

NAMIBIA CIVIL AVIATION AUTHORITY

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RISK ASSESSMENT EVALUATION FORM			
FSS GEN FORM-701-05			
File Reference	Inspector's Name	Date	Facility/Location
Name of Service Provider	Activity for which Risk Assessment is being conducted	Contact Person	Contact Phone No.

No	Compliance Question	S	N/S	N/A	Remarks
1	Has the risk assessment been done using appropriate risk management tools?				
2	Is the risk assessment done by the applicant adequate for all the risks identified for the activity this application refers to?				
4	Does the risk assessment address all hazards associated with the process				
3	Does the risk assessment consider appropriate probability weighting				
4	Does the risk assessment consider appropriate severity weighting				
5	Does the risk assessment use an acceptable matrix to combine probability and severity				
6	Does the risk mitigation control the risk to an acceptable level of safety				
7	Are the proposed mitigations appropriate for the management of the risk assessed?				
8	Has the mitigation been assigned to a responsible party				
9	Does the mitigation have a time frame for completion				
10	Is the risk assessment completed by an appropriately qualified party and signed by a third party (accountable executive or equivalent, as applicable)				
11	Does the risk assessment have a conclusion, that is to continue the action or continue the operation after implementation of the mitigations etc.				

Inspector Recommendations:

Name and Stamp	Signature	Date

Senior Manager Recommendations:		
Name and Stamp	Signature	Date

General Manager Recommendations:		
Name and Stamp	Signature	Date

AFTER THOROUGH EVALUATION OF THE EVIDENCE PROVIDED, I HEREBY DO / DO NOT APPROVE THE RISK ASSESSMENT		
Name and Stamp	Signature	Date