



Operational safety self-assessment form (in line with Fraport AG's Safety Management System and Safety Regulations)

pursuant to Regulation (EU) No. 139/2014 Annex III ADR.OR.D025 in connection with GM2 ADR.OR.D.025 and to Chapter 9 of the SMS Manual.

The legal provisions of data protection will be observed. Your data will not be passed on to third parties, and will only be provided to state bodies and authorities in the event we are obliged to by mandatory legal regulations.

1. General information

Company/Authority: <hr/>	Managing director/Owner: <hr/>
Street/Postbox: <hr/>	Postal code/City: <hr/>
Phone: <hr/>	Fax: <hr/>
Email: <hr/>	Website: <hr/>
Organization headquarters: <hr/>	Commercial register entry: <hr/>
VAT No.: <hr/>	Fraport company number (if known): <hr/>
Fraport license agreement number (if known): <hr/>	
Company/Authority safety officer: <hr/>	Company/Authority occupational health and safety officer: <hr/>
Phone: <hr/>	Phone: <hr/>
Fax: <hr/>	Fax: <hr/>
Email: <hr/>	Email: <hr/>

- 1.1 How many of your employees have regular access to the movement area (apron and maneuvering area)
(*<50, 51–100, 101–500, >500*)? _____
- 1.2 How many of your employees regularly move vehicles on the movement area (apron and maneuvering area) and work in the aircraft handling area?
(*<50, 51–100, 101–500, >500*)? _____
- 1.3 How often do your employees' activities on the apron change (*Ø per year*) (*<50, 51–100, 101–500, >500*)? _____
- 1.4 How high is the \emptyset annual turnover of your employees
(*< 50, 51-100, 101-500, > 500*)? _____
- 1.5 How many of your employees handle dangerous goods (DGR) on the apron
(*< 50, 51-100, 101-500, > 500*)? _____
- 1.6 Do your employees on the movement area (apron and maneuvering area) have the required skills based on appropriate training, instruction, experience, and/or proven ability? Yes No
- 1.7 Are records kept of the relevant authorizations granted to all your employees on the movement area (apron and maneuvering area), as well as their professional competencies and qualifications, received instructions and training, and their skills and experience?? Yes No

2. ***Purpose of company presence***

- 2.1 Please briefly describe the purpose of your company on the movement area of Frankfurt Airport:

3. Quality management/Quality assurance ⁽¹⁾

3.1 Do you have a certified QM system? Yes No

3.2 Who issued the QM certificate and under which standard was your QM system certified?

3.3 What is the validity period of this certificate?

3.4 Do you intend to extend this certificate after expiry? Yes No

3.5 Have operational safety standards been defined that go beyond the requirements of Fraport AG or the statutory requirements? Yes No

If so, which?

How do you ensure compliance with these standards?

3.6 Do you operate other management systems that are appropriate for further enhancing operational safety at Frankfurt Airport (e.g. occupational health and safety management pursuant to OHSAS 18001, ISAGO, IOSA, risk management)? Yes No

If so, which?

(1) Please do not enclose any attachments.

4. **Safety Management System (SMS)**

- 4.1 Do you operate a safety management system? Yes No
- 4.2 Have you named a person responsible for operational safety? Yes No
- 4.3 Have you named a person responsible for occupational health and safety? Yes No
- 4.4 Do you conduct regular operational safety training courses? Yes No

If so, which?

5. **Frankfurt Airport Safety Management System (SMS)**

Fraport AG, as the operator of Frankfurt Airport, operates a legally prescribed safety management system to increase operational safety (pursuant to ICAO Annex 19, Regulation (EU) No. 139/2014, among others).

- 5.1 How do you ensure your compliance with Fraport AG's SMS?
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- 5.2 How do you ensure your employees' compliance with Fraport AG's SMS?
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6. Frankfurt Airport Safety Policy

An essential part of the SMS is the safety policy, which describes the safety standards applied by Fraport AG at Frankfurt Airport.

6.1 Was Fraport AG's safety policy communicated to your employees and was a record kept of this communication? Yes No

6.2 Was Fraport AG's safety policy prominently displayed to or handed out to your employees? Yes No

6.3 How often are your employees instructed/trained on the safety policy and reporting system?

6.4 Have completed instruction/training sessions been documented? Yes No

6.5 Does your organization have its own safety policy? Yes No
If so, please attach a copy to this form.

location, date, and company stamp

(legally binding signature)