

Safety Management System Manual Acceptance

CA 102B

Name of organization seeking manual acceptance					
Brief detail	s of consultative process (all stakeholders and res	sults) if applica	ble.		
I certify tha	t the manual referred to in this form fulfils the crite	ria laid out by l	CAO in Doc 9859 as evidenced below.		
Name of Of	fficer:	Date:			
Signature:					
	<u>ITEM</u>	PAGE NUMBER	<u>COMMENT</u>		
1)	Document control procedures				
2)	SMS regulatory requirements				
3)	Scope and integration of the SMS				
4)	Safety policy				
5)	Safety objectives				
6)	Safety accountabilities and key personnel				
7)	Safety reporting and remedial actions				
8)	Hazard identification and risk assessment				
9)	Safety performance monitoring and measurement				
10)	Safety-related investigations and remedial actions				
11)	Safety training and communication				
12)	Continuous improvement and SMS audit				
13)	SMS records management				
14)	Management of change				

15)	Emergency / contingen	ncy response plan		
Date/Signature		Comments by Stakeholder	S	
Date:				
CAS				
Date:				
cgs				
Date:				
	QAM			
ACCEPTANCE/SIGN OFF		Ensure attached manual, and all amendments have been incorporated in this final version and accepted by section heads.		
The above manual is accepted.		The above request is not accepted/pending acceptance subject to –		
Signature:				
(Chief Exec	cutive)			
(Date):				
Effective Date:			File No.	
All actions c	ompleted. Attach copy of i	manual to this form & file:	(Signature/Date)	
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