HESSEN

Regierungspräsidium Kassel

Obere Landesluftfahrtbehörde in Hessen
für die Regierungsbezirke Kassel und Gießen

Compliance Matrix for operations in the specific category according to AMC1 to Article 11 IR (EU) 2019/947

Compliance Matrix		
Requirement	**Level of robustness**	**Reference to documentation**
Ground Risk Mitigations		
M1 (A) Strategic mitigation - Sheltering	☐ None ☐ Low ☐ Medium	Document name: _____ Chapter or page number: _____
M1 (B) Strategic mitigation - Operational restrictions	☐ None ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
M1 (C) Tactical mitigation - Ground observation	☐ None ☐ Low	Document name: _____ Chapter or page number: _____
M2 – Effects of UA impact dynamics are reduced	☐ None ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
Strategic air risk mitigations		
Air risk class (ARC) mitigation	☐ ARC-d (AEC 1 or 2) → ARC-c ☐ ARC-d (AEC 1 or 2) → ARC-b ☐ ARC-d (AEC 3) → ARC-c ☐ ARC-d (AEC 3) → ARC-b ☐ ARC-c (AEC 4) → ARC-b ☐ ARC-c (AEC 5) → ARC-b ☐ ARC-c (AEC 6,7,8) → ARC-b ☐ ARC-c (AEC 9) → ARC-b	Document name: _____ Chapter or page number: _____

Tactical mitigations performance requirements (TMPRs)		
TMPR level	☐ VLOS (deconfliction scheme) ☐ BVLOS ☐ No requirement (ARC-a) ☐ Low requirement (ARC-b) ☐ Medium requirement (ARC-c) ☐ High requirement (ARC-d)	Document name: _____ Chapter or page number: _____
TMPR function	Detect	Document name: _____ Chapter or page number: _____
	Decide	Document name: _____ Chapter or page number: _____
	Command	Document name: _____ Chapter or page number: _____
	Execute	Document name: _____ Chapter or page number: _____
	Feedback loop	Document name: _____ Chapter or page number: _____
TMPR robustness	TMPR integrity and assurance objectives	Document name: _____ Chapter or page number: _____

Containment requirements		
Containment	☐ Low ☐ Medium ☐ High ☐ Tethered	Document name: _____ Chapter or page number: _____

Operational safety objectives (OSOs)		
OSO #01 **Ensure that the UAS operator is a competent and/or proven organisation**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #02 **UAS designed and produced by competent and/or proven organisation**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #03 **Maintenance of the UAS**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #04 **UAS components essential for its safe operation are designed to an Airworthiness Design Standard (ADS)**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #05 **UAS is designed considering system safety and reliability**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #06 **C3 link characteristics (e.g. performance spectrum use) are appropriate for the operation**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #07 **Conformity check of the UAS configuration**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #08 **Operational procedures are defined, validated and adhered to**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #09 **Remote crew trained and current**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #13 **External services supporting UAS operations are adequate for the operation**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____

OSO #16 **Multi-crew coordination**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #17 **Remote crew is fit to operate**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #18 **Automatic protection of the flight envelope from human error**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #19 **Safe recovery from human error**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #20 **A human factors evaluation has been performed and the human-machine interface (HMI) found appropriate for the intended UAS operation**	☐ NR ☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #23 **Environmental conditions for safe operations are defined and measurable**	☐ Low ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____
OSO #24 **The UAS is designed and qualified to operate in adverse environmental conditions**	☐ NR ☐ Medium ☐ High	Document name: _____ Chapter or page number: _____

Confirmation	
Have all safety requirements been described and met?	☐ Yes ☐ No
Place, date	**Name and signature**