

AIM Deficiency Sample 1

DEFICIENCY (HAZARD) IDENTIFICATION AND RISK ASSESSMENT REPORT	
1. Description of identified deficiency:	Lack of Implementation of QMS
2. State / Territory / Organization:	Name of State or Territory
3. Report N°:	AIM - xxx - CAR
4. Date of identification:	March 2001
5. Deficiency reported by:	ICAO/NACC AIM Regional Officer
6. Air Navigation Area Facility / service involved:	Quality Management System (QMS)
7. Specific requirement:	Annex 15, Chapter 3, Paragraph 3.2 Doc 8126, Chapter 1, paragraph 1.3
8. Potential consequences of the hazard caused by the deficiency:	Critical Data error in some automated flight system (FMS) or ATC automated system. Final precision approach procedure CAT I, II or III
9. Mitigation currently implemented (if known):	No Reported
10. Remarks:	Review technical documentation and guidance prepared by ICAO and GREPECAS AIM Subgroup.
11. Report prepared by: (ICAO Officer)	ICAO AIM Regional Officer

RISK MITIGATION RECOMMENDATIONS REPORT

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5. Level of risk before mitigation measures are adopted:	4 A			
6. Solution # 1				
7. Description of the solution:	Implement QMS			
8. Estimated cost and time for implementation of this solution:	9. Revised risk assessment if <u>only</u> this solution is to be implemented:	10. Probability:	3	Remote
\$ ---N/A---		11. Severity:	B	Hazardous
		12. Level of risk:	3 B	Acceptable
13. Potential implementation problems:	Lack of enough AIS (AIM) organizational structure Lack of Human resources, trained and experienced Lack of financial resources available			

DEFICIENCY (HAZARD) IDENTIFICATION AND RISK ASSESSMENT REPORT

		RISK SEVERITY				
		Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
RISK PROBABILITY	Frequent 5	5A	5B	5C	5D	5E
	Occasional 4	4A	4B	4C	4D	4E
	Remote 3	3A	3B	3C	3D	3E
	Improbable 2	2A	2B	2C	2D	2E
	Extremely Improbable 1	1A	1B	1C	1D	1E
5A, 5B, 5C, 4A, 4B, 3A		Intolerable region (equivalent to U-priority deficiencies) Unacceptable under the existing circumstances				
5D, 4C, 4D, 3B, 3C, 2A, 2B, 5E, 2C, 4E, 3D		Tolerable region (equivalent to A-priority deficiencies) Acceptable based on risk mitigation. It may require management decision.				
1A, 1B, 1C, 1D, 1E, 2E, 3E, 2D		Acceptable region (equivalent to B-priority deficiencies) Acceptable				
Probability		Is defined as the likelihood that an unsafe event or condition might occur				
Frequent:		•Likely to occur many times (has occurred frequently)				
Occasional:		•Likely to occur sometimes (has occurred infrequently)				
Remote:		•Unlikely to occur, but possible (has occurred rarely)				
Improbable:		•Very unlikely to occur (not known to have occurred)				
Extremely improbable:		•Almost inconceivable that the event will occur				
Severity:		Is defined as the possible consequences of an unsafe event or condition, taking as reference the worst foreseeable situation.				
Catastrophic		<ul style="list-style-type: none"> •Equipment destroyed •Multiple deaths 				
Hazardous		<ul style="list-style-type: none"> •A large reduction in safety margins, physical distress or a workload such that the operators cannot be relied upon to perform their tasks accurately or completely •Serious injury •Major equipment damage 				
Major:		<ul style="list-style-type: none"> •A significant reduction in safety margins, a reduction in the ability of the operators to cope with adverse operating conditions as a result of increase in workload, or as a result of conditions impairing their efficiency •Serious incident •Injury to persons 				
Minor:		<ul style="list-style-type: none"> •Nuisance •Operating limitations •Use of emergency procedures •Minor incident 				
Negligible:		•Little consequences				

**EXPLANATION OF THE
“DEFICIENCY (HAZARD) IDENTIFICATION AND RISK ASSESSMENT” FORM**

1. **Description of identified deficiency:** Specifies the deficiency identified or the occurrence of the event, validated by the corresponding Regional Office.
2. **State/Territory/Organization:** Identifies the name of the State/Territory/Organization involved.
3. **Report N°:** Unique Code that identifies the deficiency by State.
4. **Date of identification:** Indicates the DD/MM/YY of the report of the deficiency identified or of the occurrence of the event, as applicable.
5. **Deficiency reported by:** Indicates the source that identified and reported the deficiency.
6. **Air Navigation Area Facility/service involved or activity:** Specifies the air navigation area directly involved in the identified deficiency. More than one area may be listed.
7. **Specific requirement:** Standard/Recommended Practice of ICAO Annex or the reference to the requirement of the deficiency-related Air Navigation Plan requirement. If known, the specific error or failure that affected the operation is included
8. **Potential consequences of the deficiency caused by the deficiency:** Initial assessment of the consequence of the identified deficiency, either by the source reporting the deficiency, or by the Regional Office that sends the report.
9. **Mitigation currently implemented (if known):** If known, existing defences are included.
10. **Remarks:** Observations or comments on the identified deficiency may be included.
11. **Report prepared by (ICAO Officer):** The reporting ICAO Regional Office and Official is specified.