



SAFETY MANAGEMENT SYSTEM (SMS) IN FISHTAIL AIR

Fishtail Air Safety Management System has already been implemented in Company. Company Safety Management System Manual has been accepted by Civil Aviation Authority of Nepal (CAAN) on 28 January 2013. The company safety policy has been endorsed by the Chief Executive Officer Mr. Suman Pandey.

FLIGHT SAFETY COMMITTEE

As a part of SMS implementation Fishtail Air has established Safety Committee. The members of the committee are:

- | | |
|--------------------------------|----------------------------------|
| 1) Mr. Suman Bikram Pandey | CEO |
| 2) Capt. Ashish Sherchan | Executive Director, Operations |
| 3) Captain Deepak J.B. Rana | Director, Flight Safety |
| 4) Mr. M.K. Shrestha | QA Manager |
| 5) Mr. Yamuna Bahadur Shrestha | Executive Manager, Flight Safety |
| 6) Mr. Rakesh J.B. Rana | Officer Operations |

SAFETY ACTION GROUP

To implement the outcomes of the safety committee to its operations, Fishtail Air has further established the Safety Action Group. The members of the group are:

- | | |
|--------------------------------|----------------------------------|
| 1) Col. (Rtd.) B.K. Gorkhali | Director, Technical |
| 2) Capt. Deepak J.B. Rana | Director Flight Safety |
| 3) Mr. Yamuna Bahadur Shrestha | Executive Manager, Flight Safety |
| 4) Mr. Shree Hari Kuikel | Executive Manager, Operations |

FLIGHT SAFETY DEPARTMENT

Fishtail Air has assigned the duties of Flight Safety Department to the post holders as below.

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|--------------------------------|----------------------------------|
| 1) Captain Deepak J.B. Rana | Director, Flight Safety |
| 2) Mr. Yamuna Bahadur Shrestha | Executive Manager, Flight Safety |
| 3) Mrs. Sulochana Karmacharya | Officer |

SAFETY CONTACT

For safety related information, issues please contact and furnish the details to:

Flight Safety
Fishtail Air Pvt. Ltd.
Phone: 4112465, Fax: 4112297
Email: safety@fishtailair.com



APPENDIX-2

(SAFETY REPORTING FORM)

Your details:

Name:

Department:

Contact number:

Hazard Information:

Date:

Time:

Place:

Details of hazard:

According to your view, will the hazard occur again? (Please tick)

- Not possible
- Low possibility
- Possible
- Highly possible
- It always happens

What may result from this hazard?

What comments do you have about this hazard?

(Please submit this form to Flight safety Department)