



T-SAP 2.0 Corrective Action Request

CAR 0123-2-22

Date Issued: 4/1/2022

To: XYZ Facility PASS Representative

Responding

Organization: AJW-XXX, Name, Position title

From: T-SAP Event Review Committee (ERC)

Subject: Cell Phone Radio Frequency Interference (RFI) at the XYZ Facility

Response Due: 6/1/2022

CAR is typically issued with a due date
60 days out

Instructions

Your Organization is responsible for correcting, mitigating, and/or accepting the aviation safety concern identified by the ERC as set forth in the MOA. If you do not agree with the ERC that this is an actual or potential aviation safety concern, your response in Section 2a should support your assessment. This becomes your Corrective Action Plan (CAP).

Stage 1: Information sharing and Identification Safety Risk Concern

- Review Section 1: ERC Identified Safety Concern.

Stage 2: Development of Correction Action Plan

- Complete Section 2, the CAP, including a Safety Management System (SMS) Risk Assessment in accordance with SMS Manual Section 3.5.4 and return the document to the T-SAP Program Office POC by the "Respond by" date listed at the top of this page. In accordance with T-SAP MOA Section 6e: The FAA will work with PASS in its development of appropriate corrective action(s) for systemic aviation safety concerns. If such actions are subject to bargaining, the Parties will negotiate in accordance with Article 70 of the CBA. The ERC will respond with a Concurrence or Non-Concurrence decision. If a revision to Section 2 is required, please add the revision chronologically below the original response.

Stage 3: Concurrence and Implementation of Corrective Action Plan

- Review Section 3: ERC Concurrence. If you receive a Non-Concurrence decision from the ERC, you must complete either Section 3a or Section 3b.

Section 1: ERC Identified Safety Concern

Based on information submitted through T-SAP and after a complete review of the data, the ERC finds:

The ERC has identified an aviation safety concern based on information provided to T-SAP. Because the reporting parties' view may not represent or recognize the aviation safety concern associated with this request, it is incumbent upon the organization to which this CAR is assigned to assess the identified aviation safety risk (severity/likelihood).

1a. T-SAP Report Summary

The Technical Operations Safety Action Program (T-SAP) received a report concerning a completed refurbishment project at the XYZ facility. The doors installed during the project seem to not block cell phone RFI. In particular, where a common hallway passes by a couple of doors that lead to a NAS operational area of the building. On multiple occasions there have been reports of NAS equipment interference seemingly originating from the hallway. The ERC is concerned this can potentially impact the ability to communicate with, and maintain separation of, aircraft.

1b. ERC Recommendations (if applicable)

It is not necessary for you to agree with the ERC's findings and/or recommendations. As the OPR, you should determine whether the recommendations are appropriate for inclusion in your Corrective Action Plan (CAP).

The ERC recommends replacing existing doors with doors that provide RFI protection. The ERC also recommends implementing interim measures (e.g. cell phone free areas etc.) while evaluation and final corrective action efforts are examined.

1c. ERC SMS Risk Assessment and Validation Statement

Risk Assessment

3C

Operations/Equipment (#/letter):

High Unacceptable Risk Medium Minimum Acceptable Risk Low Acceptable Risk 

SMTS Tracking Number/Validation Statement/Safety Assurance Indicators:

Air-to-ground Communications, simultaneous loss of multiple frequencies, low traffic facility.

Section 2 is where the Action Plan is submitted

Section 2: Action Plan Submission

Note: Recipient – For initial response, complete section 2a-2h and return to the T-SAP Program Office POC.

For changes or updates to ERC Concurred CAR CAP, please add the revision to Section 2c – 2h below the original response using the following format and return to the T-SAP Program Office POC:

MM/DD/YYYY Update: Click or tap to enter a date.

If the CAP involves other organizations, they must also provide their signature in Section 2g.

2a. SMS Risk Assessment and Validation Statement

The party responsible for assessing potential risk associated with this problem fills out this area by detailing the SMS Risk Assessment results.

Your organization's risk assessment, including quantitative and qualitative data, is an important factor in determining the most appropriate course of action to mitigate the identified concern. There is space below to include this information in your response, including the Safety Management Tracking System (SMTS) Tracking Number, or Validation Statement, or Safety Assurance Indicators.

Risk Assessment

Operations/Equipment (#/letter):

High Unacceptable Risk Medium Minimum Acceptable Risk Low Acceptable Risk **SMTS Tracking Number/Validation Statement/Safety Assurance Indicators:**

Click or tap here to enter text.

☐

I am not qualified/trained to perform Risk Assessment/Safety Risk Management.

2b. Root Cause of the Identified Aviation Safety Concern

The party responsible for providing an explanation of what is causing this problem fills out this area by explaining the root cause - the most basic cause that management has control to fix and when fixed, will prevent the problems reoccurrence. ROOT CAUSE ONLY PLEASE!

Click or tap here to enter text.

2c. Interim Corrective Action(s) and Reduced Level of Risk

Please fill out this area to explain any interim actions necessary to temporarily mitigate the risk including SMS Risk Assessment and Validation Statement, while formulating and implementing a permanent solution.

Actions: Click or tap here to enter text.**Risk Assessment After Interim Corrective Action(s) Applied:**

Operations/Equipment (#/letter):

High Unacceptable Risk Medium Minimum Acceptable Risk Low Acceptable Risk **SMTS Tracking Number/Validation Statement/Safety Assurance Indicators:**

Click or tap here to enter text.

2d. Interim Corrective Action Implementation Date

Please fill out this area with the expected implementation date of the proposed interim action.

Click or tap to enter a date.

☐ I am not qualified/trained to perform Risk Assessment/Safety Risk Management.

2e. Planned Final Corrective Action(s) and Residual Risk Assessment

Please fill out a detailed action plan to correct the identified concern and provide a residual risk assessment after completion of final corrective action(s).

Click or tap here to enter text.

Risk Assessment After Final Corrective Action(s) Applied:

Operations/Equipment (#/letter):

High Unacceptable Risk ☐

Medium Minimum Acceptable Risk ☐

Low Acceptable Risk ☐

Severity Likelihood Rationale Statement:

Click or tap here to enter text.

☐ I am not qualified/trained to perform Risk Assessment/Safety Risk Management.

2f. Estimated Final Corrective Implementation Date

Please fill out this area with the expected implementation date of the proposed permanent action.

Click or tap here to enter text.

2g. Responding for the Office of Primary Responsibility (OPR)

Name: Click or tap here to enter text.

Click or tap to enter a date.

2h. Responding for the Bargaining Unit

This CAR is being sent to the appropriate PASS representative for informational purposes and the opportunity to provide feedback to the ERC relative to this event/situation, should they determine it is warranted. The PASS representative with whom the CAP was coordinated indicates agreement or reasons for not agreeing.

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

Section 2h is where the PASS
Rep has an opportunity to
provide feedback.

Section 3: ERC Concurrence

Action: Return this form to the T-SAP Program Office POC for submission to the ERC for Concurrence or Non-Concurrence as to whether the proposed corrective action addresses the safety concerns raised by the ERC.

ERC Concurrence ☐

ERC Non-Concurrence ☐

Reasons for Non-Concurrence

Click or tap here to enter text.

ERC Chairperson Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

Section 3a or 3b Due Date: Click or tap to enter a date.

NOTE: Complete the section below ONLY if the response submitted was Non-Concurred by the ERC.

3a. Response to Non-Concurrence with Revised Action Plan

Please fill out a revised action plan to correct the identified concern and provide a residual risk assessment after completion of final corrective action(s).

Revised Plan

Click or tap here to enter text.

Risk Assessment After Corrective Action(s) Applied:

Operations/Equipment (#/letter):

High Unacceptable Risk ☐

Medium Minimum Acceptable Risk ☐

Low Acceptable Risk ☐

Severity Likelihood Rationale Statement:

Click or tap here to enter text.

☐ I am not qualified/trained to perform Risk Assessment/Safety Risk Management.

3a1. Responding for the Office of Primary Responsibility (OPR)

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

3a2. Responding for the Bargaining Unit

The PASS representative with whom the CAP was coordinated indicates agreement or reasons for not agreeing.

Click or tap here to enter text.

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

3a3. ERC Review of REVISED CAP

ERC Concurrence ☐

ERC Non-Concurrence ☐

Reasons for Non-Concurrence

Click or tap here to enter text.

Section 3b Due Date: Click or tap to enter a date.

ERC Chairperson Signature: Click or tap here to enter text.

Date: Click or tap to enter a date.

3b. Response to Non-Concurrence without Revised Action Plan

In the event that the responsible Organization declines to provide a revised Corrective Action Plan in response to a non-concurrence, the appropriate management level will sign.

Reasons for no action:

Click or tap here to enter text.

Signature:

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Section 4: CAP Implementation

Action: Recipient completes this area of the form after correction of all identified concerns has been completed.

Implementation Date: Click or tap to enter a date.

Comments: Click or tap here to enter text.

Risk Assessment After CAP Applied:

Operations/Equipment (#/letter):

High Unacceptable Risk ☐

Medium Minimum Acceptable Risk ☐

Low Acceptable Risk ☐

Severity Likelihood Rationale Statement:

Click or tap here to enter text.

☐ I am not qualified/trained to perform Risk Assessment/Safety Risk Management.

4a. Responding for the Office of Primary Responsibility (OPR)

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

4b. Responding for the Bargaining Unit

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.

Section 5: CAP Follow-Up (Trust and Verify)

This section is used by the ERC to verify the CAP has been executed effectively.

5a. Verification of Implementation

This section is used by the ERC to verify the effectiveness of corrective action(s) and to offer feedback on strengths or weakness identified after implementation.

Click or tap here to enter text.

Section 6: Closure Statement

This section to be completed by the ERC.

Statement of Acceptance

(Rationale and conditions for final acceptance or rejection of corrective action):

The ERC concurs to close this CAR.

Name: Click or tap here to enter text.

Date: Click or tap to enter a date.