |  |  |
| Safety audits per year | 2 |  |  |  |  |
| **Organization-specific SPIs** | | | | | |
| Operator: Flights flown with operational MEL restrictions per 100 flights | Less than 5% |  |  |  |  |
| Aerodrome: Runway incursions per year | Less than 5 |  |  |  |  |
| Maintenance: Maintenance errors per year | Less than 5 |  |  |  |  |
| ATS: Airspace infringements per 100 movements | Less than 2 |  |  |  |  |

\*as defined in Safety Management Manual para XX

These are only suggested to give small organizations some ideas for safety performance indicators (SPIs) and the targets will need to be customized to the size and nature of the operation and the values given are just examples.

The objectives and SPIs should be reviewed as part of the Management Review to decide whether they need to be amended or updated.

# Appendix 12: Corrective and Preventive Action Report Template

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP 1 : IDENTIFICATION** | **CORRECTIVE ACTION** | | | | | **PREVENTIVE ACTION** | | | |
| **organization/ business area/ department** | |  | | | | | | |
| **Description of the issue or non-conformance** | |  | | | | | | |
| **Auditor / Reviewer** | | Auditor | | Signature | | | | Date |
| **STEP 2 : ANALYSIS OF CAUSES AND ACTION** | **ROOT CAUSE(S)** | |  | | | | | | |
| **PROPOSED CORRECTIVE / PREVENTIVE ACTION TO BE TAKEN INCLUDING RESPONSIBLE PERSON AND DEADLINE** | | What Who by when | | | | | | |
| **Accepted by** | Name | | Signature | | | | Date | |
| **STEP 3 : VERIFICATION AND EVALUATION** | **ACTUAL DATE OF ACTION (S) TAKEN:** | |  | | | | | | |
| **Comments:** | |  | | | | | | |
| **Further Action Needed** | | **🞎 YES** | | | | **🞎 NO** | | |
| **Closure Acceptance** | | Auditor / Reviewer | | Signature | | | | Date |

# Appendix 13: Management of Change Template

MOC REF:

**Management of Change**

**1. What is the change?**

|  |
| --- |
| *Describe the change* |

**2. Who?**

|  |
| --- |
| *Describe who is responsible to implement the change* |

**3 Describe the major components of the change**

|  |
| --- |
| *This will help you identify the main risks of each component that will be populated in section 7* |

1. **Who does the change affect?**

|  |
| --- |
| *Consider who it affects individuals, departments and organizations?* |

1. **What is the impact of the change?**

|  |
| --- |
| *Consider why the change is taking place and the impact on the organization and its processes and procedures* |

1. **What follow up action is needed? (assurance)**

|  |
| --- |
| *Consider how the change will be communicated and whether additional activities such as audits are needed during the change and after the change has taken place* |

1. **Safety Issues and the risk assessment**

| **What is the issue?**  ***(hazard)*** | **What could happen as a result?**  ***(consequences)*** | **How Bad will it be?**  ***(severity)*** | **How likely is it to occur?**  ***(likelihood)*** | **Risk**  **rating** | **What action(s) are we taking?**  ***(mitigations)*** | **Action by whom and when** |
| --- | --- | --- | --- | --- | --- | --- |
| *1* |  |  |  |  | *There may be more that one mitigation for each issue* |  |
| *2* |  |  |  |  |  |  |
| *3* |  |  |  |  |  |  |
| *4* |  |  |  |  |  |  |
| *5* |  |  |  |  |  |  |

The Change is acceptable to implement

|  |  |
| --- | --- |
| Final Acceptance Signature | Name  Date: |

**Appendix 14: Management Review Template**

**Company X Management Review Meeting Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |

|  |  |
| --- | --- |
| Present | |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Absent | |
|  |  |
|  |  |

AGENDA

1. Review of actions arising from previous meetings

|  |  |  |  |
| --- | --- | --- | --- |
| Action Item # | Status | Completion Date | **Further** Action Required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Safety Performance Review

| Performance Indicator | Target | Performance | | | |
| --- | --- | --- | --- | --- | --- |
| Qtr1 | Qtr2 | Qtr3 | Qtr4 |
| # of Major Risk Incidents (as defined in our Safety Management Manual) |  |  |  |  |  |
| # of Mandatory Reports |  |  |  |  |  |
| # of Voluntary Reports |  |  |  |  |  |
| # of Overdue Safety Report Closures |  |  |  |  |  |
| # of Safety Meetings |  |  |  |  |  |
| # of Safety Briefings |  |  |  |  |  |
| # of Safety Audits |  |  |  |  |  |
| Organization-specific SPIs | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. Safety Events Review (reported since last Management Review)

|  |  |  |  |
| --- | --- | --- | --- |
| Safety Report # | Report Status | Corrective/Preventive Action Effectiveness | Further Action Required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Hazard Log and Management of Change (MoC) Review

|  |  |  |  |
| --- | --- | --- | --- |
| Hazard/ MoC # | Mitigation Status | Mitigation Effectiveness | **Further** Action Required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Training and Safety Promotion Review

|  |  |  |
| --- | --- | --- |
| Area | Training and Promotion Effectiveness | Action Required |
| Operational |  |  |
| Management |  |  |
| ….. |  |  |

1. Internal and External Audit / Review Findings

|  |  |  |  |
| --- | --- | --- | --- |
| Finding # | Corrective/ Preventive Action Status | Corrective/Preventive Action Effectiveness | **Further** Action Required |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Changes Required to SMS

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Change | Change Required | Action by (date) | Person responsible |
| Safety Policy and Objectives |  |  |  |
| SPIs |  |  |  |
| Documentation |  |  |  |
| …… |  |  |  |

1. Other Business

|  |  |  |  |
| --- | --- | --- | --- |
| Issue | Follow up Action | Person fulfilling Action | Completion Date |
|  |  |  |  |
|  |  |  |  |

1. Date of next meeting

|  |
| --- |
|  |

**Appendix 15: Existing Regulatory Guidance Material**

[**Transport Canada – Advisory Circular 107-002: Safety Management Systems Development Guide for Small Operators/Organizations**](http://www.tc.gc.ca/media/documents/ca-opssvs/107-002-e.pdf)

This Advisory Circular (AC) addresses each SMS element for both minimal-complexity, one-person operations and moderate complexity organizations, with documentation examples throughout.

[**UK CAA – Safety Management Systems – Guidance for Small, Non-complex Organizations (ver. 1.0)**](http://www.caa.co.uk/docs/872/SMSGuidanceForSmallNonComplexOrganisations.pdf)

This provides a guide to SMS, highlighting key points for small organizations. It includes useful examples of SMS documentation and checklists.

[**CAA NZ – Advisory Circular 00-4: Safety Management Systems**](http://www.caa.govt.nz/Advisory_Circulars/AC000_4.pdf)

This AC tabulates characteristics of small, medium, and large organizations in the Introduction and provides “guidance based on size of organization” for each SMS element.

[**CAA NZ – SMS Booklet 03 – Implementing Safety Management Systems – Guidance for Small Aviation Organizations**](http://www.caa.govt.nz/SMS/sms_booklet_3.pdf)

This booklet contains information designed to help small aviation organizations to implement an effective SMS that is built-for-purpose without being difficult or resource-intensive.

[**CASA SMS Resource Toolkit Booklet 7 – SMS for Small, Non-complex Organizations**](http://www.casa.gov.au/scripts/nc.dll?WCMS:STANDARD::pc=PC_101005)

This is a simple overview of SMS for smaller aviation organizations, such as those involved in transport/charter, training and maintenance. It defines ‘small, non-complex’, highlights the fact that SMS is scalable—that not all elements of an SMS will look the same in all organizations—and that there are advantages to being small.

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.

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 (CAANZ), the Civil Aviation Safety Authority (CASA) of Australia, the Direction Générale de l'Aviation Civile (DGAC) of 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), Japan Civil Aviation Bureau (JCAB), the United States Federal Aviation Administration (FAA) Aviation Safety Organization, Transport Canada Civil Aviation (TCCA) and the Civil Aviation Authority of United Kingdom (UK CAA). Additionally, the Civil Aviation Department of Hong Kong (CAD HK), the International Civil Aviation Organization (ICAO), and the United Arab Emirates General Civil Aviation Authority (UAE GCAA) are observers 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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Additional SM ICG products can be found on SKYbrary at:[http://www.skybrary.aero/index.php/Safety\_Management\_International\_Collaboration\_Group (SM\_ICG)](http://www.skybrary.aero/index.php/Safety_Management_International_Collaboration_Group_(SM_ICG))