



<b>Title</b>	<b>NOTIFICATION OF A PROPOSED CHANGE BY A SERVICE PROVIDER</b> IN ACCORDANCE WITH EUROPEAN COMMISSION REGULATION (EU) 2017/373
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**1. Type of notification:** Tick one box only

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

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

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

**Unplanned 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.*

**2. Reference and version number of this notification:** insert text / numbers

Provide your organisation's unique reference number for this change. Also add a version number. Should the information in a change notification change, a new change notification form must be submitted with the same reference number but with the version number increased by one.

Org unique reference number	Version number

**3. Organisation Details:** insert text

Name of SP:	
	PLEASE SPECIFY - DTBU, CTBU, STBU, SENR, EIDL, EIKN, EIKY, EISG, EIWF, EIWT, MET or OTHER
Address where change will take place:	

<b>4. Primary contact person for this notification:</b>	<b>5. Secondary Contact:</b> insert text
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Person with overall responsibility for the implementation of the change	Person involved in the implementation of the change who can act for the primary person
Title:	
Name:	
Phone:	
E-mail	

**6. Proposed Change**

General change <input type="checkbox"/>	Functional System change <input type="checkbox"/>
<b>Title for this change</b>	<i>[description]</i>
<b>Reason / Justification if Unplanned Change</b>	<i>[description]</i>
<b>Planned date for Introduction into Service</b>	<i>[dd/mm/yyyy]</i>



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**7. Service impacted by the change.**

Tick the box to indicate which services are affected by the change. If not listed tick 'Other' and provide details.

Air Traffic Control (ATC)	<input type="checkbox"/>
Aerodrome Flight Information Service (AFIS)	<input type="checkbox"/>
Communication systems	<input type="checkbox"/>
Navigation systems	<input type="checkbox"/>
Surveillance systems	<input type="checkbox"/>
Aeronautical Information Services (AIS)	<input type="checkbox"/>
Airspace Management (ASM)	<input type="checkbox"/>
Meteorological Services	<input type="checkbox"/>
Air Traffic Flow Management (ATFM)	<input type="checkbox"/>
Other - Provide details hereunder	<input type="checkbox"/>

**8. Functional System changes**

Tick the appropriate box or boxes

<input type="checkbox"/> Change to the system	<i>[description to include whether the change is new, modified or removal]</i>
<input type="checkbox"/> Change to the procedures	<i>[description to include whether the change is new, modified or removal]</i>
<input type="checkbox"/> Change to the human resources	<i>[description to include whether the change is new, modified or removal]</i>

**9. Describe the impact of the change.**

Tick the appropriate box and describe other potential impacts not listed.

	Yes	No
Will the change result in a new or changed safety case or safety assurance documentation	<input type="checkbox"/>	<input type="checkbox"/>
Will the change result in new or changed interoperability (IOP) documentation	<input type="checkbox"/>	<input type="checkbox"/>
Will the change introduce a technology that is new to the notifying organisation	<input type="checkbox"/>	<input type="checkbox"/>
Will the change result in a change to operational or engineering manuals	<input type="checkbox"/>	<input type="checkbox"/>
Will the change result in user training for ATCOs and/or engineers	<input type="checkbox"/>	<input type="checkbox"/>
Will the change require a 'deviation' from your change management procedures or your procedure for the detection of cases of problematic use of psychoactive substances	<input type="checkbox"/>	<input type="checkbox"/>
Will the change impact on the organisations ANSP/TO certificate	<input type="checkbox"/>	<input type="checkbox"/>

**Describe other impacts of the change hereunder.**

*[description]*



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**10. 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.*

**10.(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
<i>[description]</i>	enter figure or n/a

**10. (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
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Where a qualitative approach is used attach the empirical evidence which relates to the highest risk(s)



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

No  Yes  If yes, list hereunder:

Title

- 1.
- 2.
- 3.
- 4.
- 5.

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

*Insert name*

*List all organisations involved in developing the safety assurance documentation if applicable*

- 1.
- 2.
- 3.

13. Attachments to this notification:

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

Title

Version No.

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

14. 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)

This notification form should only be sent when the online form is not serviceable. Download this form and fill in the appropriate fields (see ASAM No 38/39 for guidance). The completed form should be retained as a record (with the automated message) of when and what was sent to the CA. Please email to [ansdinfo@iaa.ie](mailto:ansdinfo@iaa.ie)

**Data protection:** Personal data included in this application is processed by the IAA pursuant to European and National Regulations on the protection of individuals with regard to the processing of personal data. It will be processed solely for the purposes of the performance, management and follow up by SRD of the IAA, without prejudice to possible transmission to internal audit services. The applicant shall have the right of access to his/her personal data and the right to rectify any such data that is inaccurate or incomplete. Should the applicant have any queries concerning the processing of his/her personal data, he/she shall address them to the IAA at the following address: [ansdinfo@iaa.ie](mailto:ansdinfo@iaa.ie)