
	TANZANIA CIVIL AVIATION AUTHORITY SAFETY REGULATION AERODROMES AND GROUND AIDS	Revision: 0
Document No. TCAA/FRM/SR/AGA-23	CHECKLIST FOR REVIEWING VALIDITY OF AERONAUTICAL STUDY AND RISK ASSESSMENT	Page 1 of 2

AERODROME NAME:	ICAO REFERENCE CODE:
AERODROME INSPECTOR:	DATE:

S/N	Review Item	S	U	Remarks
1	Purpose of the study including (a) Address safety concerns, (b) Identify safety measures, and (c) Make reference to Specific regulation ;			
2	Consultation with stakeholders, senior management team and divisions/ departments affected;			
3	The study is approved by a senior executive of the organization;			
4	Background Information on the current situation prompting aeronautical study;			
5	Proposed date for complying with the regulations and SARPs, if the deviation is due to development of the aerodrome;			
5	Proposed date for complying with the regulations and SARPs, if the deviation is due to availability of resources for timely implementation;			
6	Safety assessment including (a) identification of hazards and consequences and (b) risk management;			
7	The safety assessment used in the study (e.g. hazard log, risk probability and severity, risk assessment matrix, risk tolerability and risk control/mitigation);			
8	Recommendations (including operating procedures/ restrictions or other measures to			

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S/N	Review Item	S	U	Remarks
	address safety concern) of the aeronautical study and how the proposed deviation will not pose a degradation in the level of safety;			
9	Estimation of the effectiveness of each recommendation listed in the aeronautical study;			
10	Notification procedure including process flow, time frame and the publication used to promulgate the deviation;			
11	Conclusion and recommendation of the aeronautical study, risk assessment and acceptability of proposed alternative means of compliance (AMC);			
12	Monitoring of the deviation; and regular review of exemptions granted to assess continued validity			
13	Notification to Director of Safety Regulation once the temporary deviation has been corrected.			
14	Notification to Director of Safety Regulation in case prolonged extension is required			

GENERAL OBSERVATIONS

Note: S – Satisfactory, U – Unsatisfactory,

INSPECTOR'S SIGNATURE _____ DATE OF VERIFICATION _____