

Airline: _____
Person Completing Form: _____
Position in Company: _____
Tel No: _____ Fax No _____
Date: _____

1. Please confirm whether your airline holds a current copy of the Auckland Airport Aerodrome Emergency Plan and are committed to the actions and responsibilities of an Aircraft Operator as detailed in the plan.

Yes/ No

2a. Do you have Local/Station orders which include a contingency plan to deal with an aircraft emergency at Auckland Airport?

Yes/ No

2b. If so, have they been checked to ensure that they are compatible with the Auckland Airport Aerodrome Emergency Plan?

Yes/ No

3. Are your Auckland Airport-based staff empowered to act “locally” in an emergency, or is action and response controlled from a remote Company HQ?

If the answer is no, please provide name/address and 24 hour contact numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Who is your prime contact to call in the event of an emergency?

Name: \_\_\_\_\_

Airline/Operator (if different from above) \_\_\_\_\_

Tel No: Day \_\_\_\_\_ Night \_\_\_\_\_

5. When Auckland Airport notifies your prime contact, are there any other notifications required by us or will your prime contact initiate internal notifications?

Prime contact will handle: \_\_\_\_\_

Auckland Airport should also notify: \_\_\_\_\_

\_\_\_\_\_

6. Who handles media relations under these circumstances?

Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

7. Do you intend to appoint/use a Handling Agent or have an agreement to assist any other airline/operator in Reception Areas during an emergency? For example:
- \* Survivor Reception Centre
  - \* Meeters & Greeters Reception Area
  - \* Reconciliation Area

Yes/ No

- 8a. Have you contracts in place for aircraft recovery?

Yes/No

- 8b. Recovery operations often require the services of outside contractors (labour, equipment, etc). Please list contractors you have selected for recovery operations.

Recovery Contractor \_\_\_\_\_

Individual to be contacted \_\_\_\_\_

Address \_\_\_\_\_

Tel No (24 hr) \_\_\_\_\_

- 8c. If the answer to 8a is no, do you intend to enlist the assistance of Air NZ Engineering Services for equipment held locally or the IATA pool recovery kit at Sydney International Airport?

Yes/No

9. Do you have provision to rent local hotel space (if necessary) for friends or relatives of victims (eg, information, counselling, consoling)?

Yes/No

If yes, name of hotel \_\_\_\_\_ Tel No \_\_\_\_\_

- 10a. Do you require assistance in briefing or familiarising your key staff at this airport on the Aerodrome Emergency Plan, ie, roles and responsibilities of Auckland Airport, Police, Handling Agents, EOC operation, etc?

Yes/No

- 10b. If so, what areas do you wish to cover? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Who is your key person for any further discussion. \_\_\_\_\_

12. Please list any equipment owned by your airline (not leased, etc) which could be made available for aircraft recovery (eg, airbags, forklift, steel plates, cables, cherry pickers, jacks, compressors, floodlights, timber, plywood, strut retainer, tow bars, tractors, etc)

Type of equipment	Location
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_____	_____
_____	_____
_____	_____
_____	_____

Thankyou for your time in completing this questionnaire. We will ensure your answers are kept confidential. Please return completed questionnaires with urgency.