

DCMA-AO WAIVER & APPROVAL REQUEST

SECTION I TO BE COMPLETED BY REQUESTING ORGANIZATION			
SUBJECT	INSTRUCTION/REGULATION/STANDARD		PARAGRAPH
FROM: CMO/OFFICE	TO: DECISION AUTHORITY		TYPE REQUEST
CONTRACTOR LOCATION	CONTRACT NUMBER(S)	AIRCRAFT STATUS	FUNDING
ACTION OFFICER	PHONE	EMAIL	RENEWAL
NARRATIVE <i>(What is requested - continue on next page if required)</i>			
JUSTIFICATION <i>(Discuss alternatives, impact if not approved, etc. - continue on next page if required)</i>			
APT RECOMMENDATION	NAME / RANK OF CMO COMMANDER	Signature	
SECTION II TO BE COMPLETED BY DCMA-AO			
WAIVER #		DECISION AUTHORITY	
COMMENTS / RECOMMENDED RESTRICTIONS			
NAME / RANK / TITLE		Signature	
TO BE COMPLETED BY DCMA-AO EXECUTIVE DIRECTOR			
SECTION III DCMA-AO ACTION		FORWARDED TO	
COMMENTS / RESTRICTIONS			
NAME / RANK / TITLE		Signature	

DCMA-AO WAIVER REQUEST (CONTINUED)

NARRATIVE (continued from page 1)

JUSTIFICATION (continued from page 1)

DCMA-AO WAIVER REQUEST INSTRUCTIONS

This is a multi-use form. The GFR, with input from the APT, shall determine if the request would fall under the scope of a waiver or under the scope of an approval. Once determined, the request shall be annotated appropriately in Section I.

Use this form to submit waiver requests when seeking relief from specific contractual requirements.

Use this form to submit approval requests such as higher headquarter approval for special events, alternate training plans, aircraft checklist modifications, multiple qualifications, alternate or equivalent ARFF/Hangar & Facilities fire protection, etc. See DCMA-MAN 8210-2 for more information.

For requests initiated by the contractor, the contractor is responsible to provide all necessary details and supporting information. Missing, incomplete, or incorrect information will likely delay or result in non-acceptance of the request. However, do not cause unnecessary delays by repeatedly requesting more information. Make a reasonable effort to gain the complete information from the contractor; if they fail to correct or update the request, then make recommendations based on the information presented and continue coordination. The APT may not delay the submittal of a contractor request based upon APT concurrence/non-concurrence.

For ARFF/Hangar & Facilities:

Use this form as an approval request where a contractor desires to meet an ARFF or hangar requirement via an alternate or equivalent means in lieu of waiving the requirement. Typically, the alternate method results in providing the same or similar level of protection (i.e., the level of protection is not lowered) as that prescribed in the original requirement.

The contractor shall include in the narrative the original requirement to include specific references/standards and the details of the alternate method to include appropriate references/standards. The contractor is responsible to prove the equivalency (equal to or greater level of protection) of the requested method. This proof shall be documented from a competent person (e.g., qualified fire protection engineer for hangar and requests or the ARFF fire chief for ARFF requests).

Use this form as an approval request when a contractor's facility is impaired or damaged and the repair plan will extend beyond the limits defined in NAS 3306 (more than 30 days in Rev 3 or more than 90 days in Rev 4).

All package requirements, listed in the DCMA-MAN 8210-2 Approvals & Waivers Job Aid, must be included or the incomplete package will be returned to the action officer for completion.

DCMA-AO RISK MANAGEMENT WORKSHEET

1. ACTION OFFICER / PHONE		2. SUBJECT		3. OVERALL RISK BEFORE CONTROLS IMPLEMENTED		
4. HAZARDS	5. RISK LEVEL	6. CONTROLS	7. HOW TO IMPLEMENT	8. HOW TO SUPERVISE	9. RESIDUAL RISK LEVEL	
10. OVERALL RISK AFTER CONTROLS IMPLEMENTED		ACTION OFFICER NAME / RANK / TITLE		SIGNATURE		

DCMA-AO RISK MANAGEMENT INSTRUCTIONS

The purpose of the RM worksheet is to work collaboratively with the waiver/approval requester to mitigate risk to the lowest practical level. This is an opportunity for the GFR/APT to identify additional hazards not included in the original request and/or detail how the APT intends to mitigate previously identified risk.

BLOCK:

- 1-3. Self -Explanatory
4. Identify Hazard: Object is to ID those things most likely to have a negative impact on the mission/task. Note the probability of likelihood and the most likely severity.
5. Assess Risk: Determine risk of each hazard using the Risk Assessment Matrix and the probability and severity noted in Block 4. Enter the risk level associated with each hazard that exists prior to the application of the proposed risk control(s), e.g., L=Low, M=Moderate, H=High.
6. Develop Controls: Develop one or more controls for each hazard to reduce its risk. As needed, specify who, what, where, when, and how for each control.
7. Implement Controls: Decide how each control will be put into effect/communicated to the personnel who will make it happen (written instructions, operating instructions, checklists, dry-runs).
8. Supervise: Show how each control will be monitored to ensure proper implementation (i.e., continuous supervision, spot checks, etc.).
9. Residual Risk Level: With stated controls in place, ID the hazard risk level using the Risk Assessment Matrix and the probability and severity.
10. Overall Residual Risk Level: Identify hazard with highest residual risk. This is the overall risk for the mission/task.