

HESSEN



Regierungspräsidium Darmstadt

Obere Landesluftfahrtbehörde in Hessen
für den Regierungsbezirk Darmstadt

**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	<input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium	Document name: _____ Chapter or page number: _____
M1 (B) Strategic mitigation - Operational restrictions	<input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
M1 (C) Tactical mitigation - Ground observation	<input type="checkbox"/> None <input type="checkbox"/> Low	Document name: _____ Chapter or page number: _____
M2 – Effects of UA impact dynamics are reduced	<input type="checkbox"/> None <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
Strategic air risk mitigations		
Air risk class (ARC) mitiga- tion	<input type="checkbox"/> ARC-d (AEC 1 or 2) → ARC-c <input type="checkbox"/> ARC-d (AEC 1 or 2) → ARC-b <input type="checkbox"/> ARC-d (AEC 3) → ARC-c <input type="checkbox"/> ARC-d (AEC 3) → ARC-b <input type="checkbox"/> ARC-c (AEC 4) → ARC-b <input type="checkbox"/> ARC-c (AEC 5) → ARC-b <input type="checkbox"/> ARC-c (AEC 6,7,8) → ARC-b <input type="checkbox"/> ARC-c (AEC 9) → ARC-b	Document name: _____ Chapter or page number: _____

Tactical mitigations performance requirements (TMPRs)		
TMPR level	<input type="checkbox"/> VLOS (deconfliction scheme) <input type="checkbox"/> BVLOS <input type="checkbox"/> No requirement (ARC-a) <input type="checkbox"/> Low requirement (ARC-b) <input type="checkbox"/> Medium requirement (ARC-c) <input type="checkbox"/> 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	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> 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	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #02 UAS designed and produced by competent and/or proven organisation	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #03 Maintenance of the UAS	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #04 UAS components essential for its safe operation are designed to an Airworthiness Design Standard (ADS)	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #05 UAS is designed considering system safety and reliability	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #06 C3 link characteristics (e.g. performance spectrum use) are appropriate for the operation	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #07 Conformity check of the UAS configuration	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #08 Operational procedures are defined, validated and adhered to	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #09 Remote crew trained and current	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #13 External services supporting UAS operations are adequate for the operation	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____

OSO #16 Multi-crew coordination	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #17 Remote crew is fit to operate	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #18 Automatic protection of the flight envelope from human error	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #19 Safe recovery from human error	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> 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	<input type="checkbox"/> NR <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #23 Environmental conditions for safe operations are defined and measurable	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
OSO #24 The UAS is designed and qualified to operate in adverse environmental conditions	<input type="checkbox"/> NR <input type="checkbox"/> Medium <input type="checkbox"/> High	Document name: _____ Chapter or page number: _____
Confirmation		
Have all safety requirements been described and met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Place, date	Name and signature	