Change notification by ANSP

In accordance with CAA Regulation 09/2020 transposing Regulation (EU) 2017/373
Please read the attached Guidance Notes before completing thisform.

1. Contact details	
1.1 Name of the ANSP (Certificate holder and Certificate number(s)):	
1.2 Address where the change will take place:	
1.2 Primary Contact person for this change:	**Secondary Contact person for this change:**
1.3 Job title:	
1.4 Phone:	
1.5 Email:	

2. Identification of Change	
2.1 Date of submission of this notification:	
2.2 Provide a title for this change:	
2.3 Propose a date for the introduction of the change:	
2.4 Reference:	**2.5 Notification version no.:**
2.6 Date of the first submission (in case of new version):	

3. Functional system changes		
Tick the appropriate box or boxes		
☐	**Change to the system**	
☐	**Change to the procedures**	
☐	**Change to the human resources**	

4. Safety Assessment						
4.1 Safety Assessment (Severity Level)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	N/A☐
4.2 NON-ATS Entity in charge of Safety Support Assessment:						

4.3 ATS entity in charge of Safety Assessment:

5. Description of the Change

5.1 Type of change: Tick one box only

☐ **Routine Change** conducted in accordance with change procedures approved by the CA: *(notification minimum 10 working days in advance of the change)*

☐ **Non-complex change** to the management or safety management system or the Functional System *(minimum 35 working days in advance of the change).*

☐ **Complex change** to the to the management or safety management system or Functional System *(minimum 90 working days in advance of the change)*

☐ **Unplanned/Urgent Change** conducted in accordance with change procedures approved by the CA *(notification is submitted as per SP CA approved procedures)*

Note: A CA review may take place for any of the above changes. The SP will be notified.

5.2 Purpose of the change:

5.3 Reason for the change:

5.4 Place of implementation:
5.5. Constituents of the functional system being changed: (if relevant) (Equipment/Procedures/Human Resources)

6. Describe the impact of the change:	Yes	No
a. Will the change:		
a) result in a new or changed safety case or safety assurance documentation	☐	☐
b) result in new or changed interoperability (IOP) documentation	☐	☐
c) introduce a technology that is new to the notifying organization	☐	☐
d) result in a change to operational or engineering manuals	☐	☐
e) result in user training for operators and/or engineers	☐	☐
f) require a 'deviation' from your change management procedures or your procedure for the detection of cases of problematic use of psychoactive substances	☐	☐
g) impact on the organizations ANSP/TO certificate	☐	☐

6.b Describe other impacts/or provide details/elaboration to the result of 6.a:

7. Service Providers /other aviation undertakings affected by the change:
Mark affected services and state name of undertaking:

☐ Air Traffic Services (ATS): _____

☐ Communication: _____

☐ Navigation: _____

☐ Surveillance Systems: _____

☐ Aeronautical Information Services (AIS): _____

☐ Meteorological Services (MET): _____

☐ Air Space Management (ASM): _____

☐ Air Traffic Flow Management (ATFM): _____

☐ Other - Provide details hereunder: _____

Other - provide details

8. Safety acceptability of a change to the functional system

ATS.OR.210 Safety criteria

(a) An air traffic services provider shall determine the safety acceptability of a change to a functional system, based on the analysis of the risks posed by the introduction of the change, differentiated on basis of types of operations and stakeholder classes, as appropriate.

(b) The safety acceptability of a change shall be assessed by using specific and verifiable safety criteria, where each criterion is expressed in terms of an explicit, quantitative level of safety risk or another measure that relates to safety risk.

8.1. Quantitative Measure (level) of Safety Risk (pre mitigation)

Based on the analysis of the risks posed by the introduction of the change where each criterion (i.e. specific and verifiable safety criteria) is expressed in terms of an explicit quantitative level of safety risk.

Summary of the Preliminary Safety Assessment for the Change (including the justification for the Severity of the consequences of the change)	Highest Severity Class for the potential effects of the hazards identified
[description]	enter figure or n/a

8.2 Other Measures (Proxies) related to Safety Risk (pre-mitigation)

Based on the analysis of the risks posed by the introduction of the change where each criterion (i.e. specific and verifiable safety criteria) is expressed in terms of another measure (i.e. a proxy) that relates to safety risk.

AMC2 ATS.OR.210(a) Safety criteria - Other measures related to safety risks — proxies

[Confirm the following;] *Proxies for safety risk, used as safety criteria for those parts of the functional system affected by the change, shall only be employed when:*

☐ (*a) a justifiable causal relationship exists between the proxy* [or proxies] *and the harmful effect, e.g. proxy increase/decrease causes risk increase/decrease*

☐ (*b) the proxy* [or proxies] *is sufficiently isolated from other proxies to be treated independently;*

☐ *(c) the proxy* [or proxies] *is measurable, quantitatively or qualitatively, to an adequate degree of certainty.*

List the proxy or proxies used related only to the highest risk(s) (i.e. where *the proxy is measurable, quantitatively or qualitatively, to an adequate degree of certainty*).

1.
2.
3.
4.
5.

Where a quantitative value is derived provide the highest quantitative measure which relates to the highest risk(s)	enter figure or n/a

☐ Where a qualitative approach is used attach the empirical evidence which relates to the highest risk(s)

9.Other Service Providers or aviation undertaking affected by the change?

No ☐ **Yes** ☐ *If yes, list hereunder:*

Title
1.
2.
3.
4.
5.

10. Name of entity which oversees or is responsible for the assurance case?

Insert name

List all organizations involved in developing the safety assurance documentation if applicable

1.
2.
3.

11. Attachments to this notification:

No ☐ **Yes** ☐ *If yes, list titles and version numbers hereunder and attach to the submission:*

Title	**Version No.**
1.	1.
2.	2.
3.	3.
4.	4.

12. Declaration

I declare that I have the legal capacity to submit this Notification to the competent authority and that all information provided in this Notification form is correct and complete.

Name of person submitting the notification	Date of submission
(Insert here)	(Insert here)