

# CHIRP FEEDBACK

Issue No: 87

Summer 2008

## SECURITY REPORTS

**CHIRP Narrative:** Shortly after the revised airport security arrangements were introduced in August 2006, we highlighted the difficulties that uniformed flight crew members and engineers were experiencing with the new restrictions. One was related to the carriage of fluids, including essential prescription and non-prescription medication; a second was the inconsistent application of the new restrictions. The practical difficulties related to these restrictions and the reasonable expectation that uniformed flight crew members should be treated in a consistent manner have been represented to the Department for Transport and the CAA by **CHIRP** and a number of other professional bodies, including BALPA and GAPAN. As the 'new' restrictions approach their second anniversary, it might be anticipated that some of the difficulties experienced after the introduction of the new rules, such as the seemingly relatively simple issue of the carriage of contact lens fluid by flight crew and, more generally, a consistent application of the DfT guidelines at individual airports, would have been acknowledged as unnecessary irritants and resolved. The evidence from reports that we continue to receive is that, disappointingly, this is far from the case:

(1)

**Report Text:** I reported at my base to operate a flight to LHR early morning. I have had a chance recently to update my understanding of the differences between operating crew and passengers with respect to the carriage of liquids. In this case, more than 100ml of contact lens fluid. I understand that as operating crew I am allowed to carry such liquid in quantities greater than 100ml.

During the security search the entire crew (and all passengers) were asked to remove all belts and shoes. This is another arbitrary search SOP implemented by this Airport Authority.

My contact lens liquid was presented clearly in the requisite bag and went through the x-ray. On the other side of the x-ray one of the security staff picked the liquid container up and said, "You can't take that". I replied that as operating crew I was certain that I would be allowed to carry any non-prescription medicine in any quantity if I deemed it necessary to carry out my job, in accordance with the Department for Transport Directions to Aircraft Operators and Aerodrome Managers publication. His reply and action was, "Well you're not taking it" and then threw it into a bin. When I

asked for my property to be returned he refused. When I asked to see his supervisor, he claimed to be the supervisor and when I asked for his name he refused to give it.

All of this was witnessed by my co-pilot. I then took time to contact my company security manager on my mobile and during the conversation I was interrupted once again in a threatening and aggressive manner by the same person. On arrival at the flight deck to conduct my flight fortunately we had a substantial slot delay to provide time to write a Company Safety Report and contact my handling agent duty manager to report the incident.

I have several observations to make:

- 1) Security staff (notably only in the UK) do not understand the differences allowable between operating crew and passenger security searches. When I present myself at security throughout the UK, I am not sure what is required and how. Inevitably, it

### WHAT'S IN THIS ISSUE?

	Page
<b>SECURITY REPORTS</b>	
Security Reports .....	1-3
<b>ENGINEER REPORTS</b>	
Acting in the Company's Best Interests .....	3
Base Maintenance Authorisations .....	4
EASA Licence Course - Scope Concerns.....	5
Ramp Air Quality .....	5
<b>ATC REPORTS</b>	
Walk the Walk - Or Talk the Talk? .....	6
Creatures of Habit .....	6
<b>CAA (SRG) ATSINS</b> .....	7
<b>GA REPORT</b>	
Not Minded to Reply.....	7
<b>FLIGHT CREW REPORTS</b>	
TCAS Advisory - Who's There? .....	7
<b>London TMA - Inbound Descent Speed Trial - INFORMATION</b> .....	7
'Direct to' vs 'Own navigation' .....	8
RTF Congestion/Phraseology .....	8
Crosswind Reporting .....	8
Luton ATIS .....	9
Flight Simulator Characteristics .....	9
<b>Scheduling Agreements and FTLs - INFORMATION</b> .....	9
Persuasion to Operate .....	9
Rostering - Use of Standby .....	10
CAA Working Time Directive Regulations .....	10
<b>CABIN CREW REPORTS</b>	
Joint Briefings .....	11
Reluctance to Contact Medlink.....	11
<b>CAA (SRG) FODCOMS / Contact CAA Fit Ops Inspectorate</b> .....	12
<b>Change of Address Notification</b> .....	12
<b>Contact CHIRP</b> .....	12

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An Air Transport Safety Newsletter

from **CHIRP** the Confidential Human Factors Incident Reporting Programme

is different to the last UK airport I operated into and I will be "challenged" by the local staff. This is not conducive to flight safety.

- 2) The manner in which the false 'requirements' are implemented is inconsistent in application and often deliberately inflammatory. I would liken it to "Nightclub Bouncer" style of enforcement. The security staff member in the above incident kept repeating, "I am not at liberty to divulge that information" even when asked for his name.
- 3) My CRM training is designed for Crew Resource Management; in this writer's opinion, it has no bearing whatsoever on non-flight deck conflict resolution. This is a safety issue of the very highest order. I would also add that my CRM training provided no guidance at all on dealing with life stresses outside work. It only highlighted that I should be aware that it impacts on my spare capacity. It didn't and doesn't provide any techniques to lower those non-work related stress levels, and nor should it. CRM training is wholly unacceptable as a means to manage the effects of security induced stress.
- 4) It is clear that as flight crew we are being subjected to a miasma of ineffective and arbitrary protocols. We are operating in the area of uncertainty where three government agencies are clearly unable to coordinate between them one set of rules for the passengers and another for operating crew.

It is clear that as operating crew we have different levels of access on the aircraft and as a result of this vacuum of leadership from the CAA and DfT TRANSEC, we are being taken to task by an army of "shopping mall" security staff, who it now seems could have criminal convictions and still hold an airside pass because they are not UK nationals.

You could not make this up!

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### (2)

**Report Text:** After a scheduled crew nightstop at a UK regional airport, we made our way to the aircraft via the standard crew route (from crew room) to staff/crew security. I was the first in the queue and was asked to remove my shoes which I promptly complied with. A female security officer retrieved my nightstop bag, after it had been scanned through the x-ray machine and conducted an additional manual search.

At this point, she promptly informed me that a number of items containing fluids, being in excess of 100ml, were contravening the cabin security policy and would not be allowed through. I informed security that the bag was to be stowed in the forward hold and would not be in the cabin. The reply was to check the bag in with passenger baggage, but as we were operating three consecutive sectors, this solution was not satisfactory, as I would not be able to collect it at our first destination.

I was getting very irritated by this time and it was then suggested to me that maybe our handling agent could assist by passing the bag through 'oversize baggage' once I had taken it through to passenger check-in. As this was the only offer, I took the bag to oversize baggage where it was scanned a further time.

I returned to crew security and as soon as I was airside, my bag was then promptly handed to me by a baggage handler!!!

The pointless frustrating net result:

1. Security alienating themselves (as we are hopefully 'playing for the same team').
2. Late departure - even though the F/O had completed my pre-departure duties in addition to his own.
3. The feeling of being very 'wound up, frustrated and irritated' by the whole experience and being made to feel part of the 'security problem'.

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### (3)

**Report Text:** Airport security staff at ### have now decided that they will apply rules which are more stringent than the passenger channels in the main terminal. Security staff are now enforcing a 100% 'shoes off' policy. The reason is apparently to avoid discussions with flight crew/cabin crew and airport staff about who has to be the ones to remove their shoes.

This new rule has nothing to do with safety and security but everything with an easy life for security staff. The new procedure is time consuming and attracts adverse reactions. The Security staff treat crewmembers as if they are the enemy and the problem.

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### (4)

**Report Text:** I was in uniform, having come from the night-stop hotel, ready to start my duty day. I presented my liquid toiletries in a clear plastic bag for X-ray to be told that the bag was the wrong size and "not one we use here at this airport".

I was irritated to say the least but complied with the instruction to swap all the toiletries over to the required bag that was supplied. The bag that I had been using is approximately 20cm in both dimensions, clear, and has a seal. The bag is several months old, has passed through the scanners of at least five other UK airports, including the crew report centre at my base, two U.S. airports, and those of all the major European capitals.

It is the inconsistency of the security process, the attitude of a very few staff and the pettiness which ignores the big picture that I find frustrating. I have heard many examples of similar treatment being meted out to my colleagues.

The UK airports are far stricter than the rest of Europe with regards to crew in uniform. I can fly into and out of the UK every day for several days and only at the start of the sequence have my toiletries separately inspected; this means I complete many approaches over London without having complied with DoT approved procedures.

The whole event seems minor now, but it left me feeling that I was part of the problem and not part of the solution.

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### (5)

**Report Text:** I am a certifying engineer at a major UK airport, currently on contract with a UK Airline. I have become used to the stress and irritations related to the security issues of entering my normal place of work every day, and I note with interest the number of reports

CHIRP receives regarding this issue. Although I do not enjoy the feeling of being molested by security staff every time I go airside, I do understand that it is necessary, just as regular trips to the dentist are also necessary!

However, a recent incident, where I felt that I was physically assaulted, has brought me to vent my frustrations through CHIRP! As I do many times a day, I had walked through the metal detector and was searched, after which I sat down to put my shoes back on. I placed my coat on a table adjacent to the chair provided for the refitting of shoes. Apparently, and without realising, I had placed my coat on top of a personal item belonging to a senior member of the security team. The senior member of the security team then proceeded to angrily pick up my coat and throw it into my face whilst I was leaning forward to refit my shoes. I was quite taken aback by this and I was left speechless and in shock for quite a few moments! I asked my colleague, who was sat next to me also refitting his shoes, if he had seen what had just happened, which he had!

Although I had a witness to the event, I was aware that I would be placing myself in a very risky position if I were to complain about this event! My wife is pregnant with our 1st child, and I am not a permanent employee. Being on contract, I am fully aware that if there are ANY complications involving my security pass and my ability to gain access to the airport, the Company would have no choice but to let me go. I felt therefore, that due to my personal circumstances, my best response would be to walk away from the incident.

On returning to the office, I discussed this event with my colleagues, who agreed that I had probably done the right thing in just walking away. The shift leader referred to CHIRP FEEDBACK Issue 86, with particular reference to the fact that there is no recourse for individuals who have had experiences such as I had. I am grateful to my colleagues, who kindly talked to me about this incident, and helped me to calm down as I was quite distressed. After a coffee and a chat we went back to the aircraft we had been working on, to continue troubleshooting a significant engine defect.

I have now put the incident in the special place in my memory, next to the rather harrowing experience of having my wisdom teeth removed. In making this report I have at least a small hope, that highlighting this incident may possibly have some sort of effect on CHIRP's efforts to have the Security issue addressed. Hopefully, if enough people continue to report their experiences, we will one day return to a point where the going in and out of your normal place of work, is an experience which does not warrant discussion by thousands of professional people across the country? We'll see!

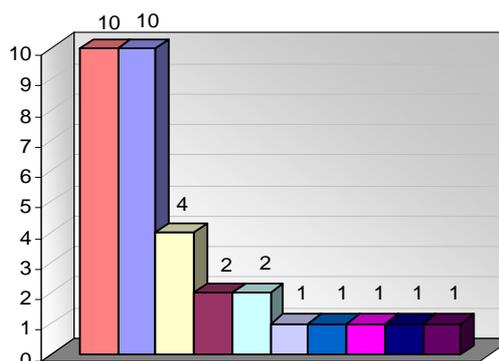
**CHIRP Comment:** The CAA has indicated recently that the number of MORs related to security incidents has increased; however, relatively few of these identify an actual flight safety risk such as a missed check or a specific action that was necessary to mitigate any risk to flight safety, such as delaying the scheduled departure. In the absence of such evidence, the CAA maintains the view that security incidents do not

represent a significant threat to safety and thus, by implication, fall outside the Authority's regulatory remit.

The reluctance of individuals to declare formally that their ability to operate had been impaired as a result of a security experience is understandable; however, it is important to include in any formal report any outcome or additional precaution arising from a security experience, if this problem is to be acknowledged and addressed.

## ENGINEER REPORTS

**Most Frequent Engineering Issues Received:  
12 Months to June 2008**



- **Maintenance**  
(Line, Base, Repairs)
- **Security**  
(Ground)
- **Regulation/Law**  
(Compliance with)
- **Procedures**  
(Use by Others, Adequacy, Existence)
- **Company Policies**  
(Operational, Safety Reporting, Disciplinary/Grievance)
- **Documentation**  
(Suitability/Adequacy)
- **Environment**  
(Visibility, Icing, Wind, Temperatures)
- **Aircraft Technical**  
(Systems)
- **Resources**  
(Manpower/Personnel, Tools/Equipment)
- **Licensing**  
(Engineering Licenses)

### ACTING IN THE COMPANY'S BEST INTERESTS - A SALUTARY TALE

**Report Text:** With reference to the Engineering Editorial, Issue 86, "Have you ever made a significant mistake", the following might be of interest to your readership ...and perhaps thought provoking!

The aftermath of this incident, in which a nose gear axle snapped on landing, was an experience I would not recommend to anyone; however, it is one that I would personally like to pass on as a reminder as to what can happen given the right set of circumstances. Looking back on it now, it has perhaps made me a better engineer (although I'm sure there are some who would, perhaps, beg to differ!). In fact having not recommended the experience, maybe it would be a good idea to put every aircraft engineer through it just to put things into perspective! Character building, I think it is called.

It all started off on a Sunday. It was my day off. At the time I was a Maintenance control engineer for #####. I have a PPL and that lunchtime I spoke to my flying partner. It was a great flying day. We rigged the microlight and visited a nearby airfield, lunching on a bacon bap. Returned, de-rigged and retired home, tired and satisfied to a roast dinner. The dinner was half way through cooking so I phoned Maintenance Control just to confirm that I was still on overtime the next day. The first glass of wine poured and a sip taken. As it happened, whilst I was on the phone, I was asked if I fancied a trip to Southern Europe, sooner rather than later!

So, 50 minutes later I'm in the flight deck of a company aircraft en route to Southern Europe. I've left behind one very (very!) irate wife, one delicious roast dinner and two disappointed children. I've driven in and leapt on board the held flight with minimum tools and a hastily produced maintenance manual reference for a wheel change, with very little knowledge of what I might find there.

On arrival I hadn't even reached the bottom of the steps when the agent asked how long the job would be!! I had heard on the HF radio on the way that it was a bearing failure of the right hand nose wheel; the wheel had been removed and stowed in the forward hold. Some difficulty had been experienced removing the inner race from the axle, apparently.

The damage to the axle was noted and verbal details passed to Maintenance Control, which was manned that night by an avionics engineer. He was struggling to find any information whatsoever as to damaged wheel axles and the limitations. I suggested that he should keep delving and I would call back.

It was at that point I was contacted by the pilot who had brought me out from the UK. He said he was having difficulty refuelling his aircraft. I advised him on what to do and went over to assist for a few minutes. It seemed to be going OK so I left it to him and went back to the axle. By this time a gathering of crew, dispatchers and loaders had gathered around the axle! I was trying to buy some time for Maintenance Control at the time but it was becoming increasingly difficult.

Now, it was at this point, with 20/20 hindsight, I should have told the whole crowd to clear off, leave me to my inspections and come back later when I've come to some sane and safe conclusion! However; for reasons I still cannot answer to this day I gave the graze on the axle a quick dressing, peered into the axle chamber with a torch and decided there and then it would be ok! Unbelievable, I know. But there you are.

Also at this point, the other captain wanted help again with refuelling. So I went over again. This time a tank needed to be dipped due to incorrect calculations. So, this I did teetering on the top of a pair of inadequate steps, did the calculations and left him to it. That I didn't need either!

Upon return to the axle I do remember thinking "Right, let's get these nose wheels changed and get the hell out of here 'cos I've had enough of this."

So I did just that! Started to change the wheels and told the dispatcher and pilot 30 minutes. Whilst pumping up the wheels I thought I'd try to look at the

U/S removed wheel ..... no good; it was buried under baggage in the hold; it had been that way ever since my arrival! When I eventually got to see the wheel much later in UK, it was a right mess! But to say it might have changed my mind if I had seen it that night is pure speculation.....

So, there is the end of a sorry tale. I jumped on board and was praised by a number of passengers who had found out that it was I who had got them home from their holidays! Take off was smooth, and retraction OK. But looking back, wouldn't it have been a mess had the axle failed on retraction braking?? My blood runs cold to this day thinking of that scenario!

The rest is history. It was the side load at only 10-15 kts as we turned off the runway on landing that broke the camel's back. The aircraft was scheduled for one more ferry flight to our maintenance base but of course never made it.

In conclusion, I heard little alarm bells several times that evening. Firstly, the lack of technical data available; there is always (ALWAYS) information available about any piece of equipment on our aircraft and if we cant find it, find someone who can - but at 11pm on a Sunday night that can be a hard task especially when the terminal is full with 200 pax waiting on your technical dithering!

Secondly, I do remember thinking that the other pilot was being an unnecessary (no offence to him, he had a legitimate problem) distraction to my already frazzled concentration. Finally, when I did commit pen to paper I called Maintenance Control for a last time to pronounce it serviceable. He still had no info for me. By that time it was half boarded and I had written it up in the log. I put the phone down...."Hmmm maybe I should have waited".

I expect that between reading this and the official report many other engineers will find other glaring errors and omissions. "Why did he do that?"; "what on earth was he doing?" etc. Don't you think I have not asked myself all these questions and more? The main point is to put yourself in the situation. Yes, I messed up. I was tired (knackered!), I was hungry, I was distracted, I was under immense pressure, I had inadequate tooling and information. All excuses I know, but:

Does it sound familiar? ..... Should you ever end up in a similar spot, please feel free to think of me. Put your hand up and say, "Stop".

This essay was written over three years after the event. I was asked to write it for a series of lectures on human factors in aircraft engineering. I hope it will be of use and that some positive thoughts and actions will come from it.

And the AAIB final recommendation:

"It is recommended that the CAA requires the operator to review their procedures for maintenance away from base with the object of making them more robust and removing some of the pressure from the LAEs sent to rectify aircraft down route."

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## BASE MAINTENANCE AUTHORISATIONS

**Report Text:** This represents the culmination of the progressive de-skilling of the maintenance operation at

this MRO. As a Part 145 Organisation, the Quality Department has seen fit to downgrade the B licence responsibility of certifying modifications to A stamp holders, in direct contravention of Maintenance Organisation Exposition (MOE) procedures. Under these, no-one below the EASA 145 Certifying boundary can certify for the task of continuity checks in a modification.

Some of the A stamp holders here have been fast-tracked to satisfy the MOE and have no experience in systems, much less certifying flight critical modifications.

CAA Procedures are being distorted here to suit the operation. This has to be brought to light. Experience can only be diluted so far, and it is of grave concern among the certifying staff. This has wide-ranging implications to the operation here and to the industry and must be addressed.

**CHIRP Comment:** EASA Part 145 requirements for base maintenance specify that the final CRS (Certificate of Release to Service) is issued by a Cat C level authorisation, which is supported by Cat B level staff performing inspection or supervision; there are no specific requirements to have Cat A Mechanic licensed staff.

Within a base maintenance environment the task scope for the mechanic level can vary significantly and is dependent on the level and scope of training provided for such staff. The tasks will normally be completed by the mechanic and signed off (not certified) by the Cat B signatories.

Tasks up to Cat B level are not cleared directly using CRS authority; therefore, within a CAA approved authorisation scheme a company may develop the scope of tasks based very much upon a competence framework, provided that appropriate training and experience is provided. In this case it was confirmed that the staff concerned with performing and signing for the continuity check task had received the necessary training and this had been validated with appropriate experience.

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### EASA LICENCE COURSE - SCOPE CONCERNS

**Report Text:** I enrolled myself onto an external technical training course for EASA Part 66 Module 6. This was carried out at category 'A' level. At the start of the course it was decided that part of Module 6, parts 6.3.2 - Wooden Structures and 6.3.3 - Fabric Covering were not to be completed due to the lack of any practical requirement for the organisation's own staff, who comprised the majority of the students attending the course. I did not agree with this. However, the course notes did supply relevant information for the omitted areas, which were intended for self study.

Although I achieved a pass mark in the examination, I and others on that course did not receive any tuition or examination on the omitted parts.

I can appreciate that the organisation's own maintenance staff do not perform maintenance on wooden constructed aircraft, but at my current employer maintenance on wooden/fabric structures is performed.

The decision taken by the organisation's technical training instructor NOT to include the complete requirements with aspects of Module 6, parts 1 thru 21, was not, I believe, his to make as the course is offered on a commercial basis to external students.

Omitting sections of EASA part 66 modular studies due to company specific requirements allows knowledge gaps to develop which could ultimately lead to a technician forming an incorrect decision, with a possible risk to airworthiness.

**CHIRP Comment:** The organisation, although Part 147 approved, was not conducting this course as an approved course for the module, but as a refresher course on the key elements of the module. The matter was referred to the organisation's Training Manager, who stated that, in addition to the class based study, students were given ample time to enable them to self-study all aspects of the course from the supplied notes, together with the opportunity to ask questions if clarification was required; no comments had been received regarding a perceived shortfall in knowledge/training.

It was acknowledged that due to the course content and time constraints, the instructor determined the areas of subject matter which he/she considered required greater focus than others. In this particular case the theory for wood and fabrics had not been included, although ab initio style training was afforded. It was also expected that students would gain the relevant practical experience subsequent to the course, as this was not included as part of the syllabus; this was the case with all elements of the course.

It was further noted that the course in question was not and did not need to be approved, although the licence exam, which was being carried out under the terms of the organisation's approval, was conducted under conditions required by EASA thereby validating the pass mark attained by students for the module.

The purpose of any training is to ensure that appropriate skills and knowledge are acquired, providing the student with sufficient confidence to practice these new tasks. In this particular instance, the course subject matter was probably entirely appropriate for those students employed by the organisation concerned.

However, where a course is offered on a commercial basis to external students, the prospective student should ensure that the scope/content of the course is appropriate for their needs. To assist in this, the content of the advertised course should be clearly stated and the external students' expectations should be more clearly understood at the commencement of the course.

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### RAMP AIR QUALITY

**Report Text:** I have read with interest your recent articles regarding cabin air quality. My concern is the quality of the air on the ramp and around airports. Lots of the reported symptoms from breathing air contaminated with TCP (Organophosphate and Neurotoxin) are fairly common among staff working over long periods on the ramp.

There appears to be little research into the possible links with muscle twinges, light headedness, speech problems, fatigue and memory loss.

Is the Civil Aviation Authority and the Department for Transport going to broaden their research on the effects of being exposed to fumes from jet engine oil?

I have approached my local Health and Safety rep and shift manager regarding my concerns over this exposure and I am looking for further guidance.

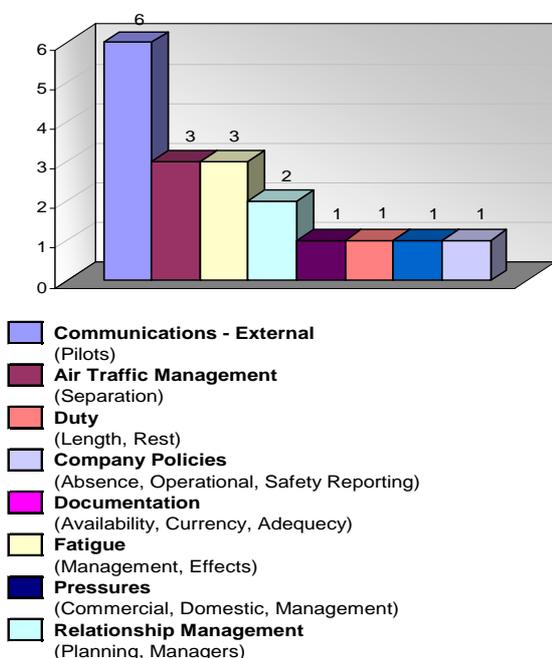
**CHIRP Comment:** The regulatory responsibility for ensuring safe environmental conditions in ground-based work locations including airport ramps lies with the Health and Safety Executive (HSE) and not the CAA. The reporter's query was referred to HSE who advised that currently the Executive is not sponsoring or undertaking any research in this particular area.

HSE proposed that the reporter's concerns be referred to the airport authority, which has Health and Safety obligations related to environmental monitoring; this has been done.

Most, if not all, of the symptoms listed by the reporter and sometimes perceived to be linked to exposure to organophosphates are also associated with relatively common medical conditions in the general population. We do not know of any substantive evidence that ramp workers are exposed to any significant health risks related to air quality.

## ATC REPORTS

Most Frequent ATC Issues Received  
12 Months to June 2008



### WALK THE WALK - OR TALK THE TALK?

**CHIRP Narrative:** In cases where a report involves an organisational/management issue, whenever possible but only with the consent of the reporter, we forward a summary of the concern, appropriately disidentified, to

the relevant organisation to permit the issue to be reviewed. This was the case with a report that we received related to manning levels.

**Report Text:** At two recent meetings the text of a CHIRP report was passed around by a senior manager for comment. He appeared to be extremely unhappy that someone had gone down this route rather than discussing it with him first.

There then appeared to be a 'witch hunt' to find out who had submitted it.

The main purpose of CHIRP is CONFIDENTIALITY. I find it unprofessional of a senior manager to appear to be carrying out such a search.

Having now read the report myself, I find it difficult to understand why the senior manager is so upset. I can't see a single untruth anywhere within it.

**CHIRP Comment:** Similar concerns to those raised by the original reporter had been raised previously both directly to the Unit management and also in Mandatory Occurrence Reports but had remained unaddressed.

This reporter's concerns about the senior manager's reaction to the report and its source were discussed at a more senior level with the organisation concerned.

Subsequently, the Unit management issued a written clarification of the Unit's commitment to an open and just safety culture in support of the organisation's safety management and culture, including the contribution of confidential reporting to the overall system safety.

## CREATURES OF HABIT

**CHIRP Narrative:** This is one of several reports received on the same topic:

**Report Text:** A busy arrival phase on the first day back at work following the merger of Thomas Cook and My Travel.

I have briefed appropriately and am well aware that the three-letter trigraph 'TCX' now relates to the callsign 'Kestrel' (previously 'MYT'). Despite 'Kestrel' being written on the printed Flight Progress Strip, I reply to the first call from a TCX flight and inadvertently use the callsign 'Topjet'. I correct myself, but as the situation gets busier I continuously read the radar display 'TCX' as 'Topjet' and become increasingly frustrated at my error.

My perception is that workload and my embarrassment increases each time I make the mistake. On transfer to the Tower, I apologise to the pilot and he replies that 'it's been happening all day'. Over the next few shifts I hear numerous colleagues making the same error.

We work in an industry which is supposedly a world leader in human factors and how to prevent human error; therefore, the callsign of one company and the three-letter code of the other? Ridiculous!

We are all slaves to our sub-conscious. Why create a situation likely to lead to error?

**CHIRP Comment:** This was a classic Human Factors problem. In spite of the operator seeking the advice of the principal ATC service provider and flight crew as to the preferred company callsign and also providing reasonable notice of the impending change thus permitting ATSUs to prepare for it, some ATCOs and pilots experienced significant difficulties subsequent to

the change for a period of up to four weeks. The situation was exacerbated by the timing of the issue of the new Air Operator's Certificate, which did not align with the AIRAC (Aeronautical Information Regulation And Control) cycle.

Frequently, such changes are driven primarily by commercial and/or marketing decisions with little consideration for the operational implications. This and the other similar reports received should be a reminder that, even when these are considered, if the opportunity for confusion exists, errors will be made.

## CAA (SRG) ATSINS

The following CAA (SRG) ATS Standards Department ATSINS have been issued since April 2008:

**Number 114 - Re-issued 30 April 2008**

Change to UK ILS Phraseology

**Number 130 - Issued 16 May 2008**

Public Consultation - UK Air Traffic Services Outside Controlled Airspace

**Number 131 - Issued 23 May 2008**

Change to TCAS ATC Procedures and Phraseology

**Number 132 - Issued 10 June 2008**

Revised UK Air Traffic Services Outside Controlled Airspace - Guidance to ATC and FIS Units

**Number 133 - Issued 11 June 2008**

SES Compliance Matrix

**Number 134 - Issued 14 July 2008**

Communication on Air Traffic Service Matters With the CAA

**Number 135 - Issued 14 July 2008**

Availability of Eurocontrol Training Courses

CAA (SRG) ATS Information Notices are published on the CAA (SRG) website -

[www.caa.co.uk/default.aspx?categoryid=33](http://www.caa.co.uk/default.aspx?categoryid=33) and click on the link 'Search for a CAA Publication'

## GA REPORT

### NOT MINDED TO REPLY

**Report Text:** I was flying close to AAA and maintaining a listening watch but not in two-way contact with AAA. I heard another pilot call "AAA Information" on two separate occasions. There was no response from AAA, so thinking that there might be a problem with their equipment I called "AAA Approach" and received an immediate response.

After another call from what appeared to me to be a student pilot, the instructor/2nd pilot called AAA Approach and also received a response. The instructor asked for the controller's name, as he said he wished to discuss the matter post-flight but this was refused.

This may seem like a minor incident but if the student had been alone and under pressure then a difficult situation might have arisen. Surely the correct response to a mistake of this nature is a reminder from the Approach service of their correct call sign on reply.

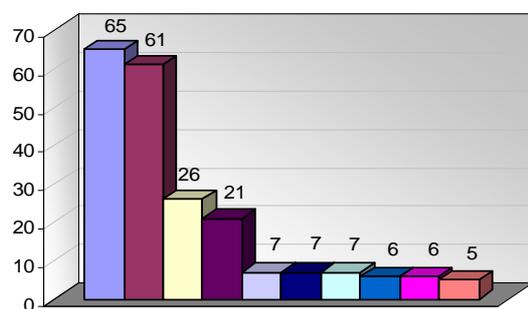
Anything which discourages low-hour GA pilots from speaking to local ATC is unhelpful to everyone.

**CHIRP Comment:** There is no justification for an ATSU to ignore an incorrect call of the type described, as appears to have been the case.

It is not appropriate to request a controller's name over the R/T; if a pilot wishes to follow up on an airborne situation, request a telephone contact number for the ATC unit concerned to permit a post-flight discussion. ATC RTF tapes are required to be retained for a minimum of 30 days.

## FLIGHT CREW REPORTS

**Most Frequent Flight Crew Issues Received:  
12 Months to June 2008**



- Duty**  
(Rosters/Rostering, Rest, Length, Crewing, Disruption)
- Security**  
(Ground)
- Communications - External**  
(ATC, Regulators/Government)
- Company Policies**  
(Absence, Operational, Safety Reporting)
- Air Traffic Management**  
(Separation)
- Aircraft Technical**  
(Systems, Propulsion)
- Procedures**  
(Use by Others, Adequacy, Use by Reporter)
- Handling/Operation**  
(Aircraft Handling by Crew, Airmanship)
- Ground Handling**  
(Taxiing)
- Regulation/Law**  
(Compliance with)

**LONDON TMA - INBOUND DESCENT SPEED TRIAL**

NATS is trialling a new initiative to reduce fuel burn and emissions. Pilots can expect 270kts in the descent unless instructed otherwise by ATC. Published speed limit points still apply.

For more details see AIC 49/2008 (Yellow 268).

### TCAS ADVISORY - WHO'S THERE?

**Report Text:** Departing from a UK regional airport we climbed after noise, over the city centre. We received a TCAS Traffic Advisory (TA) due to no height information from the conflicting traffic. Traffic was not sighted and assumed to be below cloud below us. The following aircraft also experienced a TA but they asked ### Radar if they were aware of any traffic to affect them. ### replied negative only a twin turboprop (us) 10 miles

away. The other traffic then explained that they had TCAS "TA". Radar replied, "Oh yes, that's helicopter traffic known to us over the city at 600 feet".

Why was this traffic information not relayed to both ourselves and the other crew? The helicopter was known to ATC yet was allowed to operate with transponder mode A, thereby generating a nuisance TCAS warning. Why do some ATC units allow aircraft to operate near/within their CTZ/CTA using a mode A squawk only? It is presumed that due to the level, that this was a police helicopter and therefore capable of using mode C.

I believe that there is a fundamental lack of understanding by many controllers about how TCAS works. Receiving such warnings when IMC, and with no visual contact is not only un-nerving, it unnecessarily distracts the crew which could affect flight safety.

**CHIRP Comment:** Where an aircraft is equipped with a Mode C capable transponder, Mode C should always be selected simultaneously with Mode A unless otherwise instructed by an ATC unit (AIC15/2007 Pink 112 and CAA GA Safety Sense Leaflet No. 1 refer); this will provide a TCAS II equipped aircraft with both a Traffic Advisory and, where appropriate, a Resolution Advisory, protecting both aircraft from a collision.

If an aircraft is not Mode C equipped or only selects ON (Mode A), a TCAS II equipped aircraft will receive a Traffic Advisory only; this will be given irrespective of the difference in altitude between the two aircraft.

In the circumstances described, it is possible that the controller saw the Mode C readouts on the departing traffic more than 1,000 ft above the helicopter, decided that there was no confliction and made a judgement not to pass the traffic information. However, the provision of timely traffic information by ATC on non-Mode C traffic assists crews of TCAS II equipped aircraft in determining their response to a Traffic Advisory.

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### 'DIRECT TO' VS 'OWN NAVIGATION'

**Report Text:** ATC frequently use the phrase when released from a heading restriction, "Own navigation to XXX".

Is this the same as "Direct XXX"? Or does "Own navigation" mean go direct to the nearest waypoint on your route and then continue your navigation to XXX along the planned route.

There could conceivably be a difference and I would like a clarification. If there is no difference, why use two words when one will do and suggest that "direct" be adopted as the standard phrase.

**CHIRP Comment:** The reporter's query was referred to NATS who advised that the two instructions have subtle differences from a NATS perspective.

A controller issuing an instruction to "Route direct to MID" would expect the aircraft to proceed in a straight line from present position to MID; the "Direct to" instruction is an alternative to placing an aircraft on a radar heading. In the case of an instruction "Own navigation to MID" being issued, the option reverts to the pilot whether to proceed direct to MID or from present position via the planned routing.

**It is not known whether UK non-NATS ATSU's use these phrases similarly and therefore the matter has been forwarded to the CAA for consideration by the RTF Phraseology Working Group.**

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### RTF CONGESTION/PHRASEOLOGY

**Report Text:** I frequently work out of LGW and we try very hard to follow all the guidance given in CAP413 RT manual. LGW ATC is excellent, but very busy at times.

Provided there is only one frequency published for the controller, so there should not be any confusion, what would the ATC controllers think of the following suggestion in order to reduce unnecessary RT traffic?

The controllers always advise us of the name of the next controller and the frequency to call. (e.g. "ABC123 Monitor the Tower 124.225"). Since this expected frequency agrees with the one published on the Approach plates - would it be acceptable to reply, "ABC123 monitor Tower"?

**CHIRP Comment:** ICAO and CAA require that an RT frequency change instruction be issued in full; this instruction also requires a mandatory readback. NATS also advise that RTF frequencies are sometimes changed on a tactical basis. For these reasons, the reporter's suggestion is not an acceptable alternative.

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### CROSSWIND REPORTING

**Report Text:** The forecast at our Northern European destination was for a strong gusting crosswind from the south, straight across our westerly landing runway - so much so that I did not expect to be able to land. On a wet runway, our crosswind limit is 30 knots.

On our descent, the ATIS gave the wind as 180/28G38. Early on the approach we requested the wind, which was given as 190/29G45. On final approach we were given 190/27G42. We landed safely with a 30 knot crosswind vector showing on the EFIS. During our turnaround, the ATIS wind included gusts up to 50 knots yet aircraft were still landing, the only exception being a ### MD11 which went around. As we taxied out for takeoff, we noted that each aircraft was given the wind (always approx 180/29G40) and was specifically asked if that was acceptable for takeoff. We departed uneventfully.

My point is that for 40+ knot gusts to be repeatedly recorded, they must have been occurring during some of the takeoffs and landings. And yet the only information available was averaged over time. Instantaneous information was either unavailable or intentionally not broadcast by ATC. The result was the airport continued to operate almost normally when many other airports would probably have experienced go-arounds and diversions. I am not sure that this is a safe and ethical way to keep an airport open.

**CHIRP Comment:** The ICAO standard for reporting wind strength/direction at aerodromes supporting scheduled operations by aircraft with maximum all up weights in excess of 5,700Kg is long standing and requires wind information to be displayed to ATCOs for reports to pilots in the form of a two-minute rolling average of the wind, sampled and updated at least once per second. Information on gusts and variations in wind direction is

also displayed. The instantaneous wind speed/direction is normally also available to ATCOs as a selectable option but will only be given in response to a pilot request. Research sponsored by the CAA concluded that the "two-minute" wind value was more reliable than an "instantaneous" value.

Finally, a reminder - the ARINC wind information displayed on flight deck displays is derived from IRS parameters and, in most cases, is a rolling average value.

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### LUTON ATIS

**Report Text:** Inbound to Luton from Europe, the ATIS is usually unreadable till well into the descent due to channel sharing with a German ATC service.

The arrival into the UK, Abbot 1C via Gorlo, is a busy time with a high workload of altitude, headings and ATC frequency changes. For one pilot to "leave the loop" during this time to get the ATIS strikes me as an unsafe practice.

Can another frequency be assigned for Luton's ATIS to be received in the cruise over Europe like London (Heathrow) please?

**CHIRP Comment:** VHF frequency allocation is one of the more contentious aeronautical issues and interference of ATIS broadcasts has been the subject of a number of previous CHIRP reports.

The regulatory position relating to Designated Operational Coverage (DOC) is based on the current ICAO standard, namely that if the Approach services of two ground stations are operating on a common frequency, provided that they are separated by more than 120nm, this is acceptable. From an operational viewpoint, the current situation is unsatisfactory for the reasons cited by this and previous reporters, but is unlikely to be resolved by frequency reallocation due to a lack of spare VHF frequencies.

In the case of the Manchester ATIS, which was also reported through this Programme, NATS elected to add the ATIS broadcast to the MAN VOR. NATS has investigated a similar solution for Luton to that employed at Manchester, but regrettably there is no similar option available at Luton.

The absence of another ground station on the LHR ATIS frequency is probably due more to good fortune than good planning.

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### FLIGHT SIMULATOR CHARACTERISTICS

**Report Text:** I usually have my flight simulator checks at ###. I wish to question the serviceability of their simulator.

Usually at best a simulator feels similar to the real aircraft and after a short time we adjust mentally to it not quite being the real aircraft. However, during my recent check I found the control characteristics in pitch and roll to be so far removed from the real aeroplane that I might as well have been flying another type. I can best describe the feeling as if flying with "elasticated" control cables.

The hapless incumbent in the other seat fared no better than me and I think we both frightened each

other a little with our display. Our final approaches and landings were rather hairy which rather degrades the pilot-monitoring mode as in real life we would suggest a go around or take control. Neither of us was inspired by each other's abilities and for my own part I felt somewhat demoralised and lacking confidence.

I have spoken amongst colleagues some of whom agree that the simulator does not represent the real aircraft closely enough. I understand the principle that it should not be easier to fly than the original, but feel its handling is too far removed as to be hindrance to good training.

Someone recalled that on a recent check after landing and a short discussion the aircraft was repositioned on finals and the subsequent landing was with the parking brake ON. This was only ascertained when the aircraft slewed sideways and headed onto the grass! How could this occur? It can't in the real aircraft so why in the simulator?

Question: Who determines that a simulator is up to scratch and how often is it certified?

**CHIRP Comment:** We contacted the company concerned, who advised that no technical defects had been reported. The company noted that the simulator had been checked regularly by contracted simulator instructors, but agreed to carry out a data validation check; this revealed no anomalies. The company confirmed that each simulator was subject to an annual approval by the CAA.

It's perhaps worth remembering that the simulator instructor signs for both the use of the simulator and its serviceability at the end of a session. If you don't think it's working satisfactorily, request that the problem be entered in the Simulator Technical Log.

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### SCHEDULING AGREEMENTS AND FTLs

We have received a number of reports in the recent past in which reporters have alleged that they have been exposed to potentially fatiguing duties as a result of having been required to operate for longer than that stated in a Scheduling Agreement drawn up between the company and the relevant employee representative body.

From a Regulatory and flight safety perspective, the acceptability of a duty/roster is determined solely by the provisions of the relevant operator's CAA Approved FTL Scheme and not the Scheduling Agreement, which is an industrial relations matter and is thus not within the remit of this Programme.

Issues related to Scheduling Agreements should be referred to your representative association.

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### PERSUASION TO OPERATE

**Report Text:** I am concerned about the casual view some of our management have on CAP371 and FTLs; stories similar to mine seem to occur more and more often. This has led to situations where if crew says "No" to operate on the grounds of FTLs or regulations it is viewed upon as having a bad attitude and lack of "team spirit".

On the day in question I was rostered to report to position outbound from AAA (UK) and operate back. The length of this rotation means that the only way to do this legally is to use two crews doing one sector each, with the return sector being a Level 2 duty. This is a very long day - the rostered duty time is very close to the maximum permitted (including 30 mins post flight duties) which means only a minor delay can be accommodated before the use of Captain's discretion kicks in. The aircraft allocated was scheduled to be released from maintenance, so I phoned Crewing that same morning asking about any delays to the flight. Crewing was not aware of any problems at that time and told me to report as rostered.

I left for work approximately one hour before my report time and just before leaving home I checked the company delay line again and no delays were reported. On my way to work crewing phoned me telling me to delay my report time by one hour initially, to which I replied that I was already on my way to work. I was asked if I was turning back or intending to continue in to the crew centre, to which I replied that I was continuing as planned. My reasoning behind this was the fact that I could potentially have to land back after 17 hours on duty with no rest which I felt was unsafe, and it also contradicts our FTL scheme.

After a few hours of waiting around due to the aircraft still being worked on it became clear that we would not make it as the period of discretion that we could utilise leaving base had passed and the plan was now to night stop at our destination. At this time a senior manager enquired why I had sabotaged the flying programme at a busy time and that there was no place in the company for people with a personal agenda; he expressed the need for crew to be flexible. I and other crewmembers present at the time perceived this as a subtle threat to do as we were told or step aside.

It really saddens me that a CAA approved post holder can show so little regard for the rules and regulations that are in place to protect operating crewmembers and thus passengers and aircraft, bypass whole chains of command and directly influence crewmembers into operating illegal and/or clearly unsafe flights.

**CHIRP Comment:** The principal issue was the failure of the crewing department to notify the reporter of the delay before leaving home; if this had been done the problem would not have arisen. In the circumstances described the reporter was justified in declining to operate the duty; the management pressure to operate outwith the company's Approved FTL scheme was wholly inappropriate.

A more general issue arising from this report is the use of the Level 2 Variation for a duty involving more than one crew, as was the case in this instance. The circumstances under which operators are permitted to exercise the benefits of the Variation were set out in NTAOCH 6/94 which introduced the Variation, and CAP371 Fourth Edition 2004; neither document appears to cover this point. On the advice of the **CHIRP** Air Transport Advisory Board, CAA (SRG) has been requested to provide clarification on whether the Variation may be so applied and, if so, whether the

**conditions applicable to the use of the Variation remain as currently promulgated.**

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### ROSTERING - USE OF STANDBY

**Report Text:** I am a pilot with ### Airlines. The company's crewing policy includes the occasional scheduling of a short period of standby, which would appear to be designed solely to avoid rostering a Rest Period of between 18 and 30 hours.

In CAP 371, 13.3, the note after Table B states:

"NOTE: The practice of inserting a short duty into a rest period of between 18 and 30 hours in order to produce a rest period of less than 18 hours, thereby taking advantage of the longer FDP contained in Table B, is not permitted."

My question is whether scheduling a short rest period simply to avoid a rest period of between 18 and 30 hours is appropriate in any circumstances?

**CHIRP Comment:** This question has been raised previously through this Programme; the advice of the CAA SRG FTL Policy Department was as follows:

The Note was incorporated to limit the creative practice of splitting a Rest period, through inclusion of a short standby duty and so taking advantage of the longer FDP available under non - acclimatised conditions.

The use of such an artifice, as a means of reducing the incidence of 18-30 hour Rest periods in line with guidance on best practice given in CAP 371, would be similarly viewed as unacceptable rostering practice and not meeting the objectives of FTL provisions.

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### CAA WORKING TIME DIRECTIVE REGULATIONS

**Report Text:** We have a problem with management refusing to comply with what I now believe is UK law. Any efforts through company procedures are worthless, hence my turning to you. If you feel I have a case for you to pursue, please do so.

The company has displayed a somewhat cavalier attitude to the Working Time Directive (WTD) as applied to pilots, since it was introduced and continues to ignore the requirement of Section 9 of the Directive that ensures that no pilot works more than 2,000 hours per annum as of the end of the previous month.

In some of the operations conducted by this company, duty hours can be the limiting factor rather than flying hours. However, the company has no management tool that allows it to ensure that no individual pilot, at any time exceeds this limit; individual pilots are forced to calculate manually their annual total and then approach the company with any problem. The only conclusion to be drawn is that management are placing all responsibility for these matters on to individual pilots and as a management they are unaware of the number of duty hours worked by any pilot in the previous 12 months. My colleagues and I believe that this is contrary to the legislation.

The company's approach to the legislation and the responsibilities that the Directive places on them in respect of their workforce have been raised on several occasions without resolution; it is therefore to your organisation I must present this problem in order to gain some assistance.

## CABIN CREW REPORTS

### JOINT BRIEFINGS

**Report Text:** My company encourages both flight crew and cabin crew to hold our briefings together, which I feel is a good idea as it also helps to create good CRM. However, as far as cabin crew are concerned, the flight crew input should primarily consist of information about weather/conditions en-route, flight time, specific route information etc... and then during the In Charge's SEP part of the brief the pilots can then indicate the things they would be doing in the flight deck during a particular scenario (decompression: O<sub>2</sub> mask, descend aircraft, communicate with ATC, PA post descent, communicate with crew, divert aircraft etc).

However, some of the Captains have started to take over the briefing from the In Charge, by deciding the topic and what questions will be asked. Some of the pilots appear to be undermining the basic training given to cabin crew on their SEP courses. One such example given was during a briefing about decompression the Captain concerned allegedly disagreed with the answer provided by the cabin crew (the decompression drill-trained answer) and told them not to bother doing what was trained and gave alternative suggestions!

A number of colleagues are concerned that new and/or inexperienced crew could leave a briefing under the impression that the comments received and the conflicting SEP "advice" by some of the Captains, rather than the training they have received, are the correct procedures.

**CHIRP Comment:** Where a joint briefing is encouraged, the Operations Manual should contain clear guidance as to who conducts the briefing and who participates in the question/answer session.

There might be occasions when flight or cabin crew members consider that company SOPs need to be challenged or changed. This is to be encouraged but the matter should be taken up directly with the relevant manager. At no time should an individual's opinion (no matter what their rank) be confused with or take priority over procedures promulgated in the company Operations Manual.

### RELUCTANCE TO CONTACT MEDLIINK

**Report Text:** A young passenger (late teens) boarded the aircraft very distressed and with very laboured breathing. When I tried to talk to the passenger and get information from him it was difficult as he spoke little English. We all thought he was having a panic attack; we managed to calm him slightly and administered oxygen to help his breathing as it was still quite laboured. The passenger was still very anxious at this point.

The In Charge agreed that we open the medical kit with the Captain's permission to offer anti-anxiety medication. We read the contra-indications and side effects and showed the passenger the version which was in their language. It transpired that the passenger had a heart condition; we were very cautious about

**CHIRP Narrative:** The application of the European Working Time Directive is set out in the Civil Aviation (Working Time) Regulations 2004 (WTRs); this is a legal requirement having been enacted under UK Law. Section 9(b) of the WTRs requires that an employer shall ensure that no crewmember employed by him shall have a total annual working time of more than 2,000hrs duty during the period of 12-months expiring at the end of the month before the month in question.

The application of the Working Time Regulations is regulated by the CAA Health and Safety Department and not by the CAA Flight Operations Inspectorate, which oversees an operator's Approved Flight Time Limitations Scheme. The alleged non-compliance was referred to the Health and Safety Manager CAA., who has provided the following response:

"The CAA is aware of correspondence from individual pilots that some Search and Rescue (SAR) operations may not necessarily be meeting in full the requirements of regulation 9(b).

On implementation of the Regulations in 2004, it became apparent that SAR operators' crews spend lengthy periods of time on standby and that this time would, under the Regulations definitions, count in full toward the 2,000 hour annual working time limit.

The Department for Transport (DfT) has been considering whether the requirement for SAR operators to meet the annual limit would have a disproportionate financial impact. As such, the DfT has sought to amend the legislation so that a proportion of standby could be discounted to avoid SAR operations exceeding the 2,000 hour limit yet still allow crews to have adequate rest to protect their health and safety.

The DfT have since 2004 consulted twice on proposals for amending legislation. Unfortunately the need for further legal clarification has led to a lengthy delay in implementing an amendment. The DfT hope that an amendment will now be implemented by 2009.

As a result of the potential impact on operators and in line with the 'light touch' approach to enforcement, the CAA decided it would not be in the public interest to pursue SAR operators who exceeded the annual working time limit just because of the amount of stand by. We have merely sought to ensure that operators continued to meet their flight time limitation scheme duty hours limits.

This remains the position while DfT finalise the amending statutory instrument. This should allow the discounting of some standby time for SAR operators and lead to normalisation of the situation."

**CHIRP Comment:** In considering this issue, the CHIRP Air Transport Advisory Board reflected on the fact that compliance with the operator's Approved Flight Time Limitations scheme will afford pilots the necessary protection against fatigue.

The consensus view of the Board was that the additional requirements of the Working Time Regulations 2004 included 'social factors'; these were not per se a flight safety issue and consequently the application of the WTRs were outside the remit of this Programme.

administering the medication and the Captain was asked to contact Medlink to get advice. The In Charge was advised that we did not have ACARS on the aircraft and that we could not delay the flight while the In Charge decided on the situation. The In Charge was asked if he/she thought the passenger would cause a diversion!

In the meantime the In Charge was informed that the passenger was calming down and was off oxygen and made the decision to take the passenger; the flight was completed without further incident.

**CHIRP** Comment: **The medical support teams available through Medlink and similar types of service have expertise in the physiological effects of flying with certain medical conditions and are also aware of every piece of equipment and medication available to cabin crew on each aircraft type/zone of an operator registered with them. Thus, they are also able to provide informed advice as to what the potential risk of a diversion might be and, in the event that a diversion should be necessary, the medical support team will often provide advice on the most appropriate diversion airfield with the best medical facilities to treat the particular condition of the passenger.**

There are some misconceptions about the use of Medlink type services and the cost of using them. First, the service can be contacted relatively easily without ACARS, including on the ground. Second, whilst the cost of contacting the service will depend on your company's specific contract terms, most operators pay an annual fee for which there is no limit as to the number of calls that can be made.

## CAA (SRG) FODCOMS

The following CAA (SRG) FODCOMS have been issued since April 2008

### 20/2008

Letter of Consultation: Proposal to Amend the Air Navigation Order 2005. Proposal to Amend Article 6 and Article 138 of the Air Navigation Order 2005 for the Purpose of Making it an Offence to Advertise Flights Considered to be Illegal Public Transport

### 21/2008

Introduction of Flight Operations Division Communications Applicable to General Aviation

### 22/2008

Transport of Bio-diesel in Multi-product Pipelines

### 23/2008

Letter of Consultation: Proposal to Amend The Air Navigation Order 2005. Proposal to Amend Article 41 and Schedule 9 of the Air Navigation Order 2005 for the Purpose of Requiring Operators and Maintenance Organisations to Introduce a Safety Management System

### 24/2008

Changes to Airborne Collision Avoidance System (ACAS) 'Resolution Advisory' Phraseology

### 25/2008

Air Traffic Services Outside Controlled Airspace

### 26/2008

Letter of Intent: Proposal to Amend The Air Navigation Order 2005 and The Air Navigation (Dangerous Goods) Regulations 2002. Impact Assessment for the Amendment of The Air Navigation Order 2005 and the Air Navigation (Dangerous Goods) Regulations 2002 to Reflect the Coming into Force of Provisions of the European Council Regulation (EEC) No. 3922/91 Annex III (EU-OPS)

### 27/2008

Safety Management Systems Roadshows 2008

### 28/2008

Alternative Training and Qualification Programme (ATQP)

CAA (SRG) Flight Operations Department Communications are published on the CAA (SRG) website - [www.caa.co.uk/default.aspx?categoryid=33](http://www.caa.co.uk/default.aspx?categoryid=33) and click on the link 'Search for a CAA Publication'

**Contact The CAA Flt Ops Inspectorate/Report Safety Matters Which Are Outside the Scope of the MOR Scheme: [flightoperationssafety@caa.co.uk](mailto:flightoperationssafety@caa.co.uk)**

## CHANGE OF ADDRESS

If you receive FEEDBACK as a licensed pilot/ATCO/maintenance engineer you will need to notify the department that issues your licence of your change of address and not **CHIRP**. Please write (including your licence number) to:

**Personnel Licensing  
CAA (SRG)  
Aviation House  
Gatwick Airport South  
West Sussex RH6 0YR:**

Flight Crew ..... Post - as above  
Fax: + 44 (0) 1293 573996  
E-mail: [fcweb@srg.caa.co.uk](mailto:fcweb@srg.caa.co.uk)  
ATCO ..... Post - as above  
Fax: + 44 (0) 1293 573974  
E-mail: [ATS.licensing@srg.caa.co.uk](mailto:ATS.licensing@srg.caa.co.uk)  
Maintenance Engineer ..... Post - as above  
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