



SAFETY MANAGEMENT SYSTEM PROCEDURES MANUAL



AIRPORTS LIMITED

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PURPOSE AND SCOPE

MBJ Airports Limited (“MBJ”), the operator of Sangster International Airport (“SIA”), is a partnership between Mexico-based Grupo Aeroportuario del Pacifico (“GAP”), and Canada-based Vantage Airport Group Ltd through a concession agreement with the Government of Jamaica for 30 years, which began in 2003.

The primary purpose of this manual is to define the procedures at SIA for managing safety, and to ensure compliance with the Jamaica Civil Aviation Authority (“JCAA”) and the International Civil Aviation Organization (“ICAO”) guidelines on Safety Management.

MBJ will deploy all necessary training and resources to support the implementation of the Safety Management System (“SMS”) policy and procedures. All stakeholders at MBJ who contribute to the aviation service are a part of the SMS.

The following documents support the SMS:

- Aerodrome Operations Manual
- Emergency Response Plan
- Maintenance Manual
- Human Resource Training Program
- Environmental Management Plan

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2014 Nov 15

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[Handwritten Signature]
 JCAA approving signature for List of Effective Pages



Date SEPT 6 2022

K. Morgan
 26/AUG/2022

MANUAL CONTROL

MBJ is responsible for the development, issuance and control of amendments to this manual. The manual is maintained in hard copy and electronic format. All manual holders will be responsible for the safe custody and maintenance of their manual.

The Safety Manager is responsible for amending and distributing changes to the holders of the SMS Manual and uploading to the company intranet and Website.

MANUAL DISTRIBUTION

i. Hard Copies

Manual Holders are listed in *Table 1: List of SMS Manual Holders*. The Manual Holder is responsible for properly inserting all amendments. Airlines, handlers and response agencies have been provided with full copies of the SMS Manual (“SMSM”).

Copy No.:	This manual is entrusted to:
------------------	-------------------------------------

AMENDMENT PROCEDURE

Within thirty days of the issue of an amendment, confirmation will be provided to the Airport Operator that the required amendment action has been accomplished by the return of the amendment control page, signed and dated by the JCAA.

- a) Prior to amending the manual, two copies of the proposed amendment will be forwarded to JCAA for approval
- b) Upon approval, JCAA will retain one copy of the amendment, and return the other signed to MBJ to be copied and issued to the manual holders.
- c) A vertical black line in the right margin will be used to indicate where changes in paragraphs or wording are made.
- d) The amendment number and the date will be shown at the bottom of each page.

→ *Refer to:* SMS Procedures Manual, 1.5.1 SMS Manual Amendment Procedure

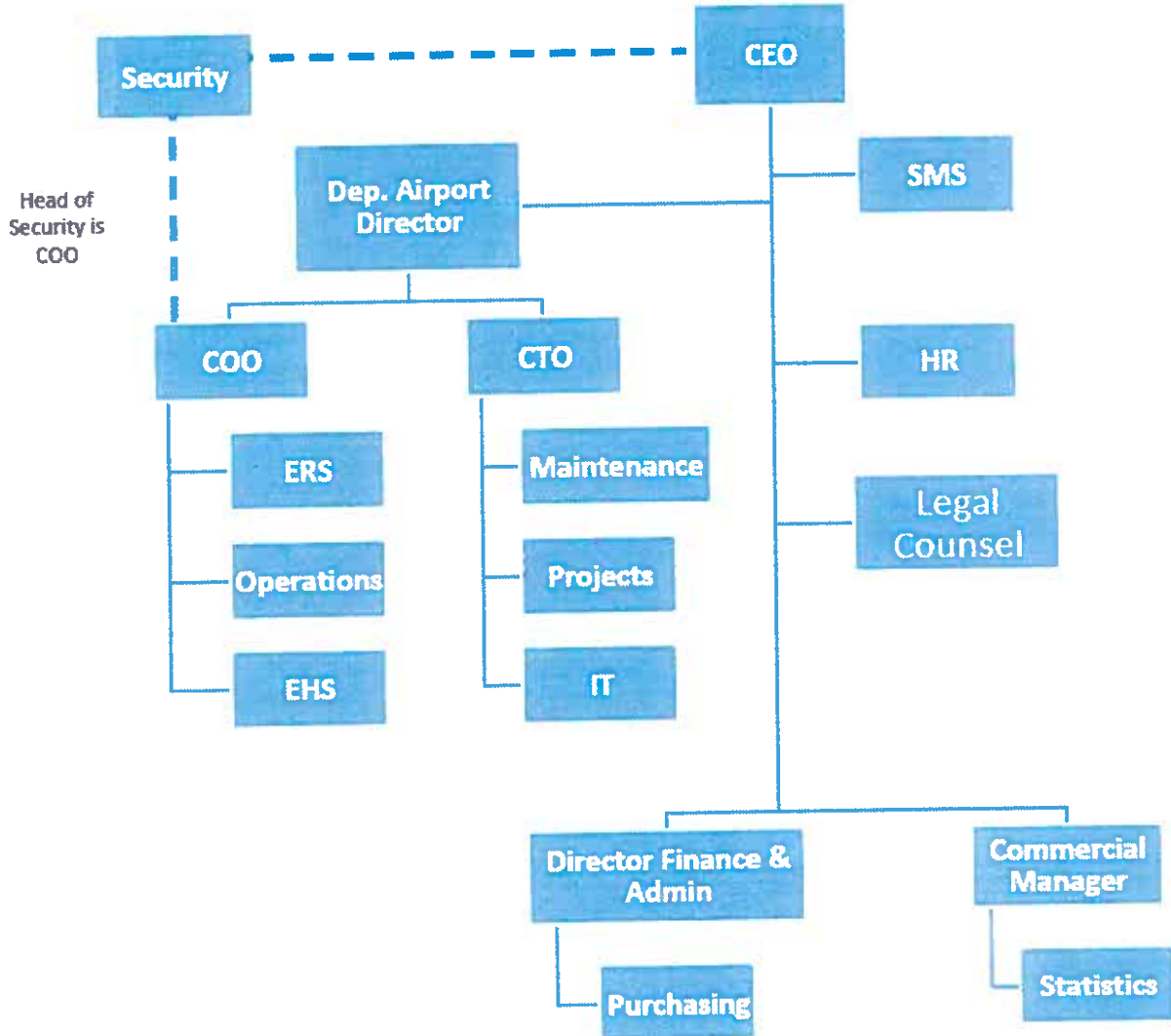
Record of Amendments

Amendment	Date Entered	Description	Entered By
1	December 03, 2020	Part 3 Section 3.3.4 – Based on JCAA Audit	Daniella Boswell
1	December 03, 2020	List of Effective Pages 0-2- Updated to reflect changes	Daniella Boswell
1	December 03, 2020	Record of Amendments – Updated to reflect changes	Daniella Boswell
1	February 11, 2022	Manual Distribution – Updated to reflect changes	Daniella Boswell
2	February 11, 2022	Record of Amendments – Updated to reflect changes	Daniella Boswell
2	February 11, 2022	List of Effective Pages 0-2 – Updated to reflect changes	Daniella Boswell
2	May 24, 2022	Manual Distribution – Updated to reflect changes	Daniella Boswell
3	May 24, 2022	Record of Amendments – Updated to reflect changes	Daniella Boswell
3	May 24, 2022	List of Effective Pages 0-2 – Updated to reflect changes	Daniella Boswell
1	May 24, 2022	List of Effective Pages 0-4 – Updated to reflect changes to JCAA approving signature & Date	Daniella Boswell

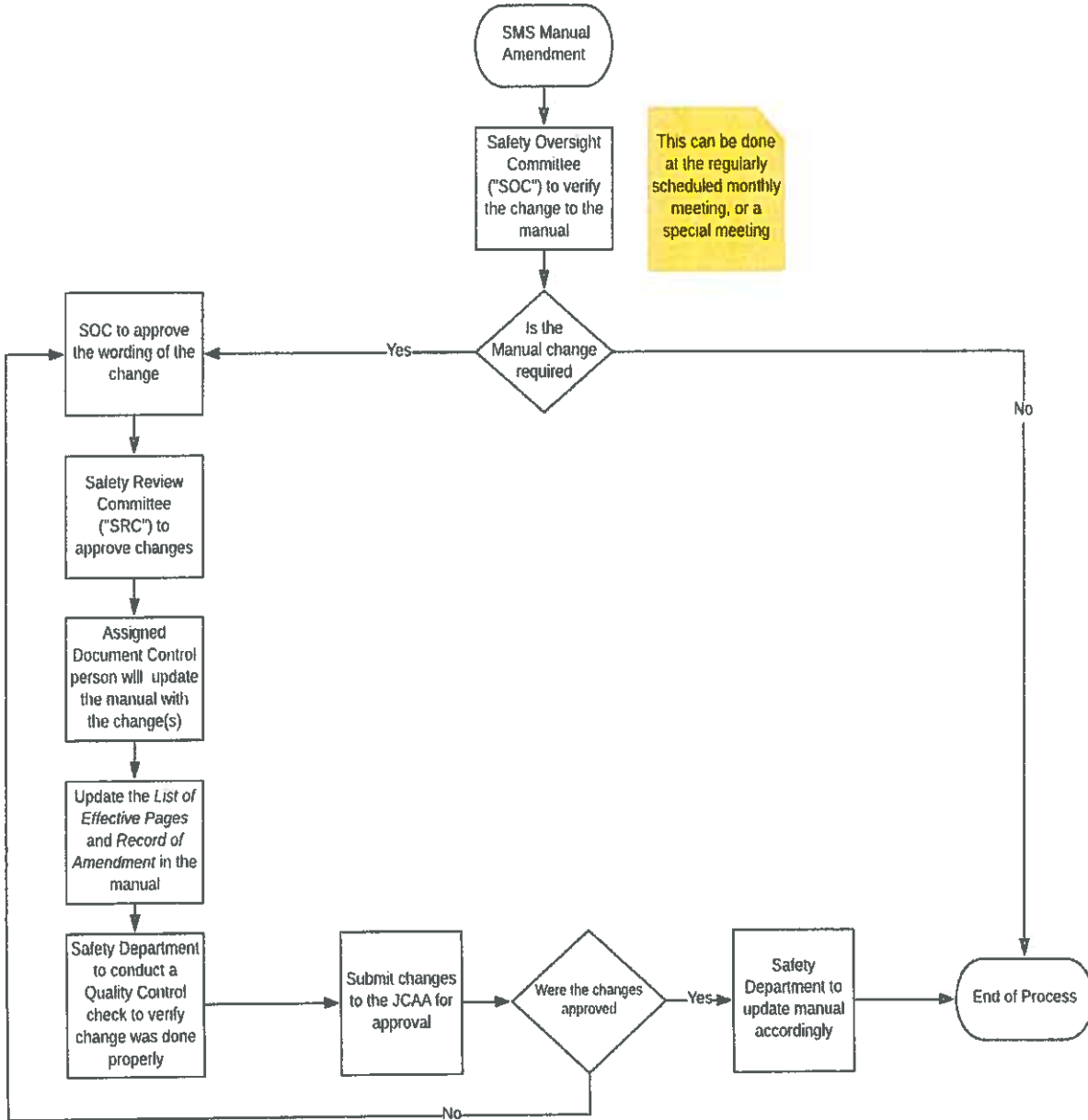
K Morgan
26/Aug/2022

PART 1 | SAFETY POLICY AND OBJECTIVE

1.3.1 Company Organization Chart

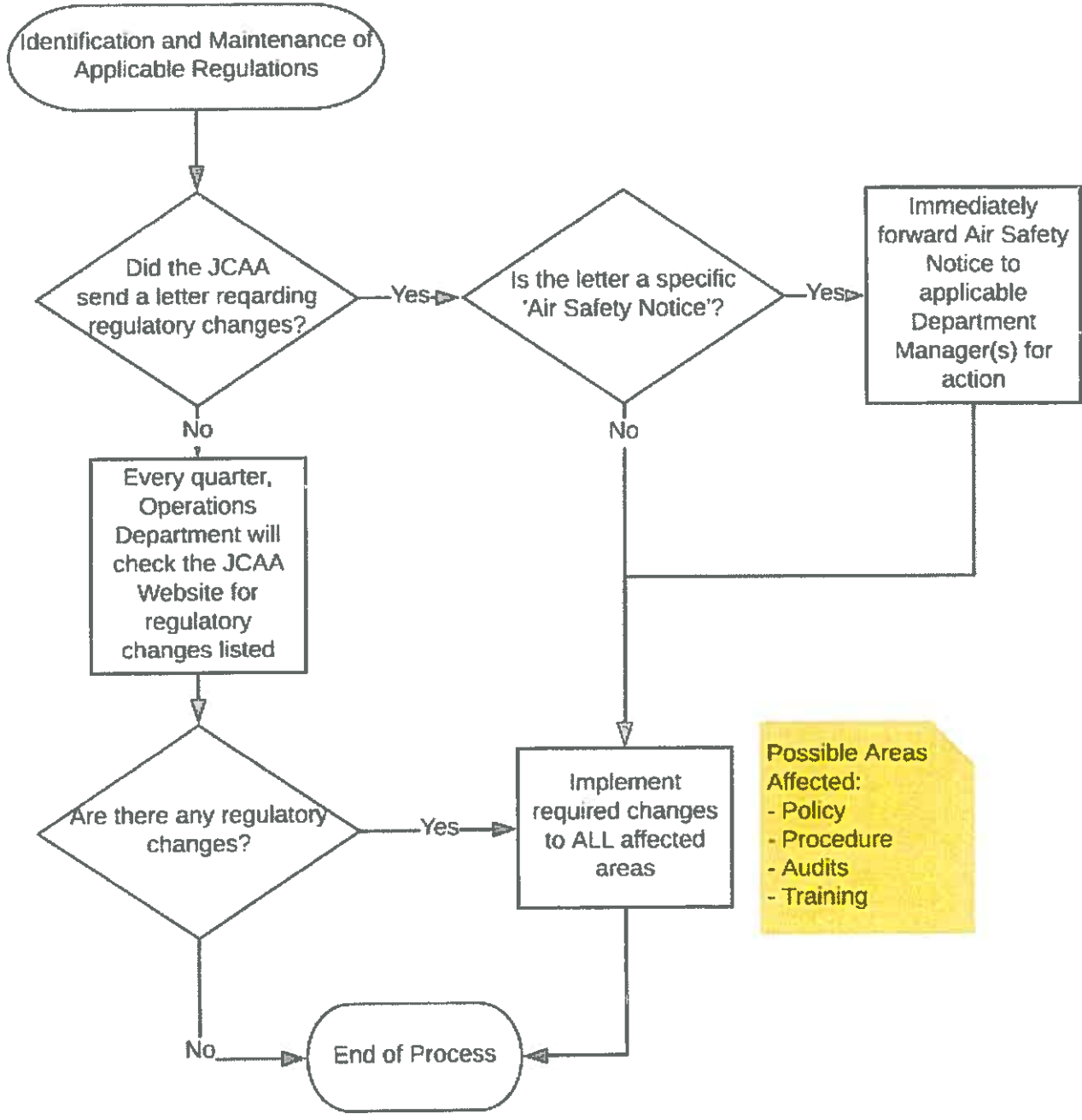


1.5.1 SMS Manual Amendment Procedure



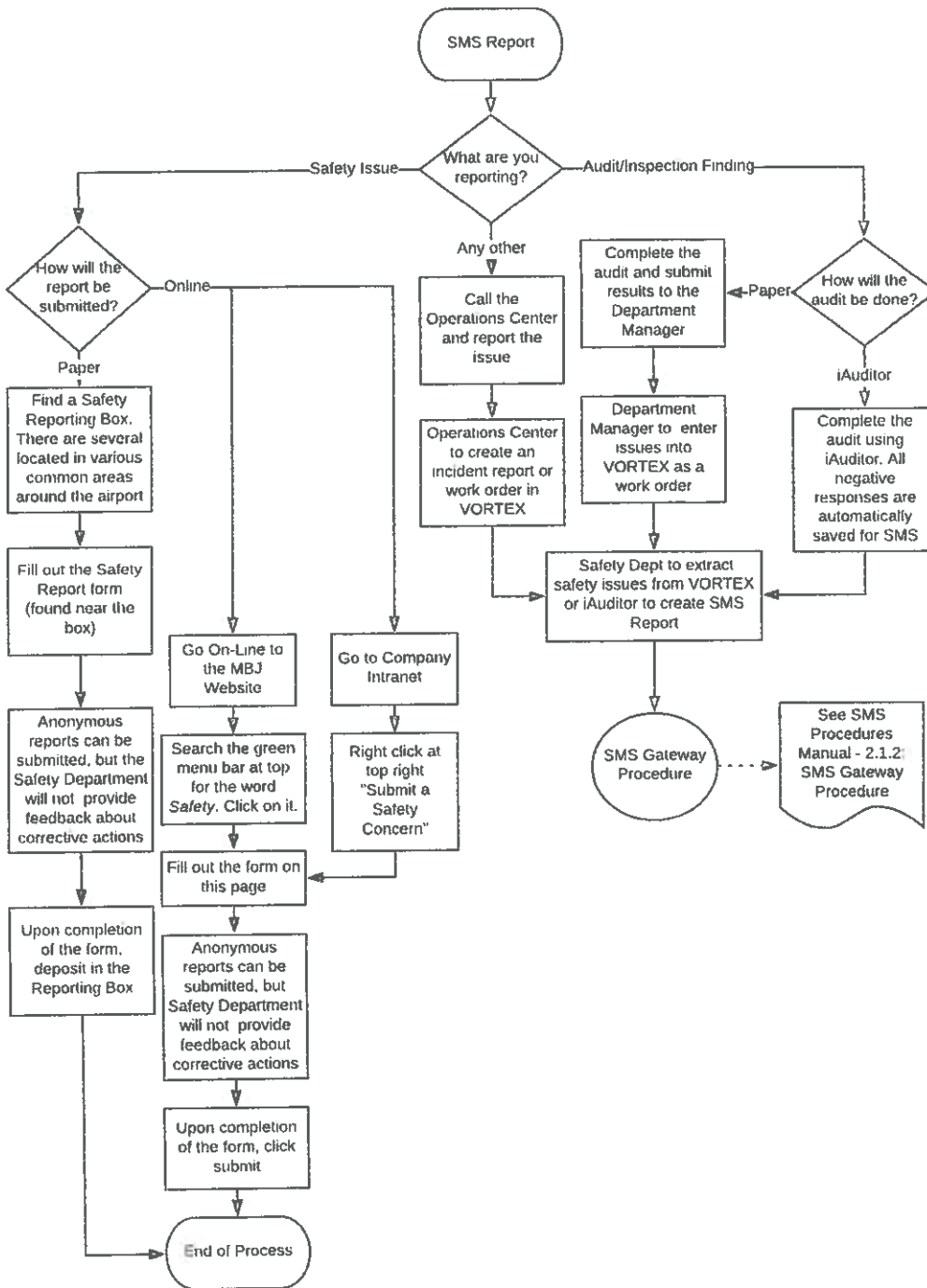
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1.5.5 Identification of Applicable Regulations Procedure



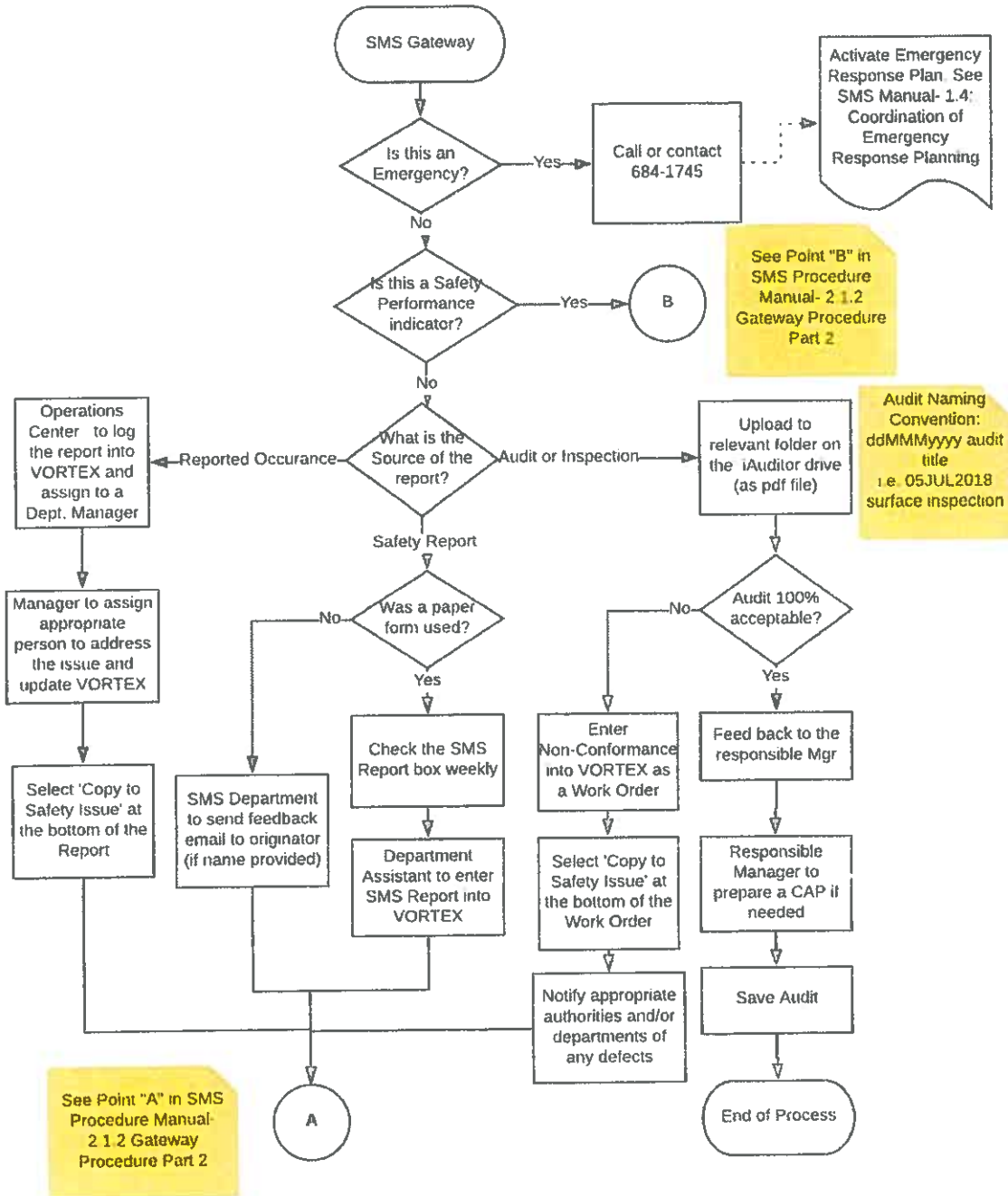

PART 2 | SAFETY RISK MANAGEMENT

2.1.1 SMS Report Procedure

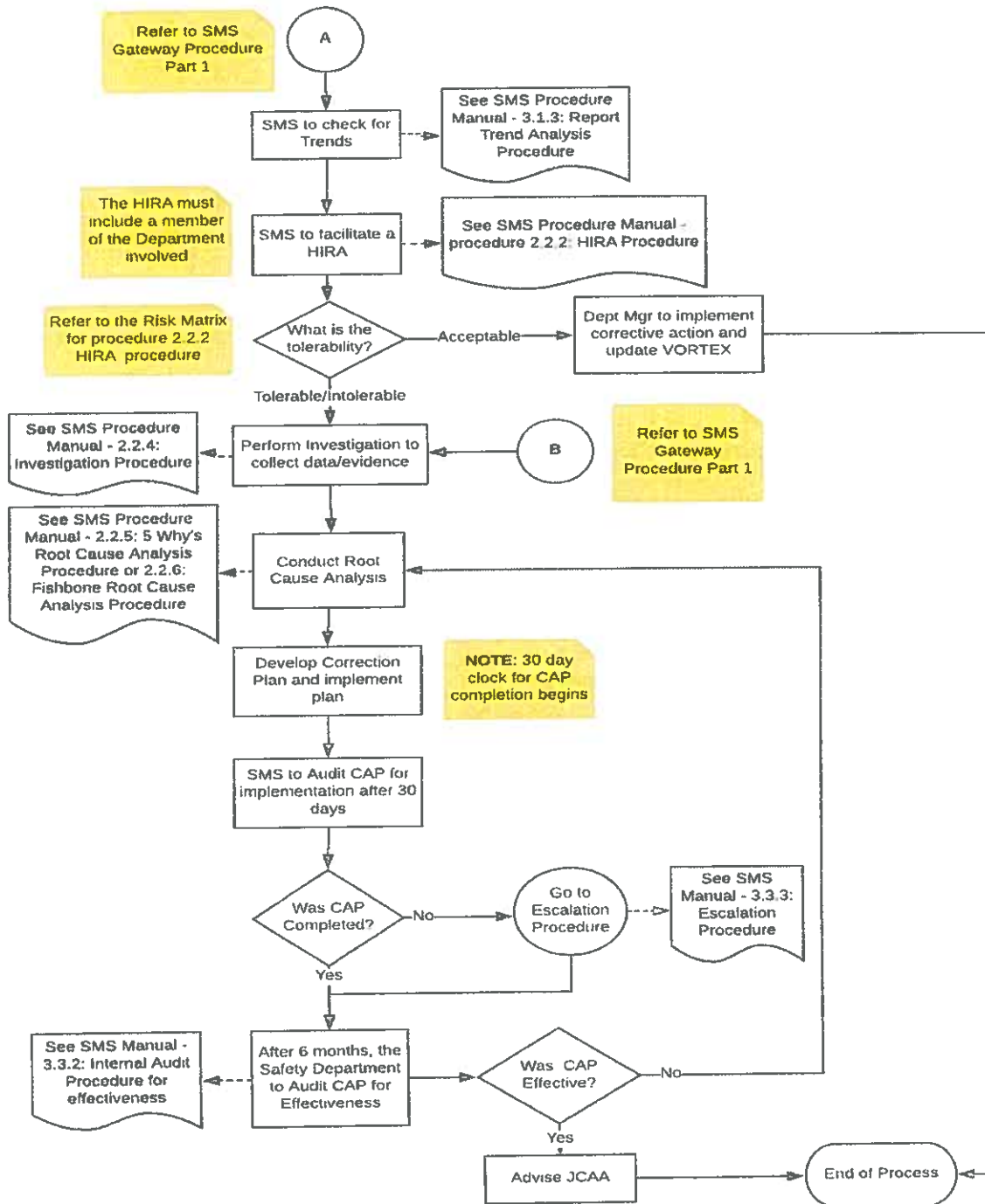


2.1.2 SMS Gateway Procedure

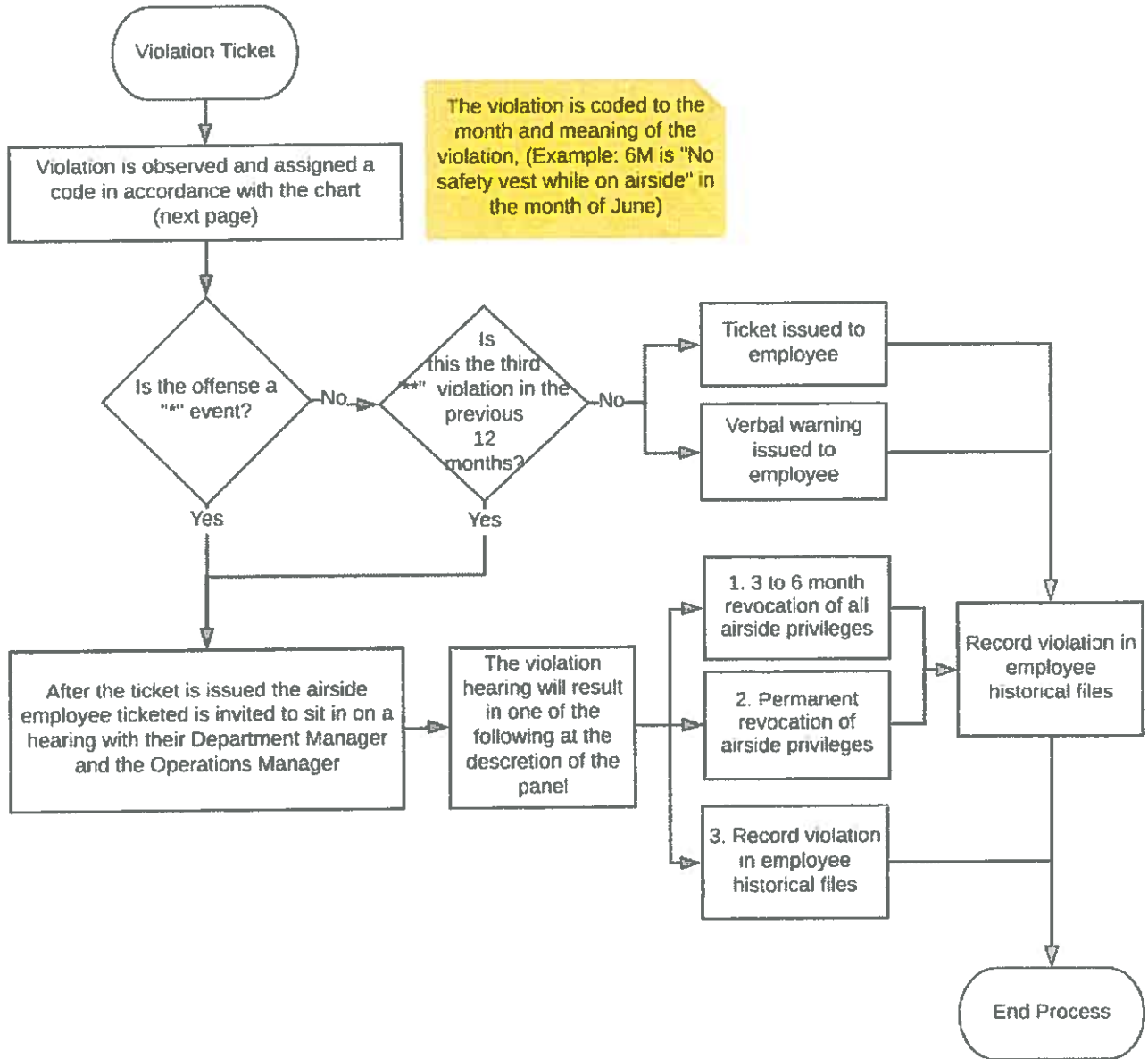
SMS Gateway Procedure Part 1



SMS Gateway Procedure Part 2




2.1.3 Violation Ticket Procedure

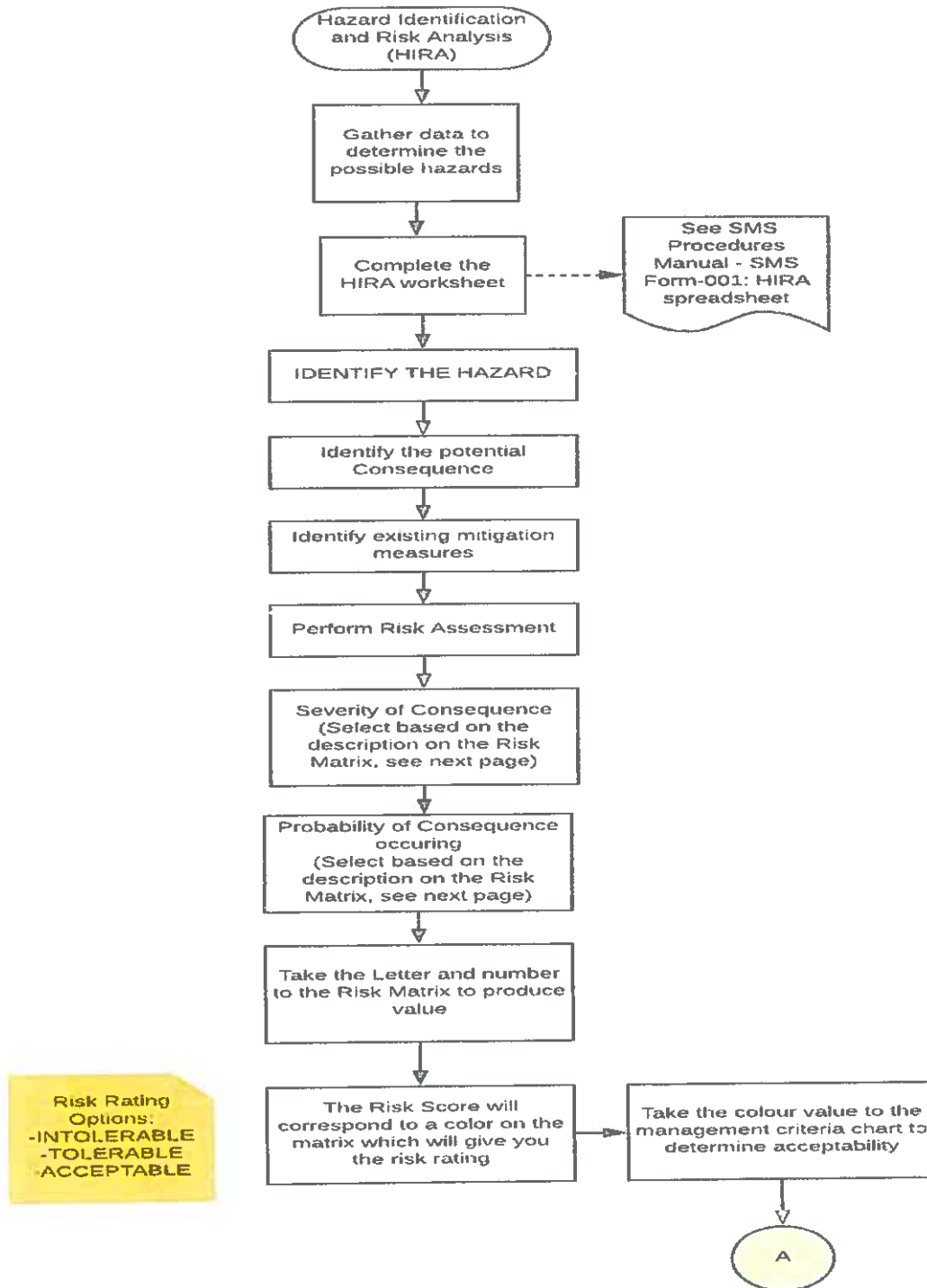


Airside Violation Ticket Coding

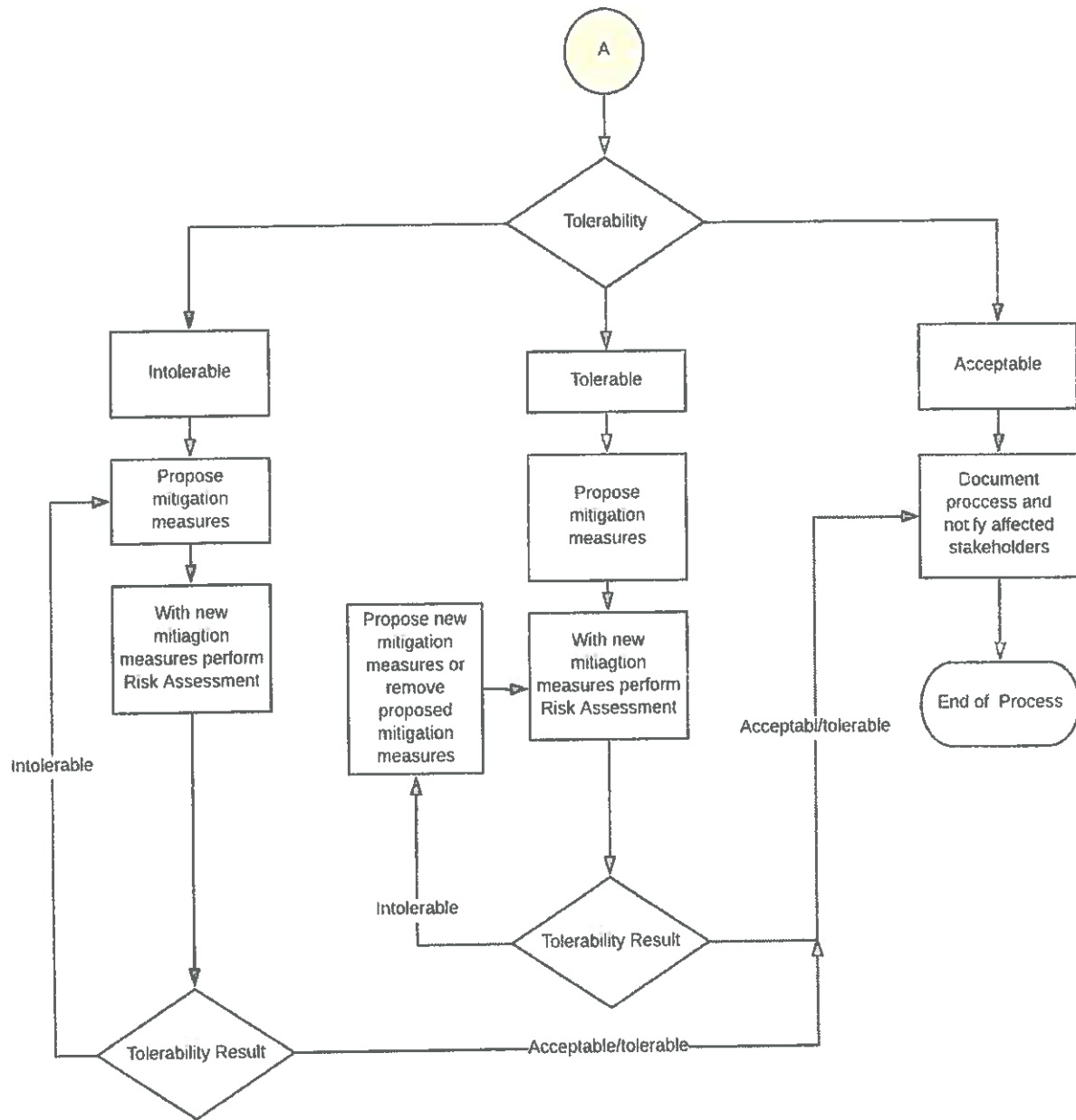
Month		Airside Violation	
Code	Meaning	Code	Meaning
1	January	A	* Speeding and/or overtaking
2	February	B	* Driving defective or uncertified vehicle
3	March	C	* FOD in vehicle / eating on airside / depositing / ignoring / creating FOD
4	April	D	** Improper parking or positioning of vehicles and / or equipment
5	May	E	** Excessive passenger load on vehicle
6	June	F	* Overloaded baggage carts or towing in excess of 4 containers / carts
7	July	G	* Obstructing traffic in drive lane
8	August	H	** Driving outside drive lane (except between adjacent gates)
9	September	I	** Other unsafe practice (give details on Ticket)
10	October	J	* Jet bridge abuse / No guides-man in place / No bridge operating permit / parking / driving under a jet bridge
11	November	K	* Driving without AVOP
12	December	L	** Baggage carousel abuse (e.g. sitting on or throwing bags on carousel)
<p>*NOTE: Depending on the nature of the breach, this violation may result in an immediate suspension of all airside privileges for a period of minimum 3 months to a maximum of 6 months or the permanent revocation of airside privileges.</p> <p>**NOTE: Three of these violations accumulated over a 1-year period may result in the equivalent actions described above.</p>		M	** No safety vest while on airside
		N	** Failure to use prescribed walkway
		O	* Runway / Taxiway incursions
		P	* Unauthorized use of damaging or tempering with airport equipment
		Q	* Failure to report a safety incident or accident
		W	Warning Ticket (a 3 rd warning ticket to an employee over a year period equals a full violation)
		X	** Failing to appropriately address safety concerns (e.g. Fuel spills, garbage at a gate)
		Y	** Use of cell phone while driving in the vicinity of fuel operations
Z	** Improper ground handling procedures		

2.2.1 HIRA Procedure

SMS HIRA Procedure Part 1



SMS HIRA Procedure Part 2



Risk Matrix

Safety Risk		Severity				
Probability		Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
Frequent	5	5A	5B	5C	5D	5E
Occasional	4	4A	4B	4C	4D	4E
Remote	3	3A	3B	3C	3D	3E
Improbable	2	2A	2B	2C	2D	2E
Extremely improbable	1	1A	1B	1C	1D	1E

Safety Risk Tolerability Table

Safety Risk Index Range	Safety Risk Description	Recommended Action
5A, 5B, 5C, 4A, 4B, 4C	INTOLERABLE	Take immediate action to mitigate the risk or stop the activity. Perform priority safety risk mitigation to ensure additional or enhanced preventative controls are in place to bring down the safety risk index to tolerable.
5D, 5E, 4C, 4D, 4E, 3B, 3C, 3D, 2A, 2B, 2C, 1A	TOLERABLE	Can be tolerated based on the safety risk mitigation. It may require management decision to accept the risk.
3B, 2D, 2E, 1B, 1C, 1D, 1E	ACCEPTABLE	Acceptable as is. No further safety risk mitigation required.

safety risk severity table

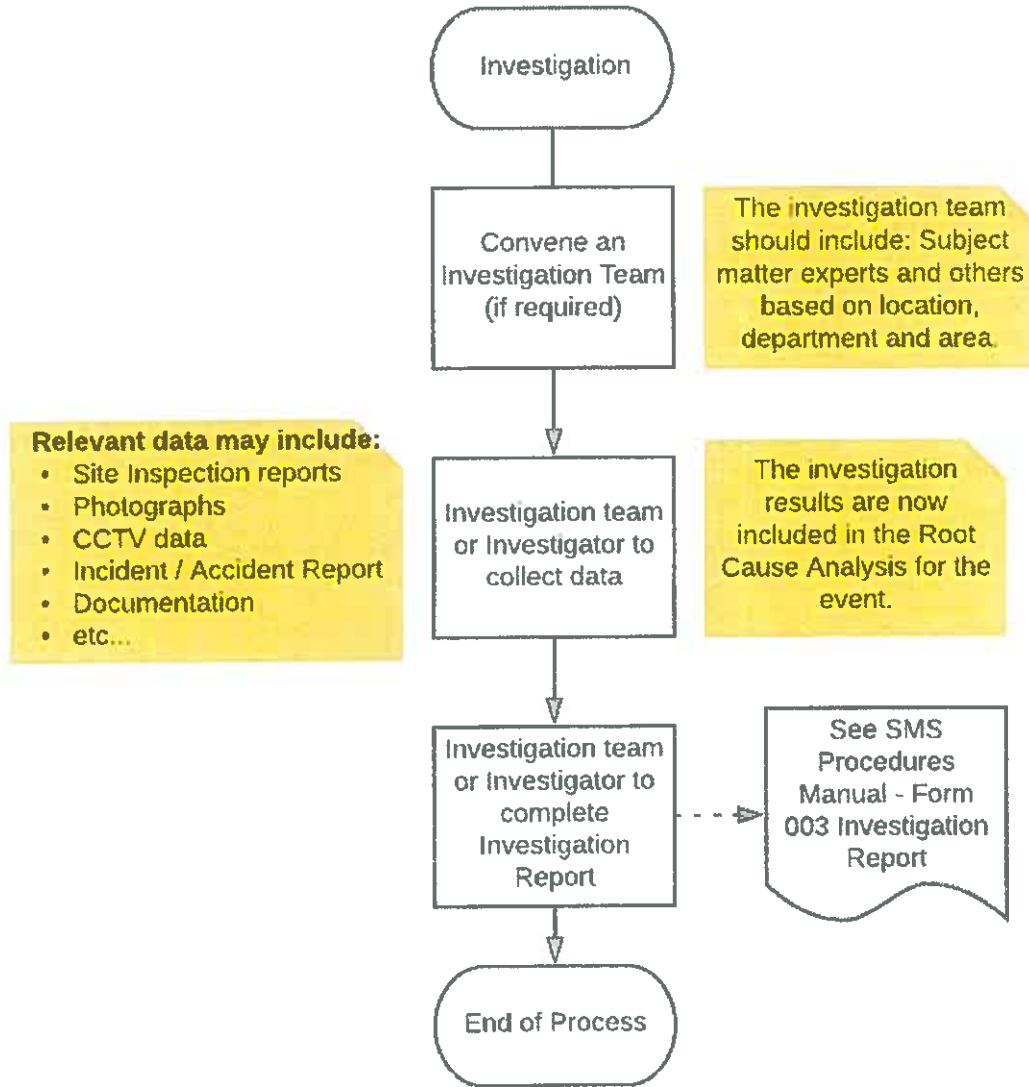
Safety risk probability table

Severity	Meaning	Value
Catastrophic	<ul style="list-style-type: none"> Aircraft / equipment destroyed Multiple deaths 	A
Hazardous	<ul style="list-style-type: none"> A large reduction in safety margins, physical distress or a workload such that operational personnel cannot be relied upon to perform their tasks accurately or completely Serious injury Major equipment damage 	B
Major	<ul style="list-style-type: none"> A significant reduction in safety margins, a reduction in the ability of operational personnel to cope with adverse operating conditions as a result of an increase in workload or as a result of conditions impairing their efficiency Serious incident Injury to persons 	C
Minor	<ul style="list-style-type: none"> Nuisance Operating limitations Use of emergency procedures Minor incident 	D
Negligible	<ul style="list-style-type: none"> Few consequences 	E

Likelihood	Meaning	Value
Frequent	Likely to occur many times (has occurred frequently)	5
Occasional	Likely to occur sometimes (has occurred infrequently)	4
Remote	Unlikely to occur but possible (has occurred rarely)	3
Improbable	Very unlikely to occur (not known to have occurred)	2
Extremely improbable	Almost unconceivable that the event will occur	1

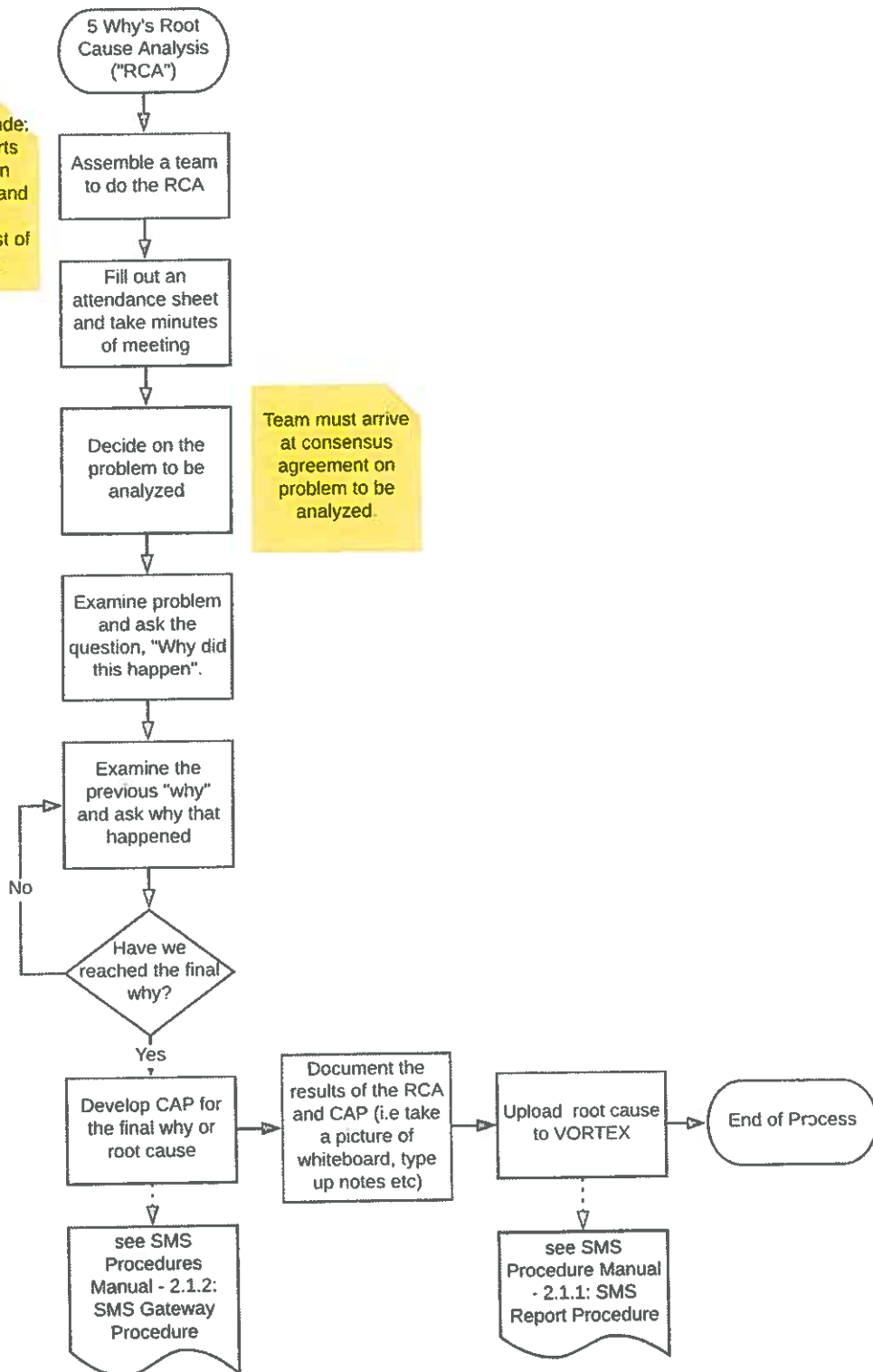


2.2.4 Investigation Procedure



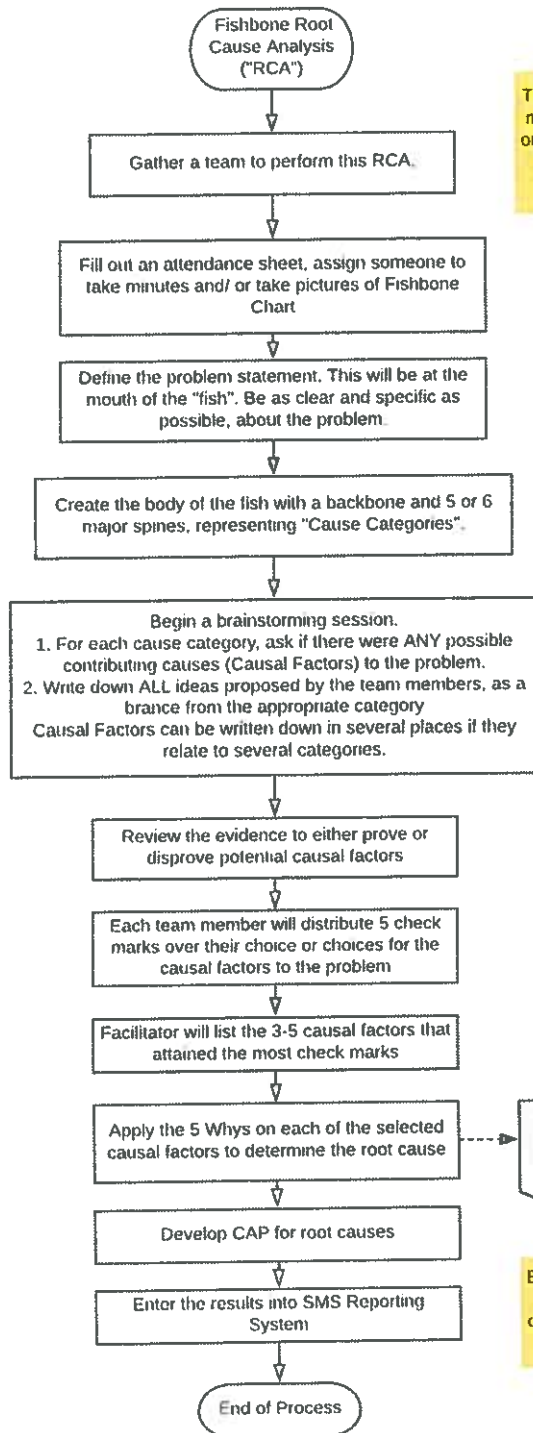

2.2.5 5 Why's Root Cause Analysis Procedure

The team should include: Subject matter experts and others based on location, department and area of concern. The team must consist of 3 or more people.



5

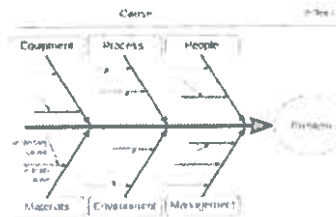
2.2.6 Fishbone Root Cause Analysis Procedure



The team should include Subject matter experts and others based on location, department and area. The team must consist of 3 or more people.

Example Fishbone Chart:

Fishbone Diagram



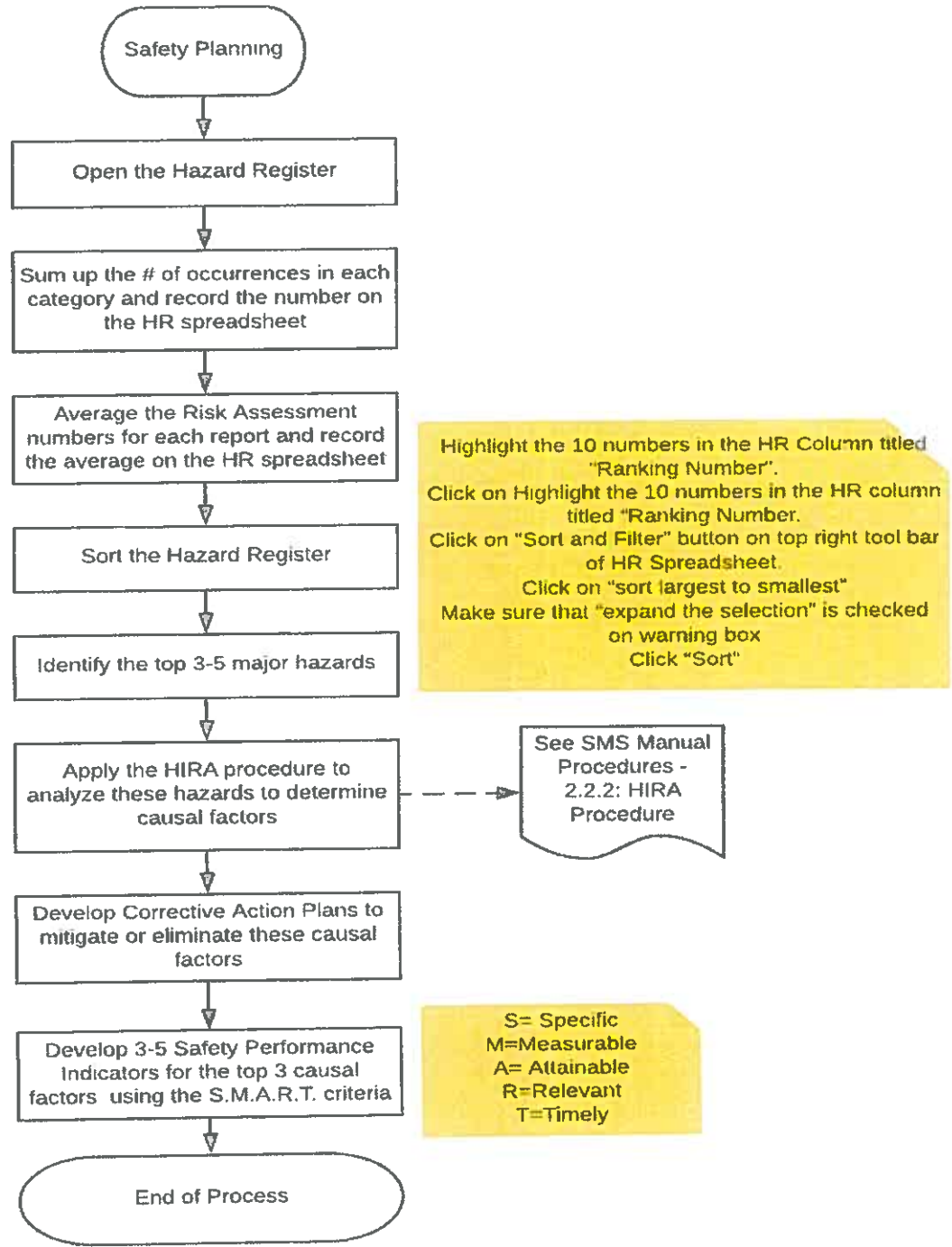
People: Anyone involved with the process
Methods: How the process is performed and the specific requirements for doing it, such as policies, procedures, rules, regulations and laws
Machines: Any equipment, computers, tools etc. required to accomplish the job
Materials: Raw materials, parts, pens, paper, etc. used to produce the final product
Measurements: Data generated from the process that are used to evaluate its quality
Environment: The conditions, such as location, time, temperature, weather conditions and culture in which the process operates

see Procedures Manual - 2.2.5: 5 Whys Root Cause Analysis Procedure

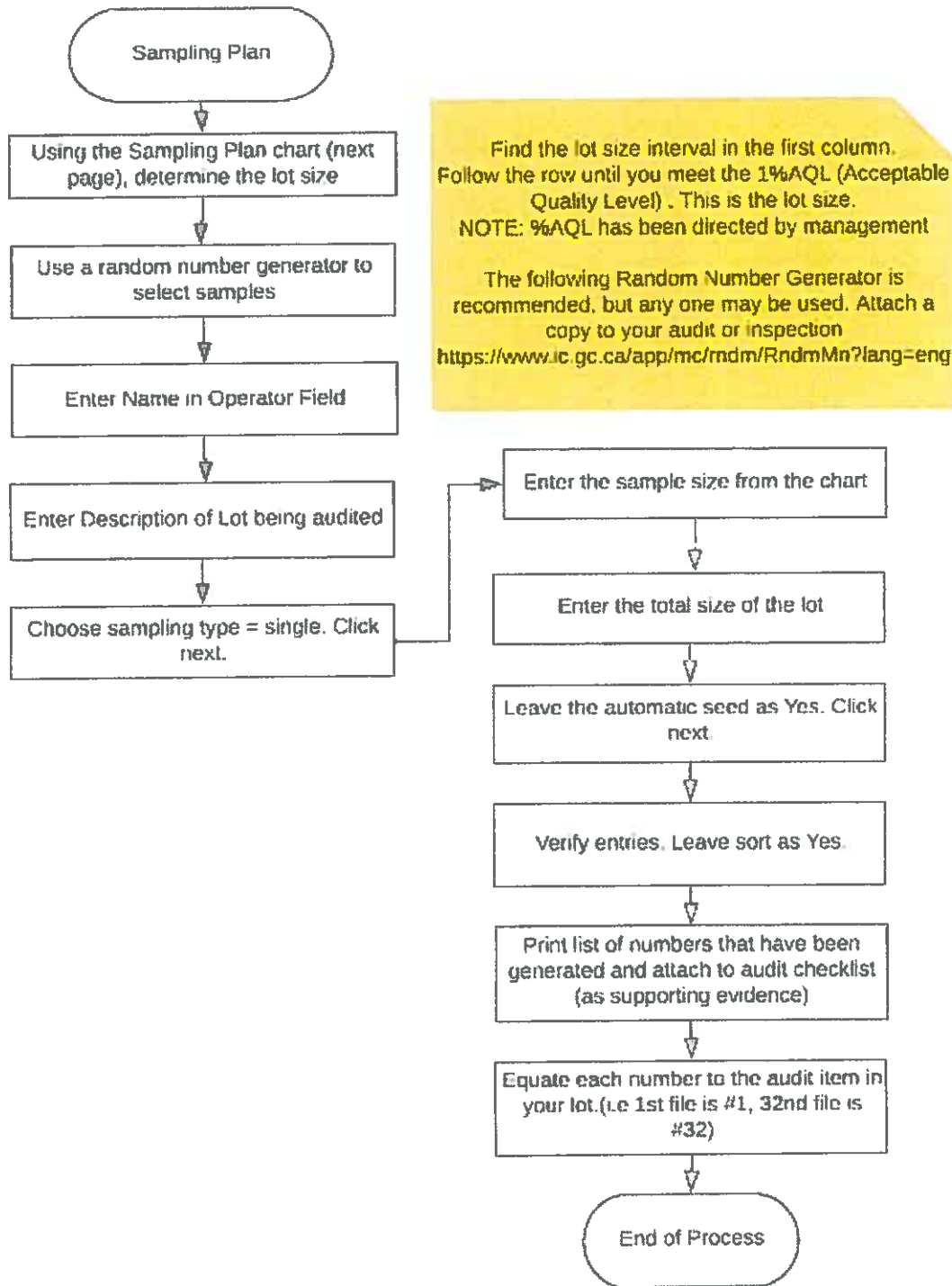
Enter the Root Cause(s) and upload any supporting documents or images for the RCA

PART 3 | SAFETY ASSURANCE

3.1.1 Safety Planning Procedure




3.1.2 Sampling Plan Procedure



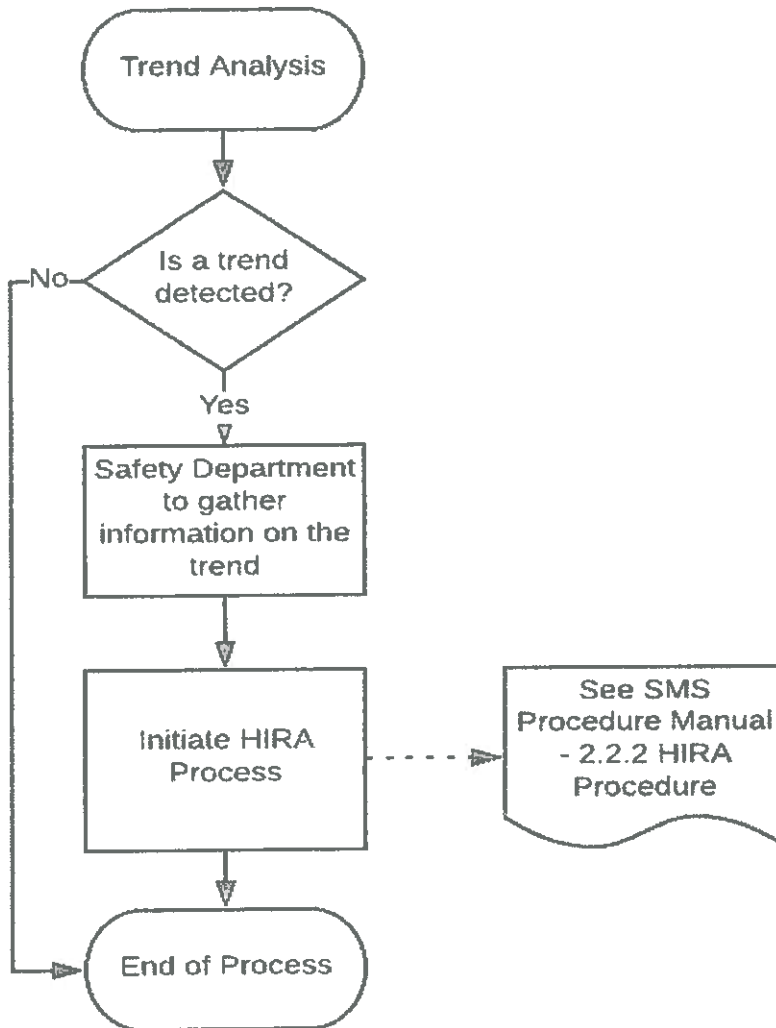
SAMPLING CHART

1% AQL - use this

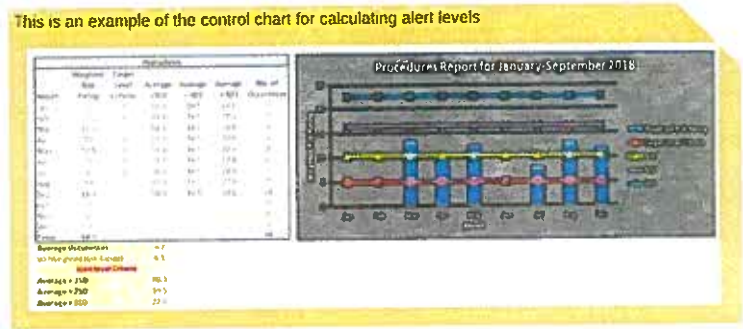
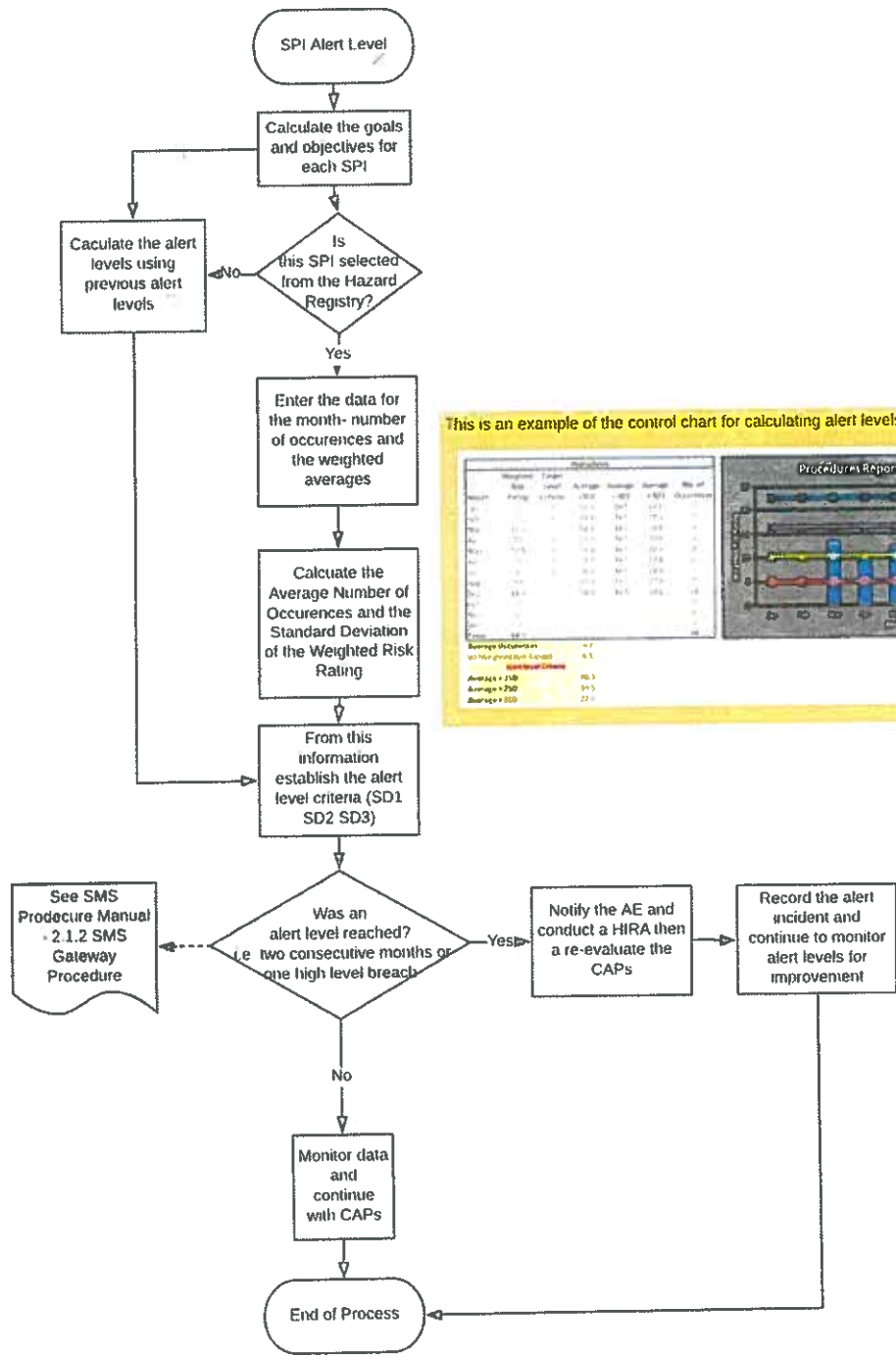


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1 - 8	A	A	A	A	A	A	A	A	A	A	A	A	5	3	2	2
9 - 15	A	A	A	A	A	A	A	A	A	A	13	8	5	3	2	2
16 - 25	A	A	A	A	A	A	A	A	A	20	13	8	5	3	2	2
26 - 50	A	A	A	A	A	A	A	A	32	20	13	8	5	5	5	2
51 - 90	A	A	A	A	A	A	80	50	32	20	13	8	7	6	5	4
91 - 150	A	A	A	A	A	125	80	50	32	20	13	12	11	7	6	5
151 - 280	A	A	A	A	200	125	80	50	32	20	20	19	13	10	7	6
281 - 500	A	A	A	315	200	125	80	50	48	47	29	21	16	11	9	7
501 - 1200	A	800	500	315	200	125	80	75	73	47	34	27	19	15	11	8
1201 - 3200	1200	800	500	315	200	125	120	116	73	68	55	35	23	18	13	9
3201 - 10,000	1200	800	500	315	200	192	189	116	86	82	80	38	29	22	15	9
10,001 - 35,000	1200	800	500	315	300	294	189	135	108	96	90	46	35	29	15	9
35,001 - 150,000	1200	800	500	490	476	294	218	170	123	119	104	56	40	29	15	9
150,001 - 500,000	1200	800	750	715	476	345	270	200	156	143	120	64	40	29	15	9
500,001 & ABOVE	1200	1700	1112	715	556	435	303	244	189	163	132	64	40	29	15	9

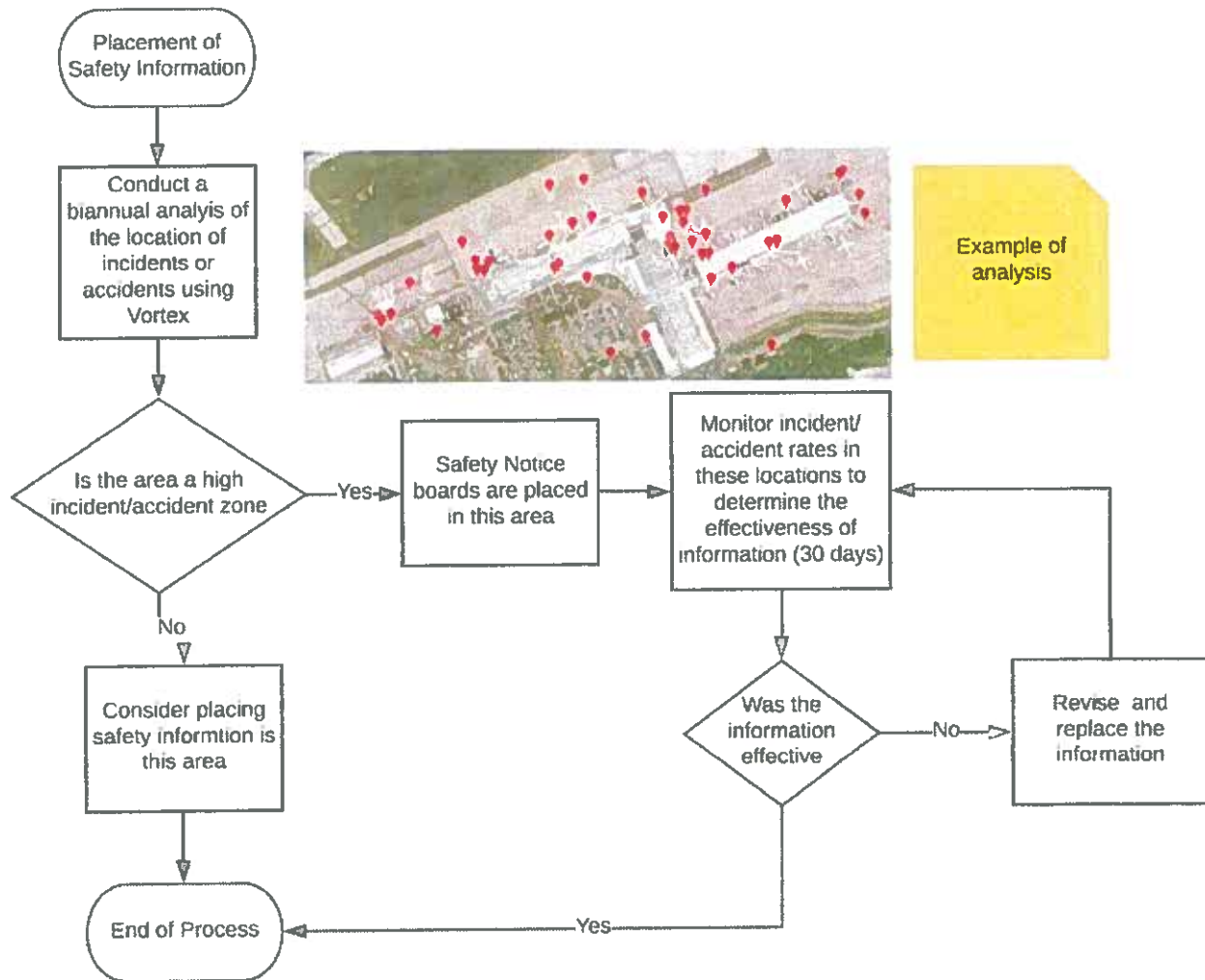
3.1.3 SMS Report Trend Analysis Procedure



3.1.4 SPI Alert Level Procedure




3.1.5 Placement of Safety Information Procedure

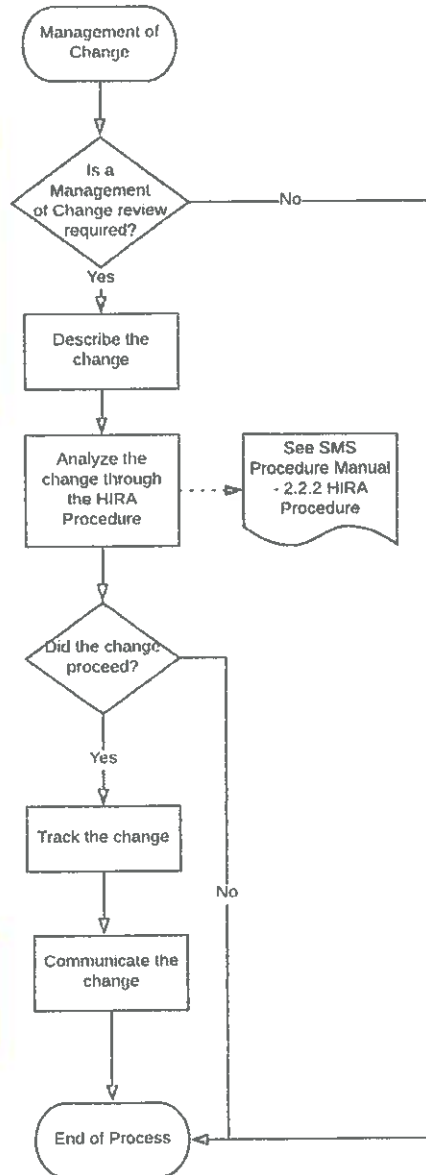


3.2.1 Management of Change Procedure

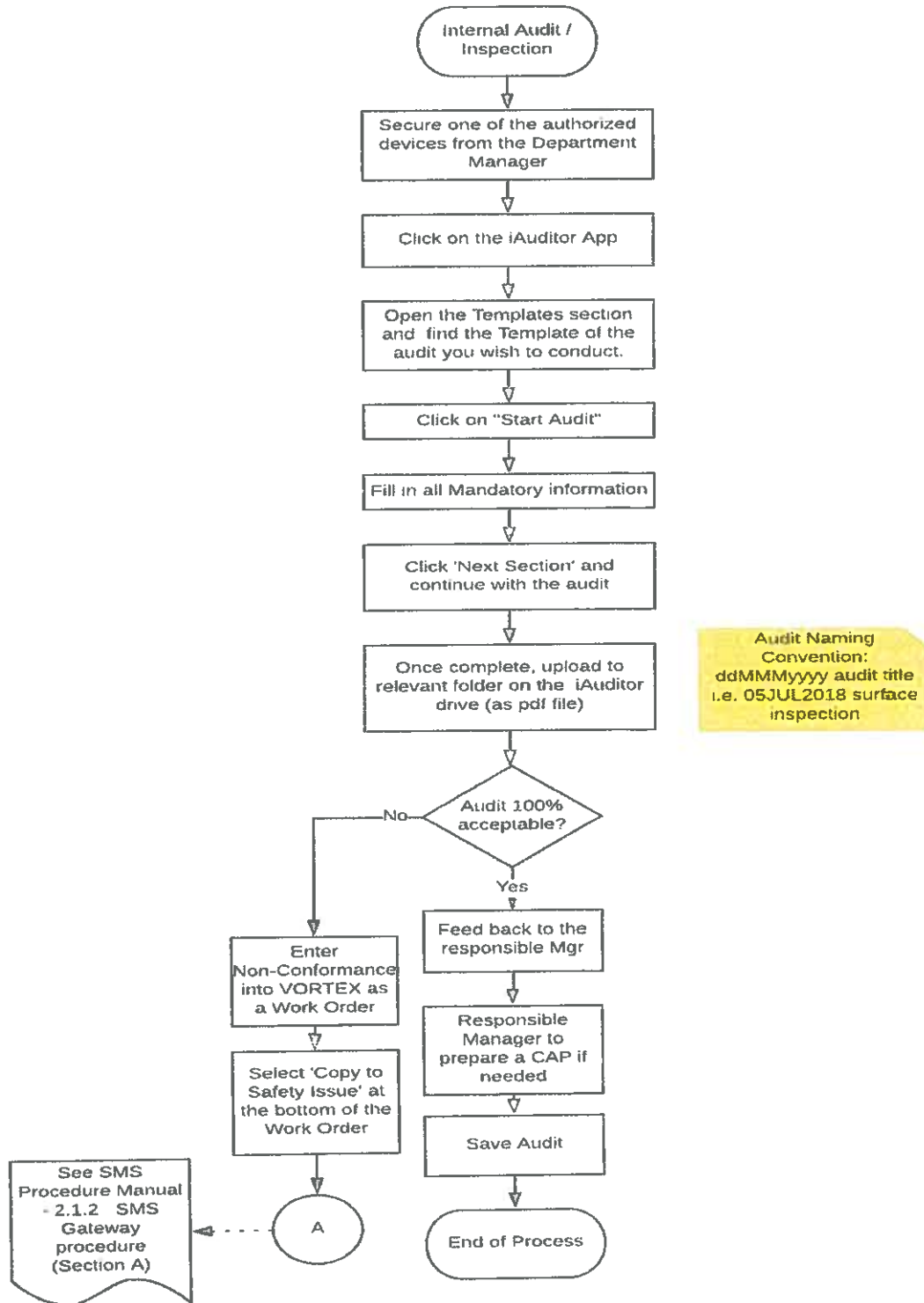
A Management of Change review will be performed whenever:

- (a) A major organizational / operational change is planned;
- (b) The airport is under construction or experiencing rapid facility expansion;
- (c) Planning to introduce new equipment or facility;
- (d) Planning to decommission existing equipment;
- (e) Planning to introduce new processes, procedures and policies which may have safety implication;
- (f) Planning to revise current procedures which may have safety implications;
- (g) Planning to change key personnel;
- (h) Legislative changes are to be implemented;
- (i) Breach of acceptable level of safety (ALoS).
- (j) Significant or abnormal safety trend;
- (k) Other safety related aviation activity as deemed necessary by safety committees at MBJ;
- (l) Changes to best practices or technology; or
- (m) Changes external to MBJ that may affect aviation safety.

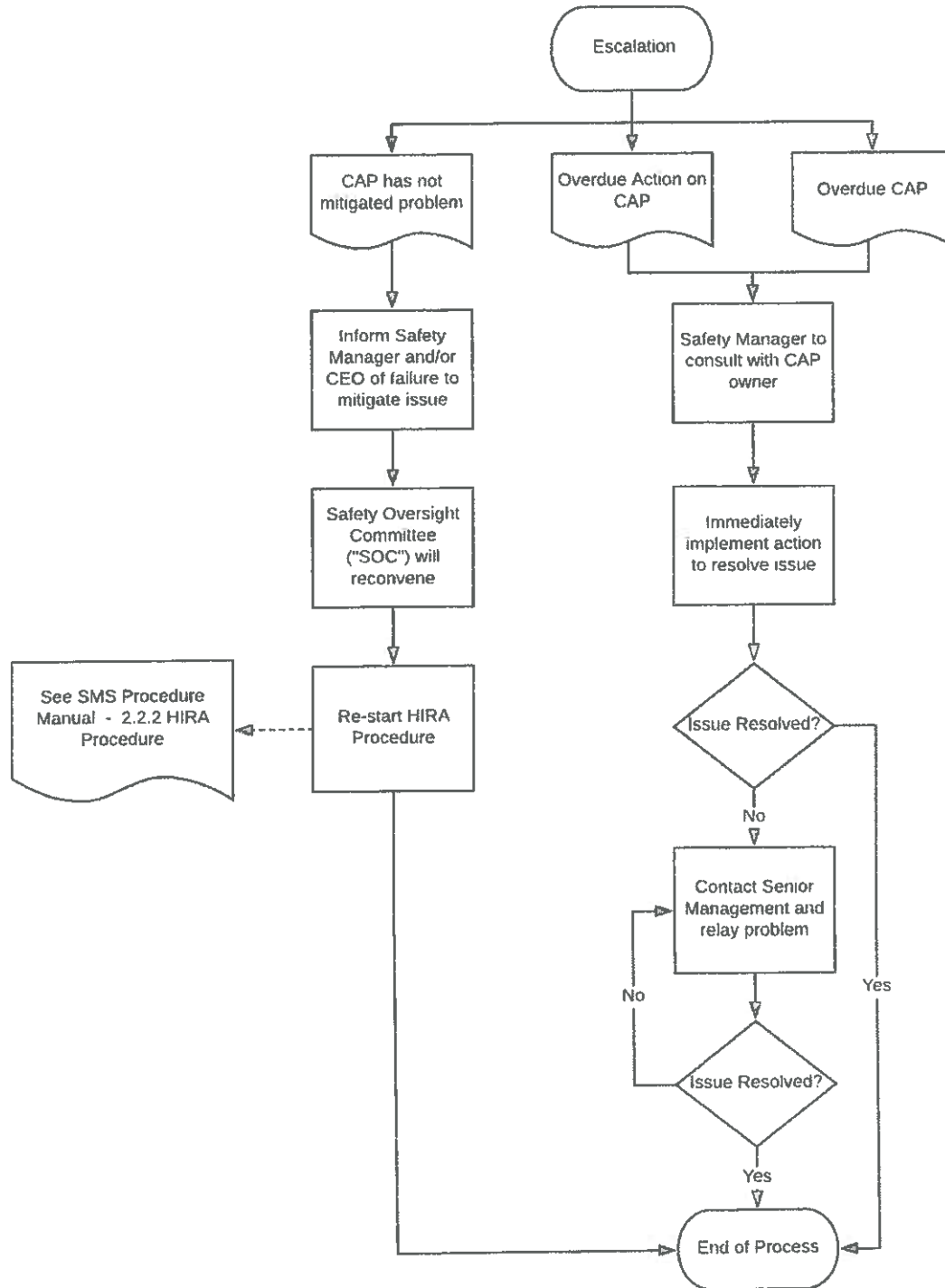
HR to advise JCAA of the change (as required)



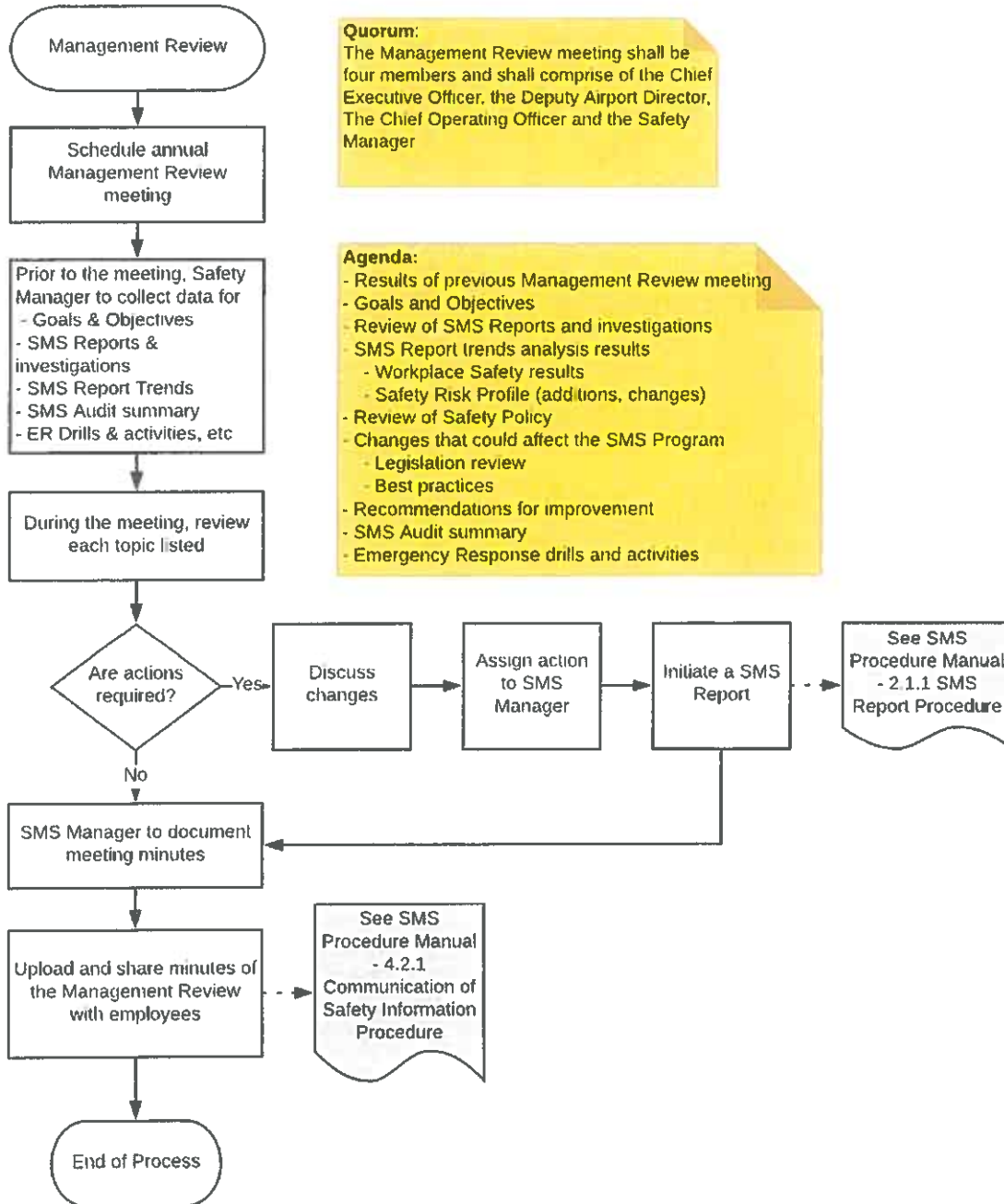
3.3.2 Internal Audit Procedure



3.3.3 Escalation Procedure



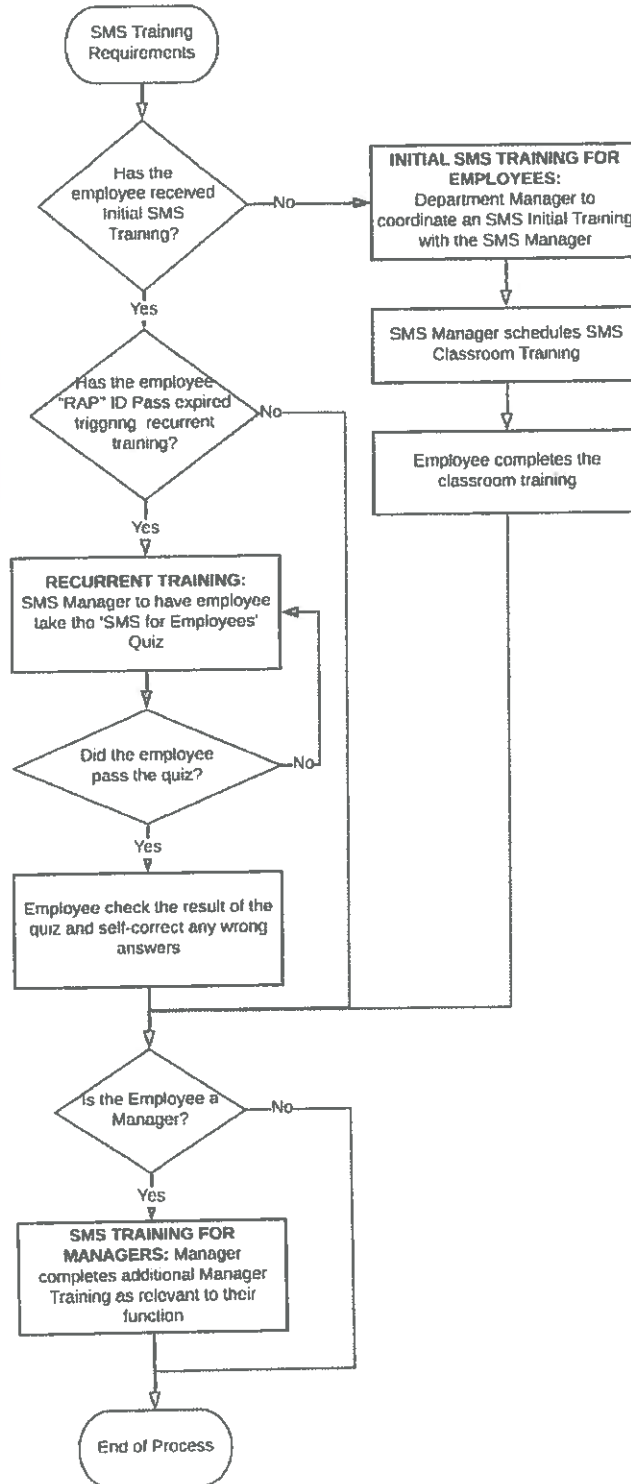
3.3.4 Management Review Procedure



PART 4 | SAFETY PROMOTION

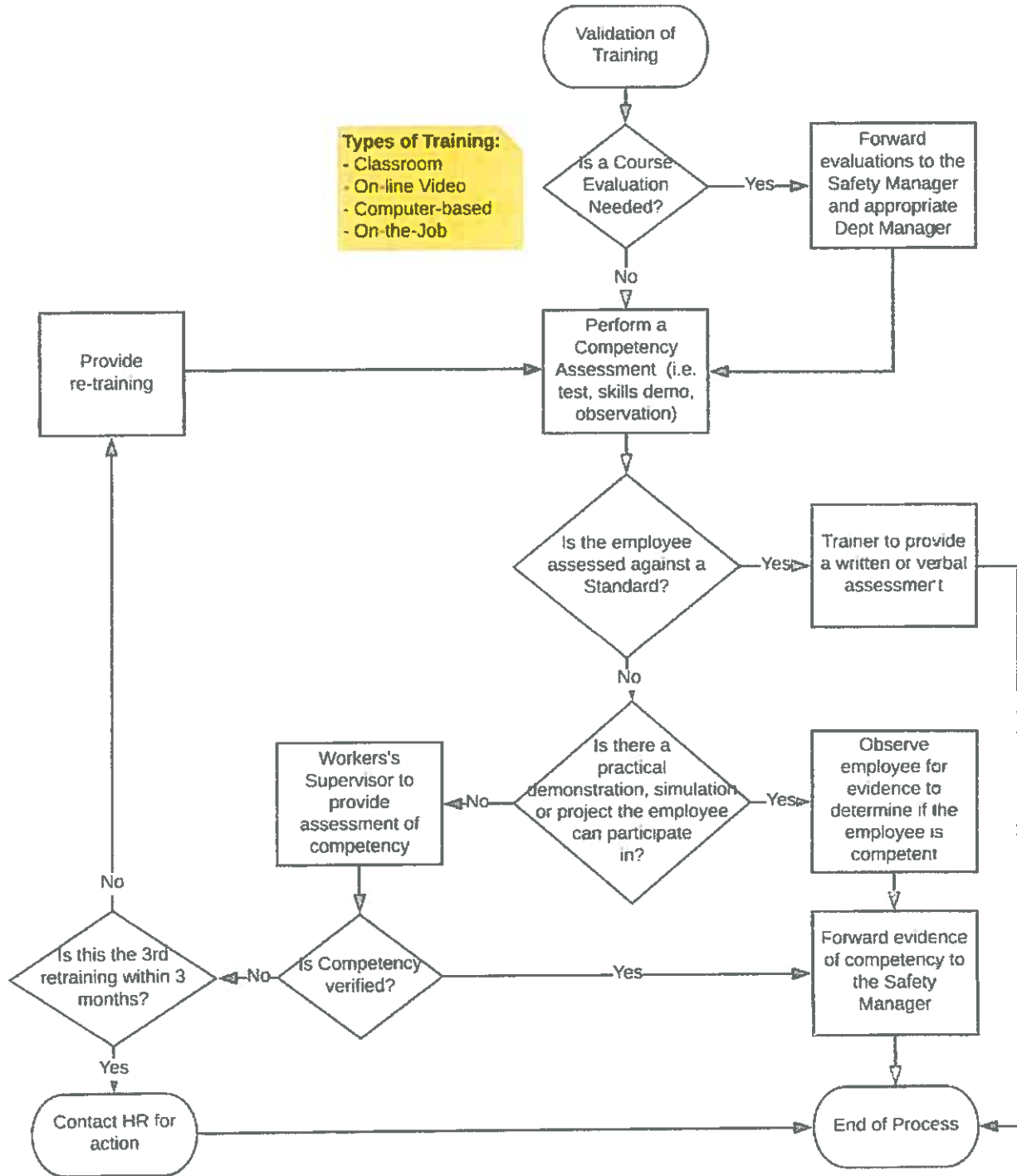
4.1.2 SMS Training Requirements Procedure

Restricted Area Pass, 'RAP' is required to be renewed every 2 years.



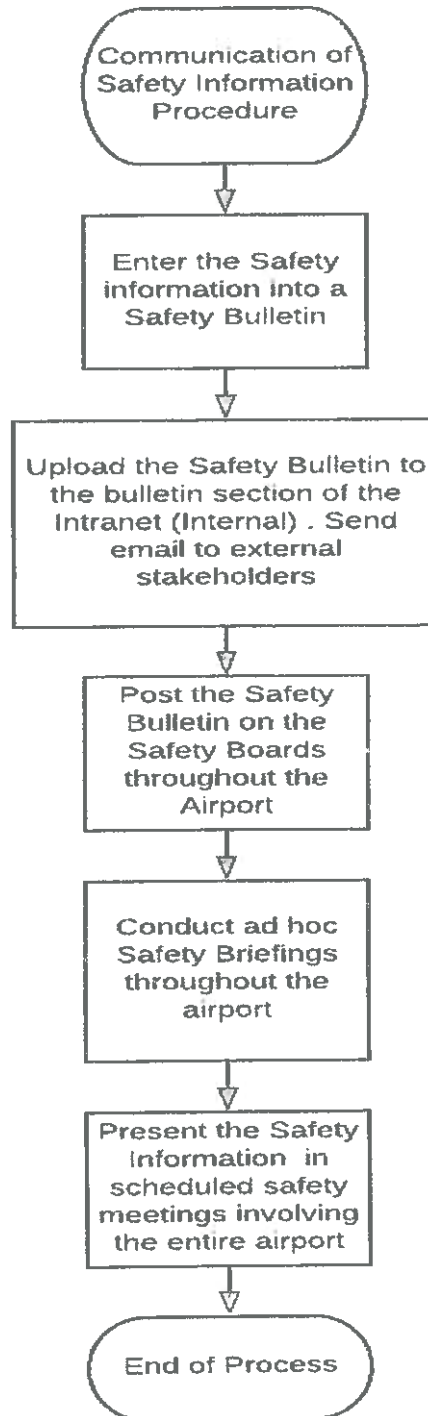
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4.1.3 Validation of Training Procedure



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4.2.1 Communication of Safety Information Procedure






PART 5 | FORMS

Form #	Description
SMS-001	HIRA Worksheet
SMS-002	Incident & Accident Report
SMS-003	Investigation Report
SMS-004	Project Handover Sheet - Airside
SMS-005	Project Handover Sheet
SMS-006	Airside Safety Briefing Check Sheet
SMS-007	Hazard Report Form

→ *Refer to:* Safety & Security Manual for Contractors for additional forms.

HAZARD IDENTIFICATION AND RISK ASSESSMENT (HIRA) - SMS 001

		Hazard Identification Risk Assessment		Document Identification		
		HIRA		Issue date		
(1) Department:						
(2) Creation Date:						
1. HAZARD IDENTIFICATION						
(3) TYPE OF OPERATION OR ACTIVITY :						
(4) GENERIC HAZARD :				(5) Location:		
(6) No.	(7) Specific Hazard :					
1.1						
2. Hazard Analysis (add the necessary consequences)						
(8) No.	(9) Consequence	(10) Current Mitigations in Place	Risk assessment			
			(11) Probability	(12) Severity	(13) Index	(14) Risk Rating
1.1.1			NA	NA	NA	N/A
1.1.2			NA	NA	NA	N/A
3. ASSESSMENT proposed mitigation measures						
(15) No.	(16) Short and Long Term Mitigation Actions including Implementation Date	(17) Person Responsible for Delivery	Risk assessment			
			(11) Probability	(12) Severity	(13) Index	(14) Risk Rating
1.1.1	Describe Mitigation Action		NA	NA	NA	N/A
	Describe Mitigation Action					
	Describe Mitigation Action					
1.1.2	Describe Mitigation Action		NA	NA	NA	N/A
	Describe Mitigation Action					
	Describe Mitigation Action					
(18) Date assessment of the effectiveness of mitigation measures:			dd	mm	2010	
4. AUTHORIZATION LEVEL OF RISK AND PERFORMANCE OF MITIGATION MEASURES						
(19) Developed :			(20) Approved			
Responsible for Safety			Accountable Executive			
5. EFFECTIVENESS OF HIRA MITIGATION MEASURES						
4.1 The measures taken are effective?						
Yes		<input type="text"/>				
No		<input type="text"/>				
4.2 Measures taken generate a new danger?						
Yes		<input type="text"/>				
No		<input type="text"/>				
4.3 Mitigation strategies generate additional consequences?						
Yes		<input type="text"/>				
No		<input type="text"/>				
6. REVIEW OF THE EFFECTIVENESS OF HIRA MITIGATION MEASURES						
(21) Manager who reviewed actions:			(22) Acknowledged			
Responsible for Safety			Chief executive			
7. MONITORING OF MEASURES AND CLOSURE OF HAZARDS						
(23) Frequency of review to ascertain whether continuous current risk level of danger is stable						
(24) Observations analysis:						
(25) Closing date for hazard management :			Signature			

HIRA Registry filling instructions	
Box 1.	Select the department to which risk analysis belongs.
Box 2.	Indicate the date of preparation of the analysis.
Box 3.	Indicate the Issue being Risked.
Box 4.	Describe a specific hazard identified by Management or as a result of a Cause and Effect Analysis.
Box 5.	Outline the location activity
Box 6.	Place the consecutive number of specific hazard tested, ie 1.1
Box 7.	Indicate the name of the specific hazard tested, ie. 1.1.1
Box 8.	Indicate the consecutive number of the first consequence format three numbers separated by periods. The first number is the number corresponding to the generic hazard, specific hazard to the second and the third is the consecutive number of consequence.
Box 9.	Place the name of the identified consequence
Box 10.	Indicate current mitigations in place to address this hazard
Box 11.	Select the probability of the consequence
Box 12.	Select the severity of the consequence.
Box 13.	Rate risk associated with the result is automatically placed.
Box 14.	The Risk Rating according to MBJ Matrix is automatically placed.
Box 15.	Relate the number of consequences identified in box 8.
Box 16.	Indicate those mitigation (control) proposed to reduce the probability or severity. Additionally include dates you are going to implement this action by.
Box 17.	Indicate who is responsible for implementing specific mitigation measure.
Box 18.	Place a proposed date to review the effectiveness of mitigation measures, this date should consider a proposal commensurate to the design, implementation and testing of the measurement period.
Box 19.	Place the name and signature of the person who prepared the study.
Box 20.	Place the name and signature of the person approving the level of risk and mitigation.
Box 21.	Place the name and signature of the person who reviewed the effectiveness of mitigation measures
Box 22.	Place the name and signature of the person giving approval of the effectiveness of mitigation measures.
Box 23.	Placing proposal to review the condition of the analyzed risk basis.
Box 24.	Place observations
Box 25.	Indicate the date of closing of the HIRA, this date is when the Accountable Executive confirms the effectiveness of mitigation measures.



INCIDENT & ACCIDENT REPORT – SMS 002
Private & Confidential

1. Personal Injury

The following information on each incident/accident (not involving aircraft) should be completed as soon as a report is made to MBJ Airports Ltd. Within 3 days of the report, the completed form must be submitted to The Manager, Human Resource Department, MBJ Airports Ltd.

Incident #:	Further Investigation Necessary Yes No		
Date/ Time of Occurrence	Current Date & Time	Reported by	Reported to
Weather Condition	Nature of Injury:		

Incident/Accident Location

<input type="checkbox"/>	Apron
<input type="checkbox"/>	Arrivals
<input type="checkbox"/>	Departure lounge
<input type="checkbox"/>	Car Park
<input type="checkbox"/>	In transit
<input type="checkbox"/>	Check in
<input type="checkbox"/>	Other

Surface Area

<input type="checkbox"/>	Indoor
<input type="checkbox"/>	Outdoor
<input type="checkbox"/>	Stairs
<input type="checkbox"/>	Escalator
<input type="checkbox"/>	Elevator
<input type="checkbox"/>	Sidewalk
<input type="checkbox"/>	Ramp

Surface Type/Condition

<input type="checkbox"/>	Tile
<input type="checkbox"/>	Concrete
<input type="checkbox"/>	Asphalt
<input type="checkbox"/>	Wet
<input type="checkbox"/>	Damp
<input type="checkbox"/>	Dry
<input type="checkbox"/>	Greasy

Personal Data (Injured Person)

Name		Contact Number(s) (H) (W) (C)		Permanent Address		
Arriving/Departing Flt. No.		D.O.B	Age	Height	Weight	Occupation
Type Clothing			Eyeglasses?	Type Shoes		
Status Passenger Visitor Airport Worker			Articles Carried at Time of Incident			

FB



Witness (es) Data

Name(s)	Contact Number(s)	Address (es)

What did the Injured Person say happened?

What did the Witness (es) say happened?

Proximity of Witness (es) to Incident/Accident:

--

This section to be filled out by Airport Nurse

Degree of Injury

	Slight
	Substantial
	Severe

Ambulance Used

	MBJ ERS
	Mobay Hope
	CRH
Injured Body Part	EMS
	Others:

Hospital used

	Cornwall Reg. Hosp.
	Mobay Hope
	Eldemire Hospital
	Fairfield Hospital
	Others:

Names/Titles of Attendees



Injured Persons Statement

Signature _____ Date _____

(MBJ) Employees Signature _____ Date _____

FS



Operations Center Report

Report done by _____

(MBJ) Employees Signature _____

Date _____

5



INCIDENT & ACCIDENT REPORT

Private & Confidential

2. Property Damage/Loss Report

The following information on each incident/accident (not involving aircraft) should be completed as soon as a report is made to MBJ Airports Ltd. Within 3 days of the report, the completed form must be submitted to The Manager, Human Resource Department, MBJ Airports Ltd.

Incident #:	Further Investigation Necessary <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date and Time of Incident	Location gate	
Damage caused by motor vehicle model/year:	License Plate No.	
Name of Driver:	Signs of Impairment:	
Drivers License:	Drivers Address:	
Telephone No.:	Insurance Co. /Policy No.	
Vehicle Owner:		
Vehicle Owners Address		
Damage/Loss caused by: (Specify if other than motor vehicle)		
Description of damage (please take photograph)		
Property Damage		
Owner /driver-	Owners Address	
Owners Telephone Nos.	Damage Estimate	
Name, Address & Contact No. Of Witness/Other relevant details:		

REPORT BY AIRPORT COORDINATOR

The above report is a true account of the incident.

Signature _____

Date _____

F



From the desk of the Registered Nurse

To _____
Department Head/Supervisor

This serves to verify that:

_____ Last Name First Name

Of _____
Department

Was seen at the Nurses Office and was deemed unfit to carry out his/her duties for the remainder of the day.

Kindly release him/her from duties for the remainder of the shift to seek medical attention/recuperate from illness.

Signed _____
Duty Nurse, MBJ Airports Ltd.

Handwritten mark



Disclaimer Form Against Medical Advice

I _____

of _____

of sound mind, refused to see the Doctor/allow my child to see the Doctor against the advice of the Nurse.

I fully understand and absolve the Nurse and MBJ Airports Ltd of any liability, should my condition / child's condition persist or deteriorate.

Signed _____

Date _____

Witnessed _____

Date _____



INVESTIGATION REPORT – SMS 003

Incident #	
Incident Description	
Distribution	

Contents

1. Introduction
2. Aims of the Investigation
3. Overview of events
4. Details of incident/accident
5. Immediate actions taken post incident
6. Analysis of events
7. Findings & contributory factors
8. Recommendations
9. Appendices

5



1. Introduction

This report provides an overview of the investigation process, summary of events, findings and recommendations made following an incident at MBJ Airport Limited.

2. Aims of the Investigation

- ❖ Determine and record the facts
- ❖ Aid in the prevention of further incidents of a similar nature
- ❖ Establish the events leading up to and following the incident
- ❖ Identify root and contributory causal factors
- ❖ Recommend immediate and long term corrective actions.
- ❖ Comply with the Safety Management System Manual and regulatory requirements.

3. Overview of events

Short outline description of events:

FB

4. Details of incident/accident

Date	
Time	
Location	
Weather conditions	
Aircraft/Equipment Type Involved	
Equipment Owner/Operator	

Staff/Contractors/Passengers/Visitors involved

Witnesses

#	Name	Department/Contact details
1		
2		
3		
4		
5		

Interviewees

#	Name	Department/Contact details
1		
2		
3		
4		
5		



5. Immediate actions taken post incident

Action taken	Remarks	By whom
1)		
2)		
3)		
4)		

5



6. Analysis of Events

A large, empty rectangular box with a thin black border, intended for the user to write or draw an analysis of events.

IF

7. Findings & contributory factors

Finding & Contributory factor	Corrective action required

8. Recommendations

Recommendation	Timescale	Owner
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



9. Appendices

- ❖ Witness statements
- ❖ Interview Records
- ❖ Photographs/Diagrams
- ❖ Proof of maintenance of equipment
- ❖ Notes of telephone calls especially with witnesses



PROJECT HANDOVER SHEET – AIRSIDE – SMS 004

Work period (from/to):	Airport Coordinator (start of project)	Contractor Project Manager/Contact #
	Airport Coordinator (end of project)	MBJ Project Coordinator/Contact #

Areas earmarked for work during above period:

1

2

3

Description of Work:

1

2

3

Project Pre-checklist:

Project Post-Checklist:

	Satisfactory	Unsatisfactory		Satisfactory	Unsatisfactory
Valid NOTAM			Obstacle/infringement		
ATC notified of works			Surface Damage		
Hot works permit			Oil Spill/cleaning		
Confined space Permit			Lighted barriers installed		
Vehicle/driving permit			Closure 'X' sign installed/painted		
Contractor Brief			FOD check/removal		
Access to manoeuvring granted			Manoeuvring surface swept		
			All equipment removed		
			ATC informed of end-of-works		

Signing the Start of Work Handover record below indicates that the contractor has met all the safety and security requirements outlined during the safety and security briefings conducted prior to start of project and that the contractor is now permitted to commence work as described above.

Start of Work Handover Record

Personnel	Checked by (print name)	Signature	Date/Time
Contractor Project Manager			
MBJ Airport Coordinator			
MBJ Project Coordinator			
Name of ATC personnel informed (if applicable):			

Signing the End of Work Handover record below indicates that MBJ is satisfied the area is in an acceptable condition at the end of the work described above, and all safety and security requirements were met by the contractor.

End of Work Handover Record

Personnel	Checked by (print name)	Signature	Date/Time
Contractor Project Manager			
MBJ Airport Coordinator			
MBJ Project Coordinator			
Name of ATC personnel informed (if applicable):			



This form contains a list of tools and or equipment approved for use on airside by MBJ personnel and or contractors employed by MBJ Airport Limited. Signing the document indicates each tool has been properly accounted for before and at the end of each project. Discrepancies identified at the end of each project must be reported to an Airport Coordinator (881-9006) in order to facilitate the necessary investigation

<i>Tool Type</i>	<i>Quantity</i>	<i>Project Start Date</i>	<i>Signature (prior to entering airside)</i>	<i>Project End Date</i>	<i>Signature (prior to exiting airside)</i>

Action/s taken by Airport Coordinator to safeguard operational safety:



PROJECT HANDOVER SHEET – SMS 005

Work period (from/to):	Airport Coordinator (start of project)	Contractor Project Manager/Contact #																	
	Airport Coordinator (end of project)	MBJ Project Coordinator/Contact #																	
PROJECT:		CONTRACTOR:																	
Areas earmarked for work during above period:																			
1																			
2																			
3																			
Description of Work:																			
1																			
2																			
3																			
Action/s taken by Airport Coordinator to Safeguard Operational Safety:																			
<p>Signing the Start of Work Handover record below indicates that the contractor has met all the safety and security requirements outlined during the safety and security briefings conducted prior to start of project and that the contractor is now permitted to commence work as described above.</p> <p style="text-align: center;"><u>Start of Work Handover Record</u></p> <table border="1"> <thead> <tr> <th>Personnel</th> <th>Checked by (print name)</th> <th>Signature</th> <th>Date/Time</th> </tr> </thead> <tbody> <tr> <td>Contractor Project Manager</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MBJ Airport Coordinator</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MBJ Project Coordinator</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Name of ATC personnel informed (if applicable):</p>				Personnel	Checked by (print name)	Signature	Date/Time	Contractor Project Manager				MBJ Airport Coordinator				MBJ Project Coordinator			
Personnel	Checked by (print name)	Signature	Date/Time																
Contractor Project Manager																			
MBJ Airport Coordinator																			
MBJ Project Coordinator																			
<p>Signing the End of Work Handover record below indicates that MBJ is satisfied the area is in an acceptable condition at the end of the work described above, and all safety and security requirements were met by the contractor.</p> <p style="text-align: center;"><u>End of Work Handover Record</u></p> <table border="1"> <thead> <tr> <th>Personnel</th> <th>Checked by (print name)</th> <th>Signature</th> <th>Date/Time</th> </tr> </thead> <tbody> <tr> <td>Contractor Project Manager</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MBJ Airport Coordinator</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>MBJ Project Coordinator</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Name of ATC personnel informed (if applicable):</p>				Personnel	Checked by (print name)	Signature	Date/Time	Contractor Project Manager				MBJ Airport Coordinator				MBJ Project Coordinator			
Personnel	Checked by (print name)	Signature	Date/Time																
Contractor Project Manager																			
MBJ Airport Coordinator																			
MBJ Project Coordinator																			



AIRSIDE SAFETY BRIEFING CHECKSHEET – SMS 006

Name of Company / Contractor:			
Location of Work:			
Nature of Work:			
Period of Work:			
Questions	Yes	No	N/A
Has the contractor submitted a work plan for assessment of logistical needs?			
Has the contractor and all affiliates been appraised of MBJ's airside safety requirements and procedures. (vests, shoes plus the policy on raincoats/disposable raincoats on airside)			
Has MBJ's Safety and Security by-laws been reviewed with the party(ies)?			
Has the cell phone restriction policy been explained and the logistics worked out?			
Has the party(ies) shown a credible understanding of the dangers posed by Aircraft operations- jet blast and ingestion			
Has the party (ies)' responsibility to clean up the area at the end of the work been explained?			
Has the accident reporting procedures been explained to all party (ies)? Has the party(ies) involved been provided with MBJ's emergency contact information?			
Has the party(ies) been advised of their fire prevention responsibilities?			
Has the requirements for operating a vehicle or motor powered equipment on airside been explained to the Party(ies)?			
Has the party(ies) been appraised of escort procedures?			
Has the party(ies) been given a guided tour of their operating area?			
Has the party(ies) been advised of their FOD mitigation responsibilities?			
Has the Party(ies) been advised of their responsibility to mitigate wildlife and or any other reasonable hazards attributable to their work activities?			
If the project involves hot work, has the contractor provided a serviceable fire extinguisher for the period of welding, are the workers trained to use the extinguisher?			
Has the identity/ contact information for the contractor's onsite safety coordinator been provided?			
Has the party(ies) submitted all required permits and have these been verified and correctly authorized?			
Does the contractor have a first aid plan?			
If work is to be done on the Runway, does the Contractor have an Emergency Contingency plan to remove malfunctioning equipment from the runway? The plan must be submitted then approved by MBJ prior to start of works			
Coordinator's Signature:			
Date:			



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<i>Tool Type</i>	<i>Quantity</i>	<i>Project Start Date</i>	<i>Signature (prior to entering airside)</i>	<i>Project End Date</i>	<i>Signature (prior to exiting airside)</i>

Briefing Attendee Log

The names contained here-in represent those persons who have participated in the Airside Safety Briefing as part of the requirement for a RAP to be issued giving airside access.

<i>Name</i>	<i>Employer</i>	<i>ID No.</i>	<i>Skill/equipment operating</i>
Airport Coordinator's Signature:			Date:

Remarks/observations.



HAZARD REPORT FORM – SMS 007

If this is an Emergency contact the Operations Centre immediately at 876-684-1745

Date:		Time:		Weather condition:	
Name (optional):					
Company (optional):			Position in Company (optional):		
Location of Hazard:					
Description of Hazard:					
Suggested corrective actions:					
In your opinion, what is the likelihood of a similar reoccurrence?					
Likely				Rare	
1	2	3	4	5	
What do you consider the worst possible consequence should there be a reoccurrence?					
Catastrophic				Minor damage	
1	2	3	4	5	
Action taken by MBJ's Safety Oversight Committee:					

MBJ Airports Limited's Safety Management System (SMS), has implemented a voluntary, non-punitive and confidential reporting system.

