

PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA

NOMOR: KP 579 TAHUN 2015

TENTANG

PETUNJUK TEKNIS PERATURAN KESELAMATAN PENERBANGAN SIPIL  
BAGIAN 175-01 (*STAFF INSTRUCTION CASR PART 175 - 01*) QUALITY MANUAL  
PELAYANAN INFORMASI AERONAUTIKA (*AERONAUTICAL INFORMATION  
SERVICE QUALITY MANUAL*)

DENGAN RAHMAT TUHAN YANG MAHA ESA

DIREKTUR JENDERAL PERHUBUNGAN UDARA,

- Menimbang : a. bahwa dalam sub bagian 175.120 Peraturan Menteri Perhubungan Nomor PM 60 Tahun 2015 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 175 (*Civil Aviation Safety Regulation Part 175*) Tentang Pelayanan Informasi Aeronautika (*Aeronautical Information Service*) mengatur Penyelenggara Pelayanan Informasi Aeronautika harus memiliki dan melaksanakan Sistem Manajemen Keselamatan;
- b. bahwa berdasarkan pertimbangan sebagaimana dimaksud pada huruf a, dipandang perlu menetapkan Petunjuk Teknis Peraturan Keselamatan Penerbangan Sipil Bagian 175-01 (*Staff Instruction CASR Part 175-01*) Quality Manual Pelayanan Informasi Aeronautika (*Aeronautical Information Service Quality Manual*), dengan Peraturan Direktur Jenderal Perhubungan Udara;
- Mengingat : 1. Undang-undang Nomor 1 Tahun 2009 tentang Penerbangan (Lembaran Negara Tahun 2009 Nomor 1 Tambahan Lembaran Negara Republik Indonesia Nomor 4956);
2. Peraturan Presiden Nomor 47 Tahun 2009 tentang Pembentukan Organisasi Kementerian Negara Sebagaimana diubah terakhir dengan Peraturan Presiden Nomor 13 Tahun 2014;

3. Peraturan Presiden Nomor 24 Tahun 2010 tentang Kedudukan, Tugas, dan Fungsi Kementerian Negara serta Susunan Organisasi, Tugas, dan Fungsi Eselon I Kementerian Negara sebagaimana telah diubah dengan Peraturan Presiden Nomor 14 Tahun 2014;
4. Peraturan Menteri Perhubungan Nomor KM 14 Tahun 2009 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 170 (*Civil Aviation Safety Regulation Part 170*) tentang Peraturan Lalu Lintas Penerbangan (*Air Traffic Rules*);
5. Peraturan Menteri Perhubungan Nomor PM 60 Tahun 2010 tentang Organisasi dan Tata Kerja Kementerian Perhubungan sebagaimana diubah terakhir dengan Peraturan Menteri Perhubungan Nomor PM 68 Tahun 2013;
7. Peraturan Menteri Perhubungan Nomor PM 49 Tahun 2011 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 172 (*Civil Aviation Safety Regulation Part 172*) tentang Penyelenggara Pelayanan Lalu Lintas Penerbangan (*Air Traffic Service Provider*);
8. Peraturan Menteri Perhubungan Nomor PM 60 Tahun 2015 tentang Peraturan Keselamatan Penerbangan Sipil Bagian 175 (*Civil Aviation Safety Regulation Part 175*) Tentang Pelayanan Informasi Aeronautika (*Aeronautical Information Service*);

MEMUTUSKAN :

Menetapkan : PERATURAN DIREKTUR JENDERAL PERHUBUNGAN UDARA TENTANG PETUNJUK TEKNIS PERATURAN KESELAMATAN PENERBANGAN SIPIL BAGIAN 175-01 (*STAFF INSTRUCTION CASR PART 175 - 01*) QUALITY MANUAL PELAYANAN INFORMASI AERONAUTIKA (*AERONAUTICAL INFORMATION SERVICE QUALITY MANUAL*).

Pasal 1

Ketentuan Petunjuk Teknis Peraturan Keselamatan Penerbangan Sipil Bagian 175-01 (*Staff Instruction CASR Part 175-01*) Quality Manual Pelayanan Informasi Aeronautika (*Aeronautical Information Service Quality Manual*) sebagaimana tercantum dalam lampiran dan merupakan bagian tidak terpisahkan dari Peraturan.

Pasal 2

Direktur Navigasi Penerbangan mengawasi pelaksanaan peraturan ini.

Pasal 3

Peraturan ini berlaku pada tanggal ditetapkan.

Ditetapkan di Jakarta  
Pada tanggal 25 September 2015

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DIREKTUR JENDERAL PERHUBUNGAN UDARA,

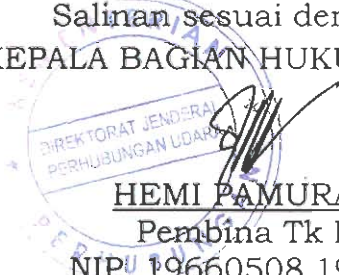
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SUPRASETYO

SALINAN Peraturan ini disampaikan kepada :

1. Menteri Perhubungan;
2. Sekretaris Jenderal, Inspektur Jenderal, Para Kepala Badan di Lingkungan Kementerian Perhubungan;
3. Para Direktur di Lingkungan Ditjen Perhubungan Udara;
4. Para Kepala Otoritas Bandar Udara;
5. Para Kepala Bandar Udara di lingkungan Ditjen Perhubungan Udara;
6. Kepala Balai Besar Kalibrasi Penerbangan;
7. Kepala Balai Teknik Penerbangan;
8. Direktur Utama Perum LPPNPI.

Salinan sesuai dengan aslinya  
KEPALA BAGIAN HUKUM DAN HUMAS



**HEMI PAMURAHARJO**  
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NIP. 19660508 199003 1 001

Lampiran Peraturan Direktur Jenderal Perhubungan Udara

Nomor : KP 579 TAHUN 2015

Tanggal : 8 Oktober 2015

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**PETUNJUK TEKNIS PERATURAN KESELAMATAN PENERBANGAN  
SIPIL BAGIAN 175-01  
(STAFF INSTRUCTION CASR PART 175 - 01)  
QUALITY MANUAL PELAYANAN INFORMASI AERONAUTIKA  
(AERONAUTICAL INFORMATION SERVICE QUALITY MANUAL)**

### AMENDMENT RECORD

Amendment NR.	Amendment Date	Amended By	Pages

LIST OF AMENDMENTS

DATE	PAGES	DESCRIPTION
(insert)	All	Initial Draft

**LIST OF CONTROLLED COPIES OF THIS DOCUMENT**

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**CHAPTER I**  
**INTRODUCTION**

This Quality Manual relates to the operation of Aeronautical Information Services and provides guidance on the policies and procedures applicable for the provision of an aeronautical information service by The Sub Directorate of Aeronautical Information Management.

The policies and procedures within this manual have been implemented to ensure that the requirements for a quality system for the AIS of Indonesia are documented and so ensure compliance with the requirements of CASR Part 175 - Aeronautical Information Services and other relevant standards.

The Sub Directorate of Aeronautical Information Management form part of Directorate of Air Navigation within the Directorate General of Civil Aviation (DCGA).

This Sub Directorate of Aeronautical Information Management is located at:

Address : Directorate General of Civil Aviation  
Karya Building 7<sup>th</sup> floor  
Ministry of Transportation  
Jalan Medan Merdeka Barat no. 8  
Jakarta 10110  
Tel. : (021) 3516961, 3507603  
Fax. : (021) 3507603  
E-mail : -  
AFTN : -  
Web Site : [aimindonesia.info](http://aimindonesia.info)

The contents of this Manual are reviewed on an as required basis, but not less than annually. Deputy Director of Aeronautical Information Management is responsible for coordinating requests for changes and amendments to the Manual.

The approving officer and issuing authority for this Manual and subsequent amendments is Director General of Civil Aviation.

Deputy Director of Aeronautical Information Management is responsible for the maintenance and distribution of this Manual.

ISSUING AUTHORITY

Jakarta, 2015  
DIREKTUR JENDERAL PERHUBUNGAN UDARA

SUPRASETYO

## CHAPTER II

### TERM AND DEFINITIONS

The following definitions are provided for guidance. These could need to be amended to suit specific policies.

**Correction**

Action to eliminate a detected nonconformity

**Corrective Action**

Action taken to eliminate the cause of a detected nonconformity

**\*ISO Standard 402**

Quality Management and quality Assurance, Vocabulary, Second Edition

**Management Review**

Review of the QMS by the top management of an organization

**Nonconforming Aeronautical Information**

Aeronautical information that does not meet the requirement for aeronautical information service use (for example, aeronautical information that contains any error(s) or aeronautical information about which any question arises over interpretation)

**Originator**

Any organization that provides data or information for publishing in the AIP either as an amendment, Supplement or as a NOTAM. **Preventive Action.** Action taken to eliminate the cause of potential nonconformity

**Process**

A set of activities for adding value to inputs and obtaining outputs. Generally, an input to a process is an output from another process

**Process Approach**

Identification, interactions and management of a system of process within an organizations

**Product**

Result of a series of process, which is tangible and created or manufactured for a user, and which corresponds to aeronautical information/data

**Quality**

Totality of characteristics of an entity that bear on its ability to satisfy stated and implied needs (ISO 8402\*). Note.- Entity is an item which can be individually described and considered (ISO 8402 \*).

**Quality Assurance**

All the planned and systematic activities implemented within the quality system, and demonstrated as needed, to provide adequate confidence that an entity will fulfill requirements for quality (ISO 8402\*).

**Quality Control**

The operational technique and activities that are used to fulfill requirements for quality (\*8402)

**Quality Management**

All activities of the overall management function that determine the quality policy, objectives and responsibilities, and implementing them by means such as quality planning, quality control, quality assurance and quality improvement within the quality system (ISO 8402 \*).

**Quality System**

The organizational structure, procedures, processes and resources needed to implement quality management (ISO 8402 \*).

**Raw Data**

Original information or data that become the basis for the creation of aeronautical information

**Requirement**

A need or expectation that is stated, generally implied or obligatory

**Sub-Contractor**

Any organization or person contracted to provide products or services directly related to the production processes of this quality system.

**Service**

Result of a series of processes, which is tangible and provided for a user, and corresponds to the provision of aeronautical information/data

**Top Management**

Person or group of people who directs and controls an organizations at the highest level

**Traceability**

Ability to trace the history, application or location of that which is under consideration

**User**

Organization or person that receives aeronautical information service. A user can be internal or external to the Directorate General of Civil Aviation

**User Satisfaction**

User's perception of the degree to which the user's requirements have been met

## CHAPTER III

### SCOPE AND FIELD OF APPLICATION

#### 3.1 Scope and Field Application:

The QMS applies to the following AIS provided by Sub Directorate of Aeronautical Information Management in processing of Validation and publication of AIP, AIP Amendment, AIP Supplement, AIC and Aeronautical Chart.

Guidance for conducting QMS according to the required QMS documents.

#### 3.2 Exclusions

The QMS excludes the following requirements specified in ISO 9001 for the reasons described below:

- a. Section 7.3 Design and development  
(Reason for exclusion)  
The Sub Directorate of Aeronautical Information Management performs the services to create and provide aeronautical information (product) as specified in CASR 175. This Sub Directorate will not design or develop new services in addition to the services required by CASR 175. For this reason, this section is excluded from application.
- b. Section 7.5.4 Customer property  
(Reason for exclusion)  
The Sub Directorate of Aeronautical Information Management has no customer (user) property. For this reason, this section is excluded from application.
- c. Section 7.6 Control of monitoring and measuring devices  
(Reason for exclusion)  
The Sub Directorate of Aeronautical Information Management has no process for monitoring and measuring the product using monitoring and measuring devices. This means that there is no monitoring or measuring device to be controlled. For this reason, this section is excluded from application.

## CHAPTER IV

### REFERENCES AND ASSOCIATED DOCUMENT

#### 4.1 The following Regulations and Documents are:

1. Aviation Act Nr. 01 Year 2009;
2. Ministry Decree Nr. KM 60 Year 2010;
3. CASR Part 05 – Unit of Measurement;
4. CASR Part 69 – License, Rating, Training and Competency of Air Navigation Personnel
5. CASR Part 91 – General Operating and Flight Rules;
6. CASR Part 139 – Aerodrome;
7. CASR Part 175 – Aeronautical Information Services;
8. CASR Part 170 – Air Traffic Rules
9. CASR Part 171 – Aeronautical Telecommunication Service and Radio Navigation Service Providers
10. CASR Part 173 – Instrument Flight Procedure Design;
11. MOS 175-01 – Aeronautical Chart
12. MOS 175-02 – Manual NOTAM;
13. MOS 175-03 – Publication of Aeronautical Information
14. MOS 175-04 – AIS Provider
15. MOS 175-05 – QMS Manual for AIS
16. AC 69-05 – License, Rating, Training and Competency of AIS Personnel
17. AC 173 – 4 - WGS 84;
18. ICAO Doc 8697 - Aeronautical Charts Manual;
19. ICAO Doc 9839 – Quality Management System for AIS; and
20. Other Relevant Document.

## CHAPTER V

### DOCUMENT CONTROL INFORMATION

#### 5.1 Document Control Sheet

This document is a controlled document and is identified as such when the controlled copy number is shown in red. All other copies are uncontrolled.

Deputy Director of Aeronautical Information Management:

- a. maintains a distribution list and the master control copy of Quality Manual;
- b. is responsible for keeping a register of controlled copies; and
- c. Ensures that each copy holder verifies receipt of all controlled documents and subsequent amendments.

Uncontrolled copies may be issued with no record of who has the copy. For uncontrolled copies the document holder is responsible for ensuring that the copy they have is up-to-date.

The control information for this manual is detailed in the table below:

Title:	AIS Quality Manual of Sub Directorate of Aeronautical Information Management
Owner:	Sub Directorate of Aeronautical Information Management
Location of Master copy	Library of Sub Directorate of Aeronautical Information Management
Date last updated:	<insert date>
Holders of controlled copies	A register of holders of controlled copies is shown on (insert page) of this manual

## CHAPTER VI

### QUALITY POLICIES AND QUALITY OBJECTIVES

#### 6.1. Quality Policies

DGCA mission is to provide a safe, efficient and effective of air navigation system. The Directorate of Air Navigation recognizes that high quality aeronautical information services are essential to achieving this mission.

The Sub Directorate of Aeronautical Information Management is committed to providing high quality aeronautical information services to meet the needs and requirements of its customers and to seek continuous improvement in the provision of those services through a quality framework.

Quality will be an integral part of all AIS activities.

The quality framework will be based on ICAO Document and Indonesian Regulation.

AIS will be provided in a manner consistent with the standards and recommended practices contained in the Civil Aviation Safety Regulation (CASR) Part 175 - Aeronautical Information Service.

The policies and procedures detailed in this manual are binding on all staff of Sub Directorate of Aeronautical Information Management.

#### 6.2 Quality Objectives

The Sub Directorate of Aeronautical Information Management shall ensure that the following quality objectives requirements are satisfied as the person responsible for execution of the QMS:

- a. Provide quality information and data services to meet the demands and requirements of our internal and external customers;
- b. Ensure that products are constructed, produced and distributed in such a way as to enable users to operate safely and efficiently;
- c. Ensure the quality and timely promulgation of products for which AIS is responsible;
- d. Ensure that products comply with applicable standards and regulations;
- e. Ensure as far as practicable that the information published is accurate and up to date;
- f. Provide the end user with value-added, defect-free products, that are timely;
- g. Institute a program of continuous learning within the AIS;
- h. Foster an environment where quality is the accepted way of AIS Provision;
- i. Foster the participation of our staff in the work and decision making processes of the AIS.

#### 6.3. COMMUNICATING THE QUALITY POLICY AND QUALITY OBJECTIVES

Each staff member in Sub Directorate of Aeronautical Information Management has access to this Manual and consequently to the Quality Policy and Quality Objective.

The Deputy Director of Aeronautical Information Management is responsible for making staff aware of the Quality Policy and Quality Objective, for the implementation of quality practices to achieve these Objectives, and to monitor their application.

Staff member are kept informed of these matters through staff meetings, performance agreements, appraisals and competency checks.

#### 6.3.1 Internal Communication

Deputy Director of Aeronautical Information Management must ensure that communication between management and staff is maintained and effective in order to meet the Quality Objectives and Quality Policy.

- a. Reports from Staff and Stakeholders should be included;
- b. Results of internal (and external) audits;
- c. Complaints by the user, feedback and user evaluations;
- d. Process performance;
- e. Effectiveness of the preventive and corrective actions;
- f. Review of previous management review decisions and actions;
- g. Future organizational changes that may have an effect on the quality management system;
- h. General recommendations for improvement;
- i. Actions to improve the overall effectiveness of the quality management system including action completion dates and responsibilities for executing the actions;
- j. Actions to improve the overall performance of processes within AIS to improve product related to the customer's requirements, including action, completion dates and responsibilities for executing the actions (quality objectives)

#### 6.3.2 Management Review

The Deputy Director of Aeronautical Information Management, Chief of Publication of Aeronautical Information Section and Chief of Aeronautical Cartography Section shall meet once review the quality management system to ensure its continuing suitability and effectiveness in satisfying the quality policy and objectives.

Records of the management review must be maintained including all resolutions. Deputy Director of Aeronautical Information Management is responsible to follow-up on all resolutions, to place them on the Works Plan, and to ensure that they have been implemented and are effective.

The Deputy Director of Aeronautical Information Management, through top management, must ensure that the required resources are available to effectively execute the actions resulting from the management review meeting.

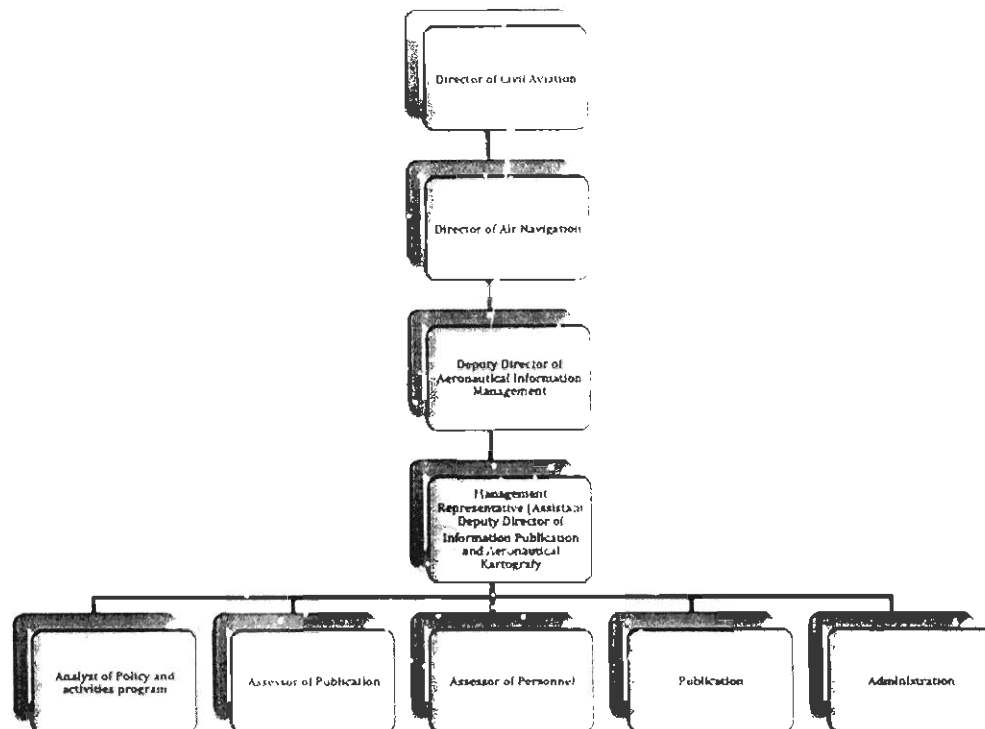


**CHAPTER VII**  
**ORGANIZATION**

**7.1 Organizational Arrangements of Sub Directorate Aeronautical Information Management.**

**7.1.1 Deputy Director of Aeronautical Information Management**

Responsibility and authority for all quality processes and functions described in this manual and associated aspects of the AIS are held by the Deputy Director of Aeronautical Information Management.



The Deputy Director of Aeronautical Information Management shall perform the following duties or be involved in the development and implementation of the QMS of this sub directorate and continuously improve its effectiveness.

- a. Ensuring that processes for the quality management system are established and maintained;
- b. Communicating the importance of meeting requirements

Communicate to the staff of this sub directorate in writing the importance of meeting the requirements for an aeronautical information service (user requirements and statutory and regulatory requirements). In addition, regularly disseminate this requirement at every three months QMS meetings. User requirements and statutory and regulatory requirements shall be identified in the Quality Manual.

- c. Establishing a quality policy

Establish a quality policy for the next fiscal year each December based on the results of management review. The quality policy shall be reviewed each fiscal year.

- d. Establishing quality objectives  
 Establish quality objectives for the next fiscal year each January based on the quality policy already in place. Quality objectives shall be reviewed each fiscal year.
- e. Conducting management reviews  
 Conduct management reviews each December.
- f. Identifying and providing resources  
 Identify resources necessary for the development and implementation of the QMS of this sub directorate and make efforts to acquire budgets.
- g. Reporting to Director of Air Navigation on the performance of the quality management system, including improvements;

### **7.1.2 Management Representatives**

The Management Representatives has been appointed by Deputy Director of Aeronautical Information Management to coordinate and implement all elements of quality in relation to;

- a. The quality of the data within as authored, owned and stored by other Directorates and Government agencies.
- b. The quality of the processes and products produced by the AIS.
- c. The efficiency and effectiveness of the systems and tools used to process validation and publication, AIP Amendment, AIP Supplement, AIC and Aeronautical Chart.
- d. Customer and end user satisfaction with the quality of the integrated AIP packages and their content.
- e. The training and development of AIS staff.
- f. ensure that all purchased products conforms to the specified requirements.
- g. The oversight and regulation AIS service providers and AIS training organizations.
- h. To ensure the implementation of a quality management system as contained in the AIS Quality Management System Manual and Staff Instructions.
- i. To ensure the operation of the quality management system in accordance with ISO 9001.
- j. To report to the Deputy Director of Aeronautical Information Management on the performance of the quality system.

- k. To report to the Quality Management Committee and the Data Coordination Committee on the establishment and performance of the quality management system, to establish the need for improvements.
- l. To report to the Deputy Director of Aeronautical Information Management on any quality management issues which cannot be resolved by standard management practices in AIS.
- m. To ensure that the processes needed for the quality management system are established, implemented and maintained.

### **7.1.3 Analyst of Policy and activities program Team**

This team is responsible:

- 1. Collecting materials for programs, policies, standards, norms, guidelines, criteria, systems, facilities and procedures of aeronautical information publication and aeronautical chart;
- 2. Evaluate and analyze the material of programs, policies, standards norms, guidelines, criteria, systems, facilities and procedures of aeronautical information publication and aeronautical chart;
- 3. Conducting research based on programs issues of policies, standards, norms, guidelines, criteria, systems, facilities and procedures aeronautical information publication and aeronautical chart;
- 4. Makes a report based on the results of evaluation, analysis and research;
- 5. Provide advice / alternative solutions based on the results of the evaluation, analysis and research;

### **7.1.4 Assessor of Publication Team**

This team is responsible:

- 1. Prepare formulation and scheduling for validation and publications AIP, AIP AMDT VOL I, II, III, IV and V, AIP Supplement, AIC, and Aeronautical Chart in accordance with the applicable standard and procedures;
- 2. Collect the national regulation related the provision of aeronautical information services;
- 3. Conducting validation and publication of AIP, AIP AMDT VOL.I, II, III, IV and V, AIP Supplement, AIC and aeronautical chart in accordance with the applicable standard and procedures;
- 4. Conducting oversight and evaluation on publication of the AIP AMDT VOL.I, II, III, IV and V, AIP Supplement, AIC and aeronautical chart;
- 5. Provide recommendation on oversight result to the publication of AIP AMDT VOL.I, II, III, IV and V, AIP Supplement, AIC and aeronautical chart;
- 6. Analyzes and forward the customer complaint to the Originators and makes a report of oversight result to the publication of AIP AMDT VOL.I, II, III, IV and V, AIP Supplement. AIC and aeronautical chart

### **7.1.5 Assessor of Personnel Team**

This team is responsible.

1. Collect the materials for issuing of AIS personnel licensing, approved training, curriculum and syllabus of AIS Training in accordance with the applicable standard and procedures;
2. Compile the materials for issuing of AIS personnel licensing, approved training, curriculum and syllabus of AIS Training;
3. Collect the national regulation related to the issuing AIS personnel licensing, approved training, curriculum and syllabus of AIS Training in accordance with the applicable standard and procedures;
4. Conducting verification of AIS Personnel Database, training program and curriculum and syllabus of AIS Training;
5. Maintain and update AIS Personnel database, training program and curriculum and syllabi of AIS Training;
6. Make a report on result of verification and maintenance of AIS Personnel database, training program and curriculum and syllabus of AIS Training for evaluation materials.

### **7.1.6 Publication Team**

This team is responsible:

1. Record and verify to the final draft of AIP AMDT VOL.I, II, III, IV and IV, AIP Supplement, AIC and aeronautical chart which is submitted from Originators;
2. Advising the Originator that the material submitted does not conform;
3. Input final draft of AIP AMDT VOL.I, II, III, IV and IV, AIP Supplement, AIC and aeronautical chart to the AIM database and submit to the assessor of publication team;
4. To Correct and makes coordination with assessor publication team to the result of validation of AIP AMDT VOL.I, II, III, IV and IV, AIP Supplement, AIC and aeronautical chart;
5. To prepare a final draft of AIP AMDT VOL.I, II, III, IV and IV, AIP Supplement, AIC and aeronautical chart which will be approved;
6. Publish the final draft of AIP AMDT VOL.I, II, III, IV and IV, AIP Supplement, AIC and aeronautical chart which have been approved by assessor of publication team;
7. Make a records of publication which has been published and distributed to the Originators.

### **7.1.7 Administrator Team**

This team is responsible:

1. Maintain Document and Records;
2. Ensuring that all documents issued are signed as authorized copies;
3. Record filed;
4. Registered suggestion

## **7.2 Responsibility and Authority**

### **7.2.1 Position Description**

The responsibilities and authorities of each staff member are detailed in individual Position Descriptions, copies of which are held by each staff member and on file Target Performance of Employee.

Position Descriptions are important. They should clearly specify the responsibilities of each individual staff member.

Position Descriptions should be held on file and not included within this manual. This enables changes in staff to be made without the need to amend this manual.

## **CHAPTER VIII**

### **DOCUMENT CONTROL**

#### **8.1 Procedures Control Document**

Document control procedures are developed for all documents that are part of the Quality System to ensure that:

1. Pertinent issues of appropriate documents only are available at all locations where operations essential to the effective functioning of the quality system are performed;
2. Obsolete documents are promptly removed from all points of issue or use;
3. Documents are regularly reviewed for applicability; and
4. All documents clearly show traceability to source.

All documentation that is part of the Quality System should be reviewed in conjunction with Management. When the procedures or standards detailed in this manual are derived from other references (such as CASR), amendments to such references should be reviewed upon receipt, and where necessary, the relevant procedures or standards amended to reflect the requirements of such references.

All amendments to Quality System documents must be brought to the attention of the appropriate staff.

#### **8.2 Controlled Documents**

A controlled document is a document for which the release, status, storage, distribution, revision and disposal are managed according to documented procedures. The documents in a quality system, and any other important reference, must be controlled to keep them accurate and up-to-date.

#### **8.3 Controlled and Uncontrolled Copies**

A controlled document is an individually numbered document assigned to a specific registered copyholder. Controlled copies are identified by the red coloring of the controlled copy number on the front page.

All controlled documents must have a copy number entered in red ink in the space provided on the cover sheet by the officer responsible for issue of the document.

#### **8.4 Roles and Responsibilities**

A full description of procedures relating to the control of documents is shown in Staff Instruction regarding SOP. The responsibilities shown below only address the responsibilities of persons holding controlled and uncontrolled copies of this document.

#### **8.5 Holders of Controlled Copies**

Holders of controlled copies are responsible for ensuring the copy is current before it is used and for disposing of the controlled copy once it is superseded.

## **8.6 Holders of Uncontrolled Copies**

Holders of uncontrolled copies are responsible for ensuring the copy is current before it is used and for disposing of the uncontrolled copy once it is superseded.

## **8.7 Document Identification**

All controlled documents must show the following identification elements:

- a. title
- b. effective date
- c. page number

This is to be achieved by using appropriate titles on drawings and headers and footers on documents.

## **8.8 Document Amendment**

A full description of procedures relating to the control of documents is shown in Staff Instruction regarding SOP.

## **8.9 Document Issue**

The Administration Coordinator maintains a master document list which records:

- a. Document title, file reference (both software and hard copies);
- b. The author;
- c. The authorities for all documents;
- d. The version;
- e. Documents received by recall;
- f. Follow up action;
- g. Distribution lists and copy numbers; and
- h. Receipt of document.

The Administration Coordinator is responsible for ensuring that all documents issued are signed as authorized copies. The Administration Coordinator should record the details of the received documents and arrange distribution as per the distribution list and recall of the obsolete documents.

All amendments to documents must include a Record of Receipt. The Record of Receipt is to be completed by the recipient and returned to the Administration Coordinator along with obsolete documents.

If, within 10 working days of document distribution, the obsolete documents are not received, reminder notices should be dispatched.

One copy of all document versions must be archived to show the amendment traceability. All archived documents should be annotated as "Cancelled". All other obsolete copies should be destroyed.

### **8.10 External Documents**

A range of external documents is held by the Sub Directorate of Aeronautical Information Management for reference purposes. These include Indonesia Regulation, AIP document other State, standards and recommended practices from ICAO.

If information from an external document is used in the preparation of a new product, the document must be checked to ensure the status and currency of information.

A register of ICAO documents is be maintained by the Administration Coordinator.



## CHAPTER IX

### AIS QUALITY SYSTEM - DOCUMENTED PROCEDURES

#### 9.1 Generals

Documents used in the QMS of Sub directorate Aeronautical Information Management shall be composed in accordance with the pyramid document system shown on Figure "Quality Document System".



Figure Quality Document System

The outline of each document shall be as specified as follows:

- a. Level 1 : A document which is defines the principles and approaches of the Sub Directorate Aeronautical Information Management to quality-related issues. It consists of the quality manual, the quality policy and objectives of the organization.
- b. Level 2 : A document which is consists of documented procedures by which the Sub Directorate Aeronautical Information Management manages the QMS as follow:
  - 1) Control of Documents;
  - 2) Control of Records;
  - 3) Internal Audit;
  - 4) Control of Non-conforming product;
  - 5) Corrective action; and
  - 6) Preventive action.
- c. Level 3 : Documentation provides detailed instruction, in the form of work instruction of procedure manuals, which the staff need to follow when carrying out the specific operational activities.

- d. Level 4 : Any other documents and considered by Sub Directorate Aeronautical Information Management as necessary for execution of the QMS in this Sub Directorate Aeronautical Information Management; and record of results of activities carried out in accordance with the QMS, and which indicate conformity with the requirements and evidence of effective operation of the QMS.

## **9.2 QMS Document Requirement**

QMS Documentation in the Sub Directorate Aeronautical Information Management shall include the following:

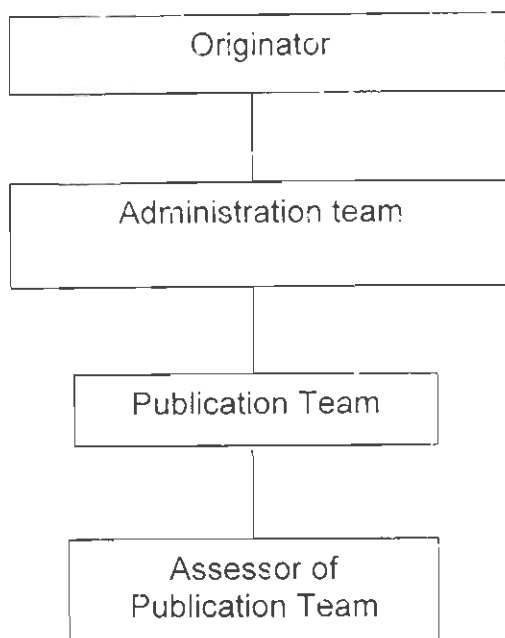
- a. Quality Policy and Objective;
- b. Quality Manual;
- c. Documented Procedures;
- d. Operational Procedures or Work Instructions;
- e. External Documents; and
- f. Form and Records.

## CHAPTER X

### VALIDATION AND PUBLICATION OF THE AIP, AIP AMANDMENT, AIP SUPPLEMENT, AIC AND AEROANUTICAL CHART

To more effectively manage the validation and publication process, it could be useful to break the process into a number of phases. These phases could be defined by the primary work undertaken during each, or by the functional team that is responsible for carrying out the work. A suggested workflow is shown below.

#### Typical Workflow



#### Collection and Collation of Aeronautical Information

During the coordination phase, all requests for amendment are reviewed as follows to determine:

Step	Action	Responsibility
1.	Requested effective date	Assessor Publication Team
2.	AIP documents affected	Assessor Publication Team
3.	Cartographic and publishing resources required	Publication Team
4.	Conformance of submitted material with required standards	Publication
5.	Amendment requests are correctly authorized and all necessary coordination has been completed	Assessor Publication Team
6.	The amendment is complete	Assessor Publication Team
7.	The requested amendment corresponds to other known information. For instance, a request to increase a runway length should be compared to currently published runway information	Assessor Publication Team
8.	All consequential amendment action required is understood and identified	Assessor Publication Team

## Amendment Process

Step	Timing	Responsibility	Description
1.	Approximately 1 month before printing date	Publication Team	Review and collate all proposed final draft amendments/additions and submit them to Assessor Publication Team
2.	On receipt of amendments	Assessor of Publication Team	Verify the submitted amendments for suitability, accuracy and completeness, Make appropriate records, Mark unsuitable amendments as "Non Conforming" as per the procedures described in Staff Instruction regarding SOP
3.	After records have been made	Publication Team	amend the AIP
4.	During the amendment process	Publication Team	Check all the amendments made against the hard copies to ensure that the changes you have just made are correct.
5.	2 weeks before printing date	Assessor of Publication Team	Check the final proof and sign it as being approved for publication.
6.	1 week before printing date	Publication Team	Prepare the final proof for publication.
7.	Before printing date	Publication Team	Dispatch for publication

The introduction of any new material is normally not permitted once Step 5 has been reached and is not permitted once the hard copy has been printed. Any amendments received after this must be placed in the amendment file by Publication Team ready for the next amendment package.

### Records

The following table describes the records kept of this process.

Record	Location	Responsibility	Minimum Retention Period
Hard copy of all amendments	Raw Data File	Publication Team	Archive (or as determined by State legislation)
Signed off final proof	Raw Data File	Publication Team	Archive (or as determined by State legislation)
Historical record of amendments made	Raw Data File	Publication Team	Indefinitely on file.
Dispatch details	Raw Data File	Publication Team	Until the amendment is printed

## Inspection and Checks

A good quality system requires that there are checks at appropriate stages of processes and that there are records of these checks being completed.

Step	Action	Responsibility
1.	Complete the Proof-Read Chart form by listing all affected pages connected with the particular amendment issue	Assessor of Publication Team
2.	Proof read the hard copy together with at least 1 (preferably 2) representative(s) from	Assessor of Publication Team
3.	Correct any anomalies at the conclusion of the proof read	Assessor of Publication Team
4.	Print a final proof and stamp this ready for approval <i>Note: Purpose built rubber stamps are held by the assessor of publication team</i>	Assessor of Publication Team
5.	Approve for publication	Assessor of Publication Team
6.	Update the Collation Schedule with all the information required by the publisher <insert>	Publication Team
7.	Dispatch for publication to arrive by the print date defined in planning schedule	Publication Team
8.	Amend the master copies of the Integrated AIP Package on receipt	Publication Team

## CHAPTER XI

### CONTROL OF NON-CONFORMING PRODUCT

- 11.1 Data or information submitted by the Originators for publication in the AIP Amendment, AIP Supplement, AIC and Aeronautical Chart that does not conform to the specified requirements must be marked as Non-Conforming by the assessor of publication team and the material is marked by stamped or hand endorsed
- 11.2 The assessor of publication team is responsible for advising the Originator that the material submitted does not conform
- 11.3 The steps for control of non-conforming product are shown on table below

<b>Step</b>	<b>Action</b>	<b>Responsibility</b>
1.	Record non conformities	The Publication team
2.	Determine the causes of non conformity	The Assessor of publication team
3.	Determine actions required to prevent reoccurrences of non-conformities	The Assessor of publication team
4.	Advise originator	The Assessor of publication team
5.	Implement corrective action	The Assessor of publication team
6.	Filing records created after corrective action taken	The Publication team

## CHAPTER XII

### CORRECTIVE ACTION AND ERROR ANALYSIS

#### 12.1 Correction of Errors in Published Information

If an error is determined to be hazardous or have the potential to be hazardous, remedial action appropriate to the operational significance of the error will be initiated by the assessor of publication team. The operational significance of the error should be determined in consultation with the Originator.

Appropriate action may include:

- a. Issue of NOTAM;
- b. Issue of AIP Supplement. Errors should only be corrected by AIP Supplement when the page or chart is not scheduled for reissue at the next AIP amendment;
- c. issue of an AIP amendment at next available amendment;

To ensure continuous quality improvement, procedures need to be in place to record and analyze errors and implement both corrective action and preventative action.

For the purposes of recording and analysis, an error is defined as follows:

- a. Any instance where information is incorrectly or inaccurately published; and
- b. Any instance where the accuracy, structure or format of published information does not conform with required standards.

Attention should be given to whether or not an occurrence has actually created or had the potential to create a hazard. In the event that it cannot be determined whether an error could or could not have been hazardous, the error should be recorded. For instance, there is probably little to gain from recording and analyzing minor typographical errors.

#### 12.2 Error Tracking Process

This instruction describes the procedures to be used when an error is detected in a component of the AIP Amendment, AIP Supplement, AIC and Aeronautical Chart. The steps for error tracking are shown on table below:

Step	Action	Responsibility
1.	Confirm the error and raise an Error Tracking Form (ETF)	Publication Team
2.	Register the ETF	Publication Team
3.	Analyze the safety aspects associated with the error and determine if NOTAM or other action is appropriate	Assessor of Publication Team
4.	Initiate corrective action as a NOTAM or AIP SUP and process through the NOTAM officer/NOF	Assessor of Publication Team
5.	Attach a copy of the NOTAM request/Draft AIP SUP to this form	Publication Team

6.	Analyze the cause of the error	Assessor of Publication Team
7.	Discuss the error with the officer responsible	Assessor of Publication Team
8.	Determine remedial action	Assessor of Publication Team
9.	Brief Manager representative as necessary	Assessor of Publication Team
10.	Initiate change action when required	Assessor of Publication Team
11.	Amend or establish procedures as required to strengthen processes	Analyst of policy and activities program team
12.	Sign-off the ETF when completed	Publication Team
13.	Forward the completed form to Administration team for filing	Publication Team

### 12.3 Error Analysis

To assist with the analysis of errors, it could be useful to establish a system of categorizing errors as shown below.

The following guidelines are used to determine the categorization of errors:

#### a. Critical

Any instance where the published information directly compromises the safety of air navigation:

- 1) Where the published information could compromise aircraft clearance from terrain, e.g. incorrect instrument approach minima;
- 2) Where there is an error in navigational or route information, e.g. incorrect track; and
- 3) Any error in the depiction or publication of airspace information, e.g. incorrect vertical limits.

#### b. Major

Any instance where the published information intended for communications or air navigation purposes is missing, ambiguous or difficult to interpret, e.g. incorrect ATS frequency.

#### c. Minor

Any instance of typographical, grammatical, printing or formatting deficiencies which do not directly cause operational difficulties, but do not meet expected standards such as:

- 1) Any "typographical" error, where the information published is correct in context and content but could contain spelling or grammatical errors; and
- 2) Errors where there are no operational impacts.



#### 12.4 Preventative Action

Good error analysis should identify where necessary the preventative action required to ensure the error does not re-occur.

The steps for preventive action are shown on table below:

Step	Action	Responsibility
1.	Collate information relating to non conformities, error tracking forms and customer complaints/suggestions	Publication team
2.	Determine causes of non conformity	Assessor of Publication team
3.	Determine what action is necessary to prevent non conformities re-occurring	Assessor of Publication team
4.	Determine and implement corrective action	Assessor of Publication team
5.	Record and file results of action taken	Publication team

#### 12.5 Change Procedures

Staffs are encouraged to suggest changes that will improve the quality system.

To facilitate this process, suggestions should be made in the following format:

AIS Quality System - Staff Suggestion		
<b>No.</b>	<b>To:</b> Management Representative	<b>From:</b>
<b>Details:</b>		
<b>Action taken:</b>	<b>Originator Advised:</b>	<b>Date:</b>

Each suggestion is recorded with an individual number, details entered of the action taken and advice to the originator.

<b>Step</b>	<b>Action</b>	<b>Responsibility</b>
1.	Register the suggestion	Administration Team
2.	Determine course of action to be taken	Assessor of Publication Team
3.	Advice provided to the Originator	Assessor of Publication Team
4.	Record filed	Administration Team

**CHAPTER XIII**  
**QUALITY RECORDS**

13.1 General

The Sub Directorate of Aeronautical Information shall establish and maintain a quality records to provide evidence of conformity with ISO 9001 requirement and of effective operation of the QMS. Records shall maintained in a legible state, and be readily identifiable and retrievable.

The quality records includes:

- a. Document record:
  - 1) Document change request form;
  - 2) Controlled document master list.
- b. Human Resource record:
  - 1) Training;
  - 2) Education.
- c. Process and product review record:
  - 1) Non-conformance report;
  - 2) Management review results;
  - 3) Status of corrective actions;
  - 4) Requirements and changes to requirements;
  - 5) Minutes of meetings;
  - 6) Audit reports;
- d. Miscellaneous quality records:
  - 1) Files on customers and suppliers;
  - 2) Records of resources and good received

- 13.2 The procedures for identification, storage, protection, retrieval, retention time and disposal of quality records is shown in Staff Instruction regarding SOP

## CHAPTER XIV

### CONTRACT REVIEW

- 14.1 All contracts between Sub Directorate of Aeronautical Information Management and suppliers, clients or consumers should be reviewed before final agreement signature and on a regular basis after signature.
- 14.2 A review clause should be written into all agreement to allow for this provision. The aim of the review is to ensure that:
  - a. The contract requirements are clear and unambiguous;
  - b. Every requirement that is different from that tendered is resolved;
  - c. The supplier has the capability to meet the requirements of the agreement;
  - d. Written minutes of all contract review meetings should be recorded with resolution of;
  - e. All points auctioned at the meeting being clearly indicated; and
  - f. Agreement that the review has taken place and is acceptable should be by contract signature and/or the exchange of letters.
- 14.3 Management representative is responsible for reviewing contracts held by Sub Directorate of Aeronautical Information Management.

## **CHAPTER XV**

### **PURCHASING**

#### **15.1 General**

The Management Representative is responsible for ensuring that all purchased products conforms to the specified requirements. Copies of purchasing documentation should be retained

#### **15.2 Assessment of Sub-Contractors**

All Sub-contractors who could provide products or services that can directly affect product quality are evaluated and approved by the Management representative.

Approval of Sub-contractors is based on, but not limited to evaluation of the following criteria:

- a) Previous Sub-contractor history; and
- b) Sub-contractor certification to approved Quality Standards.

The type and extent of the evaluation depends on the nature of the goods or services to be provided and the degree of previous experience with the Subcontractor.

## CHAPTER XVI

### INTERNAL QUALITY AUDITS

#### 16.1 Audit Policy

The Directorate of Air Navigation shall conduct internal audits annually or more frequently to determine whether the QMS conforms to the following requirements. In addition, internal audits shall be carried out as needed. The Air Navigation Inspector shall be responsible for internal audits.

- a. The QMS conforms to ISO9001 requirements.
- b. The QMS conforms to the QMS requirements established by the Sub Directorate of Aeronautical Information Management.
- c. The QMS is effectively implemented and maintained.

#### 16.2 Scope of Quality Audits

Audits of the AIS provided by this Sub Directorate will cover the quality system being used, processes and products.

#### 16.3 Responsibility

The Air Navigation Inspector is responsible for ensuring that quality audits of the AIS are carried out in accordance with the procedures shown below.

#### 16.4 Audit Process

The following steps will constitute the audit process. The Lead Auditor is responsible for ensuring all the steps take place:

- a. Advice to Deputy Director for Aeronautical Information Management of the proposed audit, including the audit program;
- b. Development of audit checklist;
- c. Entry meeting;
- d. Verbal debrief to Deputy Director for Aeronautical Information Management and other staff (where appropriate) on audit findings;
- e. Completion of the audit proper;
- f. Compilation of the audit report and any corrective actions;
- g. Obtaining the AIS Manager's signature as having accepted report, agreeing to corrective actions and establishment of appropriate close-out dates;
- h. Dispatch of reports and corrective actions to the appropriate senior personnel.

#### 16.5 Audit Records

One copy of the audit report, including comments and information from follow up meetings will be filed for 5 (five) years.

## CHAPTER XVII

### TRAINING AND COMPETENCY

#### 17.1 Personnel Development

- a. The Sub Directorate of Aeronautical Information Management established procedure to ensure that all its personnel, possess the skill and competencies required in the provision of aeronautical information service;
- b. The Sub Directorate of Aeronautical Information Management shall develop an overall training policy and program and detailed job description for its staff;
- c. The training policy and program should lay down the training course that different levels of staff have to undergo to perform their duties, including initial, advance, continuation and developmental training;
- d. The Sub Directorate of Aeronautical Information Management shall ensure that its staff undergo a suitable period of supervised on the job training before being deployed for duties
- e. The Sub Directorate of Aeronautical Information Management shall maintain individual training records for each of its staff, which should include a training plan detailing the courses completed by each staff as well as the time-frame for attending future courses as required under his training plan;
- f. The Sub Directorate of Aeronautical Information Management shall conduct a yearly review of the training plan for each staff at the beginning of the year to identify any gaps in competency, changes in training requirement and prioritize the type of training required for coming year;

#### 17.2 Personnel Requirement

- a. The Sub Directorate of Aeronautical Information Management shall employ sufficient number of competent personnel to perform the operation of the service;
- b. The Sub Directorate of Aeronautical Information Management shall provide in the operations manual an analysis of the number of personnel required to perform the aeronautical information service taking into account the duties and workload required;
- c. The Job Description should depict the job purpose, key responsibilities and outcome to be achieved of each staff.

DIREKTUR JENDERAL PERHUBUNGAN UDARA,

ttd

SUPRASETYO

Salinan sesuai dengan aslinya  
KEPALA BAGIAN HUKUM DAN HUMAS

