

**Appendix A:                   SMS Forms**

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## **GENERAL**

This appendix lists the forms used by the Ghana Air Navigation Service Safety Management System. This Appendix is arranged by form number. The Forms Index Reference reflects the Form No., Name, Revision date, and associated SMS Manual section referenced. Not all forms contain written in-depth instructions due to the self-explanatory nature of the form.

## **POLICY**

All forms must be completed in ballpoint ink (Preferably BLACK ink). For reasons involving record keeping, completed forms are occasionally reproduced and distributed interdepartmentally and to outside agencies.

1. Information must be presented in a legible manner.
2. Signature and employee number (if applicable) must be legible.
3. Scribbling over with the intent to obliterate what has already been written violates professional standards and regulations. It is acceptable to draw one line through the error and state "entered in error" or words similar and initial adjacent to the error.

**SMS FORMS INDEX REFERENCE**

<b><u>NUMBER</u></b>	<b><u>NAME</u></b>	<b><u>REVISION DATE</u></b>	<b><u>MANUAL SECTION</u></b>
100	Manual Distribution List	DEC / 2019	1.3
101	Manual Revision Transmittal	DEC / 2019	1.3
102	Manual Change Request	DEC / 2019	1.3
110	Qualified Internal Auditors	DEC / 2019	6.2
111	Individual Employee Training Log	DEC / 2019	6.2
112	Individual Employee Training Record	DEC / 2019	6.2
113	Course Attendance Record	DEC / 2019	6.2
114	Employee SMS Recognition Nomination	DEC / 2019	2.3
120	Hazard Identification Report	DEC / 2019	4.2.4
121	Hazard Worksheet	DEC / 2019	4.3
122	System & Task Analysis Worksheet	DEC / 2019	4.2.1
123	System Assessment Checklist	DEC / 2019	5.5
124	Accident & Incident Investigation	DEC / 2019	2.8
125	ATS Occurrence Report Form A – Tower	DEC / 2019	C
126	ATS Occurrence Report Form B – ACC / Approach	DEC / 2019	C
127	ATS Occurrence Report Form C – Equipment Serviceability	DEC / 2019	C
128	ATS Watch Managers Monthly Report Form D	DEC / 2019	C
129	Voluntary / Confidential Reporting Form	DEC / 2019	C27



**MANUAL REVISION TRANSMITTAL – SMS FORM 101**

**Issuance Date:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

Each manual holder issued a Safety Management System Manual is responsible for keeping it up to date with revisions and amendments. The revision must be inserted into the manual within fifteen (15) days of receipt.

**Review this Revision and file the pages in your Manual in accordance with the following instructions.**

**SIGN OFF REVISION RECORD AT FRONT OF YOUR MANUAL AND BELOW:**

REMOVE & DESTROY		INSERT		
VOLUME / CHAPTER / SECTION	PAGE	PAGE	REV. DATE	REMARKS

**Date Received:** \_\_\_\_\_ **Date Inserted:** \_\_\_\_\_

**I have inserted all pages included in this transmittal and have recorded it on the Revision Record Sheet. I have read the Revisions, understand the information contained in the Revision and have retained a copy of this form for my records.**

**Date:**.....  
**Station:** .....  
**Manual Control No.:**.....  
**Name:**.....  
**Signature:**.....

**PLEASE RETURN TO:**  
**SSQA MANAGER:**  
**BY:**

**MANUAL CHANGE REQUEST – SMS FORM 102**

<b>Manual / Document Title: Ghana Air Navigation Service Safety Management System Manual</b>		
<b>Chapter / Section Title:</b>	<b>Subject:</b>	
<b>Revision Date:</b>	<b>Page No.:</b>	
<b>Brief Description of Change Subject:</b>		
<b>References:</b>		
<b>Department:</b>	<b>Date:</b>	
<b>Name:</b>	<b>Signature:</b>	
<b>NOTE: Upon completion, send to : SSQA MANAGER</b>		
<b>Internal Evaluation Review Summary:</b>		
<b>Accept:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Further Review		
<b>If rejected, state reason(s):</b>		
<b>Accomplished By</b>		
	<small>Title</small>	<small>Date</small>
<b>Temporary Revision Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>To be incorporate in Revision:</b>		
<b>Response to Originator Date:</b>		







## INDIVIDUAL EMPLOYEE TRAINING RECORD – SMS FORM 112

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

License # \_\_\_\_\_ Training Sta. \_\_\_\_\_  
(If applicable)

Training Date \_\_\_\_\_ Hours \_\_\_\_\_ Score \_\_\_\_\_

Type of Training: Initial  Recurrent

Internal Evaluation Program Indoctrination

Internal Auditing Process

Regulator Regulations Familiarization

College Courses Type \_\_\_\_\_

Home Study course material Type \_\_\_\_\_

Industry-sponsored seminars / workshops Type \_\_\_\_\_

In-House (Computer Based Training, etc.) Type \_\_\_\_\_

On the Job Training Type \_\_\_\_\_

Other Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Instructor: \_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature

**COURSE ATTENDANCE RECORD – SMS FORM 113**

Course Title \_\_\_\_\_ Hours \_\_\_\_\_

Class Dates \_\_\_\_\_ To \_\_\_\_\_ Location \_\_\_\_\_

**EMPLOYEE NO:**

**STUDENT NAME**

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

**INSTRUCTOR**

\_\_\_\_\_  
Name


\_\_\_\_\_  
Signature

\_\_\_\_\_  
Organization

**EMPLOYEE SMS RECOGNITION NOMINATION – SMS FORM 114**

<b>Nominator's Name:</b>		<b>Department(s):</b>	
<b>Nominee's Name:</b>		<b>Nominee's Department:</b>	
<b>Nominee's Supervisor:</b>		<b>Supervisor's Signature:</b>	
<b>Description of action(s) worthy of recognition:</b>			
<b>Date and place observed:</b>			
<b>To be completed by the Safety Committee:</b>			
<b>Date received:</b>		<b>Date reviewed:</b>	
<b>Additional information:</b>			
<b>Nomination Accepted:</b>		<b>Date:</b>	<b>Comments:</b>
Yes or No			
<b>Award Level Granted:</b>		<b>Date</b>	<b>Comments:</b>

**HAZARD IDENTIFICATION REPORT – SMS FORM 120**

<b>Your Name (optional):</b>		<b>Department:</b>	
<b>Telephone:</b>			
<p>The above information is confidential. This portion will be removed from the form and returned to you as a receipt. No record of your identity will be kept. You may be contacted for additional information prior to submitting the information into the SMS process.</p>			
 -----			
<b>Description of the issue or hazard (If additional space is needed please write on a separate plain sheet and attach):</b>			
<b>Date and place observed:</b>			
<b>How do you recommend fixing the problem?</b>			
<b>To be completed by the SSQA Manager:</b>			
<b>Hazard Tracking Number Assigned:</b>			
<b>Investigator Assigned:</b>		<b>Date assigned:</b>	
<b>Action taken by Safety Team:</b>			
<b>Actions Accepted:</b>	<b>Yes or No</b>	<b>Date:</b>	<b>Comments:</b>
<b>Further Action Required:</b>	<b>Yes or No</b>	<b>Date</b>	<b>Comments:</b>

**HAZARD WORKSHEET – SMS FORM 121 (page 1)**

<b>Existing Safety Controls</b>	
<b>Probability / Rationale</b>	
<b>Severity/ Rationale</b>	
<b>Possible Effect(s)</b>	
<b>System State</b>	
<b>Causes</b>	
<b>Hazard Description</b>	
<b>Hazard #</b>	

**HAZARD WORKSHEET – SMS FORM 121 (page 2)**

Air Navigation Services Safety Management Systems Manual  
 SAFETY MANAGEMENT SYSTEM (SMS) MANUAL

<b>Initial Risk</b>	
<b>Recommended Safety Controls</b>	
<b>Residual Risk</b>	
<b>Control Assigned To:</b>	
<b>Control Planned Date</b>	
<b>Control Implemented Date</b>	
<b>Follow-up Audit Date</b>	







Air Navigation Services Safety Management Systems Manual  
 SAFETY MANAGEMENT SYSTEM (SMS) MANUAL

<b>Type of Incident:</b> <input type="checkbox"/> Injury <input type="checkbox"/> Weather <input type="checkbox"/> Equip <input type="checkbox"/> Field <input type="checkbox"/> Terminal			<b>Case #:</b>		
<b>Employee Name:</b>				<b>Employee #:</b>	
<b>Supervisor:</b>				<b>Dept:</b>	
<b>Field Location of Incident:</b>				<b>Movement area Y/N:</b>	
<b>Hospital (if applicable):</b>					
<b>Date of Incident:</b>		<b>Time of Incident:</b>		<b>Date Reported:</b>	
<b>Type of Occupational Injury/Illness or Damage:</b>					
<b>Part of Body Injured or Equipment Damaged:</b>					
<b>Probable Cause of Incident:</b>					
<b>Incident Site/Location of Occurrence:</b>					
<b>Type of Equipment involved (if applicable):</b>					
<b>Related Act/Condition:</b>					
<b>Weather Conditions at Time of Incident:</b>					
<b>Description of Incident (<i>Describe the incident in detail</i>):</b>					
<b>Investigation (<i>Provide following information when applicable: Who was interviewed, what was photographed or diagrammed, what procedures were reviewed, what training records were reviewed, reenactments, etc.</i>):</b>					
<b>Area Supervisor (name of person responsible for the area the incident occurred in):</b>					
<b>Date of Analysis:</b>		<b>This Form Completed By:</b>			

**Accident/Incident Investigation Data Collection Form**

**ACCIDENT & INCIDENT INVESTIGATION – SMS FORM 124 (page 2)**

**List Contributing Factors:**

<b>1.</b>	
<b>2.</b>	
<b>3.</b>	
<b>4.</b>	
<b>5.</b>	

**Corrective Actions:**

**List Corrective Actions for Each Contributing Factor:**

<b>Corrective Action 1</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	
<b>Corrective Action 2</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	
<b>Corrective Action 3</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	
<b>Corrective Action 4</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	
<b>Corrective Action 3</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	
<b>Corrective Action 5</b>	<b>Owner:</b>		<b>Est. Completion Date:</b>	

**Analysis Checklist:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Photographs             | <input type="checkbox"/> Witness Statement(s) | <input type="checkbox"/> Employee Statement(s)  |
| <input type="checkbox"/> Diagrams                | <input type="checkbox"/> Equipment History    | <input type="checkbox"/> Walk-around Checklists |
| <input type="checkbox"/> Supervisor Statement(s) | <input type="checkbox"/> Checklists           | <input type="checkbox"/> Training Records       |
|  |   | <input type="checkbox"/> Police Reports         |

**Additional Comments:**

**ATS OCCURRENCE REPORT FORM A – SMS FORM 125**

**Ref No**.....

**A Data**

- 1. Aircraft Cal Sign ..... 2. Aircraft type .....
- 3. Operator .....
- 4. Phase of Flight:  Taxiing  Landing  Rolling  Stationary

**B The Incident**

1. Date of incident ..... Time ..... Place .....

2. Detailed Description of Incident / Accident  
(If additional space is needed, please write on a plain sheet and attach to this form)

.....  
.....  
.....  
.....  
.....  
.....  
.....

Name of Controller ..... Signature .....

Supervisor ..... Signature..... Date/Time.....

**C. Official Action**

Chief of Facility (Comments / Actions Taken)

.....  
.....  
.....

Submitted to SSQA Manager                      Date ..... Time .....

SSQA Manager (Comments/Action Taken) .....

.....  
.....

Investigator ..... Date ..... Time .....

**ATS OCCURRENCE REPORT FORM B – SMS FORM 126**

**Ref No**.....

**A Data**

- 1. Aircraft Cal Sign ..... 2. Aircraft type .....
- 3. Registration ..... 4. Operator .....
- 5. Place of Departure ..... 6. Time Of Departure .....
- 7. Destination .....8. ETA ..... 9. Route .....
- 7. Phase of Flight:  Climbing  Descending  Cruising

**B The Incident**

- 1. Date of Incident/Accident .....Time ..... Place .....
- 2. Status of facilities .....
- 3. Detailed description of Incident/Accident  
(If additional space is needed, please write on a plain sheet and attach to this form)

.....  
.....  
.....  
.....

Name of Controller ..... Signature .....Date..... Time.....

**C. Official Action**

Watch Manager's Comments/Actions Taken.....

.....

Chief of Facility (Comments / Actions Taken).....

.....

Submitted to SSQA Manager Date .....Time .....

SSQA Manager (Comments/Action Taken) .....

.....

Investigator ..... Date .....Time .....

**ATS OCCURRENCE REPORT FORM C – SMS FORM 127**

**Ref No.....**

1. Date ..... Time .....

2. Facility/Equipment .....

3. Occurrence .....

.....  
.....  
.....  
.....

Name of Controller ..... Signature .....

Supervisor..... Signature .....

Submitted to Chief of Facility ..... Date ..... Time.....

Chief of Facility (Comments / Actions Taken).....  
.....  
.....

Submitted to Engineering Department

Received By ..... Date ..... Time.....

Action by Engineering Department  
.....  
.....

Form Return to Chief of Facility ..... Date ..... Time.....

Serviceability Checks by Chief of Facility / Watch Manager (Comments).....  
.....  
.....

Name .....Signature .....Date .....Time .....

**ATC WATCH MANAGER MONTHLY REPORT FORM D – SMS FORM 128**

<b>Ref No.....</b>	
1. Name .....	
2. Date ..... Period .....	
PERSONNEL: Attendance / Movement	
EQUIPMENT: Serviceability Repair / Change	
OCCURENCES / INCIDENTS	
AERODROME	
MISCELLANEOUS Environment / Telephone Computer etc.	
GEERAL REMARKS	
Submitted To Chief of Facility <span style="float: right;">Date ..... Time.....</span>	
Received by Chief of Facility <span style="float: right;">Date ..... Time.....</span>	
<b>VOLUNTARY AND CONFIDENTIAL REPORTING FORM – SMS FORM 129</b>	
<b>Ref No.....</b>	

**A AIRCRAFT RELATED EVENTS**

1. Aircraft Cal Sign ..... 2. Aircraft type .....
3. Registration ..... 4. Operator .....
5. Place of Departure ..... 6. Time Of Departure .....
7. Destination ..... 8. ETA ..... 9. Route .....
7. Phase of Flight:  Climbing  Descending  Cruising  Taxiing  
 Landing  Rolling  Stationary

- B. OTHER EVENTS**  Equipment /Facility  Procedures  Personnel  Others

**C. THE OCCURRENCE**

1. Date of Occurrence.....Time ..... Place .....
2. Status of facilities .....
3. Detailed Description of Occurrence  
(If additional space is needed, please write on a plain sheet and attach to this form)

.....  
.....  
.....  
.....  
.....

Name of Controller (Optional) ..... Telephone .....

Signature ..... Date..... Time.....

**C. Official Action**

Submitted to SSQA Manager ..... Date ..... Time .....

SSQA Manager (Comments/Action Taken).....  
.....  
.....

Assigned Investigator ..... Date ..... Time .....