



SAFETY ANALYSIS FORM

AIRLINE:

GENERAL INFORMATION

- Country:
- Inaugural flight date:
- Fleet (type and number of aircraft):
- AOC and OpSpecs - **please attach one copy of each**
- Total of domestic and international destinations:
- Total PAX and/or cargo transported since inaugural flight:
- Total of employees:

AVIATION SECURITY INFORMATION

- Security (AVSEC) Director/Manager contact details:

SAFETY INFORMATION

- Safety Management System **(please describe in details how your SMS is implemented and controlled)**
- Safety certifications **(last internal audit, civil aviation authority audits, IOSA, ISSA, BARS, others) – please attach copies of certifications**
- Safety Director/Manager contact details:

ACCIDENT RECORDS (last 5 years)

DATE	MANUFACTURER	AIRCRAFT	REGISTRATION	OPERATOR	LOCATION	PHASE	SERVICE	PROPULSION	SEVERITY	SUMMARY

Narrative of each accident (What happened? Injuries? Aircraft returned to service? Other information)