

Hrvatska agencija za civilno zrakoplovstvo / Croatian Civil Aviation Agency

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U potpunosti ispuniti obrazac velikim tiskanim slovima i predati od strane odgovornog rukovoditelja potpisani obrazac. / Intirely fill in the form with capital letters and submit it with Accountable Manager hand signature.

Ovaj zahtjev sa dodatnim dokumentima kao što je navedeno treba dostaviti osobno ili poslati poštom na: Hrvatska Agencija za civilno zrakoplovstvo, Odjel licenciranja, Odsjek zrakoplovne medicine, Ulica grada Vukovara 284, 10000 Zagreb. / This Application and the additional documents as outlined should be delivered personally or sent by regular mail to: Croatian Civil Aviation Agency, Licensing Department, Aero-medical Section, Ulica grada Vukovara 284, 10000 Zagreb.

Uz ovaj zahtjev primjenjuje se Tarifa br. 1 i 2. Općih upravnih pristojbi, u iznosu od ukupno 70,00 HRK Zakona o upravnim pristojbama, koje se plaćaju u državnim biljezima u trenutku predaje zahtjeva. / With this form applies a tariff No. 1 and 2. of General administrative fees act, for a total of 70.00 HRK to be paid in stamp at the time of submission of the application.

ZAHTEJ ZA CERTIFIKAT ZRAKOPLOVNO-MEDICINSKOG CENTRA (AeMC)

FORM FOR AEROMEDICAL CENTER (AeMC) CERTIFICATE

- INICIJALNO / INITIAL AIRCREW – class 1 ATCO – class 3
- PROMJENE KOJE ZAHTIJAVAJU PRETHODNO ODOBRENJE NADLEŽNOG TIJELA / CHANGES THAT REQUIRED PRIOR APPROVAL OF COMPETENT AUTHORITY

Podnositelj / Applicant	
Adresa / Address (registered business address)	
Kontakt osoba / Contact Person (responsible for this application)	
Naziv zrakoplovno-medicinskog centra Aero-medical Centre Name	
Adresa zrakoplovno-medicinskog centra / Aero-medical Centre Address	
Broj AeMC certifikata / AeMC Certificate No.	
Planirani početak aktivnosti / Intended commencement of activity on	
Rukovoditelj AeMC-a / Head of AeMC	
AME broj certifikata / AME certificate reference	
Privilegija za kategoriju 1 od / Class 1 privilege since (dd mm yyyy)	
Kako je primjenjivo, prilozi koje je potrebno ispuniti uz zahtjev: / As applicable, annexes submitted with application:	
<input type="checkbox"/> Detalji predloženog sustava kontinuiranog udovoljavanja (Ispunite Prilog I) / Details of proposed compliance monitoring system (Use Annex I)	
<input type="checkbox"/> Popis medicinsko- tehničkih objekata i lokacija (Ispunite Prilog II) / List of medical and technical objects and locations (Use Annex II)	
<input type="checkbox"/> Imena kvalificiranih AME-a i suradnika, medicinskog osoblja i specijalista savjetnika (Ispunite Prilog III) / List of all qualified AMEs, medical staff and supporting specialist consultants (Use Annex III)	
<input type="checkbox"/> Popis medicinsko-tehničke opreme (Ispunite Prilog IV) / List of medical -technical facilities (Use Annex IV)	
<input type="checkbox"/> Nominirano AeMC osoblje (za svakog LIC-FRM-216) / Nominated AeMC personnel (For each LIC-FRM-216)	

<input type="checkbox"/> Odgovorni rukovoditelj (<i>Accountable manager</i>) <input type="checkbox"/> Voditelj za nadgledanje usklađenosti (<i>Compliance Monitoring Manager</i>) <input type="checkbox"/> Voditelj za sigurnost (<i>Safety manager</i>) <input type="checkbox"/> Voditelj AeMC-a (<i>Head of AeMC</i>)	
Kako je primjenjivo, administrativni dokumenti i priručnici koje je potrebno predati uz zahtjev: <i>As applicable, administration documents and manuals submitted with application:</i>	
<input type="checkbox"/> Dokumentacija organizacijskog sustava upravljanja / <i>Organisation Management System documentation</i>	<input type="checkbox"/> Dokumenti kliničkih dodataka, ili povezanosti sa bolnicama ili medicinskim institutima / <i>Documents of clinical attachment, or liaison with designated hospitals, or medical institutes</i>
<input type="checkbox"/> Program osposobljavanja / <i>Training programme</i>	<input type="checkbox"/> Zapisi osposobljavanja osoblja / <i>Staff Training Records</i>
<input type="checkbox"/> Drugi priručnik/ci ili dokumenti (nabroji) / <i>Other Manual(s) or Documents (list)</i>	

Napomena / Notes

Navedite sve pojedinosti o alternativnim aranžmanima odvojeno. Zahtjevu priložite priloge koji su neophodni i preslike službenih dokumenata kojim se potvrđuje pravni status organizacije.
Please provide full details of alternative arrangements separately. Enclose with this application Annexes as applicable and a copy of official documents confirming the legal status of your organization.

Izjava podnositelja zahtjeva / Applicant's declaration

Izjavljujem da imam pravnu sposobnost za podnešenje ovog zahtjeva i da su sve informacije navedene u ovom zahtjevu i njegovim dodacima točne, potpune i istinite.
 Ja, dolje potpisani, u ime gore navedenog podnositelja zahtjeva potvrđujem da su sve gore navedene informacije u skladu s važećim zahtjevima i da su svi navedeni podaci potpune i točne.
I declare that I have the legal capacity to submit this application and that all information provided in this application form and its attachments are correct, complete and true.
I, the undersigned, on behalf of the applicant identified in above certify that all the above informations are in compliance with the applicable requirements and that all the above information given is complete and correct.

Datum/Mjesto / <i>Date/Place</i>	Ime i prezime odgovornog rukovoditelja / <i>Name of Accountable Manager</i>	Potpis / <i>Signature</i>

Dodatak I: Popis medicinskih i tehničkih objekata uključujući pomoćne kliničke stanice. <i>Annex I: List of medical and technical facilities including auxiliary clinical sites.</i>	
<i>Stavka / Item</i>	<i>Poveznica u dokumentaciji organizacije - poglavlje</i> <i>Reference in the organisation's documentation</i>
<i>Detailed description of the compliance monitoring function of the management system</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>List, table or cross-reference indicating what means and methods are dedicated to achieving initial and continued compliance with each implemented requirement applicable to the organisation</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Means and methods establishing the internal audit process</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Means and methods establishing the feedback system of audit findings to the accountable manager</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Nominated person or group of persons, ultimately responsible to the accountable manager of ensuring that the organisation remains in compliance with the applicable requirements</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Means and methods making personnel aware of their responsibilities</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Procedure for amending the documentation</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Means and methods to ensure initial and continued compliance of contracted activities</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for the direct safety accountability of the accountable manager</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for the organisation's safety policy</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for the identification of aviation safety hazards entailed by the activities of the organisation (in terms of means and methods)</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for the evaluation and the management of risks associated with the identified aviation safety hazards (in terms of means and methods)</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for the actions to be taken to mitigate the risk and verify their effectiveness (in terms of means and methods)</i> <i>Please enter the reference in your organisation's documentation</i>	
<i>Compliance with the requirement for making personnel aware of their responsibilities as regards the safety functions (in terms of means and methods)</i> <i>Please enter the reference in your organisation's documentation</i>	

Dodatak II: Popis medicinskih i tehničkih objekata uključujući pomoćne kliničke stanice. <i>Annex II: List of medical and technical facilities including auxiliary clinical sites.</i>		
Medicinski i tehnički sadržaji koji se odnose na opseg odobrenja & pomoćne kliničke stanice. <i>Medical & technical facilities related to scope of approval & auxiliary clinical sites.</i>		Vrsta <i>Type</i>
1.	Naziv <i>Name</i>	<input type="checkbox"/> Klinički privitak / <i>Clinical attachment</i> <input type="checkbox"/> za inicijalnu kategoriju 1 / <i>for initial class 1</i>
	Ulica i br. <i>Street and Nr</i>	
	Poštanski br. <i>Post Code</i>	
	Grad <i>City</i>	
2.	Naziv <i>Name</i>	<input type="checkbox"/> Klinički privitak / <i>Clinical attachment</i> <input type="checkbox"/> za inicijalnu kategoriju 1 / <i>for initial class 1</i>
	Ulica i br. <i>Street and Nr</i>	
	Poštanski br. <i>Post Code</i>	
	Grad <i>City</i>	
3.	Naziv <i>Name</i>	<input type="checkbox"/> Klinički privitak / <i>Clinical attachment</i> <input type="checkbox"/> za inicijalnu kategoriju 1 / <i>for initial class 1</i>
	Ulica i br. <i>Street and Nr</i>	
	Poštanski br. <i>Post Code</i>	
	Grad <i>City</i>	
4.	Naziv <i>Name</i>	<input type="checkbox"/> Klinički privitak / <i>Clinical attachment</i> <input type="checkbox"/> za inicijalnu kategoriju 1 / <i>for initial class 1</i>
	Ulica i br. <i>Street and Nr</i>	
	Poštanski br. <i>Post Code</i>	
	Grad <i>City</i>	
5.	Naziv <i>Name</i>	<input type="checkbox"/> Klinički privitak / <i>Clinical attachment</i> <input type="checkbox"/> za inicijalnu kategoriju 1 / <i>for initial class 1</i>
	Ulica i br. <i>Street and Nr</i>	
	Poštanski br. <i>Post Code</i>	
	Grad <i>City</i>	

Dodatak III: Popis kvalificiranih AME-a, medicinskog osoblja i popratni specijalisti savjetnici					
<i>Annex III: List of qualified AMEs, medical staff and supporting specialist consultants</i>					
	Identification and qualifications		Certificate & role		Employment
1.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
2.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
3.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
4.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
5.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
6.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
7.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
8.	Name		Certificate Number: HR.AME.		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> AME <input type="checkbox"/> Supporting specialist consultant		
9. i 10.	Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)		
11. i 12.	Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)		
13. i 14.	Name				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)
	Qualifications		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (contracted)		

Dodatak IV: Popis medicinske i tehničke opreme (*obavezno) Annex IV: List of medical -technical facilities (*mandatory)		Vrsta Type	
1.	General medical practice equipment	<input type="checkbox"/> ormar za osobne zdravstvene kartone s ključem	
		<input type="checkbox"/> stolicu za bolesnika,	
		<input type="checkbox"/> ležaj za pregled bolesnika,	
		<input type="checkbox"/> paravan,	
		<input type="checkbox"/> tlakomjer s različitim širinama manžeta,	
		<input type="checkbox"/> ormar za instrumente i lijekove, stolić za instrumente,	
		<input type="checkbox"/> toplomjere (2 kom.),	
		<input type="checkbox"/> špatule za pregled ždrijela za jednokratnu uporabu,	
		<input type="checkbox"/> fonendoskop (slušalice),	
		<input type="checkbox"/> vagu za mjerenje tjelesne težine,	
		<input type="checkbox"/> visinomjer	
		<input type="checkbox"/> negatoskop	
		<input type="checkbox"/> otoskop,	
		<input type="checkbox"/> čono ogledalo ili izvor hladnog svjetla,	
		<input type="checkbox"/> oftalmoskop	
		<input type="checkbox"/> tablice za ispitivanje oštine vida,	
		<input type="checkbox"/> spekulum za pregled nosnih šupljina	
		<input type="checkbox"/> platneni metar,	
		<input type="checkbox"/> ručnu baterijsku lampu,	
		<input type="checkbox"/> perkusijski čekić,	
		<input type="checkbox"/> pribor za uzimanje uzoraka za medicinsko-biokemijske i mikrobiološke pretrage,	
		<input type="checkbox"/> glukometar,	
		<input type="checkbox"/> test trake za brzo određivanje promjena u urinu (GLU, ERY, PROT),	
		<input type="checkbox"/> komplet lijekova za terapiju anafilaktičkog šoka i potrebnom opremom za održavanje vitalnih funkcija (praćenje srčane akcije i saturacije kisika, neinvazivno mjerenje tlaka),	
		<input type="checkbox"/> bocu s kisikom s dozimetrom i raspršivačem i ampulirane lijekove sukladno potrebama djelatnosti koji moraju biti smješteni u ordinaciji,	
		<input type="checkbox"/> dinamometar, kaliper	
		<input type="checkbox"/> zaporni sat	
		<input type="checkbox"/> platneni metar, ortoreter	
<input type="checkbox"/> set testova na droge i lijekove			
2.	IT	<input type="checkbox"/> Računalo (Windows, JAVA)	
		<input type="checkbox"/> Internet pristup	
		<input type="checkbox"/> Štampač u boji	
		<input type="checkbox"/> Skener/fotokopirni uređaj	
		<input type="checkbox"/> OSTALO:	
3.	Cardiology Facilities to perform:	<input type="checkbox"/> 12-leading resting ECG*	
		<input type="checkbox"/> Stress ECG*	

		<input type="checkbox"/> 24-hour blood pressure monitoring*	
		<input type="checkbox"/> 24-hour rhythm monitoring*	
4.	Ophthalmology Facilities for the examination of:	<input type="checkbox"/> Near, intermediate and distant vision*	
		<input type="checkbox"/> External eye, anatomy, media and funduscopy*	
		<input type="checkbox"/> Ocular motility*	
		<input type="checkbox"/> Binocular vision*	
		<input type="checkbox"/> Heterophoria*	
		<input type="checkbox"/> Visual fields*	
		<input type="checkbox"/> Refraction*	
		<input type="checkbox"/> Colour vision - anomaloscopy*	
		<input type="checkbox"/> Colour vision - CAD	
5.	Hearing	<input type="checkbox"/> Pure-tone audiometer* <input type="checkbox"/> u KABINI/KOMORI	
6.	Otorhinolaryngology Facilities for:	<input type="checkbox"/> Clinical examination of mouth and throat*	
		<input type="checkbox"/> Otoscopy*	
		<input type="checkbox"/> Rhinoscopy*	
		<input type="checkbox"/> Tympanometry or equivalent*	
		<input type="checkbox"/> Clinical assessment of vestibular system*	
7.	Examination of pulmonary function	<input type="checkbox"/> Spirometry*	
8.	Clinical laboratory facilities* <input type="checkbox"/> available at the AeMC (list) <input type="checkbox"/> arranged with a service provider (submit evidence document (contract))		
9.	Ultrasound of the abdomen* <input type="checkbox"/> available at the AeMC <input type="checkbox"/> arranged with a service provider (submit evidence document (contract))		