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**AVIATION SAFETY MANAGEMENT SYSTEM (ASMS) EVALUATION TOOL**

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| **Comments and any other relevant conditions/restrictions/limitations applicable** |

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

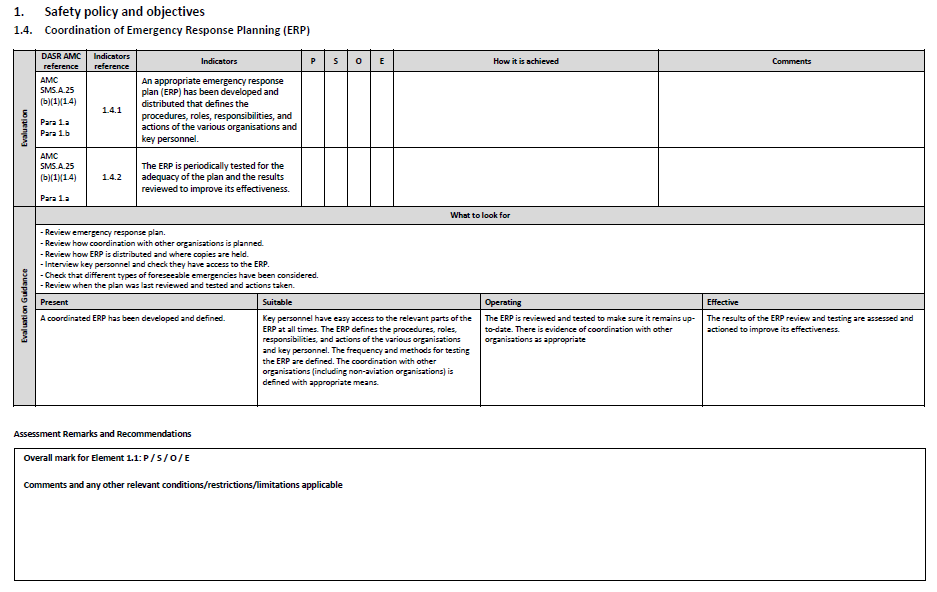
**Assessment Remarks and Recommendations**

**Instructions**

**ASMS evaluation tool instructions for use**

For each of the elements within the DASA ASMS framework there are a series of ‘Compliance + Performance’ indicators that are assessed for their presence, suitability, operating and being effective using the definitions below. The ‘how it is achieved’ box is used to describe how the organisation has achieved the Present, Suitable, Operating or Effective (PSOE) level for the indicators citing any evidence or examples to support the assessment. Once the individual indicators are assessed, the overall effectiveness assessment of each ASMS element can be summarised.

A working example is provided below, with an accompanying legend defining the purpose of each box.



**Evaluation Form Legend**

**1** DASR SMS Component Name & Reference

**2** DASR SMS Element Name & Reference

**3** Evaluation Section

**4** DASR SMS Reference

**5** (P) Present, (S) Suitable, (O) Operating, (E) Effective

**6** Reference / evidence recording (*free-text*)

**7** Evaluator comments (*free-text*)

**8** Guidance Section

**8a** Guidance on what / where to look for evidence

**8b-e** Compliance + Performance guidance *word picture*

**9** Assessment remarks and recommendations for one DASR ASMS element

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8e

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8d

8c

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**PSOE Definitions**

**Present** There is evidence that the indicator is clearly visible and is documented within the organisation’s ASMS documentation.

**Suitable** The indicator is suitable based on the size, nature, complexity and the inherent risk in the activity.

**Operating** There is evidence that the indicator is in use and an output is being produced.

**Effective** There is evidence that the element or component is achieving the desired outcome.

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# **Safety policy and objectives**

# **Management commitment**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.v  Para 1.b.ii | 1.1.1 | 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. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.ii  Para 1.b.i | 1.1.2 | The safety policy includes a statement to provide appropriate resources and the organisation is managing resources by anticipating and addressing any shortfalls. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.iv | 1.1.3 | 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). | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Interview the Accountable Manager 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/just 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 Manager 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.b.iii | 1.1.4 | There is a means in place for the communication of the safety policy. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.i  Para 1.c | 1.1.5 | The Accountable Manager 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 ASMS. | |  |  |  |  |  | |  | |
| **Evaluation 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 a positive safety/just culture aspects.  - Relationship with regulator and other stakeholders.  - Review how a positive safety/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 Manager and the senior management team have a well-defined role in the ASMS. | | | | | | The safety policy is communicated to all personnel (including relevant contract staff and organisations). The Accountable Manager and the senior management team are promoting their commitment to the safety policy through active and visible participation in the ASMS. | | 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.iii | 1.1.6 | The safety policy actively encourages safety reporting. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.a.iv | 1.1.7 | A positive safety/just culture policy and principles have been defined that clearly identifies acceptable and unacceptable behaviours to promote a positive safety/just culture. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Evidence of when the positive safety/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 positive safety/just culture from staff safety culture surveys. - Interview staff representatives to confirm that they agree with positive safety/just culture policy and principles. - Check that staff are aware of the positive safety/just culture policy and principles. | | | | | | | | | | | |
| **Present** | | | **Suitable** | | | | | | **Operating** | | **Effective** |
| A positive safety/just culture policy and principles have been defined. | | | The positive safety/just culture policy clearly identifies acceptable and unacceptable behaviours. The principles ensure that the policy can be applied consistently across the whole organisation. The positive safety/just culture policy and principles are understandable and clearly visible. | | | | | | There is evidence of the positive safety/just culture policy and supporting principles being applied and promoted to staff. | | The positive safety/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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.1)  Para 1.b.iii | 1.1.8 | Safety objectives have been established that are consistent with the safety policy and they are communicated throughout the organisation. | |  |  |  |  |  | |  | |
| **Evaluation 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/just 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 are consistent with the DASP. | | | | | | | | | | | |
| **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 consistent with the DASP. | | | | | | 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. |

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| **Overall mark for Element 1.1: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**

# **Safety accountability responsibilities**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.2)  Para 1.a  Para 1.b | 1.2.1 | An Accountable Manager has been appointed with full responsibility and accountability to ensure the ASMS is properly implemented and performing effectively. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.2)  Para 1.a  Para 1.b | 1.2.2 | The Accountable Manager is fully aware of their ASMS roles and responsibilities in respect of the safety policy, safety standards, and safety/just culture of the organisation. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Evidence that the Accountable Manager has the authority to provide sufficient resources for relevant safety improvements. - Evidence of decision making on risk acceptability. - Review ASMS activities are being carried out in a timely manner and the ASMS is sufficiently resourced. - Evidence of activities being stopped due to unacceptable level of safety risk. - Look for evidence that Accountable Manager actions are consistent with the active promotion of a positive safety/just culture in the organisation. | | | | | | | | | | | |
| **Present** | | | **Suitable** | | | | | | **Operating** | | **Effective** |
| An Accountable Manager has been appointed with full responsibility and ultimate accountability for the ASMS. | | | The Accountable Manager has control of resources. | | | | | | The Accountable Manager ensures that the ASMS 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 Manager is fully aware of their ASMS roles and responsibilities. The Accountable Manager is accessible to the staff in the organisation. | | The Accountable Manager ensures that the performance of the ASMS is being monitored, reviewed, and improved. |

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.2)  Para 1.c  Para 1.d  Para 1.e | 1.2.3 | Safety accountabilities, authorities, and responsibilities are defined and documented throughout the organisation and staff understand their own responsibilities. | |  |  |  |  |  | |  | |
| **Evaluation 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 ASMS.  - 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 ASMS. | | The Accountable Manager and the senior management team are aware of the risks faced by the organisation and ASMS principles exist throughout the organisation so that safety is part of the everyday language. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 1.2: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **Appointment of key safety personnel**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.3)  Para 1.a  Para 1.b | 1.3.1 | A competent safety manager who is responsible for the implementation and maintenance of the ASMS has been appointed with a direct reporting line to the Accountable Manager. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.3)  Para 1.c | 1.3.2 | The organisation has allocated sufficient resources to manage the ASMS including, but not limited to, competent staff for safety investigation, analysis, auditing, and promotion. | |  |  |  |  |  | |  | |
| **Evaluation 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 ASMS activities such as safety investigation, analysis, auditing, safety meeting attendance, and promotion.  - Review of safety report action and closure timescales.  - Interviews with Accountable Manager 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 ASMS has been appointed with a direct reporting line to the Accountable Manager. | | | The safety manager is competent. Sufficient time and resources are allocated to maintain the ASMS. | | | | | | The safety manager has implemented and is maintaining the ASMS. The safety manager is in regular communication with the Accountable Manager and escalates safety issues when appropriate. The safety manager is accessible to staff in the organisation. | | The safety manager is competent to manage the ASMS and identifies improvements in a timely manner. There is a close working relationship with the Accountable Manager and the safety manager is considered a trusted advisor and given appropriate status in the organisation. |

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.3)  Para 1.b | 1.3.3 | The organisation has established appropriate safety committee(s) that discuss and address safety risks and compliance issues and includes the Accountable Manager and the heads of functional areas. | |  |  |  |  |  | |  | |
| **Evaluation 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 ASMS 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 Manager 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 ASMS 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. |

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| **Overall mark for Element 1.3: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**

# **Coordination of Emergency Response Planning (ERP)**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.4)  Para 1.a  Para 1.b | 1.4.1 | 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. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.4)  Para 1.a | 1.4.2 | The ERP is periodically tested for the adequacy of the plan and the results reviewed to improve its effectiveness. | |  |  |  |  |  | |  | |
| **Evaluation 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. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 1.4: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **SMS documentation**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(1)(1.5)  Para 1.a | 1.5.1 | The ASMS documentation includes the policies and processes that describe the organisation’s ASMS and is readily available to all relevant personnel. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(1)(1.5)  Para 1.b | 1.5.2 | ASMS documentation, including ASMS related records, are regularly reviewed and updated with appropriate version control in place. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Review the ASMS documentation and amendment procedures.  - Check for cross references to other documents and procedures.  - Check availability of ASMS documentation to all staff.  - Check that staff know where to find safety-related documentation including procedures appropriate to their role.  - Review the supporting ASMS 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 ASMS documentation includes the policies and processes that describe the organisation’s ASMS and processes. The ASMS documentation defines the ASMS outputs and which records of ASMS activities will be stored. Records to be stored, storage period, and location are identified. | | | ASMS documentation is readily available to all relevant personnel. ASMS documentation is comprehensible. ASMS 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 ASMS documentation are managed. Everyone is familiar with and follows the relevant parts of the ASMS documentation. ASMS activities are appropriately stored and found to be complete and consistent with data protection and confidentiality control rules. | | ASMS documentation is proactively reviewed for improvement. ASMS records are routinely used as inputs for safety management-related tasks and continuous improvement of the ASMS. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 1.5: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **Safety Risk Management**

# **Hazard identification**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.d.i  Para 1.d.iii | 2.1.1 | There is a confidential reporting system to capture errors, hazards, and near misses that is simple to use and accessible to all staff. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.d.iv | 2.1.2 | There is a confidential reporting system that provides appropriate feedback to the reporter and, where appropriate, to the rest of the organisation. | |  |  |  |  |  | |  | |
|  | AMC SMS.A.25  (b)(2)(2.1)  Para 1.d.v | 2.1.3 | Personnel express confidence and trust in the organisation’s reporting policy. | |  |  |  |  |  | |  | |
| **Evaluation 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.a  Para 1.b  Para 1.c | 2.1.4 | There is a process that defines how hazards are identified from multiple sources through reactive and proactive methods (internal and external). | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.e.ii  Para 1.e.iii | 2.1.5 | The hazard identification process identifies human performance related hazards. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.e.ii  Para 1.e.iii | 2.1.6 | There is a process in place to analyse safety data and safety information to look for trends and gain useable management information. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.1)  Para 1.e.i | 2.1.7 | Safety investigations are carried out by appropriately trained personnel to identify root causes (why it happened, not just what happened). | |  |  |  |  |  | |  | |
| **Evaluation 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:  o Possible accident scenarios;  o Human and organisational factors;  o Business decisions and processes;  o Third party organisations; and  o 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. |

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| GM SMS.A.25  (b)(2)(2.1)  Para 2.g  Para 16 | 2.1.8 | The organisation has identified and documented the relevant internal and external interfaces and the critical nature of such interfaces. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Review how interfaces have been documented. It may be included in a system description.  - Evidence that:  o Safety critical issues, areas, and associated hazards are identified;  o Safety occurrences are being reported and addressed;  o Risk control actions are applied and regularly reviewed; and  o Interfaces are reviewed periodically.  - Training and safety promotion sessions are organised with relevant external organisations.  - External organisations participate in ASMS 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 Defence). | | | | | | | | | | | |
| **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. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 2.1: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **Safety risk assessment and mitigation**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(2)(2.2)  Para 5.a  Para 5.b  GM SMS.A.25  (b)(2)(2.2) | 2.2.1 | 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), in accordance with WHS Act 2011, WHS Regulations 2011, and Defence 7-step Safety Risk Management process. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.2)  Para 5 | 2.2.2 | There are criteria for evaluating the level of risk the organisation is willing to accept and risk assessments and ratings are appropriately justified. | |  |  |  |  |  | |  | |
| **Evaluation 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(2)(2.2)  Para 6-13  GM SMS.A.25  (b)(2)(2.2) | 2.2.3 | The organisation has a process in place to make decisions and apply appropriate and effective risk controls, in accordance with WHS Act 2011, WHS Regulations 2011, and Defence 7-step Safety Risk Management process. | |  |  |  |  |  | |  | |
| AMC SMS.A.25  (b)(2)(2.2)  Para 12  AMC SMS.A.25  (b)(1)(1.2)  Para 1.b  Para 1.c | 2.2.4 | Senior management have visibility of significant/noteworthy hazards and their mitigation and controls. | |  |  |  |  |  | |  | |
| **Evaluation 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. |

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| **Overall mark for Element 2.2: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**

# **Safety Oversight and Improvement**

# **Safety performance monitoring and measurement**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC SMS.A.25  (b)(3)(3.1)  Para 1.a | 3.1.1 | Safety performance indicators (SPIs) linked to the organisation’s safety objectives have been defined, promulgated, and are being monitored and analysed for trends. | |  |  |  |  |  | |  | |
| **Evaluation 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 Defence 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 Manager. | | | | | | | | | | | |
| **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. Defence 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(3)(3.1)  Para 1.c | 3.1.2 | Risk mitigations and controls are being verified/audited to confirm they are working and effective. | |  |  |  |  |  | |  | |
| GM SMS.A.25  (b)(2)(2.1)  Para 2.g | 3.1.3 | Safety performance monitoring and measurement takes into account activities carried out by all directly contracted organisations. | |  |  |  |  |  | |  | |
| **Evaluation 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 performance monitoring and measurement 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 performance monitoring and measurement 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(1)(1.2)  Para 1.b  Para 1.c | 3.1.4 | Responsibilities and accountability for ensuring compliance with safety regulations are defined and applicable requirements are clearly identified in organisation manuals and procedures. | |  |  |  |  |  | |  | |
| AMC  SMS.A.25  (b)(3)(3.1)  Para 1.c | 3.1.5 | There is an internal audit programme including details of the schedule of audits and procedures for audits, reporting, follow up, and records. | |  |  |  |  |  | |  | |
| AMC  SMS.A.25  (b)(1)(1.2)  Para 1.b  Para 1.c | 3.1.6 | 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. | |  |  |  |  |  | |  | |
| **Evaluation 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:  o Senior management,  o Line managers, and  o 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 Manager. | | | 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 Manager and senior management. | | Individuals are proactively identifying and reporting potential non-compliances. The Accountable Manager and senior management actively seek feedback on the status of internal and external audit activities. |

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(3)(3.1)  Para 1.d | 3.1.7 | After an audit, there is appropriate analysis of causal factors and corrective/preventive actions are taken. | |  |  |  |  |  | |  | |
| **Evaluation 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. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 3.1: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **The management of change**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(3)(3.2)  Para 1 | 3.2.1 | 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. | |  |  |  |  |  | |  | |
| AMC  ASMS.A.25  (b)(3)(3.2)  Para 1 | 3.2.2 | 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. | |  |  |  |  |  | |  | |
| **Evaluation 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 performance monitoring and measurement 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. |

**Assessment Remarks and Recommendations**

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| **Overall mark for Element 3.2: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

# **Continuous improvement of the SMS**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(3)(3.3)  Para 1 | 3.3.1 | The organisation is continuously monitoring and assessing its ASMS processes to maintain or continuously improve the overall effectiveness of the ASMS. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Review the information and safety data used for management decision making and continuous improvement.  - Evidence of:  o Lessons learnt being incorporated into ASMS and operational processes;  o Best practices being sought and embraced;  o Surveys and assessments of organisational culture being carried out and acted upon;  o Data being analysed and results shared with Safety Committees; and  o 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 ASMS. | | | | | | | | | | | |
| **Present** | | | **Suitable** | | | | | | **Operating** | | **Effective** |
| There is a process in place to monitor and review the effectiveness of the ASMS using the available data and information. | | | The ASMS is periodically reviewed, and the review is supported by safety information and safety performance monitoring and measurement 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 ASMS being periodically reviewed to support the assessment of its effectiveness and appropriate action being taken. | | The assessment of ASMS effectiveness uses multiple sources of information including the safety data analysis that supports decisions for continuous improvements. |

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| **Overall mark for Element 3.3: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**

# **Safety Promotion**

# **Training and education**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(4)(4.1)  Para 1 | 4.1.1 | There is a training programme for ASMS in place that includes initial and recurrent training. The training covers individual safety duties (including roles, responsibilities, and accountabilities) and how the organisation’s ASMS operates. | |  |  |  |  |  | |  | |
| AMC  SMS.A.25  (b)(4)(4.1)  Para 1.b | 4.1.2 | There is a process in place to measure the effectiveness of training and to take appropriate action to improve subsequent training. | |  |  |  |  |  | |  | |
| AMC  SMS.A.25  (b)(4)(4.1)  Para 1.a | 4.1.3 | Training includes human and organisational factors including positive safety/just culture and non-technical skills with the intent of reducing human error. | |  |  |  |  |  | |  | |
| **Evaluation Guidance** | **What to look for** | | | | | | | | | | | |
| - Review the ASMS 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 ASMS and their safety duties.  - Check that all staff are briefed on compliance. | | | | | | | | | | | |
| **Present** | | | **Suitable** | | | | | | **Operating** | | **Effective** |
| There is an ASMS 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 ASMS operates. Training material and methodology are adapted to the audience and include human factors. All staff requiring training are identified. | | | | | | The ASMS training programme is delivering appropriate training to the different staff in the organisation and is being delivered by competent personnel. | | ASMS 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** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(4)(4.1)  Para 1.a | 4.1.4 | There is a process that evaluates the individual’s competence and takes appropriate remedial action when necessary. | |  |  |  |  |  | |  | |
| AMC  SMS.A.25  (b)(4)(4.1)  Para 1.a  AMC SMS.A.25  (b)(1)(1.2)  Para 1.b  Para 1.c | 4.1.5 | The competence of trainers is defined and assessed and appropriate remedial action taken when necessary. | |  |  |  |  |  | |  | |
| **Evaluation 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. |

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| **Overall mark for Element 4.1: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**

# **Safety communication**

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| **Evaluation** | **DASR AMC reference** | **Indicator**  **reference** | **Indicators** | | **P** | **S** | **O** | **E** | **How it is achieved** | | **Comments** | |
| AMC  SMS.A.25  (b)(4)(4.2)  Para 1.a | 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. | |  |  |  |  |  | |  | |
| **Evaluation 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. | | | | | | | | | | | |
| **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. |

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| **Overall mark for Element 4.2: P / S / O / E**  **Comments and any other relevant conditions/restrictions/limitations applicable** |

**Assessment Remarks and Recommendations**