


RISK ASSESSMENT DETAILS

RISK ASSESSMENT DETAILS			 AMBER
Status of RA :			Pending
Date Risk Assessment Filed :			07/19/2018
Country of Operation:			Afghanistan
Project Name	Department	Project Code	
Testing RA		AF_1527087002582	
Task Description :			fdfsdffdsfTest
Dates of Project		Project Schedule	
04/29/2018 - 05/24/2018		Test	
Approving Manager(s) :			Nauman

USERS (S) DETAILS:

Name:	Ubaid Showkat	Department:	
Email:	ubaidshowkat91@gmail.com	Mobile:	+60182280339
Passport details and NOK :	Completed	Medical Details :	Pending

Name:	Nauman Shehryar	Department:	
Email:	naumansheh@gmail.com	Mobile:	+60189821005
Passport details and NOK :	Completed	Medical Details :	Pending

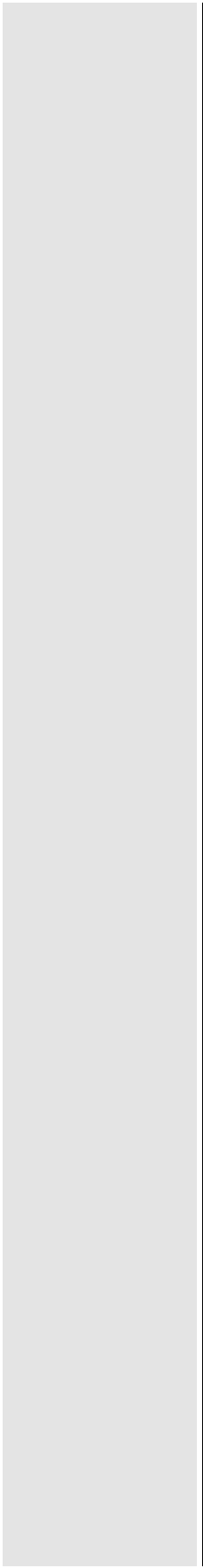
RISKS IDENTFIED

Risk mitigation	Best Practice Advice		User completed
Have you completed the pre- flight questionnaire for chartering a flight.	1	Make/Type/MAUW of Aircraft	

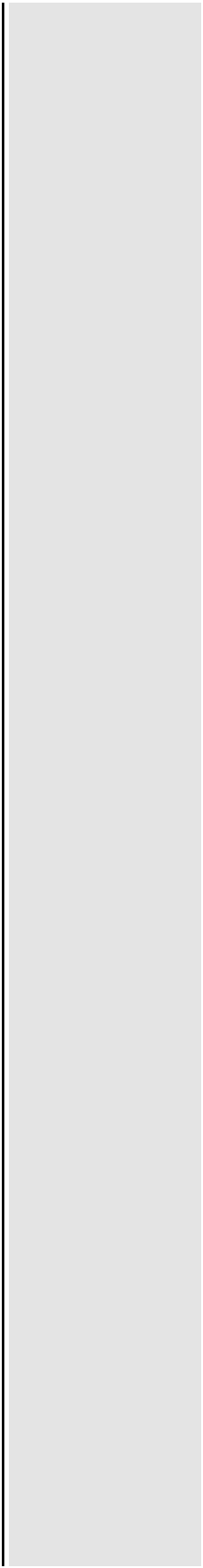
See below.

2	Year of Manufacture	
3	Registration/Tail number	
4	Total flying hours	
5	Operators license	
6	Certificate of Airworthiness	
7	Owner of the aircraft	
8	Operating Company/Organization	
9	Aircraft maintenance carried out by	
10	Last major overhaul Date/Hours	

11	Hours to next major overhaul	
12	Copy of most recent independent air safety audit	
13	With whom is the hull insured and to what value	
14	Does it have third-party and passenger insurance liability and to what values	
	Proposed crew details	
		Name: License Class: State total flying hours (minimum required 2000 hours): State flying



15	Captain/Commander Co-pilot	<p>hours in command of proposed type (minimum required 200 hours):</p> <p>Total IFR hours flown:</p> <p>Number of months flying experience in mountainous areas:</p> <p>Name:</p> <p>License Class:</p> <p>State total flying hours (minimum required 1000 hours):</p> <p>State flying hours in command of proposed type (minimum required 100 hours):</p> <p>Total IFR hours flown on the</p>
----	-------------------------------	--



		proposed type: Number of months flying experience in mountainous areas:
	Flight Engineer	Name: License Class: Grand total flying hours:
	Navigator	Name: License Class: Grand total flying hours:

have you done your
space flight training? try the vomit comet before you go

tes	test
WHAT TAXI SERVICE IS THE BEST?	MAHMOOD TAXI

SUPPLIER (Traveller)

Name: null	Service: null
Country: null	City: null
Day Rate: No	Currency: null
Was the supplier recommended:	If so by whom:
What rating was the supplier recommended with:	
Okay to use :	Use with caution :

SUPPLIER (Traveller)

--

Name: localcontact	Service: Local Contact
Country: Åland Islands	City: dsdsd
Day Rate: No	Currency: Suriname Dollar
Was the supplier recommended:	If so by whom:
What rating was the supplier recommended with:	
Okay to use :	Use with caution :

SUPPLIER (Traveller)

Name: localcontact	Service: Local Contact
Country: Åland Islands	City: dsdsd
Day Rate: No	Currency: Suriname Dollar
Was the supplier recommended:	If so by whom:
What rating was the supplier recommended with:	
Okay to use :	Use with

caution :

SUPPLIER (Traveller)

Name: sdsdsd	Service: Local Driver
Country: null	City: null
Day Rate: No	Currency: null
Was the supplier recommended:	If so by whom:
What rating was the supplier recommended with:	
Okay to use :	Use with caution :

SUPPLIER (Traveller)

Name: null	Service: Accomodation
Country: null	City: null
Day Rate: No	Currency: null

**Was the supplier
recommended:**

If so by whom:

**What rating was the supplier
recommended with:**

Okay to use :

**Use with
caution :**

Communications (Traveller)

list of all local numbers of team including IMEI if not in traveller profile already

Name :

Local Number :

IME :

List of local contacts in adddtion to fixer who can be contacted in case of emergency

Name :

Role :

Number :

Email :

undefined

Call In Schedule :

Number Of Check In :

1 Check In Time :

2 Check In Time :

Point Of Contact :

Detail an overdue procedure (how many hours before concern/ is there a telephone cascade system):

Do you want to receive a text reminder 15 minutes before your check in time :

Do you want your POC to receive a text reminder if you are X hours late with your check in :

Contingencies (Traveller)

What medical provision/skill is there to treat a casualty at point of injury : null

Detail method of evacuation to nearest hospital(self drive/ambulance) : null

**Detail nearest hospital, address,
number :**

null

Medevac Company :

null

Specialist kit being taken :

Sat Phone/ Number :

No

Tracker/ID :

No

First Aid Kit :

No

Personal Protective Equipment :

No

ANY OTHER INFORMATION
null