



Safety  
Management  
Summit  
SMS - Brazil 2019

# Management of Change

## In Practice and Lessons

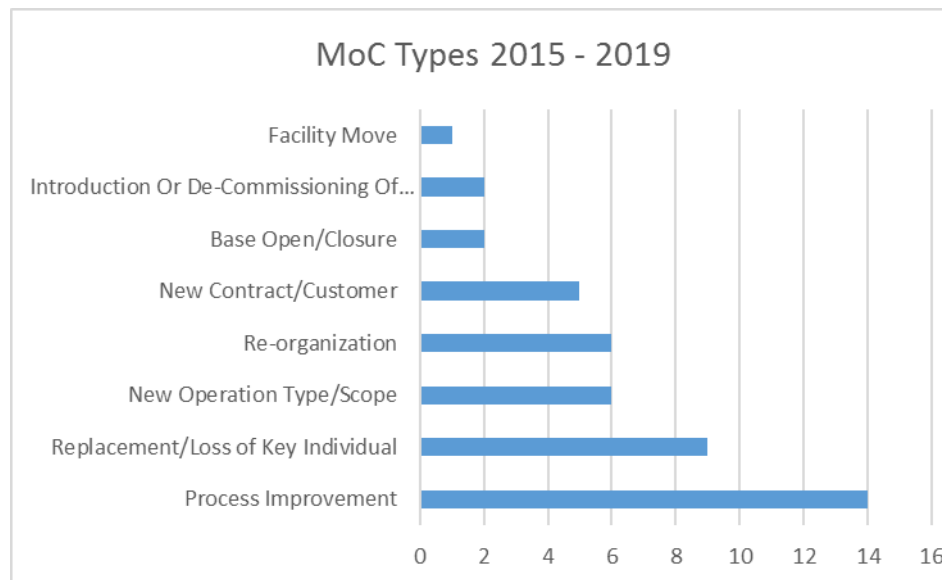
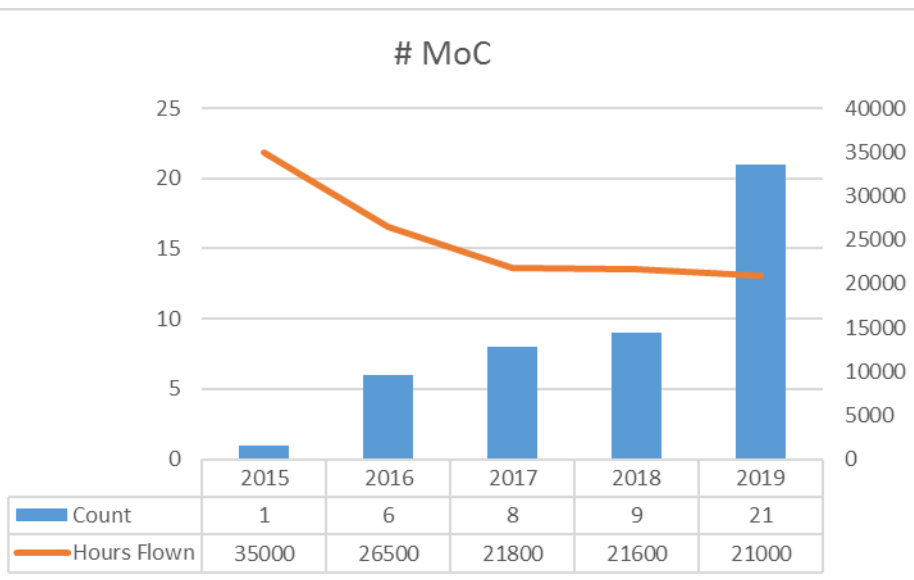


Departamento  
de Controle do Espaço Aéreo



ANAC AGÊNCIA NACIONAL  
DE AVIAÇÃO CIVIL

# MOCs da CHC (data from: SQID System)



# Non or Not Effective use of MoC Tool

- Change of Maintenance Control System (2012)
  - 5 days after the change we move back to old system
  - Intro one year later:
    - Involvement of additional stakeholders (frontline team) (LL\*)
    - Introduction per acft types phased (LL\*)
- Change in Staged Work Order process in Maintenance (2016)
  - 3 months after the change, old process was being used instead
  - Re-intro 3 months later with:
    - Involvement of additional stakeholders (LL\*)
    - Additional monitoring Step post change (30-60 days) (LL\*)

LL\* = Lessons Learned

## Non or Not Effective use of MoC Tool

- Base Demobilization Salvador (2014)
  - Losses with local services contracts termination delay
  - Assets transportation with missing items
  - Other fiscal issues
- Base Implementation (2014)
  - Actions post change not fully implemented
  - LL\*: Use of SQID system to track actions (MoC Module)

## MoC Facilities Change (Hangars) at Macaé

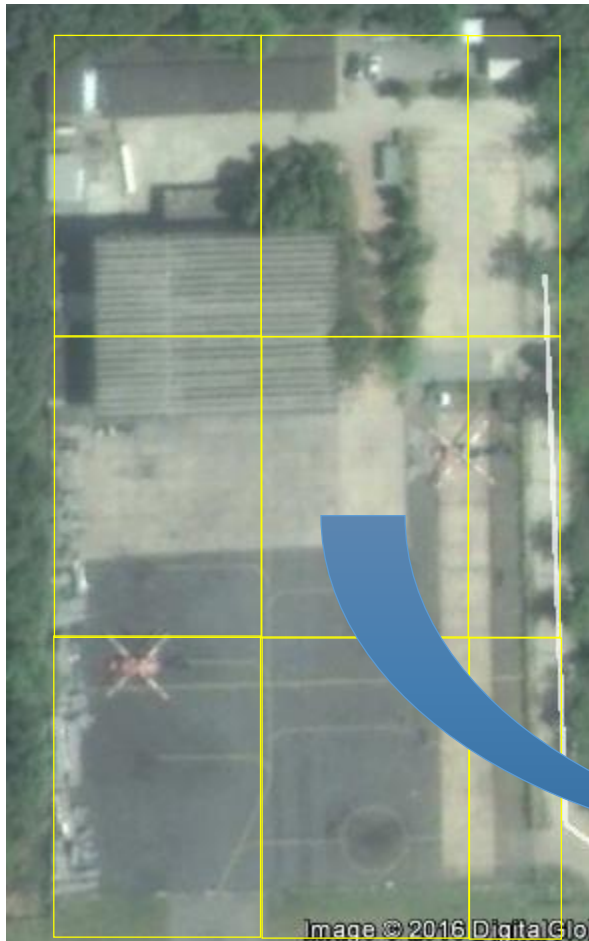


- Objective – Operational Hangar overnight, no impact to Customers
- Time Limitation
- Budget Constrain
- Smaller Space for same operation size
- RBAC 135 & 145 approvals
- Continuity of Operation in an acceptable level of Safety and compliance
- Return the Area to Airport Administration

# Macaé Hangar

## Old Hangar

## New hangar



10,400 m <sup>2</sup>	Total area	1,300 m <sup>2</sup>
2,500 m <sup>2</sup>	Built area	1,270 m <sup>2</sup>
2	# arcft inside	3
8	# arcft outside	0 (pátio)



## Other Cases - Success

- Increase in Cabo Frio Airport Operations due to Olympic Games and Jacarepagua Temporary Closure (2016)
  - New operators
  - Executive Aviation
- New Type Introduction – AW139 (2015)
  - 3 months deployment
- OFPS Introduction (2016)
  - 1 month working with old system
  - Constant Check for performance post change
- New Customer in an existent base (2017)
  - Introduction in 3 months
- Entity name Change (2017)
- Demobilization Uruguay Base (2016)

# Management of change planner



### Instructions

This form shall be used to plan for any change implemented in the Company. It is intended to:

- a. Prompt the initiator for any required approval or communication needed, to reduce any negative impact the change may bring
- b. Identify any threats that may cause harm or inhibit success
- c. Ensure a planned approach to the change

**NOTE:** Any deviation from a Company procedure, or action that is not covered by procedure, will require an MoCP to be completed and approval granted by the relevant department manager and safety and quality manager.

**Part A – INITIATION - To be completed by originator** **SQID Ref -**  
(to be completed by SQID administrator)

Change name:		Residual risk rating: <small>(From section C-2)</small>	
Change originator:		Department:	
Description of change:			
Objective of change:			
Is this part of another project? If yes, include details.			
<input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes, this is part of the XXX Project.</b>			



# Management of change planner



## Part B – STAKEHOLDERS

Who are the stakeholders for this change? Who does the change affect? Who needs to know? Who needs to approve the change? How will they be informed? Who is the change management team? Use RACI below to help identify stakeholders.

- **Responsible:** The person who does the work to achieve the task. They have responsibility for getting the work done or the decision made. As a rule this is one person (i.e. base manager, senior base engineer, senior base pilot).
- **Accountable:** The person who is accountable for the correct and thorough completion of the task. This shall be one person and is often a manager. This is the role **Responsible** is accountable to, and approves their work. This person should be identified in section E.
- **Consulted:** The people who provide information for the project, and with whom there is two-way communication. This is usually several people, often subject matter experts such as S&Q, HR, or resources.
- **Informed:** The people who are kept informed about progress and with whom there is one-way communication. These are people who are affected by the outcome of the tasks and need to be kept up-to-date (i.e. base engineers, pilots, and customers).

Stakeholder	Impact
Who will be affected?	How will the change affect them? Do they need to approve? Add any tasks to the task manager.

**Part C – RISK ASSESSMENT**

If we do this, what can go wrong? What can we do to stop that from happening?  
Assess and identify associated risks with the change. If a high risk is identified, a formal risk assessment shall be completed before proceeding to the next step.

Consider **PEARS** - People, Environment, Assets, Reputation or Security

No.	Identified risk / hazard What can go wrong?	Identified controls What can we do to prevent that?	Existing procedure? <small>If no, enter the control in the task manager.</small>
1			<input type="checkbox"/>
2			<input type="checkbox"/>



**Part D – CONSIDERATIONS**

Consider the following. Add all items with a 'Yes' to the task manager

<b>Considerations</b>	<b>Yes</b>	<b>No</b>
Do any procedures need to be updated or written?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any training required?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any ongoing <u>risk</u> which requires an update to the safety case?	<input type="checkbox"/>	<input type="checkbox"/>
Does the ERP require update?	<input type="checkbox"/>	<input type="checkbox"/>
Are customer bridging documents needed?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Does this clash with any other projects?</u>	<input type="checkbox"/>	<input type="checkbox"/>
Is any corporate approval required?	<input type="checkbox"/>	<input type="checkbox"/>
Are any codes or standards applicable to this change?	<input type="checkbox"/>	<input type="checkbox"/>
Is any Regulatory approval required?	<input type="checkbox"/>	<input type="checkbox"/>
Do any costs need to be approved?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any relevant existing <u>MoCs</u> or risk assessments on SQID?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any identified resistance anticipated?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

## Management of change planner



### Part E – TASK MANAGER

Allocate specific tasks and responsibility to meet MOC objectives. Separate task managers must be referenced here.

No	Task name and details	Status and comments	Responsible	Deadline
1				
2				
3				
4				
5				
6				
7				

## Management of change planner



### Part F – AUTHORISATION

Does this change require approval? Consider the below departments before proceeding			
Department:	Required?	Sign	Date
Flight operations (Emerson Compasso)	<input checked="" type="checkbox"/>		
Technical services	<input type="checkbox"/>		
Maintenance	<input type="checkbox"/>		
Human resources	<input type="checkbox"/>		
Commercial	<input type="checkbox"/>		
Information technology	<input type="checkbox"/>		
Finance	<input type="checkbox"/>		
Operations (LAM GOM)	<input type="checkbox"/>		
Corporate	<input type="checkbox"/>		
Heli-One	<input type="checkbox"/>		
Safety and quality	<input type="checkbox"/>		
Final signature will be from safety and quality who will ensure this MOCP is recorded in SQID.			

**Part G – ACCEPTANCE**

Acceptance of any residual risk remaining with a proposed change, shall be signed off in the following manner and in accordance with the CHC Company risk matrix levels of risk.

Risk	Authority
Intolerable	Regional director / accountable manager
Tolerable	Department manager
Low risk	Project lead

**Acceptance by regional director / department manager / project lead**

This MoCP has been reviewed by the appropriate responsible manager dependent on the risk level attached and any residual risk is accepted:

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Acceptance by safety and quality**

This MoCP has been reviewed to determine it has been correctly completed and all aspects of the MoC process have been identified and addressed with any risks mitigated to as low as reasonably practicable.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**NOTE:** Once MOCP form is complete and signed by all of the required stakeholders, please submit the signed copy to the SQID administrator

## Management of change planner



### Part H – SAFETY AND QUALITY USE ONLY

#### SECTION A: INITIATION

- |  |   |
|--|---|
| <input type="checkbox"/> Originator details correct            | <input type="checkbox"/> Risk rating carried forward        |
| <input type="checkbox"/> Valid SQID title and reference number | <input type="checkbox"/> Description and objectives correct |

#### SECTION B: IDENTIFY STAKEHOLDERS

- |   |  |
|---|--|
| <input type="checkbox"/> Appropriate stakeholders provided              | <input type="checkbox"/> Suitable stakeholder impact details |
| <input type="checkbox"/> Carried out in accordance with RACI principles |  |

#### SECTION C: RISK ASSESSMENT

- |  |  |
|--|--|
| <input type="checkbox"/> Appropriate risks outlined      | <input type="checkbox"/> Appropriate controls identified |
| <input type="checkbox"/> Task manager reflects section C | <input type="checkbox"/> Matrix used correctly           |

#### SECTION D: CONSIDERATIONS

- Any 'Yes' responses reflected within task manager

#### SECTION E: MOC TASK MANAGER

- |   |   |
|---|---|
| <input type="checkbox"/> All tasks correctly filled out (all columns) | <input type="checkbox"/> Delegation to appropriate member |
| <input type="checkbox"/> Valid deadlines                              |   |

#### SECTION F: AUTHORIZATION OF CHANGE

- |  |   |
|--|---|
| <input type="checkbox"/> Appropriate approvals | <input type="checkbox"/> Signed and dated |
|--|---|

#### SECTION G: ACCEPTANCE

- |  |  |
|--|--|
| <input type="checkbox"/> Accepted by responsible manager | <input type="checkbox"/> Reviewed by S&Q |
| <input type="checkbox"/> Copy returned to author         |  |





Muito Obrigada!

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