



**Shire of Derby /
West Kimberley**

CONFIRMED MINUTES

Audit and Risk Committee Meeting

Thursday, 20 February 2025

Date: Thursday, 20 February 2025

Time: 4:00 PM

**Location: Council Chambers
Clarendon Street
Derby**



Order Of Business

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**MINUTES OF SHIRE OF DERBY / WEST KIMBERLEY
AUDIT AND RISK COMMITTEE MEETING
HELD AT THE COUNCIL CHAMBERS, CLARENDON STREET, DERBY
ON THURSDAY, 20 FEBRUARY 2025 AT 4:00 PM**

PRESENT: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

IN ATTENDANCE: Tamara Clarkson (Acting Chief Executive Officer), Wayne Neate (Director Infrastructure), Jill Brazil (Acting Director Corporate Services), Mark Davis (Executive Services Project Director), Jamie Covella (Manager Development Services), Aaron Gloor (Senior Finance Officer), Kelsey Laird (Manager People and Culture), Luke Lawrence (Manager Community Development), Maria O'Connell (Coordinator Communications and Media), Santana Rose (Aboriginal Engagement Manager) and Telia Reilly (Governance and Risk Coordinator)

VISITORS: Krushna Hirani (RSM Australia Pty Ltd) (until 4.20pm), Amit Kabra (RSM Australia Pty Ltd) (until 4.20pm) and Kellie Tonich (Office of the Auditor General) (until 4.20pm)

GALLERY: Nil

APOLOGIES: Nil

APPROVED LEAVE OF ABSENCE: Nil

ABSENT: Nil

1 DECLARATION OF OPENING, ANNOUNCEMENT OF VISITORS

The meeting was opened at 4.00pm by Deputy President Haerewa.

2 DISCLAIMER

This meeting will be video recorded and live-streamed on the Shire's Youtube Channel, with the exception of confidential items and periods of adjournment as determined by the Presiding Member. By being present at this meeting, members of the public consent to the possibility that their voice and/or image may be live-streamed to the public. Recordings will also be made available on the Shire's Youtube Channel and Website following the meeting. The official record of the meeting will be the written minutes kept in accordance with the Local Government Act 1995 and any relevant regulations.

3. ACKNOWLEDGEMENT OF COUNTRY

In the spirit of Reconciliation, the Shire of Derby/West Kimberley acknowledges the traditional custodians of country throughout the Shire and the continued connection to the land, waters and community.

The Shire of Derby/ West Kimberley would like to pay our respects to the people, the cultures and the Elders past and present and the continuation of cultural, spiritual and educational practices of Aboriginal people.

4 ATTENDANCE VIA TELEPHONE/INSTANTANEOUS COMMUNICATIONS

A Council Member may attend council or committee meetings by electronic means if the member is authorised to do so by the President or the Council. Electronic means attendance can only be authorised for up to half of the Shire's in-person meetings they have attended in total, in any rolling 12 months prior period. Authorisation can only be provided if the location and the equipment to be used by the Council Member is suitable to enable effective, and where necessary confidential, engagement in the meeting's deliberations and communications.

5 ANNOUNCEMENTS BY PRESIDING PERSON WITHOUT DISCUSSION

Nil

6 DISCLOSURE OF INTERESTS**6.1 Declaration of Financial Interests**

Nil

6.2 Declaration of Proximity Interests

Nil

6.3 Declaration of Impartiality Interests

Nil

7 PETITIONS, DEPUTATIONS, PRESENTATIONS AND SUBMISSIONS

Audit presentation by RSM Australia Pty Ltd and the Office of the Auditor General.

8 CONFIRMATION OF MINUTES OF PREVIOUS MEETINGS**COMMITTEE RESOLUTION AC01/25**

Moved: Cr Angwin

Seconded: Deputy President Haerewa

That the Minutes of the Audit and Risk Committee Meeting held at the Council Chambers, Clarendon Street, Derby, on 10 December 2024 be CONFIRMED.

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0

9 REPORTS

9.1 OUTSTANDING DEBT - JANUARY 2025

File Number: 5174 & 5112

Author: Aaron Gloor, Senior Finance Officer

Responsible Officer: Jill Brazil, Acting Director of Corporate Services

Authority/Discretion: Information

SUMMARY

The Audit and Risk Committee receive the outstanding rates and outstanding sundry debtors reports to provide strategic direction as required.

DISCLOSURE OF ANY INTEREST

Nil by Author and Responsible Officer.

BACKGROUND

The Audit and Risk Committee will ensure compliance with the Shire's financial reporting and will liaise with the CEO to ensure the effective and efficient management to meet statutory requirements.

STATUTORY ENVIRONMENT

Local Government Act 1995

Subdivision 4 — Payment of rates and service charges

6.43. *Rates and service charges are a charge on land*

6.44. *Liability for rates or service charges*

6.50. *Rates or service charges due and payable*

6.53. *Land becoming or ceasing to be rateable land*

Subdivision 5 — Recovery of unpaid rates and service charges

6.55. *Recovery of rates and service charges*

6.56. *Rates or service charges recoverable in court*

6.16 *Imposition of fees and charges*

POLICY IMPLICATIONS

F4 – SUNDRY DEBTORS COLLECTION POLICY

F5 – OUTSTANDING RATES COLLECTION POLICY

F6 – FINANCIAL HARDSHIP POLICY

FINANCIAL IMPLICATIONS

Outstanding Rates and Service Charges totalling \$2,670,619.61 in cash flow impacts.

Outstanding Sundry debtors totalling \$2,563,233.78 in cash flow impacts.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|--------------------|---------------------------------|
| 1. Leadership and Governance | 4.3 Sustainability | 1.2.2 Provide strong governance |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|---|----------------|-------------|---------------|--|
| Financial: Non-recovery of debts will impact the type and level of services provided to the town. | Almost Certain | Severe | Extreme | Be proactive with collection process and recovering outstanding debt |

CONSULTATION

Internal

CS Legal

COMMENT

Attached to this report is an aged breakdown of outstanding rates and service charges by rating category as well a depiction of rates debt by month. The report also contains a breakdown of outstanding sundry debtor charges by age as well as the movement of this debt over a rolling five-month period.

VOTING REQUIREMENT

Simple majority

ATTACHMENTS

1. Rates and Sundry Debtors Report
2. Outstanding Debt Over \$1,000 - Confidential

COMMITTEE RESOLUTION AC02/25**Moved:** Deputy President Haerewa**Seconded:** Cr Angwin

That the Audit and Risk Committee recommends that Council receive the information contained in the report detailing outstanding rates and sundry debtors as at 31 January 2025.

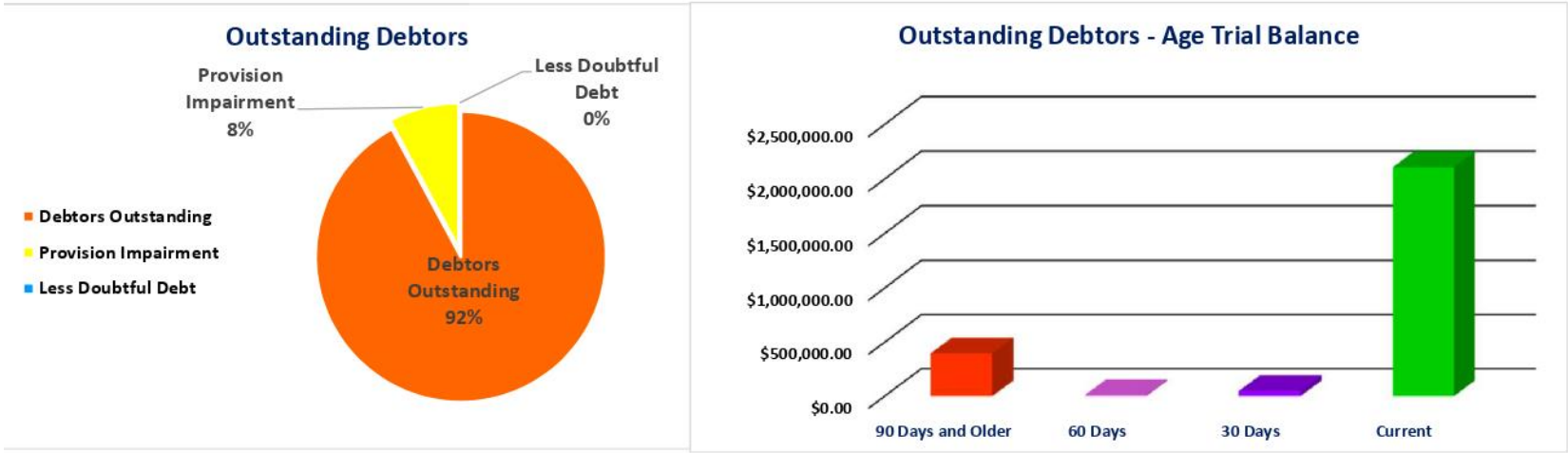
In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0



Report to Council Accounts Receivable
January 2025
31/01/2025 \$ 2,563,233.78

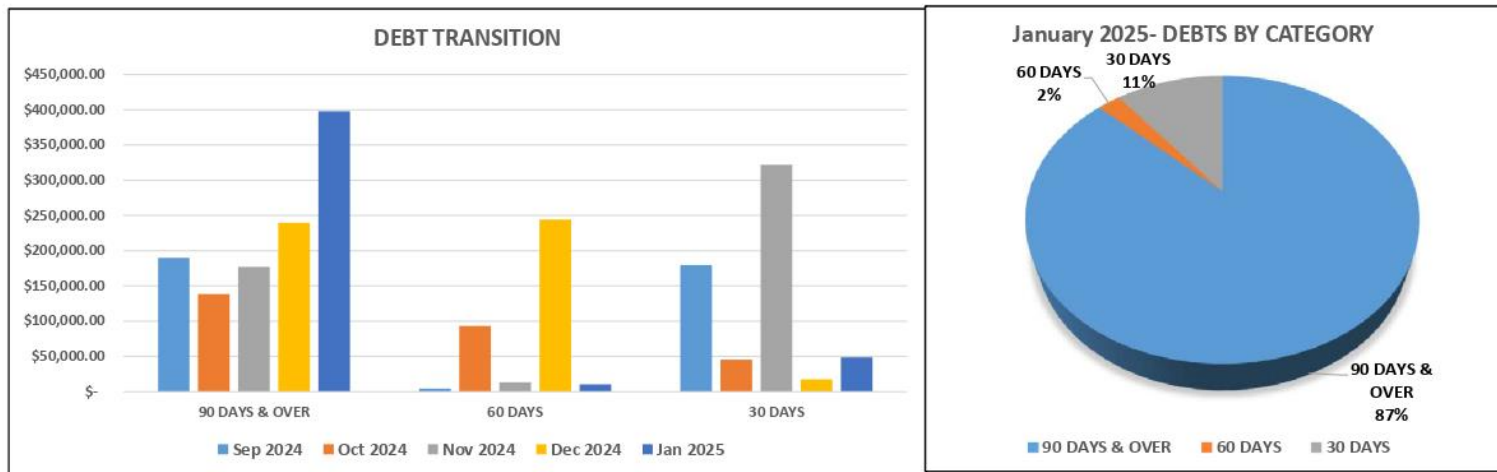


72% of current debt relates to multiple invoices owed by the Department of Fire and Emergency Services



TOTAL DEBTORS OUTSTANDING COMPARISON GRAPHS (A) - 2024/2025

| | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Changes (Nov-Jan) |
|------------------|---------------|---------------|---------------|---------------|---------------|-------------------|
| 90 DAYS & OVER | \$ 190,097.12 | \$ 138,793.02 | \$ 177,096.40 | \$ 239,906.60 | \$ 397,662.48 | \$ 220,566.08 |
| 60 DAYS | \$ 4,033.76 | \$ 93,041.28 | \$ 12,950.07 | \$ 244,199.90 | \$ 10,159.11 | \$ 2,790.96 |
| 30 DAYS | \$ 179,587.61 | \$ 45,321.84 | \$ 322,086.64 | \$ 17,258.56 | \$ 48,741.48 | \$ 273,345.16 |
| OUTSTANDING DEBT | \$ 373,718.49 | \$ 277,156.14 | \$ 512,133.11 | \$ 501,365.06 | \$ 456,563.07 | \$ 55,570.04 |

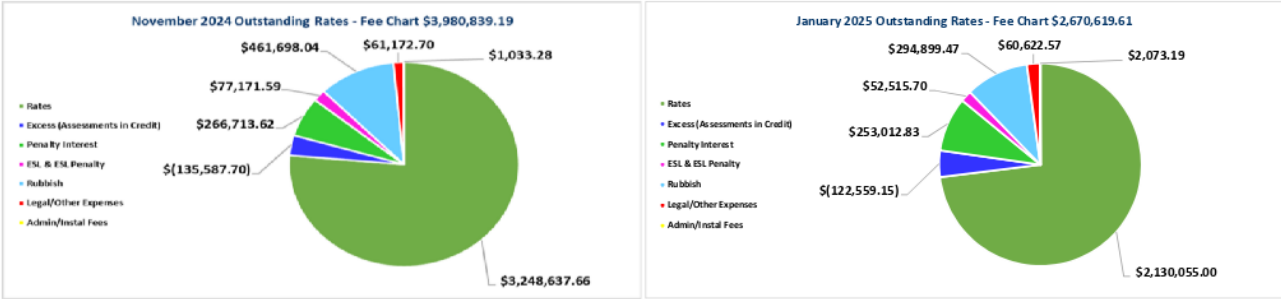


| 90+ Days Debt Comparison by Year | | | | | |
|----------------------------------|--------------|--------------|--------------|----------------|--------------|
| Jan-19 | Jan-20 | Jan-21 | Jan-22 | Jan-23 | Jan-24 |
| \$626,413.57 | \$348,636.10 | \$422,240.33 | \$543,845.62 | \$1,880,184.13 | \$303,538.45 |



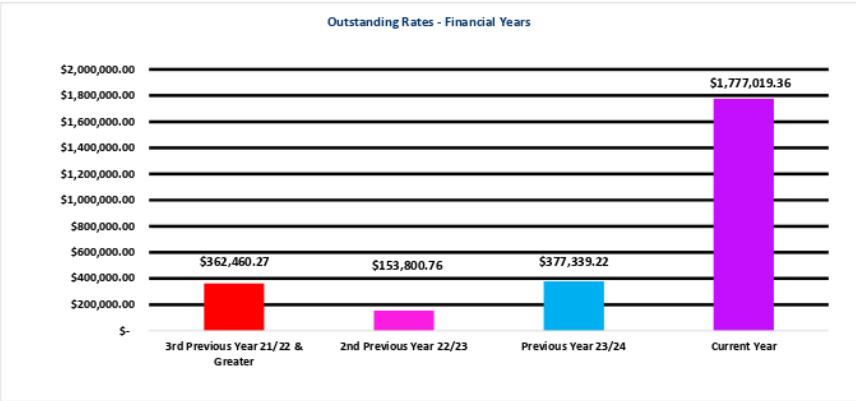
Report to Audit Committee - Rates Debt Overview
January 2025

Total Rates Outstanding as at EOM January 2025 \$ 2,670,619.61



Rates and Service Charges Levied 2024/2025

| | |
|--------------------------------------|------------------|
| Levied at 2nd September 2024 | |
| Rates | \$ 9,587,119.09 |
| Waste | \$ 2,509,282.00 |
| ESL | \$ 266,068.54 |
| Total Levied 24/25 | \$ 12,362,469.63 |
| Arrears | \$ 956,139.91 |
| Total Outstanding (As at 02/09/2024) | \$ 13,318,609.54 |





Rates Debt Summary Report

| | |
|---|-----------------|
| Total Rates & Service Charges in arrears at rates levy date 24/25 | \$956,139.91 |
| Total Rates & Service Charges Levied for FY 2024/25 | \$12,362,469.63 |
| Total Collected YTD From Outstanding Rates & Service charges | \$10,647,989.93 |
| Total Rates & Service Charges Outstanding as at 31 January 2025 | \$2,670,619.61 |

Total payments expected from instalment payers for 24/25
\$791,574.54 - Third Instalment due 13 February 2025

Total Balance of Debt Currently Referred to CS Legal (121 Debtors)
\$1,155,871.84

Total Balance of owed by ratepayers on a payment arrangement OR
making regular payments towards debt

\$421,471.69

| | Total Debt | | | | | Debt Movement (November - January) |
|---|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------------------|
| | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | |
| GRV (Residential, Commercial & Industrial) | \$ 6,902,433.24 | \$ 3,415,226.15 | \$ 2,835,638.07 | \$ 2,302,836.47 | \$ 1,977,525.48 | \$ (858,112.59) |
| Mining UV (Mining Tenements) | \$ 290,299.04 | \$ 140,862.19 | \$ 92,411.37 | \$ 78,112.42 | \$ 31,649.18 | \$ (60,762.19) |
| Rural UV (Pastoral properties) | \$ 2,305,525.29 | \$ 1,686,107.13 | \$ 996,329.07 | \$ 733,266.80 | \$ 611,032.18 | \$ (385,296.89) |
| Non-Rateable | \$ 3,328.47 | \$ 2,923.90 | \$ 2,975.46 | \$ 3,027.62 | \$ 3,044.82 | \$ 69.36 |
| Non-Rateable UV Exempt | \$ 26,112.53 | \$ (567.99) | \$ (1,970.76) | \$ (1,685.35) | \$ (1,891.60) | \$ 79.16 |
| Non-Rateable GRV Exempt (Waste & ESL Charges) | \$ 253,029.70 | \$ 59,201.42 | \$ 55,455.98 | \$ 50,465.42 | \$ 49,259.55 | \$ (6,196.43) |
| Total | \$ 9,780,728.27 | \$ 5,303,752.80 | \$ 3,980,839.19 | \$ 3,166,023.38 | \$ 2,670,619.61 | \$ (1,310,219.58) |

| | Debt Older Than Three Years | 22/23 | 23/24 | 24/25 | Credit Balances | Total Outstanding |
|---------------------------|-----------------------------|----------------------|----------------------|------------------------|------------------------|------------------------|
| COMMERCIAL - GRV | \$ - | \$6,016.52 | \$56,353.83 | \$324,071.55 | -\$31,284.75 | \$ 355,157.15 |
| INDUSTRIAL - GRV | \$ - | \$7,783.09 | \$17,316.70 | \$110,808.14 | -\$18,486.13 | \$ 117,421.80 |
| MINING - UV | \$ - | \$25.75 | \$682.55 | \$33,179.54 | -\$2,238.66 | \$ 31,649.18 |
| | \$ 2,487.23 | \$3,300.34 | \$1,098.13 | \$419.15 | -\$4,260.03 | \$ 3,044.82 |
| NON-RATEABLE | \$ 21,961.18 | \$11,514.92 | \$10,856.41 | \$12,968.68 | -\$8,041.64 | \$ 49,259.55 |
| NON-RATEABLE/EXEMPT - GRV | \$ - | \$0.00 | \$429.46 | \$1,364.12 | -\$3,685.18 | \$ (1,891.60) |
| NON-RATEABLE/EXEMPT - UV | \$ - | \$0.00 | \$83.02 | \$7,178.22 | \$0.00 | \$ 7,261.24 |
| OTHER LOCATIONS - GRV | \$ 329,641.36 | \$111,372.71 | \$225,946.09 | \$851,863.14 | -\$44,004.14 | \$ 1,474,819.16 |
| RESIDENTIAL - GRV | \$ 19,133.55 | \$14,216.78 | \$60,554.25 | \$527,587.62 | -\$10,460.02 | \$ 611,032.18 |
| RURAL - UV | \$ 1,858.58 | \$4,143.45 | \$7,124.99 | \$9,837.71 | -\$98.60 | \$ 22,866.13 |
| URBAN FARMLAND - GRV | \$ 375,081.90 | \$ 158,373.56 | \$ 380,445.43 | \$ 1,879,277.87 | \$ (122,559.15) | \$ 2,670,619.61 |
| Total | \$ 375,081.90 | \$ 158,373.56 | \$ 380,445.43 | \$ 1,879,277.87 | \$ (122,559.15) | \$ 2,670,619.61 |

Comments

Current rates repayment in line with previous year.

The team have managed to secure a large number of non-instalment payment arrangements which is win in terms of opening communication between the Shire and ratepayers. This also brings in a small amount of revenue via the payment arrangement fee.

We are currently progressing a significant number of matters through Recoveries Legal in our continued drive to push down aged rates debt.

Comparison of Current FY to Previous FY

| | 2023/24 | 2024/25 |
|---|-----------------|-----------------|
| Total rates and charges outstanding and levied at commencement of rating year | \$12,798,731.85 | \$13,318,609.54 |
| Unpaid rates and charges 31 January | \$2,591,338.89 | \$2,670,619.61 |
| Percentage Outstanding | 20.25% | 20.05% |

9.2 COMPLIANCE AUDIT RETURN 2024**File Number:** 4110**Author:** Telia Reilly, Governance and Risk Coordinator**Responsible Officer:** Tamara Clarkson, Acting Chief Executive Officer**Authority/Discretion:** Executive**SUMMARY**

To present the response to the 2024 Compliance Audit Return (CAR) for review by the Audit and Risk Committee and Council endorsement, and to refer the Shire's responses to the Department of Local Government, Sport and Cultural Industries (Department).

DISCLOSURE OF ANY INTEREST

Nil by Author and Responsible Officer.

BACKGROUND

Regulation 14 of the *Local Government (Audit) Regulations 1996* (Audit Regulations) requires that a CAR be completed and submitted to the Department by 31 March 2025.

Regulation 15 of the Audit Regulations requires a joint certification to be completed by the Shire President and Chief Executive Officer. The document is to be forwarded to the Department via its temporary online portal.

The Shire remains compliant in the most part with the CAR for the 2024 calendar year.

STATUTORY ENVIRONMENT

Regulation 14 of the *Local Government (Audit) Regulations 1996*

Regulation 15 of the *Local Government (Audit) Regulations 1996*

POLICY IMPLICATIONS

Nil.

FINANCIAL IMPLICATIONS

Nil.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|---|---------------------------------|
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.2 Provide strong governance |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|---|-------------------|--------------------|----------------------|--|
| Legal & Compliance: If the Compliance Audit Return was not to be endorsed by Council, it would result in a regulatory noncompliance | Unlikely | Minor | Low | Adopt the return, with or without additional conditions, at the 27 February Ordinary Council Meeting (in order to meet the 31 March 2025 deadline) |

CONSULTATION

Internal

COMMENT

The aim of the CAR is to monitor governance by promoting and enforcing compliance. Any identified non-compliance areas provide an opportunity to review and improve current processes. During the audit examination there was one non-conformance action identified.

A copy of the 2024 Compliance Audit Return, inclusive of the Shire's responses is attached to this report. The responses will be uploaded to the online portal following confirmation of Council's decision.

VOTING REQUIREMENT

Simple majority

ATTACHMENTS**1. Compliance Audit Return 2024****COMMITTEE RESOLUTION AC03/25**

Moved: Cr Angwin

Seconded: Deputy President Haerewa

That the Audit and Risk Committee:

- Notes the areas of non-compliance in the 2024 Compliance Audit Return; and**
- Authorises the President and Chief Executive Officer to jointly certify the Compliance Audit Return and submit it to the Department of Local Government, Sport and Cultural Industries by the 31 March 2025.**

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0



Compliance Audit Return

The Shire of Derby-West Kimberley - Compliance Audit Return

Certified Copy of Return

Please submit a signed copy to the Department of Local Government, Sport and Cultural Industries together with a copy of the relevant minutes.

| Delegation of Power / Duty | | | |
|----------------------------|---|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s5.16 (1) - Were all delegations to committees resolved by absolute majority? | Yes | OCM 24 April 2024, Item number 21.1, Resolution number 48/24 |
| 2 | 2. s5.16 (2) - Were all delegations to committees in writing? | Yes | Letters to Councillors are saved in Synergy file number 4120 |
| 3 | 3. s.5.17 - Were all delegations to committees within the limits specified in section 5.17 of the Local Government Act 1995? | Yes | Review of delegation 1.4.1 meets this requirement |
| 4 | 4. s5.18 - Were all delegations to committees recorded in a register of delegations? | Yes | Delegation 1.4.1 Behaviour Complaints Committee - Authority on Complaints has been included in the delegations register |
| 5 | 5. s5.18 - Has council reviewed delegations to its committees in the 2023/2024 financial year? | Yes | OCM 24 April 2024 item number 21.1 Resolution number 48/24 |
| 6 | 6. s5.42(1) & s5.43 Admin Reg 18G - Did the powers and duties delegated to the CEO exclude those listed in section 5.43 of the Local Government Act 1995? | Yes | Review of delegations against s.5.43 |
| 7 | 7. s5.42(1) - Were all delegations to the CEO resolved by an absolute majority? | Yes | OCM 24 April 2024 item number 21.2, resolution number 48/24 |
| 8 | 8. S5.42(2) - Were all delegations to the CEO in writing? | Yes | CEO was advised via letter (from Shire President) and certificates of delegations. Synergy file number. 4120, record number N21701 |
| 9 | 9. s5.44(2) - Were all delegations by the CEO to any employee in writing? | Yes | Staff were advised via letter (from the CEO) and certificates of their delegations. Synergy file number 4120, record number N21701 |
| 10 | 10 s.5.16(3)(b) & s5.45(1)(b) - Were all decisions by the Council to amend or revoke a delegation made by absolute majority? | Yes | OCM 24 April 2024, item number 21.1, resolution number 48/24 |



Compliance Audit Return

| No | Question | Response | Comment |
|----|--|----------|--|
| 11 | 11. s5.46(1) - Has the CEO kept a register of all delegations made under Division 4 of the Act to the CEO and to employees? | Yes | Sighted delegation register |
| 12 | 12. s5.46(2) - Were all delegations made under Division 4 of the Act reviewed by the delegator at least once during the 2023/2024 financial year? | Yes | OCM 24 April 2024, item number 21.1, resolution number 48/2 |
| 13 | 13. s5.46(3), Admin Reg 19 - Did all persons exercising a delegated power or duty under the Act keep, on all occasions, a written record in accordance with Local Government (Administration) Regulations 1996, regulation 19? | Yes | Confirmation was sought from all officers that have delegated authority, who confirmed that they have (1) retained a written record of when they used delegation. including (2) how and (3) what date the delegation was exercised, and (4) the persons (or classes of persons) affected by the exercise of the delegated power or the discharge of the duty |



Compliance Audit Return

| Commercial Enterprise by Local Governments | | | |
|--|---|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s3.59(2)(a) F&G Regs 7,9,10 - Has the local government prepared a business plan for each major trading undertaking that was not exempt in 2024? | N/A | No major trading undertakings were progressed during 2024 |
| 2 | 2. s3.59(2)(b) F&G Regs 7,8A, 8, 10 - Has the local government prepared a business plan for each major land transaction that was not exempt in 2024? | N/A | No major land transactions were progressed during 2024 |
| 3 | 3. s3.59(2)(c) F&G Regs 7,8A, 8,10 - Has the local government prepared a business plan before entering into each land transaction that was preparatory to entry into a major land transaction in 2024? | N/A | No major land transactions were progressed during 2024 |
| 4 | 4. s3.59(4) - Has the local government complied with public notice and publishing requirements for each proposal to commence a major trading undertaking or enter into a major land transaction or a land transaction that is preparatory to a major land transaction for 2024? | N/A | No major trading undertakings or major land transactions were progressed during 2024 |
| 5 | 5. s3.59(5) - During 2024, did the council resolve to proceed with each major land transaction or trading undertaking by absolute majority? | N/A | No major trading undertakings or major land transactions were progressed during 2024 |

| Disclosure of Interest | | | |
|------------------------|--|--------------|---|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s5.67 - Where a council member disclosed an interest in a matter and did not have participation approval under sections 5.68 or 5.69 of Local Government Act 1995, did the council member ensure that they did not remain present to participate in discussion or decision making relating to the matter? | Yes | Council Meeting minutes record all Council members disclosed interest. If an interest had been declared, Council members left the meeting |



Compliance Audit Return

| No | Question | Response | Comment |
|----|--|----------|--|
| 2 | 2. s5.68(2) & s5.69(5) Admin Reg 21A Were all decisions regarding participation approval, including the extent of participation allowed & where relevant, the information required by Local Government (Administration) Regs 1996 reg 21A, recorded in minutes of the relevant council or committee meeting? | N/A | No such instances occurred |
| 3 | 3. s5.73 Were disclosures under sections 5.65, 5.70 or 5.71A(3) of the Local Government Act 1995 recorded in the minutes of the meeting at which the disclosures were made? | N/A | No such instances occurred |
| 4 | 4. s5.75 Admin Reg 22, Form 2 - Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day? | Yes | Synergy file number 4140, record number N22111 |
| 5 | 5. s5.76 Admin Reg 23, Form 3 - Was an annual return in the prescribed form lodged by all relevant persons by 31 August 2024? | No | One Councillor submitted their return after the due date of 31 August 2024. The matter was referred to the Western Australian Corruption and Crime Commission which after their inquiries, an outcome of 'take no action' was determined. Synergy File number 4140, record number I65331 |
| 6 | 6. s5.77 - On receipt of a primary or annual return, did the CEO, or the mayor/president, give written acknowledgment of having received the return? | Yes | Synergy File number 4140 |
| 7 | 7. s5.88(1) & (2)(a) - Did the CEO keep a register of financial interests which contained the returns lodged under sections 5.75 and 5.76 of the Local Government Act 1995? | Yes | Synergy file number 4140, record number N22111 includes the 2023/2024 register |
| 8 | 8. s5.88(1) & (2)(b) Admin Reg 28 - Did the CEO keep a register of financial interests which contained a record of disclosures made under sections 5.65, 5.70, 5.71 and 5.71A of the Local Government Act 1995, in the form prescribed in Local Government (Administration) Regulations 1996, regulation 28 | Yes | Synergy File number 4140, Record number N21174 and N21793 |
| 9 | 9. s5.88(3) - When a person ceased to be a person required to lodge a return under sections 5.75 and 5.76 of the Local Government Act 1995, did the CEO remove from the register all returns relating to that person? | Yes | All returns were removed and recorded, Synergy file number 4140, record number N22112 |



Compliance Audit Return

| No | Question | Response | Comment |
|----|---|----------|---|
| 10 | 10. s5.88(4) - Have all returns removed from the register in accordance with section 5.88 (3) of the Local Government Act 1995 been kept for a period of at least five years after the person who lodged the return(s) ceased to be a person required to lodge a return? | Yes | 2024 returns were removed from register and recorded, synergy file number 4140, record number N22112. 2023 returns were removed from the register and recorded synergy file number N20238. 2022 returns were removed from were recorded, synergy file number 4140, record number N18360. 2021 - no incidences occurred. 2020 - 2028 - in non-current returns folder located in the 'strong room' of the Shire of Derby / West Kimberley Administration Office |
| 11 | 11. s5.89A(1), (2) & (3) Admin Reg 28A - Did the CEO keep a register of gifts which contained a record of disclosures made under sections 5.87A and 5.87B of the Local Government Act 1995, in the form prescribed in the Local Government (Administration) Regulations 1996, regulation 28A? | Yes | Elected Member and CEO gift register 17/10/2020. Synergy file number 0122, record number N18851. No gifts have been received since October 2020 |
| 12 | 12. s5.89A(5) & (5A) - Did the CEO publish an up-to-date version of the gift register on the local government's website? | Yes | Elected Member and CEO Gift Register is located on the Shire's website |
| 13 | 13. s5.89A(6) - When people cease to be a person who is required to make a disclosure under section 5.87A or 5.87B of the Local Government Act 1995, did the CEO remove from the register all records relating to those people? | N/A | No incidences of forms required to be removed from the register |
| 14 | 14. - s5.89A(7) Have copies of all records removed from the register under section 5.89A(6) of the Local Government Act 1995 been kept for a period of at least five years after the person ceases to be a person required to make a disclosure? | Yes | Hard copies are in non-current returns folder located in the 'strong room' of the Shire's administration office. Electronic returns are kept in synergy file number 0122 |
| 15 | 15. s5.70(2) & (3) - Where an employee had an interest in any matter in respect of which the employee provided advice or a report directly to council or a committee, did that person disclose the nature and extent of that interest when giving the advice or report? | Yes | Council meeting minutes recorded all disclosures for Council members and employees |



Compliance Audit Return

| No | Question | Response | Comment |
|----|--|----------|--|
| 16 | 16. s5.71A & s5.71B(5) - Where council applied to the Minister to allow the CEO to provide advice or a report to which a disclosure under section 5.71A(1) of the Local Government Act 1995 relates, did the application include details of the nature of the interest disclosed and any other information required by the Minister for the purposes of the application? | N/A | There were no applications for Ministerial approval in 2024 |
| 17 | 17. s5.71B(6) & s5.71B(7) - Was any decision made by the Minister under subsection 5.71B (6) of the Local Government Act 1995 recorded in the minutes of the council meeting at which the decision was considered? | N/A | There were no applications for Ministerial approval in 2024 |
| 18 | 18. s5.104(1) - Did the local government prepare and adopt, by absolute majority, a code of conduct to be observed by council members, committee members and candidates that incorporates the model code of conduct? | Yes | OCM 29 August 2024, item number 12.2, resolution number 104/24 |
| 19 | 19. s5.104(3) & (4) - Did the local government adopt additional requirements in addition to the model code of conduct? If yes, does it comply with section 5.104(3) and (4) of the Local Government Act 1995? | N/A | When the code was last reviewed in March 2021, the provisions of the new regulations were incorporated into the existing code, instead of replacing them. The code was reviewed in August 2024 in alignment with the regulations |
| 20 | 20. s5.104(7) - Has the CEO published an up-to-date version of the code of conduct for council members, committee members and candidates on the local government's website? | Yes | Council adopted and last reviewed the code of conduct on the 29 August 2024. OCM Agenda Item No. 12.2, Resolution No. 104/24 |
| 21 | 21. s5.51A(1) & (3) - Has the CEO prepared and implemented a code of conduct to be observed by employees of the local government? If yes, has the CEO published an up-to-date version of the code of conduct for employees on the local government's website? | Yes | The code of conduct (employees) was approved by the CEO on the 9 July 2024 and is on the website |



Compliance Audit Return

| Disposal of Property | | | |
|----------------------|--|--------------|---|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s3.58(3) - Where the local government disposed of property other than by public auction or tender, did it dispose of the property in accordance with section 3.58(3) of the Local Government Act 1995 (unless section 3.58(5) applies)? | N/A | The Shire used Public Pickles auction only |
| 2 | 2. s3.58(4) - Where the local government disposed of property under section 3.58(3) of the Local Government Act 1995, did it provide details, as prescribed by section 3.58 (4) of the Act, in the required local public notice for each disposal of property? | Yes | On the 6 October 2024, the Shire published details of its auction on its social media site (Facebook) |

| Integrated Planning and Reporting | | | |
|-----------------------------------|---|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. Admin Reg 19C - Has the local government adopted by absolute majority a strategic community plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section? | Yes | The Strategic Community Plan was adopted in 2021 |
| 2 | 2. Admin Reg 19DA(1) & (4) - Has the local government adopted by absolute majority a corporate business plan? If Yes, please provide the adoption date or the date of the most recent review in the Comments section? | Yes | The Corporate Business Plan was adopted in 2021 |
| 3 | 3. Admin Reg 19DA(2) & (3) - Does the corporate business plan comply with the requirements of Local Government (Administration) Regulations 1996 19DA(2) & (3)? | Yes | Corporate Business Plan review to be completed in 2025 |



Compliance Audit Return

| Local Government Employees | | | |
|----------------------------|--|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s5.36(4) & s5.37(3) Admin Reg 18A - Were all CEO and/or senior employee vacancies advertised in accordance with Local Government (Administration) Regulations 1996, regulation 18A? | Yes | All vacancies were advertised in accordance with regulation 18A |
| 2 | 2. Admin Reg 18E - Was all information provided in applications for the position of CEO true and accurate? | Yes | All information was accurate |
| 3 | 3. Admin Reg 18F - Was the remuneration and other benefits paid to a CEO on appointment the same remuneration and benefits advertised for the position under section 5.36(4) of the Local Government Act 1995? | N/A | There was no appointment of a CEO in 2024. The CEO position is currently vacant. The Deputy CEO has been Acting CEO since 14 October 2024 while recruitment is occurring |
| 4 | 4. s5.37(2) - Did the CEO inform council of each proposal to employ or dismiss senior employee? | N/A | The Shire does not have any designated "Senior Employees", so no notifications were therefore required |
| 5 | 5. s5.37(2) - Where council rejected a CEO's recommendation to employ or dismiss a senior employee, did it inform the CEO of the reasons for doing so? | N/A | The Shire does not have any designated "Senior Employees", so no considerations of an employment/dismissal recommendation were therefore proposed by the CEO |

| Tenders for Providing Goods and Services | | | |
|--|---|--------------|---|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. F&G Reg 11A(1) & (3) Did the local government comply with its current purchasing policy, adopted under the Local Government (Functions and General) Regulations 1996, regulations 11A(1) and (3) in relation to the supply of goods or services where the consideration under the contract was, or was expected to be, \$250,000 or less or worth \$250,000 or less? | Yes | The policy is on the Shire's website. The policy thresholds and authorisations managed through Synergy accounts payable processes |



Compliance Audit Return

| No | Question | Response | Comment |
|----|---|----------|---|
| 2 | 2. s3.57 F&G Reg 11 - Subject to Local Government (Functions and General) Regulations 1996, regulation 11(2), did the local government invite tenders for all contracts for the supply of goods or services where the consideration under the contract was, or was expected to be, worth more than the consideration stated in regulation 11(1) of the Regulations? | Yes | Yes - T03-202425 - Fitzroy Crossing Youth Precinct Stage 1 - Water Splash Park |
| 3 | 3. F&G Regs 11(1), 12(2), 13, & 14(1), (3), and (4) - When regulations 11(1), 12(2) or 13 of the Local Government Functions and General) Regulations 1996, required tenders to be publicly invited, did the local government invite tenders via Statewide public notice in accordance with Regulation 14(3) and (4)? | Yes | T05-202425 Maintenance of Solar Energy Systems in Derby and Fitzroy Crossing and T2023-24-08 Maintenance Grading 2024-2027 |
| 4 | 4. F&G Reg 12 - Did the local government comply with Local Government (Functions and General) Regulations 1996, Regulation 12 when deciding to enter into multiple contracts rather than a single contract? | Yes | T2023-24-08 Maintenance Grading 2024-2027. Tender was split between three suppliers for four different areas |
| 5 | 5. F&G Reg 14(5) - If the local government sought to vary the information supplied to tenderers, was every reasonable step taken to give each person who sought copies of the tender documents or each acceptable tenderer notice of the variation? | Yes | Yes |
| 6 | 6. F&G Regs 15 & 16 - Did the local government's procedure for receiving and opening tenders comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 15 and 16? | Yes | Yes. T2023-24-08 Maintenance Grading 2024-2027, T03-202425 - Fitzroy Crossing Youth Precinct Stage 1 - Water Splash Park and T03-2024-25 Fitzroy Crossing Youth Precinct Stage 1 - Water Splash Park - Tender register form |
| 7 | 7. F&G Reg 17 - Did the information recorded in the local government's tender register comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulation 17 and did the CEO make the tenders register available for public inspection and publish it on the local government's official website? | Yes | --- |
| 8 | 8. F&G Reg 18(1) - Did the local government reject any tenders that were not submitted at the place, and within the time, specified in the invitation to tender? | N/A | There were no tenders rejected |



Compliance Audit Return

| No | Question | Response | Comment |
|----|---|----------|----------------------------------|
| 9 | 9. F&G Reg 18(4) - Were all tenders that were not rejected assessed by the local government via a written evaluation of the extent to which each tender satisfies the criteria for deciding which tender to accept? | Yes | Yes |
| 10 | 10. F&G Reg 19 - Did the CEO give each tenderer written notice containing particulars of the successful tender or advising that no tender was accepted? | Yes | Yes |
| 11 | 11. F&G Regs 21 & 22 - Did the local government's advertising and expression of interest processes comply with the requirements of the Local Government (Functions and General) Regulations 1996, Regulations 21 and 22? | Yes | Advertised via Tenderlink |
| 12 | 12. F&G Reg 23(1) & (2) - Did the local government reject any expressions of interest that were not submitted at the place, and within the time, specified in the notice or that failed to comply with any other requirement specified in the notice? | N/A | There were no tenders rejected |
| 13 | 13. F&G Reg 23(3) & (4) - Were all expressions of interest that were not rejected under the Local Government (Functions and General) Regulations 1996, Regulation 23(1) & (2) assessed by the local government? Did the CEO list each person as an acceptable tenderer? | Yes | Yes |
| 14 | 14. F&G Reg 24 - Did the CEO give each person who submitted an expression of interest a notice in writing of the outcome in accordance with Local Government (Functions and General) Regulations 1996, Regulation 24? | Yes | Yes |
| 15 | 15. F&G Regs 24AD(2) & (4) and 24AEDid the local government invite applicants for a panel of pre-qualified suppliers via Statewide public notice in accordance with Local Government (Functions & General) Regulations 1996 regulations 24AD(4) and 24AE? | N/A | There was no pre-qualified panel |



Compliance Audit Return

| No | Question | Response | Comment |
|----|--|----------|------------------------------------|
| 16 | 16. F&G Reg 24AD(6) - If the local government sought to vary the information supplied to the panel, was every reasonable step taken to give each person who sought detailed information about the proposed panel or each person who submitted an application notice of the variation? | N/A | There was no pre-qualified panel |
| 17 | 17. F&G Reg 24AF - Did the local government's procedure for receiving and opening applications to join a panel of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 16, as if the reference in that regulation to a tender were a reference to a pre-qualified supplier panel application? | N/A | There was no pre-qualified panel |
| 18 | 18. F&G Reg 24AG Did the information recorded in the local government's tender register about panels of pre-qualified suppliers comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24AG? | N/A | There was no pre-qualified panel |
| 19 | 19. F&G Reg 24AH(1) - Did the local government reject any applications to join a panel of pre-qualified suppliers that were not submitted at the place, and within the time, specified in the invitation for applications? | N/A | There was no pre-qualified panel |
| 20 | 20. F&G Reg 24AH(3) - Were all applications that were not rejected assessed by the local government via a written evaluation of the extent to which each application satisfies the criteria for deciding which application to accept? | N/A | There was no pre-qualified panel |
| 21 | 21. F&G Reg 24AI - Did the CEO send each applicant written notice advising them of the outcome of their application? | N/A | There was no pre-qualified panel |
| 22 | 22. F&G Regs 24E & 24F - Where the local government gave regional price preference, did the local government comply with the requirements of Local Government (Functions and General) Regulations 1996, Regulation 24E and 24F? | Yes | Yes. Contained in tender documents |



Compliance Audit Return

| Finance | | | |
|------------|--|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s7.1A - Has the local government established an audit committee and appointed members by absolute majority in accordance with section 7.1A of the Local Government Act 1995? | Yes | OCM 26 October 2023, Item 12.2, resolution number 126/23 |
| 2 | 2. s7.1B - Where the council delegated to its audit committee any powers or duties under Part 7 of the Local Government Act 1995, did it do so by absolute majority? | N/A | The audit committee does not have delegations |
| 3 | 3. s7.9(1) Was the auditor's report for the financial year ended 30 June 2024 received by the local government by 31 December 2024? | Yes | OCM 12 December 2024, item 13.2 |
| 4 | 4. s7.12A(3) - Where the local government determined that matters raised in the auditor's report prepared under section 7.9(1) of the Local Government Act 1995 required action to be taken, did the local government ensure that appropriate action was undertaken in respect of those matters? | Yes | Each item has been listed in the risk register for follow-up and action |
| 5 | 5. s7.12A(4)(a) & (4)(b) - Where matters identified as significant were reported in the auditor's report, did the local government prepare a report that stated what action the local government had taken or intended to take with respect to each of those matters? Was a copy of the report given to the Minister within three months of the audit report being received by the local government? | N/A | No significant matters were reported |
| 6 | 6. s7.12A(5) - Within 14 days after the local government gave a report to the Minister under section 7.12A(4)(b) of the Local Government Act 1995, did the CEO publish a copy of the report on the local government's official website? | Yes | Audit report presented to Council at OCM 12 December 2024, item number 13.2, and uploaded to the website on the 20 December 2024 |
| 7 | 7. Audit Reg 10(1) - Was the auditor's report for the financial year ending 30 June 2024 received by the local government within 30 days of completion of the audit? | Yes | Audit completed on the 10 December 2024, with audit report presented to Council at the OCM 12 December 2024, item 13.2 |



Compliance Audit Return

| Official Conduct | | | |
|------------------|--|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. s5.120 - Has the local government designated an employee to be its complaints officer? | Yes | Yes |
| 2 | 2. s5.121(1) & (2) - Has the complaints officer for the local government maintained a register of complaints which records all complaints that resulted in a finding under section 5.110(2)(a) of the Local Government Act 1995? | Yes | Register has been maintained. No complaints have been received to-date |
| 3 | 3. S5.121(2) - Does the complaints register include all information required by section 5.121(2) of the Local Government Act 1995? | Yes | Register contains capacity to record the information required by s.5.121, no complaints have been received to-date yet |
| 4 | 4. s5.121(3) - Has the CEO published an up-to-date version of the register of the complaints on the local government's official website? | Yes | The register is published on the Shire's website |

| Optional Questions | | | |
|--------------------|---|--------------|-------------------------|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. Financial Management Reg 5(2)(c) - Did the CEO review the appropriateness and effectiveness of the local government's financial management systems and procedures in accordance with the Local Government (Financial Management) Regulations 1996 regulations 5(2)(c) within the three financial years prior to 31 December 2024? If yes, please provide the date of council's resolution to accept the report. | Yes | Completed December 2023 |



Compliance Audit Return

| No | Question | Response | Comment |
|----|---|----------|---|
| 2 | 2. Audit Reg 17 - Did the CEO review the appropriateness and effectiveness of the local government's systems and procedures in relation to risk management, internal control and legislative compliance in accordance with Local Government (Audit) Regulations 1996 regulation 17 within the three financial years prior to 31 December 2024? If yes, please provide date of council's resolution to accept the report. | Yes | Completed December 2022 |
| 3 | 3. s5.87C - Where a disclosure was made under sections 5.87A or 5.87B of the Local Government Act 1995, were the disclosures made within 10 days after receipt of the gift? Did the disclosure include the information required by section 5.87C of the Act? | N/A | No gifts have been accepted by Elected Members or the CEO since October 2020 |
| 4 | 4. s5.90A(2) & (5) - Did the local government prepare, adopt by absolute majority and publish an up-to-date version on the local government's website, a policy dealing with the attendance of council members and the CEO at events ? | Yes | The Policy C1 'Elected Member and Chief Executive Officer attendance at events and functions' was adopted at the OCM 29 June 2023, item 12.3. It is next due for review in June 2026 |
| 5 | 5. s5.96A(1), (2), (3) & (4) - Did the CEO publish information on the local government's website in accordance with sections 5.96A(1), (2), (3), and (4) of the Local Government Act 1995? | Yes | --- |
| 6 | 6. s5.128(1) - Did the local government prepare and adopt (by absolute majority) a policy in relation to the continuing professional development of council members? | N/A | The Policy C2 'Elected Member Training and Professional Development' was adopted at the OCM dated 15 December 2023, item 12.2, resolution number 146/23. The policy is next due for review in November 2025 |
| 7 | 7. s5.127Did the local government prepare a report on the training completed by council members in the 2022/2023 financial year and publish it on the local government's official website by 31 July 2024? | Yes | The 2023/2024 Elected Member Training and Development Register was completed and published to the Shires website on the 1 July 2024 |
| 8 | 8. s6.4(3)By 30 September 2024, did the local government submit to its auditor the balanced accounts and annual financial report for the year ending 30 June 2024? | Yes | Report provided on the 27 September 2024 |



Compliance Audit Return

| No | Question | Response | Comment |
|----|--|----------|--|
| 9 | 9. s.6.2(3) - When adopting the annual budget, did the local government take into account all its expenditure, revenue and income? | Yes | The annual budget was adopted taking into account all of the Shire's expenditure and revenue and income at the time, with the information and support of strategic documents available |

| Elections | | | |
|------------|--|--------------|--|
| Respondent | | Telia Reilly | |
| No | Question | Response | Comment |
| 1 | 1. Elect Regs 30G(1) & (2) - Did the CEO establish and maintain an electoral gift register and ensure that all disclosure of gifts forms completed by candidates and donors and received by the CEO were placed on the electoral gift register at the time of receipt by the CEO and in a manner that clearly identifies and distinguishes the forms relating to each candidate in accordance with regulations 30G(1) and 30G(2) of the Local Government (Elections) Regulations 1997? | N/A | No elections were held during 2024 |
| 2 | 2. Elect Regs 30G(3) & (4) - Did the CEO remove any disclosure of gifts forms relating to an unsuccessful candidate, or a successful candidate that completed their term of office, from the electoral gift register, and retain those forms separately for a period of at least two years in accordance with regulation 30G (4) of the Local Government (Elections) Regulations 1997? | N/A | No elections were held during 2024 |
| 3 | 3. Elect Regs 30G(5) & (6) Did the CEO publish an up-to-date version of the electoral gift register on the local government's official website in accordance with regulation 30G(5) of the Local Government (Elections) Regulations 1997? | N/A | No elections were held during 2024. Previous registers are published on the Shires website |



Compliance Audit Return

Certification

I certify the Compliance Audit Return has been adopted by council at its meeting on _____

Signed Mayor / President, The Shire of Derby-West
Kimberley

Signed CEO, The Shire of Derby-West Kimberley

9.3 COMPLIANCE REPORTS - COUNCIL MEMBER MEETING ATTENDANCE

File Number: 4262

Author: Telia Reilly, Governance and Risk Coordinator

Responsible Officer: Tamara Clarkson, Acting Chief Executive Officer

Authority/Discretion: Information

SUMMARY

For the Committee to monitor Council Member attendance at Ordinary Meetings of Council and Special Council Meetings to oversee compliance with the *Local Government Act 1995*.

In accordance with regulation 14D of the Local Government (Administration) Regulations 1996 Council may approve the holding of any Ordinary or Special Council Meeting by electronic means (vis. telephone, video conference or other means of instantaneous communication).

Council cannot authorise more than half of its Council meetings, to be held electronically, in any rolling 12 months period.

A Council Member may attend council or committee meetings by electronic means if the member is authorised to do so by the President or the Council. Electronic means attendance can only be authorised for up to half of the Shire's in-person meetings they have attended in total, in any rolling 12 months prior period. Authorisation can only be provided if the location and the equipment to be used by the Council Member is suitable to enable effective, and where necessary confidential, engagement in the meeting's deliberations and communications.

DISCLOSURE OF ANY INTEREST

Nil by Author and Responsible Officer.

BACKGROUND

The Council Member Meeting Attendance Reports provides Council with accurate meeting attendance register and allows the Administration to monitor attendance by Council Members to ensure compliance with the Local Government Act 1995 and Local Government (Administration) – Amendment Regulations 2022.

STATUTORY ENVIRONMENT

Local Government Act 1995

2.25. Disqualification for failure to attend meetings

- (1) A council may, by resolution, grant leave of absence, to a member.
- (2) Leave is not to be granted to a member in respect of more than 6 consecutive ordinary meetings of the council without the approval of the Minister, unless all of the meetings are within a period of 3 months.
- (3A) Leave is not to be granted in respect of —
 - (a) a meeting that has concluded; or
 - (b) the part of a meeting before the granting of leave.

- (3) The granting of the leave, or refusal to grant the leave and reasons for that refusal, is to be recorded in the minutes of the meeting.
- (4) A member who is absent, without obtaining leave of the council, throughout 3 consecutive ordinary meetings of the council is disqualified from continuing his or her membership of the council, unless all of the meetings are within a 2 month period.
- (5A) If a council holds 3 or more ordinary meetings within a 2-month period, and a member is absent without leave throughout each of those meetings, the member is disqualified if he or she is absent without leave throughout the ordinary meeting of the council immediately following the end of that period.
- (5) The non-attendance of a member at the time and place appointed for an ordinary meeting of the council does not constitute absence from an ordinary meeting of the council —
 - (a) if no meeting of the council at which a quorum is present is actually held on that day; or
 - (b) if the non-attendance occurs —
 - (i) while the member has ceased to act as a member after written notice has been given to the member under section 2.27(3) and before written notice has been given to the member under section 2.27(5); or
 - (ii) while proceedings in connection with the disqualification of the member have been commenced and are pending; or
 - (iii) while the member is suspended under section 5.117(1)(a)(iv) or Part 8; or
 - (iiii) while the election of the member is disputed and proceedings relating to the disputed election have been commenced and are pending.
- (6) A member who before the commencement of the *Local Government Amendment Act 2009* section 5 was granted leave during an ordinary meeting of the council from which the member was absent is to be taken to have first obtained leave for the remainder of that meeting.

[Section 2.25 amended: No. 49 of 2004 s. 19(1); No. 17 of 2009 s. 5; No. 31 of 2018 s. 5.]

Local Government Act 1995 – Local Government (Administration) – Amendment Regulations 2022

Regulation 7 inserts additional provisions for meetings that are conducted entirely by electronic means under regulation 14D. Regulation 14D provides for a meeting of council or committee to be conducted by electronic means outside of a declared state of emergency. Regulation 14D(1) defines a relevant period in relation to the backward-looking test used to calculate how many electronic meetings a local government has conducted over the previous 12 months relative to the proposed meeting, and the 50% cap provided by regulation 14D(2A). Subsection 14D(2)(a)(ii) is amended to require the mayor, president or council to consider the requirements under subregulation 14D(2B) in deciding whether to conduct an electronic meeting. Regulation 14D(2B) requires the local government to consider the suitability of a person's location and their equipment with respect to effective communication and confidential matters during a meeting.

Regulation 14D(2A) applies the 50% cap to the number of electronic meetings that a local government (council) may authorise outside of an emergency situation under subregulation (2)(c) over a 12-month period. The backward-looking test used to determine how many meetings have

already been held by electronic means in the preceding 12 months applies in the same way it does for electronic attendance at in-person meetings.

Regulation 14D(2B) inserts the criteria that the authorising authority (the mayor, president or council) are required to consider before deciding to hold an electronic meeting. The authorising authority is required to consider each council or committee member's ability to maintain confidentiality during closed parts of the meeting and the suitability of each person's intended location and equipment to enable effective engagement in council deliberations. The authorising authority must have regard to these matters when deciding to hold and authorise electronic meetings. Electronic meetings held outside of emergency circumstances under subregulation 2(c) may only be approved by council.

Subregulations 14D(5)(a) and (b) insert subsections (6) to (8) that apply to closed parts of electronic meetings. Subsection (6) requires each member in attendance to make a declaration that they can maintain confidentiality during the closed part of the meeting. Subsection (7) requires that if a member makes a confidentiality declaration but is unable to maintain confidentiality subsequent to the declaration, they are required to leave prior to the closed part of the meeting. Subsection (8) requires a member's declaration to be recorded in the meeting minutes.

POLICY IMPLICATIONS

Nil.

FINANCIAL IMPLICATIONS

Nil.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|---|---------------------------------------|
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.1 Provide strong civic leadership |
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.2 Provide strong governance |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|--|-------------------|--------------------|----------------------|--|
| Financial: Financial, Legal and Compliance, Organisational Operations and Reputatio | Unlikely | Severe | Extreme | Monthly reporting to the Audit Committee for awareness and direction where required. |

CONSULTATION

Internal consultation has been undertaken with relevant areas to collate information.

COMMENT

The following table outlines Council Members that have a lesser percentage attendance then the legislative allowance 50% attendance cap, which ensures that council members and committee members attend at least half of all meetings conducted over a 12-month period in person.

| Elected Member | Percentage |
|-----------------------|-------------------|
| Cr Geoff Davis | 43% |

VOTING REQUIREMENT

Simple majority

ATTACHMENTS**1. Electronic Council Meeting Attendance Table - 2024****COMMITTEE RESOLUTION AC04/25**

Moved: Cr Angwin

Seconded: Deputy President Haerewa

That the Audit and Risk Committee receives the information contained in the report detailing Council Members meeting attendance (including via electronic means).

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0

| MONTH | 15-Dec | 22-Feb | 29-Feb | 21-Mar | 28-Mar | 24-Apr | 30-May | 13-Jun | 27-Jun | 25-Jul | 22-Aug | 29-Aug | 19-Sep | 26-Sep | 17-Oct | 31-Oct | 28-Nov | 12-Dec |
|---------------|--------|-------------|--------|-------------|--------|--------|--------|-------------|--------|------------------------|-------------|--------|-------------|--------|-------------|--------|----------|-----------|
| TYPE/LOCATION | DBY | Special DBY | DBY | Special DBY | FX | DBY | FX | Special DBY | DBY | OCM - REMOTE Cancelled | Special DBY | DBY | Special DBY | FX | Special DBY | DBY | OCM - FX | OCM - DBY |
| NAME | | | | | | | | | | | | | | | | | | |
| P McCumstie | P | P | P | P | P | P | P | P | P | C | O | O | P | P | P | P | P | P |
| G Haerewa | P | O | O | P | P | P | P | P | P | C | P | P | A | LOA | P | P | P | P |
| A Twaddle | P | P | P | P | A | P | P | P | P | C | P | P | P | P | P | P | P | P |
| G Davis | P | O | O | O | P | A | P | O | O | C | O | O | A | P | O | A | P | P |
| B Angwin | P | P | P | P | P | P | P | P | P | C | P | P | P | P | P | P | P | P |
| P Bickerton | P | P | A | P | P | LOA | P | P | P | C | P | P | A | P | A | P | P | P |
| B Ellison | P | P | P | P | P | P | P | P | P | C | LOA | LOA | LOA | LOA | P | P | P | P |
| W Foley | P | P | P | P | P | LOA | P | P | P | C | P | P | P | P | A | P | P | P |
| K O'Meara | P | P | P | P | P | P | P | P | P | C | P | P | P | P | P | P | LOA | P |

| | |
|-----|--------------------|
| P | : IN-PERSON |
| O | : ONLINE |
| A | : APOLOGY |
| LOA | : LEAVE OF ABSENCE |
| C | : CANCELLED |

* Inclusion depends on date not conflicting with 12 months rolling period.

| Physical Attendance | Online Attendance | Apology* | LOA* | Total Attendance | Physically In Attendance %* | NAME |
|------------------------------|-------------------|----------|------|---|-----------------------------|-------------|
| 15 | 2 | 0 | 0 | 17 | 88 | P McCumstie |
| 13 | 2 | 1 | 1 | 15 | 87 | G Haerewa |
| 16 | 0 | 1 | 0 | 16 | 100 | A Twaddle |
| 6 | 8 | 3 | 0 | 14 | 43 | G Davis |
| 17 | 0 | 0 | 0 | 17 | 100 | B Angwin |
| 13 | 0 | 3 | 1 | 13 | 100 | P Bickerton |
| 13 | 0 | 0 | 4 | 13 | 100 | B Ellison |
| 15 | 0 | 1 | 1 | 15 | 100 | W Foley |
| 16 | 0 | 0 | 1 | 16 | 100 | K O'Meara |
| *Not counted in attendance % | | | | *Measured using "rolling 12 months period". | | |

9.4 GOVERNANCE AND COMPLIANCE - RISK MANAGEMENT**File Number: 5476****Author: Telia Reilly, Governance and Risk Coordinator****Officer: Tamara Clarkson, Acting Chief Executive Officer****Authority/Discretion: Executive****SUMMARY**

This report presents an update on controls developed and implemented in ensuring effective risk management.

DISCLOSURE OF ANY INTEREST

Nil by Author or Responsible Officer.

BACKGROUND

The Audit and Risk Committee provides guidance and assistance to Council. The Committee assumes a key role in assisting the Shire fulfil its governance and oversight obligations related to financial reporting, internal controls, risk management systems, legislative compliance, ethical accountability and internal and external functions.

There are a number of audits that local governments are required to complete addressing these points and the reports from these audits are presented for endorsement at the time. Managing risk requires all Council Members and officers to use an interactive process consisting of steps that, when undertaken in sequence, enable a sound basis for decision-making and facilitates continuous improvement in performance.

STATUTORY ENVIRONMENT

Local Government Act 5.41 (Functions of CEO) outlines that the functions of the CEO include the requirement to manage the day to day operations of the local government, including coordinating the undertaking of the legislative requirements of the local government.

Local Government (Audit) Regulations 1996 outlines requirements for financial and systems audits.

Local Government (Financial Management) Regulations 1996 outlines requirements for financial and systems audits.

POLICY IMPLICATIONS

Nil.

FINANCIAL IMPLICATIONS

Nil.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|---|---------------------------------|
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.2 Provide strong governance |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|--|------------|-------------|---------------|---|
| Legal & Compliance: Non-compliance with legislation | Possible | Moderate | Medium | Continue to build and monitor internal procedures and to train/manage staff on legislative compliance |
| Reputation: Adverse media and lack of community confidence | Possible | Moderate | Medium | Continue to build and monitor internal procedures and to train/manage staff on legislative compliance |

CONSULTATION

Internal consultation.

COMMENT

The CEO ensures adequate systems of internal control are in place to mitigate business risk and promote effectiveness and efficient operations.

The Audit and Risk Committee review all audit reports and provide advice to Council on significant issues identified in audit reports and action to be take on issues raised.

Interim Audit Report

Staff are currently preparing for the 2024/2025 interim audit report in March 2025.

Internal Controls

The Shire has begun work on reviewing its delegations, records of exercise and compliance tasks in Attain. The intent of this is to review and remove where necessary any duplicate tasks, ensure that the Shire is completing records of exercise where appropriate and to ensure its delegations are correct. Training is being developed for staff to ensure t

Local Laws

The Shire is in the process of reviewing its local laws which as part of the local government reform, needs to be completed by December 2026. A request for quote has been initiated with a deadline of the 21 February 2025 for responses.

Livestreaming of Council Meetings

As part of the local government reform, Councils are required to livestream and record council meetings as of the 1 January 2025. The Shire will be live streaming its first meeting at the Annual General meeting dated 6 February 2025.

Audit and Risk Committee

To ensure that the Shire meets its requirements as part of the local government reform, the Chief Executive Officer is liaising with Kimberley Regional Group as to whether there is any interest in combining the Audit and Risk Committee or sharing an independent member.

Risk Register

The Shire is in the process of reviewing the risk register to ensure that the data is presented to the committee

VOTING REQUIREMENT

Simple majority

ATTACHMENTS**1. Governance and Compliance Risk Management - January 2025****COMMITTEE RESOLUTION AC05/25**

Moved: Cr Angwin

Seconded: Deputy President Haerewa

That the Audit and Risk Committee recommends that Council receive and note the information contained in the Shire of Derby/West Kimberley Risk Register – January 2025.

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0

Shire of Derby / West Kimberley
Risk Register - January 2025

| | Category | System or Procedure | Description | Suggested Actions | Other Audit Reference | Risk Rating | Progress Update | Status |
|---|-----------------------|---|---|--|---|-------------|---|-------------------|
| Regulation 17 Review - December 2022 | | | | | | | | |
| 1 | Risk Management | 5.1 Risk management framework (Risk Management) | <p>The Shire maintains a Risk Management Framework (March 2020). We understand from officers that this was developed in consultation with LGIS and is due to be reviewed in 2023. The framework includes the Risk and Opportunity Management Policy (June 2021).</p> <p>The Shire's Risk Dashboard Report (February 2020) covers various topics for each business unit of the Shire. It includes control areas, ratings, and actions proposed by the Shire to address risk weaknesses.</p> | <p>Ensure the Risk Management Framework makes adequate reference to the operation of the Risk Dashboard.</p> <p>Include a table of review details, including review deadlines in the Risk Management Framework.</p> <p>Review and update the Risk Dashboard Report. Present it to the audit committee as an update and request that the audit committee consider resourcing needs.</p> | Reg 5 5.3 Audit Finding Procurement & Purchasing Process Compliance ISA 2022 8. Risk Management ISA 2023 5. Risk Management | Extreme | <p>The Risk Management Framework is complete.</p> <p>Ongoing review of operational and strategic risks occurs, reported to Executive meetings.</p> <p>This will be further developed, and presented to the Audit and Risk Committee Meeting every three months.</p> | Progressing |
| 2 | Risk Management | 5.1 Risk management reporting (Risk Management) | <p>The Risk Management Framework contains guidance on risk reporting including a risk matrix and acceptance criteria. Key controls and actions are listed in the Risk Dashboard Report under each category. Each action is assigned to a responsible officer.</p> <p>There is no formal system for reporting and escalating internal risks (e.g. issues with financial procedures). Staff are expected to bring such risks to the attention of their supervisor.</p> <p>Apart from the Risk Dashboard Report, the Shire does not maintain a risk register.</p> | <p>Add the topic of 'risk management' to senior management group meeting agenda templates.</p> <p>Ensure employees are regularly encouraged to report internal/ business/strategic risks. For example, employees could be regularly reminded during team meetings.</p> <p>Ensure all risks identified are recorded, including follow-up actions. This may be in the form of a risk register.</p> | | Extreme | <p>This has been included on the Organisational Management Team agenda, occurring monthly.</p> <p>Ongoing review</p> | Progressing |
| 3 | Business Continuity | 5.1 Business Continuity Plan (Risk Management) | <p>The Shire has a draft Business Continuity Management Procedures Manual (March 2020) and Business Continuity Response Plan (March 2020). Both are yet to be endorsed.</p> <p>The drafts were prepared with assistance from LGIS consultants. The plan considers loss of IT or communications and refers to an IT Disaster Recovery Plan.</p> <p>The Shire has recently initiated a structure of regular Shire/Managed IT services management meetings. The first meeting had not yet been held at the time of this Review.</p> | <p>Review and adopt the draft Business Continuity Plan and Business Continuity Management Procedures Manual.</p> <p>Ensure the Shire's IT contractors are consulted regarding business continuity of IT systems.</p> <p>Ensure the IT Disaster Recovery Plan referred to in the Business Continuity Response Plan is regularly reviewed. Ensure Managed IT are involved in the review process.</p> <p>Schedule regular management meetings between the Shire and Managed IT. Create a status report of tasks for Managed IT to undertake and monitor actions relating to those tasks at the management meetings.</p> | ISA 4. IT Governance and Strategy ISA 5. Physical and Environmental Security Management ISA 6. Business Continuity Management | Extreme | <p>The Business Continuity Plan has been approved. The introduction of process mapping has identified a number of processes, this will continue.</p> <p>Shire staff meet bi monthly with Managed IT. Development of a Disaster Recovery Plan and action</p> | Progressing |
| 4 | Budget | 5.1 Addressing incorrect accounting estimates (Risk Management) | <p>The Shire undertakes quarterly budget reviews, where the budget is rebalanced. Where a significant variation occurs between budget reviews, a budget review item may be presented directly to council, rather than waiting for the next quarterly budget review.</p> <p>Where an item is found to be more than the purchase order, checks will be undertaken into other areas of underspending to allow for the additional expense.</p> <p>The Synergy accounting system will warn officers if the item they are drafting a purchase order for something that is beyond the budgetary allocation for that cost area.</p> | No suggested action. | | | | No Further Action |
| 5 | Claims and Litigation | 5.1 Dealing with claims and litigation (Risk Management) | The Shire does not have a formal internal process for dealing with claims and litigation. However, we understand from officers that it is well understood that engagement of legal advisors requires approval of the CEO. | Draft a CEO directive to provide guidelines for how to manage a claim in a manner that minimises risk. This should include consulting with the Shire's insurers and guidance on how to appropriately communicate to the claimant (if at all). | | Medium | There is a draft CEO Directive (D-CP5) Criminal Investigations and Prosecutions that continues to be reviewed to include claims and litigation against the Shire. Liaison ongoing with LGIS. | Progressing |
| 6 | Code of Conduct | 5.1 Preventing and uncovering misconduct, fraud and theft (Risk Management) | <p>The Fraud, Misconduct Control and Resilience Policy (February 2022) refers to relevant Australian standards and outlines basic reporting requirements. The policy also refers to public interest disclosure requirements. The Shire's management of public interest disclosures are guided by the Shire's Public Interest Disclosure Guidelines (August 2022).</p> <p>The Shire's Code of Conduct for Employees (March 2022) states the integrity and ethical standards expected from employees of the Shire. All new employees are required to sign to confirm that they have received the Code of Conduct for Employees.</p> <p>The Code of Conduct for Council Members, Committee Members and Candidates states the standards expected of the conduct and behaviour of councillors, committee members and candidates. This is supported by the Code of Conduct Behaviour Complaints Management Policy (June 2022). We understand from officers that the CEO generally promotes the importance of procedures dealing with misconduct, fraud and theft at senior manager meetings and staff meetings.</p> | Include adoption/review details as well as a review deadline in the Code of Conduct for Council Members, Committee Members and Candidates. | | Medium | <p>Inclusion of a compliance task C150 to review every two years.</p> <p>Reviewed document following 2023 Ordinary Elections. To be presented to a future Council meeting for adoption.</p> | Progressing |

| | Category | System or Procedure | Description | Suggested Actions | Other Audit Reference | Risk Rating | Progress Update | Status |
|---|-------------------------------|--|--|---|--|-------------|---|---------------------|
| Regulation 17 Review - December 2022 | | | | | | | | |
| 7 | Environmental Management Plan | 5.1 Environmental risk management (Risk Management) | <p>The Shire does not maintain a Shire-wide environmental risk management plan.</p> <p>The Shire does maintain a Derby Port Environmental Policy which sets out high-level goals regarding the environmental management of the port and surrounding waters. Specific mitigation strategies are not identified.</p> <p>The Derby Waste Disposal Site is nearing the end of its capacity.</p> | <p>Develop environmental management plans for high-risk areas of the Shire. All plans must comply with relevant legislation vesting/management orders, and head leases. High-risk areas may include waste management sites, the Derby Port, and the Derby and Fitzroy Crossing depots and their respective airports.</p> <p>If not done so already, ensure all contaminated sites are being managed in accordance with their waste site licence requirements and other relevant statutory requirements. Plan for the future of the Shire's (and its community's) waste disposal requirements.</p> <p>Consider developing a Shire-wide Environmental Risk Management plan to address the Shire's environmental targets. This may include factors such as responsible disposal of chemicals, waste reduction targets, water consumption and electrical consumption.</p> <p>Ensure the Derby Port Environmental Policy is dated and includes review details.</p> | FA 2022 3. Rehabilitation Provision Assessment FA 2023 3. Rehabilitation Provision Assessment | | Consultant engaged and project plan developed. | Programmed for 2024 |
| 8 | Work Health and Safety | 5.1 Work Health and Safety (WHS) procedures (Risk Management) | <p>We understand from officers that the Shire recently created a Work Health and Safety Committee which will meet every two months. Any incidents and risks identified are to be discussed during these meetings. Executive employees will attend these meetings.</p> <p>LGIS recently completed a 3 Steps to Safety review of the Shire's WHS systems and procedures. The Shire has been provided with an OSH Action Plan (April 2022) following this review.</p> <p>We understand from officers that the Shire is currently receiving some assistance from WHS representatives from the City of Perth. A new employee has begun in the new role of Senior Work Health and Safety Officer. This new employee will continue to action items listed in the OSH Action Plan provided by LGIS, although we understand further training will be required for this officer.</p> | <p>Ensure a clear procedure is established for employees to report incidents and concerns to the Work Health and Safety Committee or Senior Work Health and Safety Officer.</p> <p>Monitor progress made in relation to tasks listed in the OSH Action Plan and ensure all actions are dealt with in a timely manner. A regular update via a status report to the Executive Team Meeting is one way of maintaining momentum on this.</p> <p>Where necessary, ensure adequate resources are provided to support officers undertaking these tasks.</p> | | | Clear Process now in place. Reporting to Executive once a month. | Completed |
| 9 | Insurance | 5.1 Managing insurable risks and ensuring the adequacy of insurance (Risk Management) | <p>LGIS assesses the Shire's insurable risk by inspecting the Shire's asset register and completing site inspections. LGIS compose an insurance list that is sent to the Shire for approval.</p> <p>Everything that may amount to an insurance claim is reported to the Manager Administration who will open a claim file. The Asset Maintenance Officer, Directors and Managers are aware of this process. All new employees are told to report incidents regarding damages or work health and safety to their managers.</p> <p>The Manager Administration follows an operational procedure for insurance claims.</p> <p>It was noted that a new process mapping project (ProMapp initiative) is underway to establish and record the Shire's operational procedures.</p> | <p>Periodically remind staff to report insurance claimable incidents to their managers during staff meetings/team meetings.</p> <p>Ensure operational procedures, including the Operational Procedure - Insurance, are dated.</p> <p>Consider including insurance claims in the ProMapp initiative.</p> | | | Ongoing update to team meetings. Process and Procurement to be developed | Progressing |
| 10 | Insurance | 5.1 Monitoring insurance claims (Risk Management) | <p>A claims status list is stored in the X-Drive as an excel spreadsheet. This includes file numbers, basic descriptions of each claim and their status. The spreadsheet is managed by the Manager Administration.</p> <p>The Manager Administration will notify the finance team if a claim is approved.</p> | <p>Ensure the procedure for monitoring insurance claims is captured in a written document. It could be captured when developing the ProMapp initiative.</p> | | | Process Map developed. | Completed |
| 11 | Auditor Process | 5.1 Addressing control weaknesses identified by the external auditor (Risk Management) | <p>We understand from officers that a task is set in the Compliance Calendar which outlines the process for addressing auditor comments following the annual audit. All auditor comments are allocated to responsible officers to make commentary and update the calendar task. Once all are addressed, the task is closed and regenerated for the next audit.</p> <p>We note that the officers were unable to provide a copy of this compliance calendar task.</p> | <p>Ensure that control weaknesses identified by the auditors are captured in the Compliance Calendar.</p> <p>Conduct a review of actions from last year's auditors to check that the above process is working.</p> | | Medium | C298 Review of Audit Findings has been added to the compliance calendar. | Completed |

| | Category | System or Procedure | Description | Suggested Actions | Other Audit Reference | Risk Rating | Progress Update | Status |
|---|--------------------------------|--|---|--|---|-------------|---|-------------|
| Regulation 17 Review - December 2022 | | | | | | | | |
| 12 | Procurement | 5.1 Controls for unusual types of transactions or high-risk transactions (Risk Management) | <p>We understand from officers that business cases have historically been presented to council in relation to proposed projects requiring significant investment. This practice has not been used in recent times.</p> <p>We understand from officers that large projects are generally discussed in corporate planning sessions and are addressed to the Corporate Business Plan.</p> <p>The Shire regularly uses the WALGA and the local Derby Vendor Panel system to seek suppliers to ensure a suitable level probity and transparency.</p> | Consider developing a CEO's directive regarding the practice of drafting business cases and risk assessments for unusual, expensive or high-risk activities or projects. This will assist the Shire to assess risk, ensure costings are accurate and consider whether a project manager is needed. | | | Procurement review occurring, Senior Project Advisor to further develop templates and implement. | Progressing |
| 13 | Procurement | 5.1 Procurement Framework (Risk Management) | <p>The Shire's procurement system is supported by the Procurement of Goods and Services Policy (February 2022), the Procurement Purchasing Limits CEO Directive (May 2022) and the Record and Evaluation of Quotes Form.</p> <p>Purchasing limits are defined in the Procurement Purchasing Limits CEO Directive.</p> <p>A purchase order system is included in the Finance Department's Procedure Manual.</p> <p>The Shire regularly uses the WALGA and the local Derby Vendor Panel system to seek suppliers to ensure a suitable level probity and transparency.</p> | Review and update the Finance Department's Procedure Manual to reflect the new digital Purchase Orders system (ref: pages 60/161). | Reg 5 5.3 Audit Finding Procurement & Purchasing Process Compliance | | Complete. Policy reviewed regularly. | Completed |
| 14 | Changes to control environment | 5.1 Communicating changes to the Shire's control environment employees (Risk Management) | Senior employees including managers and directors are updated on an ad hoc basis in relation to changes to the Shire's control environment. This may include updates regarding upcoming elections or changes to statutory obligations. | Include 'changes to control environment' in the agenda template for management team, executive team meetings and directors' meetings. Changes to policies, procedures, legislative obligations or industry standards can be raised under this system. | | Medium | <p>Policies and Directives - process has been developed to include a broadcast to staff when policies / directives have been adopted.</p> <p>New Compliance Calendar C237 Monitor Legislative Changes is undertaken on a monthly basis. Governance Officer now receives RSS emails from WA Legislation and have developed a process to notify relevant managers and staff when legislation has been changed. Also monitors Dept. of Local Government and WALGA website.</p> | Completed |
| 15 | Induction process | 5.1 Induction procedures (Risk Management) | <p>The People and Culture Team are guided by the Recruitment Process and Timeline CEO Management Directive (August 2021). A calendar invitation is sent to the new employee's supervisor attaching induction information. The relevant manager and the People and Culture Team will receive a reminder the following week to ensure the process has been completed.</p> <p>The inductions and management of Trainees or Workplace Students are guided by the Administration Trainee/Workplace Student Handbook & Checklist.</p> <p>The supervisor of a new employee is provided with Checklist 'New Employee Induction' to ensure the employee receives all necessary information in their induction. The checklist is to be completed by the Supervisor and signed by both the supervisor and the new employee. This document is saved in the relevant personnel folder.</p> <p>Online safety training and cultural awareness training must be completed by new employees prior to commencing work online safety training. Further training, including and IT Systems training, is conducted during the induction process.</p> | <p>Schedule a meeting with new employees approximately a month into their employment with the Shire to ensure the employee is comfortable with all systems and procedures.</p> <p>Ensure a review deadline is included in all management directives.</p> <p>Ensure the induction process emphasises cultural and ethical expectations of Shire employees, including encouraging employees to report issues or concerns. This may be addressed in the Code of Conduct but should be emphasised.</p> | ISA 2022 1. IT Governance - Cyber Security Awareness Training | | <p>Induction processes reviewed and updated.</p> <p>Elmo software program has resulted in automatic updates and simplified forms to enable an easier process.</p> <p>Training programs are delivered face to face and online. Improvements to the induction process are ongoing, Corporate Services (Governance and IT) work closely with People and Culture to ensure operational needs are met.</p> | Progressing |
| 16 | IT Management | 5.1 IT management plan and data recovery procedure (Risk Management) | <p>The Shire has engaged an external contractor to manage its IT requirements.</p> <p>The officers identified that the contractual documents between the Shire and its external contractor address service details including backup service agreements and products.</p> <p>We understand from the Shire's IT contractor that the Shire's data is stored at multiple backup points. Backups of the Shire's data are replicated both onsite and offsite (Perth). Officer emails are also backed-up.</p> <p>Shire officers are able to send a service request to the external contractor to restore a document or other lost information. If restoring the information may result in loss of new information, the contractor will contact the Manager Administration for approval. This process appears to be well understood but is not captured in a written procedure.</p> | <p>Ensure the IT contract and the associated tender requirements are managed and upheld. This could be achieved through the regular joint meetings between the Shire and Managed IT.</p> <p>Maintain a status sheet to monitor whether the managed services tender requirements are being met.</p> <p>Ensure the Shire is satisfied that the external contractor has in place the necessary practices and procedures to satisfy terms and conditions of the contract and tender requirements. Especially in relation to protecting the Shire's IT systems from cyber security risks.</p> <p>Capture the procedure for requesting and approving the restoration of a document in a written procedure.</p> | <p>ISA 2022 3. IT Governance - Standards, Policies and Procedures</p> <p>ISA 2023 3. IT Governance - Standards, Policies and Procedures</p> <p>ISA 2022 4. IT Governance and Strategy</p> <p>Reg 5 Back-Up Procedures</p> | | <p>Deputy CEO and Managed IT meet bi monthly. A Steering Group has been established that also meets bimonthly.</p> <p>Membership consists of Management and relevant Officers responsible for new IT requirements.</p> <p>Ongoing review of cyber risks, together with improvements to Essential 8. Budget 2024/25 includes provision for additional risk controls.</p> <p>Managed IT are developing the Disaster Recovery Plan.</p> | Progressing |

| | Category | System or Procedure | Description | Suggested Actions | Other Audit Reference | Risk Rating | Progress Update | Status |
|---|-------------------------|--|--|--|---|-------------|---|-------------|
| Regulation 17 Review - December 2022 | | | | | | | | |
| 17 | IT Management | 5.1 Cyber security protocols (Risk Management) | The Shire's external IT contractor monitors government security bulletins for any threats that might affect the Shire. We understand from the external IT contractor that a number of tools are used to perform internal and external network scans. They also regularly update the Shire's IT programs. As required reporting is issued to the Shire if potential risks or issues are identified. | Ensure that the external IT contractor completes periodic risk assessments and reports, as opposed to ad hoc reports. We understand it is a contractual requirement to complete quarterly reports. These should be included as agenda items at the regular management meetings between the Shire and Managed IT. | ISA 2022 8. Risk Management ISA 2023 5. Risk Management ISA 2022 9. Network Security Management ISA 2023 8. Network Security Management ISA 2022 10. Password Management ISA 2023 9. Password Management | | Deputy CEO and Managed IT meet bi monthly. A Steering Group has been established that also meets bimonthly. | Progressing |
| 18 | Work Health and Safety | 5.1 Emergency evacuation procedures (Risk Management) | The Shire has written procedures for various emergency situations including threats by fire, lighting, armed robbery and bombs. All buildings contain evacuation plans and maps to mustering points. However, we understand from officers that some of these documents are outdated. The Shire does not conduct regular evacuation drills for its occupiable buildings. Some Shire employees have recently undergone fire warden training. | Review and update evacuation procedures and maps to muster points for all occupiable buildings. Review and update written procedures for fire, lightning, armed robbery, bombs, etc. Include a review deadline on all written procedures, including evacuation procedures. Conduct periodic evacuation drills for all occupiable buildings. Include a reminder to do so in the Compliance Calendar. | | | Evacuation Diagrams installed. Emergency Response Plans currently being reviewed for all Shire facilities. Identify Chief and Area Wardens, provide training. Order signage and organise relevant equipment. Emergency Drills to be scheduled. LGIS to assist provide warden and emergency drills training. Compliance Task to be added. | Progressing |
| 19 | Delegations | 5.2 Delegation register review (Internal Control) | The Delegated Authority Register (July 2022) can be accessed by employees through the internal SharePoint or the Shire's website. A task has been programmed into the Compliance Calendar to ensure the Delegation Register is reviewed annually. The task details the steps required to undertake the annual review. It was last reviewed in July 2022. | No suggested action. | | High | Delegation Register is annually reviewed, along with changes made throughout the year. | Completed |
| 20 | Delegations | 5.2 Recording use of delegations (Internal Control) | New employees who have delegated authority will receive an induction package outlining how their delegations are to be used and recorded. It is the responsibility of the employee to ensure they are recording their use of delegation in the Attain system, in accordance with statutory requirements. | Ensure a suitable procedure is in place to monitor officer use and recording of the use of delegations. For example, this could be via periodic sample audits or considered as part of annual staff performance reviews. | | High | Note that not all use of delegations are recorded in Attain - eg. Some are via the Synergy Finance System - cat and dog registrations. Staff receive a CEO notification letter with the delegations, responsibilities for Primary & Annual Returns and information regarding the recording of the use of delegations, including an Employee Quick Guide for Attain. Continue to provide training to staff using Attain to record. | Completed |
| 21 | Policies and Directives | 5.2 Policy manual review (Internal Control) | The Shire has council policies and CEO directives. A task has been programmed into the Compliance Calendar to ensure the Shire's council policies are reviewed annually. We understand from officers that a Microsoft Teams channel is allocated to each policy. Responsible officers are assigned alerts to make required amendments to the policy in the relevant channel. All amended or new council policies are presented to council. Changes in policies are highlighted to ensure the council can easily recognise all amendments. Adoption and review details are included at the bottom of all council policies. CEO directives are dated but do not include review details. | Ensure all policies include a deadline for the next review. Ensure all CEO directives provide review details, including a review deadline. | | High | All draft policy documents include next review details - once they have been reviewed, the revised policy will be published to the website. This will be in a cycle of two years. CEO directives continue to be updated. Develop a process for reviews, but a process similar to the policy review is in draft (including a compliance calendar task). Currently have a CEO Directive Register. | Completed |
| 22 | Policies and Directives | 5.2 Informing employees of policies (Internal Control) | All Shire policies are available in the internal SharePoint and on the Shire's website. Policies that are amended or adopted by council are circulated at management team meetings. Employees and their manager/supervisor are required to sign a Code of Conduct Employee Acknowledgement that they have received and read the CEO directives and sought explanation from their manager as necessary. | Ensure all relevant staff are directly notified of changes to policies or procedures via the relevant team meeting/staff meeting. Require all officers to sign that they have read and understood all council policies (as well as CEO Directives) relevant to their role during the induction process. | | High | An all staff broadcast email has been imbedded into the process of when Policies and Directives have been amended. People and Culture will provide an update regarding the induction process. | Completed |
| 23 | Risk Management | 5.2 Documenting risk identification and assessment activities (Internal Control) | Currently, the documentation of risk identification and assessment activities is not undertaken in a prescribed, formal manner. The Risk Dashboard has previously been used as the key risk identification and assessment tool. We understand from the officers that the Risk Dashboard was regularly updated and presented in Organisational Management Team meetings. However, this process has not been consistently undertaken in recent years. The Shire officers indicated that the Shire intends to reactivate this tool and reinforce a similar procedure. The Shire officers indicated that the Shire will be implementing the ProMapp system, which enables processes to be developed and accessed. This will ensure that the Shire's risk management procedures are embedded into formalised processes. | Prioritise the implementation of the ProMapp system, particularly for what the Shire considers to be high-risk activities. Ensure the documentation of risk identification and assessment activities is implemented into the ProMapp system in a timely manner. Ensure risk identification and assessments are regularly discussed at Organisational Management Team meetings and reported to the Audit Committee. | | Extreme | Promapp progressing well, 113 processes have been identified and documented. | Progressing |

| | Category | System or Procedure | Description | Suggested Actions | Other Audit Reference | Risk Rating | Progress Update | Status |
|---|---|---|--|---|-----------------------|-------------|--|---------------------|
| Regulation 17 Review - December 2022 | | | | | | | | |
| 24 | Agendas | 5.2 Drafting reports to council (Internal Control) | The Shire has a template document for drafting reports to council and a Report Writing Guide (April 2020). The Report Writing Guide is not specific to council reports but can be used as a guide for drafting reports to council. There are no formalised supporting guidance documents to assist those officers who are new or unfamiliar with drafting reports to council. Officers are required to confer with other officers and consider previous reports to council. | Review the Report Writing Guide and provide review details at the base of the document, including a review deadline. | | | | Programmed for 2024 |
| 25 | Research | 5.2 General research procedures (Internal Control) | Officers who currently undertake research tasks as a part of their role at the Shire do so on the basis of their own prior understanding and experience in the local government industry. Where required, they will consult with their supervisor. | Create a guidance document to support officers new to the local government industry when conducting research tasks. This might include links to key sources of information such as websites of authoritative organisations (WALGA, Department, LGIS), links to relevant legislation, regulations and industry standards and contact details for neighbouring local governments. | | | | Programmed for 2024 |
| 26 | Position Descriptions | 5.2 Confirmation of employee qualifications (Internal Control) | All employees must comply with the relevant position description and essential criteria identified during the recruitment process. Required qualifications are also listed in the letter of offer. Copies of all required qualifications must be provided during the onboarding process. Position descriptions are reviewed prior to each position being advertised and amended according to the Recruitment Requisition Form completed by the relevant director. The CEO signs off on all position descriptions. The review of the position description is referenced in the Recruitment Process and Timelines CEO Management Directive. | No suggested action. | | | Implementation of Elmo software captures this information and flags renewal dates | Completed |
| 27 | Compliance Calendar | 5.2 Internal audits/reviews (Internal Control) | We are advised by officers that the Shire undertakes internal audits and checks in accordance with various Compliance Calendar tasks. Individual calendar tasks are assigned to a responsible officer with a set timeframe and details regarding the required process. The responsible officer will receive weekly email reminders. Once complete, the responsible officer is required to attach evidence of completion to the task. We understand from the officers that an internal People and Culture audit has recently been completed. We understand that there are currently over 70 outstanding items on the compliance calendar. | Ensure that Compliance Calendar tasks have adequate supporting information within them, to enable their actioning and completion. Actively monitor the completion of calendar tasks to ensure they are completed and closed out in a timely fashion. Refer to the outstanding Compliance Calendar status report during the annual budget process to identify gaps in resourcing. | | High | A process has been developed and placed in Teams for Staff bi-monthly review. A compliance calendar task C268 - Outstanding Compliance Calendar Tasks - follow up with staff, has been completed for Governance to review and provide an outstanding task report bi monthly with a required due date. | Completed |
| 28 | Auditor Process Policies and CEO Directives | 5.2 Liaising with auditors (Internal Control) | The Shire is usually in contact with its auditors twice a year; for the interim audit and annual final audit. Correspondence regarding those audits is ongoing as required in regard to those audits. Communications with the auditors are generally limited to that of financial management concerns. Currently, the Shire is in contact with its auditors approximately once a fortnight while the current audit is near being signed off. | Consider engaging on an 'as required basis' with auditors for feedback and guidance in relation to matters both inside and outside the scope of required audits. | | Extreme | Risk Register Audit Actions has been developed to capture all recommendations/action items and monitoring of same for ALL audits undertaken. | Completed |
| 29 | Legal advice | 5.2 Liaising with legal advisors | The Shire regularly engages with various legal advisors, all of whom are in the WALGA Preferred Supplier Directory. Some of those advisors have been supporting the Shire for a number of years. We understand from officers that the advisor is often selected based on the type of matter being dealt with. Executive staff or the CEO will determine when legal advice is required. We understand from officers that the CEO encourages advice to be sought if there is doubt. | Create a register of advice received, including a brief matter description and reference numbers to the relevant documents. This will enable employees to use (but not necessarily apply) as a reference material advice received in the past. A guideline must accompany the register to ensure that employees seek an updated version of advice, to cater for changes in law and application to circumstances different from those prevailing at the time of the original advice. Draft a CEO directive for seeking legal advice. This may include how to request legal advice, what needs to be considered before seeking legal advice, who can seek advice from lawyers, and contacts for lawyers who specialise in certain areas. | | | | Programmed for 2025 |
| 30 | Document Authorisation | 5.2 Authorising documents, letters, emails and financial records (Internal Control) | The authorisation of documents is not addressed in a formal document. When a document needs to be authorised by a more senior officer, the officer undertaking the task collates the required information and sends it on to the relevant senior officer to authorise. Employees are expected to consult with their supervisor if they are unsure as to who can authorise a particular document. Where the CEO is required to sign a document, the initiating officer and relevant director is required to complete the Documents for signing by the CEO – Officer Declaration. | Develop a document that identifies the authority of the Shire's officers in relation to the authorisation of documents and records on behalf of the Shire. These details may also be included in relevant officer job descriptions. | | | Delegation Register to be expanded to accommodate requirements. Ongoing review of position descriptions and authorisations occurring. | Programmed for 2024 |

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| Regulation 17 Review - December 2022 | | | | | | | | |
| 31 | Procurement | 5.2 Separation of roles and functions (Internal Control) | The procurement process requires multiple employees to review and/or sign off on the required documentation. For example, the invoice ought not to be signed off by the officer procuring the good or service. | Conduct periodic internal reviews to ensure that the various components of the purchasing process include a separation of roles and functions. | | | Full review of Procurement occurring in 2024 Document this process | Progressing |
| 32 | Assets and Records | 5.2 Restricting access to physical assets and records (Internal Control) | Physical archived documents are restricted by key access. Only three officers have keys to access the strong room and safe which stores leases, contracts and other important items. Property records in Coleman Centre can be accessed by anyone in the building. The records are not permitted to leave the building. A member of the public may access property records by submitting an application and fee. The Records Officer or administrative officers will access records on their behalf. The IT server room is only accessible by key. Executive officers and the Manager Administration have a key to access this room. There is a sign-in sheet for all external visitors to the IT server room. Mobile phones, laptops and other assets are also kept in the IT server room. The Manager Administration can distribute these items at the request of the People and Culture business unit or a director. This procedure is not captured in a written document. Officers are issued with keys to the administration building during their induction. People and Culture records indicate which officers have been issued with certain keys. Alarm codes for the administration building are issued to employees during their induction. Alarm codes are also provided to access the Council Chamber. These codes are limited to allow access within set access times. Keys to access Shire buildings can be issued to officers and | Implement a written procedure for accessing records in Coleman Centre to ensure documents are suitably protected. This may include using lockable compactors or relocating the records to a room that can be locked. Draft a written procedure for the issuing of phones, laptops and other assets stored in the server room. Ensure that the Server Room Access Log is located in the vicinity of the server room. Implement a written procedure for the management of the Key Register. Noting that both of the above could be included in the ProMapp initiative. Ensure procedural documents are dated and include review periods, including the Facility Hire Procedure. Review the Employee Exit Checklist to ensure it captures the need to return access keys and other shire equipment like phones, computers, and vehicles, etc. on departure from the Shire. | | | The server room in the Administration Office is locked by key and is only accessible by Governance. Record keeping in Coleman is being investigated. Asset Management has completed a full review of key register in 2023. Process map being developed for key register. The Employee Exit Checklist is being reviewed by People and Culture and Governance. | Progressing |
| 33 | IT Management | 5.2 Restricting access to electronic documents and records (Internal Control) | Security ratings can be applied to files in Synergy Records. For example, People and Culture files have high-security ratings. Confidential codes can also be applied. Personnel files on the x-Drive also have security ratings. Some drives are restricted to certain employees. Officers can make requests to the Shire's external IT contractor to apply security ratings to files, including files in Synergy file. When an employee ends their employment with the Shire, a ticket request is sent to the Shire's IT Contractor to cease that employee's access to the Shire's electronic systems and records. The requirement to update Synergy records is listed in the Employee Exit Checklist. The Shire also has a User Exist Process to guide officers regarding disenabling electronic access of exiting employees. | Capture the process for requesting restricted access to files in a written procedure. | ISA 2022 2. Financial Application - User Access Management ISA 2022 7. Network Access Management ISA 2023 2. Network Access Management | | This includes ongoing review as part of annual audit. | Completed |
| 34 | IT Management | 5.2 Updating computer applications and information systems (Internal Control) | The Shire's external consultant conducts regular updates on the Shire's computer applications and information systems. They will also advise the Shire when an item is outdated and requires replacing. We understand from officers that an external IT audit to assess the Shire's processes and procedures was recently conducted by Moore Australia. This is an annual audit. | Ensure required updates and/or replacements are included in the quarterly meetings required by the IT consultant's service contract. | ISA 2022 3. IT Governance - Standards, Policies and Procedures ISA 2023 3. IT Governance - Standards, Policies and Procedures ISA 2022 4. IT Governance and Strategy ISA 2023 4. IT Governance and Strategy | | Deputy CEO and Managed IT meet bi monthly. | Completed |
| 35 | IT Management | 5.2 Authorising changes to data files and systems (Internal Control) | The Shire currently lacks significant control in relation to authorising changes to data files as the Shire currently does not have an administrator for its IT software. The Shire significantly relies on its external IT contractor to assist with these matters. | Introduce an authorisation procedure for occasions when changes to data files are proposed. | ISA 2022 3. IT Governance - Standards, Policies and Procedures ISA 2023 3. IT Governance - Standards, Policies and Procedures ISA 2022 4. IT Governance and Strategy Reg 5 Back-up Procedures | | Managed IT developing with Deputy CEO. This occurs but require a formal procedure to be documented. | Progressing |
| 36 | Accounting | 5.2 Maintaining and reviewing financial control accounts (Internal Control) | Reconciliation procedures are completed at the end of each month. Managers are responsible for completing a variance analysis each month for their relevant accounts. The threshold for this review is a variance greater than 10% or \$30,000. Weekly invoicing procedures provide a quick review for both the finance and accounts team to ensure purchase orders have been allocated to the correct accounts. We understand from officers that an induction module regarding accounting/financial matters is currently being developed | Finalise and roll out the new accounting induction module | | | The finance manual captures this process, in time the ProMapp system will include details of finance tasks. | Completed |

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| Regulation 17 Review - December 2022 | | | | | | | | |
| 37 | Accounting | 5.2 Comparing financial results against budgeted amounts (Internal Control) | <p>As previously stated, reconciliation procedures are completed at the end of each month.</p> <p>We understand from officers that every costing line in the financials has a responsible employee allocated to it. Managers are responsible for completing a variance analysis each month for their relevant accounts. The threshold for this review is 10% variance or \$30,000.</p> <p>Reports are made to the Audit Committee on a monthly basis. Major variances are highlighted in these reports, including management comments.</p> <p>The financial dashboard provides graphical representation of the Shire's accounts</p> | No suggested action. | | | Monthly management financial report is provided for discussion at the monthly Organisational Management Team. | Completed |
| 38 | Accounting | 5.2 Ensuring (arithmetical) accuracy of records (Internal Control) | <p>End-of-day checks and regular reviews are completed for particular records, including the Key Register.</p> <p>We understand from officers that a responsible officer is allocated to each line item in the budget. This officer is in charge of the relevant accounts and ensures finances are taken or deposited into the correct account.</p> <p>These procedures are not captured in written documents. Instead, employees receive on-the-job training as the processes occur.</p> | <p>Take active steps to promote a culture of accuracy. For example, accuracy of data, accuracy of information provided, and accuracy of records. One potential initiative to promote this would be for the CEO to establish accuracy, or the discharge of responsibility for accuracy, as being a performance indicator and highlight this at team meetings.</p> <p>Review costing process to ensure accuracy prior to reports being presented to the Audit Committee. Ensure staff who are involved in purchasing and costing are trained to have a full understanding of the systems/procedures involved.</p> | | | compulsory training for those staff involved in procurement. | Completed |
| 39 | Accounting | 5.2 Reviewing and reporting on the approval of financial payments (Internal Control) | <p>The finance department maintains a Procedures Manual.</p> <p>When an invoice is received, the data is entered into the system by a member of the finance team. This is reviewed by a secondary officer and posted in preparation for the payment run. The payment details are checked to ensure they match the corresponding invoice. The Finance Manager performs checks through Synergy which is captured in an audit trail, before loading to the bank and informing directors (who then authorise the payment).</p> | <p>Ensure the Finance Department Procedure Manual is dated and includes a review deadline.</p> <p>Establish a procedure to regularly review and update the Finance Manual.</p> <p>Consider including the processes that are in the Finance Manual in the ProMapp initiative. These should capture the specific steps and checks of each process (e.g. the separation of roles with the payment of accounts).</p> | | | The finance team maintain the Procedure Manual however it will be included in promapp 2025 | Progressing |
| 40 | Accounting | 5.2 Comparing physical cash and inventory counts with accounting records (Internal Control) | <p>Cash is accepted at some public facilities including the pool and the library. Daily reconciliation procedures are undertaken. All cash is brought to the Shire administration offices for processing. We understand from officers that written documents detail the procedures which must be undertaken prior to depositing the cash with the bank including procedures for entering cash into the Shire's systems.</p> <p>For example, the pool staff follow a Balancing the Till Procedure. The team leader is required to sign to verify that the cash collected corresponds with the receipts. The cash is then brought to the administration office where the reconciliation process is completed. The cash is then deposited into the bank.</p> <p>The refuse disposal area does not receive any cash. All payments are entered through a Cooee system, with invoices sent out monthly.</p> | <p>Ensure that the process for controlling cash transactions is in writing (i.e. included in the <i>Finance Team Manual</i>) and complied with.</p> <p>Introduce a Compliance Calendar task to review this procedure on an annual basis.</p> <p>Include review details in the Balancing the Till Procedure.</p> | | | CEO Directive D-CP7 Cash Handling and Cash Security approved, published and broadcast to staff. | Completed |
| 41 | Accounting | 5.2 Use of credit cards (Internal Control) | <p>A credit card is allocated to both the CEO and the Director Technical and Development Services.</p> <p>A Request to use Corporate Credit Card Form must be completed and signed off by the relevant line manager before the cards are used. The procedure to use a corporate credit card is captured in the Finance Department Procedure Manual.</p> <p>The use of credit cards is reconciled with bank statements, invoices and completed Request to use Corporate Credit Card Forms.</p> | <p>Establish a system for the storage and distribution of credit card details.</p> <p>Include adoption and review details for procedures within the Finance Department Procedure Manual.</p> | Reg 5 5.5 Audit Finding - Corporate Credit Cards | | Details recorded in SynergySoft and this has been included within the Finance Manual. | Completed |

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| Regulation 17 Review - December 2022 | | | | | | | | |
| 42 | Record Management | 5.2 Records management procedures (Internal Control) | <p>The Shire's Recordkeeping Procedure is given to new employees during their induction. This addresses information such as what needs to be recorded, what file numbers to allocate, the authorisation of officers, how long records must be kept and the disposal of records.</p> <p>The officers recognise that a significant number of records are currently not being filled correctly. For example, many files are not being saved into Synergy and are instead accessed via the X-Drive. This issue is also hindered when external email information is received by individual officers rather than the customer service inbox.</p> | <p>Conduct a comprehensive review of the Shire's record systems to identify and address issues such as consistency of filing.</p> <p>Implement a centralised and consistent filing system supported by staff training and written procedures. This will require a managed transition from the use of the x-Drive and personal drives to Synergy Records or a dedicated digital records management system.</p> <p>Consider if additional support/resourcing is needed to assist with records management.</p> <p>Ensure records of individual officers are effectively managed. For example, by addressing these requirements in job descriptions and discussing records management during performance reviews.</p> | | | Ongoing process within Corporate Services. | Progressing |
| 43 | Assets | 5.2 Asset management plan (Internal Control) | <p>The Shire has drafted Asset Management Plans for buildings, roads, the plant, land and other assets. The Shire also has an Asset Management Policy (June 2021). The Asset Management Plan is a part of the Integrated Planning Process and identifies when replacements, refurbishments and maintenance are required.</p> <p>Reference is made to the draft Asset Management Plans when formulating the annual budget. Expenditure outside of the draft Asset Management Plans requires justification. A gap may at times exist between what is required in the draft Asset Management Plan and the expenditure provided in the budget. We understand from officers that the Shire maintains a working document of assets and an Assets Register. The Assets Register does not include any items valued under \$5,000, in accordance with relevant accounting standards.</p> <p>Physical inspections of large assets are undertaken for insurance purposes.</p> <p>We understand from officers that smaller items such as phones and laptops may not be captured on the Assets Register or the Asset Management Plans. Similarly, crew gear are mostly unaccounted items. These items are managed using a Small Plant Register and are replaced at end of their useful life.</p> <p>We understand from the officers that the Shire's IT service provider keeps track of the Shire's IT equipment needs and will contact the Shire when items require updates or replacing.</p> | <p>Prioritise endorsing the draft Asset Management Plans.</p> <p>Ensure relevant budgeting reports to council identify the long-term consequences of not meeting the requirements of the Asset Management Plan. Asset management training may also be appropriate if this is a concern of the Shire.</p> | <p>FA 2022 1. Impairment Assessment of Roads FA 2022 4. Fixed Asset Depreciation Rates FA 2023 7. Fixed Asset Depreciation Rates FA 2022 5. Fixed Asset Additions FA 2023 8. GST Capitalised on Fixed Asset Additions FA 2022 7. Fixed Asset Management Policy FA 2023 4. Fixed Asset Management Policy FA 2022 8. Fixed Asset Capitalisation Policy FA 2023 5. Fixed Asset Capitalisation Policy FA 2022 10. Fixed Asset Capitalisation Dates FA 2023 1. Impairment Assessment of Roads</p> | | Ongoing, Corporate Services in consultation with Infrastructure Services | Progressing |
| 44 | Compliance Calendar | 5.3 Ensuring compliance with legislation, regulations, industry standards and internal policies (Legislative Compliance) | <p>The Senior Governance Coordinator maintains a Compliance Calendar. Automated tasks are disseminated to relevant officers to ensure specified timeframes (set by legislation or internally) are complied with. We understand from officers that an automated task is sent to the Senior Governance Coordinator quarterly to review the Compliance Calendar and add to the tasks it captures.</p> <p>Monthly reports of outstanding actions are generated and reviewed by the Senior Governance Coordinator. There is currently a significant list of outstanding actions. The Executive Team is provided with these reports to assess barriers and address priorities for completing outstanding tasks.</p> <p>The Senior Governance Co-ordinator reviews the WA legislation website for changes to relevant legislation on a weekly basis. This is supported by a weekly Compliance Calendar task.</p> <p>The Senior Governance Coordinator undertakes regular monitoring of websites for relevant authorities including the Department, WALGA and LG Pro to ensure industry updates are accounted for.</p> | <p>Review and execute tasks on the Compliance Calendar action list. Consider what operational, resourcing, or prioritisation changes are required to ensure outstanding actions are kept to a minimum. Report the results of this review to the Audit Committee.</p> <p>Implement a system of consultation with relevant managers in relation to outstanding actions following the monthly reports.</p> | | High | <p>A compliance calendar task C268 - Outstanding Compliance Calendar Tasks - follow up with staff, has been completed for Governance to review and provide an outstanding task report on a monthly basis.</p> <p>Governance to provide to Executive Team to review and progress (what items need to have resourcing, prioritisation and impacts on operational requirements).</p> <p>Outstanding tasks reviewed by the Exec Team on a monthly basis.</p> <p>A compliance calendar task C311 Audit Committee Report (Governance and Compliance Internal Controls and Performance Reports) has been set to ensure a regular report is provided to the Audit Committee.</p> | Completed |
| 45 | Compliance Calendar | 5.3 Reviewing the annual Compliance Audit Return (CAR) and reporting the results to council (Legislative Compliance) | <p>A CAR task is included in the Compliance Calendar. Responsible business units and officers are identified for the topics addressed in the CAR. Subtasks are allocated accordingly.</p> <p>The Governance Team is responsible for collating responses from the various officers and ensuring it is endorsed by the audit committee.</p> | <p>Ensure the Compliance Calendar tasks are explained clearly so officers know how to collect, assess and report on each question. For example, by specifying the number of samples required to reach a conclusion.</p> | | Low | <p>2023 CAR was completed with a minimum use of staff hours with oversight from the Governance Team. The compliance task calendar tasks are set up each year in Attain.</p> | Completed |

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| Regulation 17 Review - December 2022 | | | | | | | | |
| 46 | Changes to control environment | 5.3 Monitoring legislative change and implementing relevant amendments to the local government's systems and policies (Legislative Compliance) | <p>The Senior Governance Co-ordinator reviews the WA legislation website for changes to relevant legislation on a weekly basis. Other officers whose roles involve compliance with certain legislation are responsible for monitoring changes to the relevant legislation.</p> <p>Officers can request that a new task be added to the Compliance Calendar by filling in a Compliance Calendar Entry Request Form. The Senior Governance Coordinator can then input the task into the calendar.</p> | <p>Promote the Compliance Calendar to relevant staff who have tasks that can be embedded in the Compliance Calendar, particularly those involving legislative deadlines. This may include notifications at management team meetings and providing training where needed.</p> <p>Continue to allocate one officer (e.g. the Senior Governance Coordinator) to manage the Compliance Calendar, to ensure consistency. For example, that important tasks are not accidentally erased.</p> <p>Ensure all employees with legislative responsibilities have a process for ensuring regular monitoring of legislative change within the area of their discipline. This may be done using the Compliance Calendar.</p> | | Medium | <p>Compliance Calendar C237 Monitor Legislative Changes is undertaken on a monthly basis. Governance Officer now receives RSS emails from WA Legislation and have developed a process to notify relevant managers and staff when legislation has been changed. Also monitors Dept. of Local Government and WALGA website.</p> <p>An agenda item to be added to the Senior Management Team to include changes to relevant legislation, and industry processes.</p> | Progressing |
| 47 | Complaints | 5.3 Receiving, recording and addressing complaints (Legislative Compliance) | <p>The Code of Conduct for Council Members, Committee Members and Candidates addresses how complaints regarding councillors are to be reported and dealt with. This is supported by the Code of Conduct Behaviour Complaints Management Policy (June 2022). The Code of Conduct - Complaint About Alleged Breach form is available on the Shire's website.</p> <p>Information regarding making a complaint relating to an officer or a service is broadly addressed in the Customer Service Charter (2018). We understand from officers that complaint forms are available at the front counter of the administration building. Completed forms are scanned into the Shire's records system and allocated to the relevant manager by the Records Officer. If no action is taken, this will become an outstanding action within the records system. This process is not captured in a written document.</p> <p>Internal complaints regarding other employees are dealt with by the People and Culture business unit.</p> <p>Public interest disclosure guidelines outline the process of reporting an issue to the CCC or Ombudsman WA.</p> | <p>Review the Customer Service Charter to ensure it is not out of date. Include a review deadline for the Customer Service Charter in the Compliance Calendar.</p> <p>Ensure a copy of the complaint form is available on the Shire's website.</p> <p>Ensure the procedure for dealing with complaints regarding employees is captured in a written document. This should address for example, how the actioning of such complaints will be monitored to ensure they have been addressed.</p> <p>If the Shire had not reviewed the draft Model Code of Conduct (as seen in the Local Government (Model Code of Conduct) Regulations 2021 (WA)) before adopting it, conduct a review of it to ensure it suits the Shire's requirements.</p> | | | <p>Code of Conduct was endorsed by the CEO in March 2022. The CEO Directive Details box will include a review date.</p> <p>Manager Administration to conduct review of Customer Service Charter include complaints process in 2024</p> <p>Code of Conduct for Council Members - document reviewed</p> | Progressing |
| 48 | Changes to control environment | 5.3 Identifying and managing adverse trends (Legislative Compliance) | <p>Staff meetings are held each month. The CEO uses this as an opportunity to set the tone of the organisation.</p> <p>Organisation Management meetings are held approximately once a month or on an ad hoc basis. During these meetings, attendees have discussed how to encourage the adoption of the Shire's values within individual teams.</p> <p>We understand from officers that the directors have recently discussed the various systems and procedures at the Shire and how to ensure they are regularly used and complied with.</p> <p>People and Culture oversee the issues and concerns of employees. The Shire has historically assisted employees who required significant cultural and mental health support. The Shire has offered free counselling for all staff through LGIS.</p> <p>Budget reports are present to the council every three months. This process assists to identify and address adverse financial trends.</p> | <p>Regularly raise the topic of adverse trends at Organisation Management meetings and at Executive Team meetings. Such adverse trends may include, for example, concerns about the organisation's culture, non-compliance with policies or procedures, and financial variances. Consider adding this topic to meeting agenda templates. Issues identified can then be addressed at staff meetings or meetings with the relevant team.</p> | | | <p>Ongoing discussions at monthly Management Team meeting.</p> <p>Manager People and Culture presents to the Executive Team on a monthly basis.</p> | Progressing |
| 49 | Induction process | 5.3 Minimising ethical breaches (Legislative Compliance) | <p>General ethical training is not provided to Shire employees. However, we understand from the officers that behavioural requirements are regularly discussed at management meetings and staff meetings. These meetings provide an opportunity for staff to raise any concerns they may have.</p> <p>Ethical expectations are reflected in and supported by the Code of Conduct for employees.</p> | <p>Continue to develop a culture of transparency and strong ethics by regularly encouraging employees to raise concerns with their supervisors (or People and Culture). This message should be emphasised in the induction program.</p> | | | <p>Mandatory Accountable and Ethical Decision Making training to be provided to all staff. Two face to face sessions were held in 2023 for new starters, online option to be developed.</p> | Progressing |

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| Regulation 17 Review - December 2022 | | | | | | | | |
| 50 | Council Committees | 5.3 Ensuring the Audit Committee understand and comply with all relevant requirements (Legislative Compliance) | <p>The Audit Committee is reappointed every two years, including the Chairperson.</p> <p>A workshop is undertaken by all members of the Audit Committee following every appointment. This workshop provides initial training regarding the role of the Audit Committee. We understand from officers that new committee members are provided with an Orientation Manual which includes the Compliance and Strategic Review Committee Terms of Reference (March 2015) (now referred to as the 'Audit Committee'), the Integrated Planning and Reporting Framework and Guidelines (October 2010); and the Shire's Standing Orders Local Law (2001). They are also provided with a copy of the Local Government Act 1995 (WA) and relevant regulations.</p> <p>The Audit Committee usually meet on the third Thursday of each month (the week before the general council meeting). The Audit Committee receives the annual Compliance Audit and Financial Audit.</p> <p>We understand from the Shire officers that a new system is being introduced in which the Audit Committee will also receive quarterly Compliance Calendar updates.</p> <p>The Audit Committee has not been involved in the adoption or review of the Code of Conduct for Council Members, Committee Members and Candidates.</p> | <p>Review the name of the Audit Committee and consider if the term 'Risk' should also be included in the name of the committee.</p> <p>Review the Compliance and Strategic Review Committee Terms of Reference, including updating the title of the document to reflect the committee's current name. Ensure the document is reviewed prior to each appointment to the committee. This is to ensure it captures the current needs of the organisation and all legislative and regulatory requirements of the committee.</p> <p>Consider appointing an independent member to the Audit Committee under its Terms of Reference.</p> <p>Present the Councilors' Code of Conduct to the Audit Committee, including any proposals for review and improvement, for consideration prior to it being presented to council.</p> | | | <p>Committee changed to Audit and Risk Committee February 2024.</p> <p>Review ongoing.</p> | Progressing |
| 51 | Procurement | 5.3 Monitoring compliance with legislation and regulations in regard to tendering and procurement (Legislative Compliance) | <p>Tendering and purchasing requirements are captured in the Procurement of Goods and Services Policy (February 2022) and the Regional Price Preference Policy (February 2022).</p> <p>The Record and Evaluation of Quotes Form requires a dual sign off. When they are signed off, the relevant officer is expected to ensure the policy has been complied with. If there is a valid reason for not complying with the policy, sign-off is required by the CEO or a director.</p> <p>The Purchasing limits of authorised officers are specified in the Procurement of Goods and Services Policy (February 2022). All purchases must be signed off by an officer with the required authority.</p> <p>Staff are generally encouraged to get multiple quotes, even if it is not required by law.</p> | <p>Ensure the purchasing procedure is captured as part of the new ProMapp initiative.</p> | | | Process Map developed. | Completed |
| 52 | Local Laws | 5.3 Local Laws | <p>A task is set in the Compliance Calendar to remind the relevant officers to conduct a review of all local laws in accordance with statutory requirements. The Shire's procedure for reviewing local laws will follow the guidelines issued by the Department of Local Government, Sport and Cultural Industries.</p> <p>The local law review (for all local laws) is currently overdue.</p> | <p>Prioritise the review of the local laws (currently overdue). CEO to review the reasons for the Shire's failure to undertake the reviews of local laws in a timely manner and address those issues in a report to the Audit Committee.</p> | | Extreme | | Programmed for 2025 |
| Compliance Audit Return - 2023 | | | | | | | | |
| 53 | Financial Interests | Q4. Was a primary return in the prescribed form lodged by all relevant persons within three months of their start day? (Disclosure of Interests) | <p>No - One employee submitted their return outside of the three month requirement. As required, in these circumstances, the matter was referred to the Corruption and Crime Commission of Western Australia, which after their inquiries, an outcome of "No further action" was required.</p> | <p>No suggested action.</p> | Nil | Low | No suggested action. | No Further Action |
| 54 | Elected Member Training | Q7. Did the local government prepare a report on the training completed by council members in the 2021/2022 financial year and publish it on the local government's official website by 31 July 2022. (Optional Questions) | <p>No - Report was not able to be completed by the 31 July deadline. Process reminder put in place, but staff resources were insufficient to enable the task to be completed. Responsibility for the ongoing task has been reallocated to the Governance Team to undertake.</p> | <p>Ensure that the Elected Member Training Register is regularly updated and published to the website.</p> | Nil | Extreme | A task has been added to the Compliance Calendar to ensure updates occur every 3 months. | Completed |

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|--|------------|--|--|---|--|-------------|--|-------------|
| Annual OAG Financial Audit - 22/23 Financial Year | | | | | | | | |
| 55 | Assets | 1. Impairment Assessment of Roads | <p>Finding: Our review of the Shire's assessment of impairment indicators for Infrastructure – Roads revealed that certain assets that were damaged by floods should be impaired at 30 June 2022.</p> <p>The Shire initially did not bring to account the financial impact of the impairment.</p> <p>The financial impact was assessed and addressed during the audit, with an impairment of \$1.5 million being brought to account by the Shire.</p> <p>Implication: Failure to determine and bring to account impairment of assets may cause the Shire's financial statements to be misstated.</p> | <p>Recommendation: The Shire should conduct impairment assessments in a timely manner and bring to account any necessary adjustments to the carrying value of assets to minimise the risk of material misstatement in its financial statements.</p> <p>Management Comment: Flood Damage occurs frequently, the Shire will review assets for impairment as part of the annual financial reporting process.</p> <p>Rating: Significant</p> | Reg 17 5.2 Asset management plan FA 2023 June 1. Impairment Assessment of Roads | Extreme | Ongoing review and action during financial process. In consultation with Moore Australia. | Completed |
| 56 | Assets | 1. Impairment Assessment of Roads | <p>Finding: As noted in the 2021-22 signed financial statement under subsequent events, certain roads assets were damaged by floods. The Shire engaged APV to conduct a revaluation exercise to value the roads category.</p> <p>RSM noted the valuer conducted a sampled approach to physical sight roads to allocate a condition rating and relied upon management to provide condition rating for assets not sighted by the valuer, which was factored in determining the fair value of roads.</p> <p>After further investigation it was noted the Shire did not update the condition rating of the roads impacted by the floods. The financial impact was assessed and addressed during the audit, with an impairment of \$4.5 million being brought to account by the Shire.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: Failure to determine and bring to account impairment of assets may cause the Shire's financial statements to be misstated.</p> | <p>Recommendation: The Shire should conduct impairment assessments in a timely manner and bring to account any necessary adjustments to the carrying value of assets to minimise the risk of material misstatement in its financial statements.</p> <p>Management Comment: In a year where no valuation was undertaken then yes, recognition of impairment of roads would be required due to flood damaged roads. However, in 2022/23 a full valuation of road infrastructure assets was undertaken and management does not believe that impairment recognition was required or appropriate in these circumstances.</p> <p>Rating: Significant (2021-22) Significant</p> | Reg 17 5.2 Asset management plan FA 2022 June 1. Impairment Assessment of Roads | Extreme | Road Valuations occurred in 2023 and Finance will continue to review in consultation with Moore Australia. | Progressing |
| 57 | Accounting | 2. Revenue Recognition (AASB 15 and ASSB 1058) | <p>Finding: From our sample testing of revenue transactions, we identified for one transaction that the Shire has incorrectly applied AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities. The grant of \$1.1 million received was recognised as a revenue when the specific grant conditions have not been fulfilled which resulted in an overstatement of revenue and an understatement of contract liabilities.</p> <p>The error was addressed during the audit with the necessary adjustments being subsequently recognised by the Shire.</p> <p>Implication: Incorrect application of accounting standards may cause the Shire's financial statements to be misstated.</p> | <p>Recommendation: The Shire should review its interpretation and application of AASB 15 and AASB 1058 for grant revenue and amend its accounting treatment accordingly.</p> <p>Management Comment: Policy and process will be finalised in May 2023.</p> <p>Rating: Significant</p> | FA 2023 2. Revenue Recognition (AASB 15 and ASSB 1058) | Extreme | Review commenced. Grant Management including Register has been developed and implemented. This includes details of grants received and accounting treatment is conducted | Progressing |
| 58 | Accounting | 2. Revenue Recognition (AASB 15 and ASSB 1058) | <p>Finding: From our sample testing of revenue transactions, we identified two transactions that the Shire has incorrectly applied AASB 15 Revenue from Contracts with Customers and AASB 1058 Income of Not-for-Profit Entities.</p> <p>a. Capital Grants of \$0.9 million received was recognised as a revenue when the specific grant conditions have not been fulfilled which resulted in an overstatement of revenue and an understatement of contract liabilities.</p> <p>b. Grant of \$0.3 million received and recognised as deferred revenue under AASB 15 (specific performance obligation) upon further review the grant should be recognised under AASB 1058. The initial accounting treatment resulted in an overstatement of liability and understatement of revenue.</p> <p>The error was addressed during the audit with the necessary adjustments being subsequently recognised by the Shire.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: Incorrect application of accounting standards may cause the Shire's financial statements to be misstated.</p> | <p>Recommendation: The Shire should review its interpretation and application of AASB 15 and AASB 1058 for grant revenue and amend its accounting treatment accordingly.</p> <p>Management Comment: Due to reduced staff resources, the treatment of grant funds received was undertaken at end of financial year. We now have the resources to understand and address the treatment of grant funding as it is received during the financial.</p> <p>Rating: Significant (2021-22) Significant</p> | FA 2022 2. Revenue Recognition (AASB 15 and ASSB 1058) | Extreme | Corporate Services review and action accordingly. | Completed |

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| Annual OAG Financial Audit - 22/23 Financial Year | | | | | | | | |
| 59 | Assets | 3. Rehabilitation Provision Assessment | <p>Finding: The external waste management plan used in the provision of landfill computation for Fitzroy Crossing and Derby for was generated in 2016 and 2014 respectively. The plan was developed by a third party.</p> <p>Since the last plan was developed, the cost estimates have been increased in line with inflationary increases. The Shire has not performed a formal re-assessment to determine if the cost and scope to remediate landfill sites are still appropriate since the last external waste management plan was developed back in 2016 for Fitzroy Crossing and 2014 for Derby.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: The valuation data and assumption used may be outdated which increases the risk of misstatement to the provision and landfill asset amounts in the financial statements. This assumes more significance, in light of the significant inflationary pressures experienced over the last 12-18 months.</p> | <p>Recommendation: The Shire should assess the assumptions used in its valuation model to ensure cost and scope of its obligation to rehabilitate and remediate landfill sites have not significantly changed annually to comply with AASB 137.59. Where there have been significant changes to the cost and scope identified, an updated external waste management plan and projected cost estimates should be obtained.</p> <p>Management Comment: In 2023/24, we will investigate the need for and the cost of the revision of waste management plans for inclusion in the 24/25 budget.</p> <p>Rating: Significant (2021-22) Moderate</p> | Reg 17 5.1 Environmental risk management FA 2022 3. Rehabilitation Provision Assessment | Extreme | Review in process, Consultants engaged and project team is investigating. | Progressing |
| 60 | Accounting Assets | 7. Fixed Asset Depreciation Rates | <p>Finding: From our testing over depreciation expenses, we noted several assets were not being depreciated in accordance with the depreciation policy: - Per the depreciation policy, the useful life of Buildings is 40 years, however 69 out of a total of 94 Buildings were depreciated over a longer useful life (up to 107.5 years); a further 11 out of 94 Buildings were depreciated over a shorter useful life (as low as 12.7 years). - All Wharf infrastructure was depreciated over a useful life of 10-34 years, instead of 34 years. - All Parks and Gardens infrastructure was depreciated over 8.8 to 61.7 years, instead of 25 years.</p> <p>The depreciation policy outlines the original useful life over which the assets are depreciated over. However, these useful lives are re-assessed at every revaluation exercise to reflect as 'remaining useful life'. As a result, the actual period over which the assets are being depreciated are out of sync with the formal policy.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: We recommend that the Shire review its depreciation policy and update, where required, the useful lives of the various asset categories to bring them in line with the actual useful lives over which the assets are being depreciated over.</p> | <p>Recommendation: The Shire should conduct a full review of the Fixed Asset Register to verify that the depreciation rates are consistent with the Shire's depreciation policy. The review should also include an evaluation of the asset's useful life.</p> <p>Management Comment: A full review of depreciation rates and our approach to depreciation will be undertaken.</p> <p>Rating: Moderate (2021-22) Moderate</p> | Reg 17 5.2 Asset management plan | High | Review ongoing. | Progressing |
| 61 | Accounting Assets | 5. Fixed Asset Additions | <p>Finding: During our fixed asset additions testing we noted 4 fixed assets had incorrectly capitalised GST into the Fixed Asset Register, with the GST error totalling \$138,422.</p> <p>Implication: The capitalisation of GST into the Fixed Asset Register has resulted in an overstatement of the carrying amount of assets being reported in the financial statement and an incorrect Business Activity Statement submission to the Australian Tax Office.</p> | <p>Recommendation: The Shire should implement a procedure to ensure GST is excluded during the capitalisation process into the Fixed Asset Register.</p> <p>Management Comment: Matter has been included in the Asset Capitalisation Policy. Process change implemented on 1 April 2023.</p> <p>Rating: Minor</p> | Reg 17 5.2 Asset management plan FA 2023 8. GST Capitalised on Fixed Asset Additions | Low | Review conducted and the Significant Accounting Policy to include details. | Completed |
| 62 | Accounting Assets | 8. GST Capitalised on Fixed Asset Additions | <p>Finding: From our testing over fixed asset additions, we identified 5 samples out of 41 tested where GST totalling \$4,792 was capitalised into the Fixed Asset Register instead of claiming this back through the Business Activity Statement (BAS). Amount identified was immaterial hence no adjustment has been proposed.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: The capitalisation of GST into the Fixed Asset Register has resulted in an overstatement of the carrying amount of assets being reported in the financial statement and an incorrect Business Activity Statement submission to the Australian Tax Office.</p> <p>It also effectively means that the Shire has not claimed the cash of \$4,792 that it is entitled to.</p> | <p>Recommendation: The Shire should review its processes and controls to ensure that transactions that involve GST are appropriately coded and accounted for. The Shire should also ensure that staff involved in recording the transactions are trained and reminded of the importance of correct coding as it has a direct cash impact on the finances of the Shire.</p> <p>Management Comment: Management agrees with this recommendation.</p> <p>Rating: Moderate (2021-22) Minor</p> | Reg 17 5.2 Asset management plan FA 2022 5. Fixed Asset Additions | High | Review conducted and the Significant Accounting Policy to include details. | Completed |

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| Annual OAG Financial Audit - 22/23 Financial Year | | | | | | | | |
| 63 | Accounting | 9. Revenue Cut-Off | <p>Finding: From our review of fees & charges we noted transactions worth \$0.2 million have been incorrectly recorded in FY2024 instead of FY2023.</p> <p>The error was addressed during the audit with the necessary adjustments being subsequently recognised by the Shire.</p> <p>A similar finding was first raised in 2021-22.</p> <p>Implication: Failure to correctly recognise revenue in correct period could result in the financial statements being misstated.</p> | <p>Recommendation: The Shire should develop year-end procedures to assist with identification and accrual of revenue for each reporting period.</p> <p>Management Comment: Procedures are in place, additional staff training and resourcing will support this in end of financial year processing.</p> <p>Rating: Moderated (2021-22) Minor</p> | FA 2022 6. Revenue Cut-Off | Medium | Finace Manual updated. | Completed |
| 64 | Assets | 7. Fixed Asset Management Policy | <p>Finding: During our risk assessment procedures over the fixed assets transaction cycle, we noted that there is no formal policy to help ensure the existence of fixed assets, such as physical asset tagging and regular stock takes.</p> <p>We acknowledge the Shire has advised that a formal policy and associated procedures for fixed asset management are still being developed to help ensure the existence and safeguarding of fixed assets.</p> <p>A similar finding was first raised in 2019-20 with the following management comment received in 2020-21: In accordance with the requirements to ensure the proper management of assets under Financial Management Regulation 5.1 and 5.2 the CEO intends to review current procedures and where considered necessary develop documented procedures for the safeguarding of the Shire's fixed assets utilising a risk based approach. As this is a regulatory requirement on the CEO rather than a Policy decision of Council the Shire currently sees no benefit in formation of Council Policy in regards to control of fixed assets.</p> <p>Depreciation expenses and remaining useful life of assets is required to be assessed annually under AASB 116 and as such is not viewed as a Policy decision of Council beyond the adoption of broad asset useful lives when adopting the Annual Statutory budget.</p> <p>This is not considered an area of Council Policy but a responsibility of the CEO under Financial Management Regulation 5.1 and 5.2. Management continues to develop procedures for all areas of finance.</p> | <p>Implication: Failure to have a formal policy and associated procedures for fixed asset management could result in: a.errors and omissions remaining undetected; b.incorrect depreciation expense; and c.undetected theft or misplacement.</p> <p>These matters could in turn lead to misstatements in the Shire's financial reporting. There is a further risk of non-compliance with Regulation 5(2)(a) of the Local Government (Financial Management) Regulations 1996 which requires the Chief Executive Officer to ensure that the resources of the local government are effectively and efficiently managed.</p> <p>Recommendation: The Shire should develop, document and implement policies and procedures for fixed asset management.</p> <p>Management Comment: Policy is expected to be finalised in June 2023.</p> <p>Rating: Significant</p> | Reg 17 5.2 Asset management plan FA 2023 4. Fixed Asset Management Policy | Extreme | Review conducted and the Significant Accounting Policy to include details. | Completed |
| 65 | Assets | 4. Fixed Asset Management Policy | <p>Finding: During our risk assessment procedures over the fixed assets transaction cycle, we noted that there is no formal policy to help ensure the existence of fixed assets, such as physical asset tagging and regular stock takes.</p> <p>We acknowledge the Shire has advised that a formal policy and associated procedures for fixed asset management have been developed to help ensure the existence and safeguarding of fixed assets but has not yet been approved for implementation.</p> <p>Implication: Failure to have a formal policy and associated procedures for fixed asset management could result in: a. errors and omissions remaining undetected; b. incorrect depreciation expense; and c. undetected theft or misplacement.</p> <p>These matters could in turn lead to misstatements in the Shire's financial reporting. There is a further risk of non-compliance with Regulation 5(2)(a) of the Local Government (Financial Management) Regulations 1996 which requires the Chief Executive Officer to ensure that the resources of the local government are effectively and efficiently managed.</p> | <p>Recommendation: The Shire should develop, document and implement policies and procedures for fixed asset management.</p> <p>Management Comment: The draft policy that was proposed and provided to RSM, has been incorporated in to the existing Council Policy F3 Significant Accounting Policies. This will be reviewed by Council in the policy review in early 2024. Further, a full review of depreciation rates and our approach to depreciation will be undertaken.</p> <p>A similar finding was first raised in 2019-20.</p> <p>Rating: Significant (2021-22) Moderate</p> | Reg 17 5.2 Asset management plan FA 2022 7. Fixed Asset Management Policy | Extreme | Review conducted and the Significant Accounting Policy to include details. | Completed |

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| Annual OAG Financial Audit - 22/23 Financial Year | | | | | | | | |
| 66 | Assets | 8. Fixed Asset Capitalisation Policy | <p>Finding: We noted that the Shire does not have a formal policy for the capitalisation of assets with extended useful lives. During the current year audit the Shire advised that a formal policy and associated procedures for Asset capitalisation policy is still being developed.</p> <p>A similar finding was first raised in 2018-19 with the following management comment received in 2020-21:</p> <p>2020-21 Management comment This is not considered an area of Council Policy but a responsibility of the CEO under Financial Management Regulation 5.1 and 5.2. Management continues to develop procedures for all areas of finance.</p> <p>Management is of the view that operating control procedures should be developed that determine the capitalisation of assets on a case-by-case basis taking into account extended useful lives.</p> <p>Management to make a determination whether to expense an item or capitalise item as an asset depending on the circumstances of the transaction, for example, taking into consideration asset aggregation and whether items should be placed on a Portable Items Register.</p> | <p>Implication: Failure to design and implement a formal policy for the capitalisation of assets with extended useful lives increases the risk of: a.errors and omissions remaining undetected; b.incorrect depreciation expense; and c.undetected theft or misplacement.</p> <p>Recommendation: The Shire should develop, document and implement a formal asset capitalisation policy to help control, record and depreciate assets with extended useful lives.</p> <p>Management Comment: Policy is expected to be finalised in June 2023.</p> <p>Rating: Significant</p> | Reg 17 5.2 Asset management plan FA 2023 5. Fixed Asset Capitalisation Policy | Extreme | Review conducted and the Significant Accounting Policy to include details. | Completed |
| 67 | Assets | 5. Fixed Asset Capitalisation Policy | <p>Finding: We noted that the Shire does not have a formal policy for the capitalisation of fixed assets with extended useful lives. During the current year audit the Shire advised that a formal policy and associated procedures for Asset capitalisation policy has been developed but has not yet been approved for implementation.</p> <p>A similar finding was first raised in 2018-19.</p> <p>Implication: Failure to design and implement a formal policy for the capitalisation of assets with extended useful lives increases the risk of: a. errors and omissions remaining undetected; b. incorrect depreciation expense; and c. undetected theft or misplacement.</p> | <p>Recommendation: The Shire should develop, document and implement a formal asset capitalisation policy to help control, record and depreciate assets with extended useful lives.</p> <p>Management Comment: The draft policy that was proposed and provided to RSM, has been incorporated in to the existing Council Policy F3 Significant Accounting Policies. This will be reviewed by Council in the policy review in early 2024. Further, a full review of depreciation rates and our approach to depreciation will be undertaken.</p> <p>Rating: Significant (2021-22) Significant</p> | Reg 17 5.2 Asset management plan FA 2022 8. Fixed Asset Capitalisation Policy | Extreme | Review conducted and the Significant Accounting Policy to include details. | Completed |
| 68 | Accounting | 9. Recognition of Accrued Expenses | <p>Finding: We noted that the Shire's process for assessing and reviewing year-end accruals of disbursement payments is inadequate. From our review of subsequent disbursements made post 30 June 2022, 1 payment of \$320,419 relating to work performed for the 30 June 2022 year was left unaccrued at year end.</p> <p>A similar finding was raised in 2020-21 with the following management comment received:</p> <p>2020-21 Management comment The Shire has developed procedures to ensure that invoices received after balance date, which relate to the prior year, will be identified resulting in accrued expenses being recorded.</p> <p>Implication: Without a process to review payments at or after year end to determine if an accrual should be processed, the financial statements may not include all accruals to accurately reflect the Shire's results and financial position at year end.</p> | <p>Recommendation: The Shire should develop procedures to assist with identification and accrual of invoices received after balance date to identify year end accruals.</p> <p>Management Comment: The Shire should develop procedures to assist with the identification and accrual of invoices received after balance date to identify year end accruals.</p> <p>Rating: Significant</p> | | Extreme | Completed May 2023 | Completed |

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| Annual OAG Financial Audit - 22/23 Financial Year | | | | | | | | |
| 69 | Assets | 6. Review of Infrastructure Revaluation and Inputs | <p>Finding: During our year-end review of the roads, drainage and footpath infrastructure valuation carried out on 30 June 2023, we observed a significant increase in the valuation of assets held by the Shire. Upon further investigation and discussions with the Valuer, we noted that:</p> <p>a. There were input/calculation errors in the workings provided, resulting in a material adjustment of ~\$17.7 million to Infrastructure assets;</p> <p>b. It was not evident that the damage rating to the Shire's infrastructure was factored into the valuation provided, (also refer to Finding 1);</p> <p>c. The revaluation of footpath and drainage infrastructure was recorded under roads infrastructure, without derecognising the old valuation of footpath and drainage assets. This resulted in the drainage and footpath assets being recorded twice in the Shire's accounts.</p> <p>Implication: Without appropriate understanding of the assumptions applied in valuations performed on the Shire's assets there is an increased risk that the valuation adopted may be incorrect resulting in the Shire's financial statements being materially misstated.</p> | <p>Recommendation: The Shire adopt a process of reviewing valuation outcomes involving an understanding of underlying assumptions, examination of large movements, along with challenging the valuer's assessment as appropriate. Adoption of the valuation should only occur once management has gathered sufficient evidence to validate the recommended valuation with evidence of review and sign-off maintained.</p> <p>Management Comment: Management agrees that reasonable checks will occur with infrastructure valuation in future.</p> <p>Rating: Significant</p> | | Extreme | To be noted for future valuation processes. | Programmed for 2025 |
| 70 | Accounting | 10. Expected Credit Losses Model (ECL) | <p>Finding: During our testing of sundry debtors and rates debtors, we noted the Shire wrote off \$178,000 and \$334,000 respectively in the current year on account of doubtful debts. The Shire did not revisit ECL model at year end which should take into account the write-offs history including the current year.</p> <p>Further, during our sampling testing for rates, we identified 3 samples with a higher risk of being unrecoverable, that were not factored into the ECL at 30 June 2023 and our testing of Sundry Debtors, identified 1 sample with a higher risk of being unrecoverable, that was not factored into the ECL at 30 June 2023.</p> <p>Overall, taking into account the update to the write-offs in the current year and the residual risk in respect of the specific debtors, we have concluded that the provision for debtors was not materially misstated.</p> <p>Implication: The Shire's receivable balance recognised in the Shire's financial statements is materially misstated.</p> | <p>Recommendation: The Shire should review its ECL model on an annual basis to take into account the latest history available. The Shire should also review the debtor listing and consider specific provision, if required.</p> <p>Management Comment: Management agrees that there are unresolved issues with aged debts and these will be investigated and appropriately treated, including changes to ECL model if required.</p> <p>Rating: Moderate</p> | Reg 5 5.7 Audit Finding - Collection of Aged Debt | High | To completed as part of End of Financial Year activities. | Progressing |

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| Information Systems Audit - 22/23 Financial Year | | | | | | | | |
| 71 | Accounting | 11. Reconciliation of Landgate Valuation of Rateable Properties | <p>Finding: During our reconciliation rates revenue, RSM noted that the valuation of GRV Residential and Commercial rateable properties between the Landgate report and the Shire's Synergy system did not reconcile by \$396,897.</p> <p>Implication: Potential misstatement in property valuation uploaded that will impact the rates issued and revenue recognised.</p> | <p>Recommendation: It is recommended the Shire implements and maintains a formal reconciliation of Landgate valuations to values uploaded within the Synergy system. This should be performed for all Landgate valuation uploads with the requirement being reflected in the Shire's underlying policy and procedures.</p> <p>Management Comment: Management agrees that a formal reconciliation will be implemented.</p> <p>Rating: Moderate</p> | | High | To be progressed. | Programmed for 2025 |
| 72 | Accounting | 10. Fixed Asset Capitalisation Dates | <p>Finding: From our review of a sample of 15 fixed asset additions, we noted 11 samples were capitalised on the incorrect date.</p> <p>The assets were placed in service during the financial year however were only capitalised on the fixed asset register on 30 June 2022.</p> <p>A similar finding was raised in 2020-21 with the following management comment received: 2020-21 Management comment Increased staffing numbers will allow more timely assessment of works completed on work in progress.</p> <p>Implication: The delay in the capitalisation of fixed assets would result in an understatement of depreciation expenses and consequently overstatement of the asset balances in the financial report.</p> | <p>Recommendation: The Shire should ensure fixed assets additions are regularly reviewed and capitalised as and when they are placed in service.</p> <p>Management Comment: Included in Asset Capitalisation Policy. Process Change implemented 1 April 2023.</p> <p>Rating: Moderate</p> | Reg 17 5.2 Asset management plan | High | Review conducted and the Significant Accounting Policy to include details. | Completed |
| 73 | IT Management | 1. IT Governance - Cyber Security Awareness Training | <p>Finding: We identified there is currently no mandatory cyber security awareness training in place.</p> <p>We acknowledge that there is a program underway to make cyber security awareness training mandatory for all staff once they are onboarded at the Shire.</p> <p>Implications: Without mandatory training and awareness in relation to information / cyber security, staff members and contractors may not be aware of their information security related duties and responsibilities. This could lead to unintentional disclosures or loss of data, or successful cyber and social engineering attacks.</p> | <p>Recommendation: The Shire should: •Develop and implement formal security awareness training, this should include targeted training for different users, e.g., executive management, privileged users, and contractors. •Mandate information / cyber security training for all staff members and contractors.</p> <p>Management Comment: The Shire together with current IT provider, Managed IT, will implement mandatory all staff training.</p> <p>Risk: Minor</p> | Reg 17 5.1 Induction procedures | Low | Cyber Security training mandatory for all staff. | Completed |
| 74 | IT Management | 2. Financial Application - User Access Management | <p>Finding: We identified the following issues relating to the user management of the SynergySoft financial application: •There is no formal periodic review process in place to verify if generic / system accounts are still appropriate; •3 out of 20 generic / system accounts that are no longer needed should be disabled; •2 out of the 95 enabled SynergySoft accounts belonged to terminated employees; •4 additional enabled SynergySoft accounts are no longer needed should be disabled; •There is no protocol to periodically review the segregation of duties matrix; and •There were no user access reviews conducted during the audit period.</p> <p>We acknowledge that the segregation of duties matrix has been created and was reviewed during the audit period.</p> <p>A similar finding was raised in 2020-21 with the following management comment received: The Shire has entered into a new contract with our current information and technology service provider – Managed IT. Part of the contractual agreement involves quarterly reviews of the Shire's information and technology capabilities, governance, and performance. Recommendations (i) and (ii) will be addressed in the quarterly reviews: (i) regularly review and monitor user access to the application to ensure it is still appropriate and needed. Appropriate records of these reviews should be retained, and accounts not needed should be removed or disabled. This should include unused generic accounts, and terminated employee accounts are removed appropriately; and (ii) document and implement a segregation of duties review frequency.</p> | <p>Implication: Without effective user access management processes in place, there is an increased risk of unauthorised access to the finance application. This could impact the confidentiality, integrity, and availability of the Shire's information.</p> <p>Recommendation: The Shire should: •Regularly review and monitor user access to the application to ensure it is still appropriate and needed. Appropriate records of these reviews should be retained, and accounts not needed should be removed or disabled. This should include unused generic accounts, and terminated employee accounts •Document and implement a segregation of duties review frequency.</p> <p>Management Comment: Improvements have occurred since previous audit finding, review by Management IT will continue.</p> <p>Rating: Significant</p> | Reg 17 5.2 Restricting access to electronic documents and records FA 2023 1. Financial Application - User Access Management Reg 5 5.1 Audit Finding Payroll | Extreme | Regular Review occurring and documented | Completed |

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| Information Systems Audit - 22/23 Financial Year | | | | | | | | |
| 75 | IT Management | 1. Financial Application - User Access Management | <p>Finding: We identified the following issues relating to the user management of the SynergySoft financial application:</p> <ul style="list-style-type: none"> - 8 enabled accounts belonged to terminated employees and should have been disabled. - The following previous year findings (2021-22) remain unresolved in this audit period: <ul style="list-style-type: none"> o There is no formal periodic review process in place to verify if generic or system accounts are still appropriate. o There is no protocol to periodically review the segregation of duties matrix. o There were no user access reviews conducted during the audit period. <p>We acknowledge that the segregation of duties matrix has been created and was reviewed during the audit period.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication:</p> <ul style="list-style-type: none"> - Without effective user access management processes in place, there is an increased risk of unauthorised access to the finance application. This could impact the confidentiality, integrity, and availability of the Shire's information. - Without effective review of user access and segregation of duties controls, there is an increased risk of making unauthorised changes and approvals to application transactions. This could impact the integrity of the data in SynergySoft application and lead to unauthorised and fraudulent transactions. | <p>Recommendation: The Shire should:</p> <ul style="list-style-type: none"> - Regularly review and monitor user access to the SynergySoft to ensure it is still appropriate and needed. Appropriate records of these reviews should be retained, and accounts not needed should be removed or disabled. This should include unused generic accounts and terminated employee accounts. - Document and implement a segregation of duties review procedure including frequency of review. <p>Management Comment: Regular review does occur; however it is not documented by a formal process. The Shire is working with IT provider to develop, implement and will continue to be reviewed.</p> <p>Rating: Significant (2021-22) Significant</p> | Reg 17 5.2 Restricting access to electronic documents and records FA 2022 2. Financial Application - User Access Management Reg 5 5.1 Audit Finding Payroll | Extreme | Regular Review occurring and documented | Completed |
| 76 | IT Management | 3. IT Governance - Standards, Policies and Procedures | <p>Finding: We identified that the Shire has not:</p> <ul style="list-style-type: none"> • created formal policies / procedures / guidelines / governance documents for change management or identity and access management • reviewed the "Internet and Email usage" policy since 2002 and no next review date or review frequency has been defined. <p>A similar finding was raised in 2020-21 with the following management comment received:</p> <p>The Shire has engaged the services of a dedicated Senior Governance Officer. Duties performed by the Senior Governance Officer will involve IT governance - standards, policies and procedures that are aligned to best practice governance.</p> <p>Implication: There is a risk that out of date or missing Policies / Procedures / Guidelines / Governance documents may not be supporting the needs of the Shire and staff may not be fulfilling management expectations.</p> | <p>Recommendation: The Shire should:</p> <ul style="list-style-type: none"> • Develop, document, review, approve and publish missing Policies / Procedures / Guidelines / Governance documents as required and ensure that these documents are appropriately governed • Periodically review and update Policies / Procedures / Guidelines / Governance documents following any relevant internal or external changes. <p>Management Comment: Policy review occurs twice a year, policies identified as required are developed and implemented continually.</p> <p>Rating: Moderate</p> | Reg 17 5.1 IT management plan and data recovery procedure Reg 17 5.2 Updating computer applications and information systems Reg 17 5.2 Authorising changes to data files and systems ISA 2023 3. IT Governance - Standards, Policies and Procedures ISA 2022 6. Business Continuity Management ISA 2023 7. Business Continuity Management | High | Ongoing. Governance developing in consultation with Managed IT | Progressing |
| 77 | IT Management | 3. IT Governance - Standards, Policies and Procedures | <p>Finding: We identified that the following policies are in a draft yet to be endorsed by the Shire's Council:</p> <ul style="list-style-type: none"> - D-CP4 Information and Communications Technology CEO Directive - NEW DRAFT 310323 - D-CP5 Asset Management_Policy - D-CP6 Cookie_Policy - D-CP7 Data_Classification_Policy - D-CP8 Information_Security_Committee_Policy - D-CP9 Information_Security_Risk_Assessment_Policy - D-CP10 Security_Incident_Response_Policy - D-CP11 Service_Provider_Security_Policy - D-CP12 Human_Resource_Security_Policy - D-CP13 HR_Corrective_Action_Procedure. <p>This finding was first identified in 2021-22.</p> <p>Implication: There is a risk that out of date or missing Policies, Procedures, Guidelines, and Governance documents may not be supporting the needs of the Shire and staff may not be fulfilling management expectations.</p> | <p>Recommendation: The Shire should:</p> <ul style="list-style-type: none"> - Develop, document, review, approve and publish missing Policies, Procedures, Guidelines, and Governance documents as required. <p>Management Comment: Management agrees and as noted, draft policies exist. The Shire has been working towards achieving this recommendation with support from current IT provider, Managed IT.</p> <p>Rating: Moderate (2021-22) Moderate</p> | Reg 17 5.1 IT management plan and data recovery procedure Reg 17 5.2 Updating computer applications and information systems Reg 17 5.2 Authorising changes to data files and systems ISA 2022 3. IT Governance - Standards, Policies and Procedures | High | Ongoing. Governance developing in consultation with Managed IT | Progressing |

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|---|---------------|---|--|---|---|-------------|--|-------------|
| Information Systems Audit - 22/23 Financial Year | | | | | | | | |
| 78 | IT Management | 4. IT Governance and Strategy | <p>Finding: Appropriate and defined IT governance structures and processes enable alignment with business strategies and help to efficiently manage/monitor outsourced IT systems.</p> <p>We identified that the Shire does not have an up to date IT strategic plan which aligns to the overall business strategy in place, however we acknowledge that an IT improvement roadmap was created for the 2021/2022 financial year with the third party service provider Managed IT and that project outcomes were reported to the Shire during the audit period.</p> <p>A similar finding was raised in 2020-21 with the following management comment received:</p> <p>The Shire's Senior Governance Officer will be involved with IT governance and strategy and the management of strategic direction of the Shire's IT service providers.</p> <p>The Shire has entered into a new contract with our current information and technology service provider – Managed IT. One condition of the contract is for Managed IT to comply with service level agreements. IT compliance will be part of regular reviews.</p> | <p>Implication: Without appropriate and defined IT governance structures and processes the Shire may not be able to:</p> <ul style="list-style-type: none"> •Effectively align IT with business strategies, increasing the risk of sub-optimal achievement in relation to business plans and initiatives •Efficiently manage, monitor and ensure effective outsourced IT systems requirements, functionality and availability. <p>Recommendation: The Shire should:</p> <ul style="list-style-type: none"> •Develop an appropriate IT governance structure to govern and manage the strategic direction of IT with third party vendors •Periodically review executive summary reports from Managed IT to ensure compliance with SLA. <p>Management Comment: Due to an internal promotion, the role of Senior Governance Officer has been vacant for a period of time, this has resulted in a delay of progressing the IT strategy. Recruitment of a Governance Officer will allow progress of the strategy.</p> <p>Rating: Moderate</p> | Reg 17 5.2 Updating computer applications and information systems ISA 2023 4. IT Governance and Strategy | High | Managed IT developing with Corporate Services | Progressing |
| 79 | IT Management | 4. IT Governance and Strategy | <p>Finding: Appropriate and defined IT governance structures and processes enable alignment with business strategies and help to efficiently manage/monitor outsourced IT systems.</p> <p>We identified that the Shire does not have an up-to-date IT strategic plan which aligns to the overall business strategy in place.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without appropriate and defined IT strategic plan, the Shire may not be able to effectively align IT with business strategies, increasing the risk of sub-optimal achievement in relation to business plans and initiatives.</p> | <p>Recommendation: The Shire should develop an IT strategic plan to ensure alignment of IT strategy to overall business strategy.</p> <p>Management Comment: Progress on the development of a strategy has occurred and will continue in 2024.</p> <p>Rating: Moderate (2021-22) Moderate</p> | Reg 17 5.2 Updating computer applications and information systems ISA 2022 4. IT Governance and Strategy | High | Managed IT developing with Corporate Services | Progressing |
| 80 | IT Management | 6. Physical and Environmental Security Management | <p>Finding: We identified the following issues in the physical and environmental security management of the Shire's datacentre / server room is still outstanding:</p> <ul style="list-style-type: none"> - No documented process is in place to manage the datacentre / server room including physical access and environmental controls. - No equipment is installed to monitor humidity controls. - The air conditioner in place is a split system that leaks water into a drip tray in the inside of the server room. - The glass window in the server room has a metal security frame, however the window has security weaknesses as we noted that there were break ins through this window previously. - Access to the datacentre is not appropriately restricted and reviewed. We noted that five employees have access to the datacentre and three out of five are non-IT staff. Further, no logbook or CCTV is in place to track/ record access to the datacentre. - We acknowledge that there is a CO2 fire extinguisher in place, however there were no fire / smoke detection devices installed within the datacentre. <p>We further identified that there was flammable material in the Shire's data centre, (server room) which poses a fire hazard.</p> <p>We acknowledge that the Shire's intend on migrating all IT systems to a cloud-based platform by the end of 2023.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without appropriate controls in place to manage the physical and environmental controls within the datacentre, there is an increased risk of inappropriate, unauthorised access and potential failure of critical hardware to support key infrastructure or systems. This could impact the confidentiality, integrity and availability of the Shire's systems and information.</p> | <p>Recommendation: The Shire should:</p> <ul style="list-style-type: none"> - Develop, document, and implement datacentre management policies and procedures which contain appropriate physical and environmental controls management. - Investigate and implement appropriate physical security measures to protect the data centre against unauthorised access and damage. - Investigate and implement appropriate environmental measures to protect physical sites and the data centre against environmental threats and damage. <p>Management Comment: The Shire's server was moved to cloud based storage in 2023.</p> <p>Rating: Moderate (2021-22) Moderate</p> | ISA 2022 5. Physical and Environmental Security Management | High | Cloud based server, managed remotely. By Managed IT. | Completed |

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|---|---------------|-----------------------------------|--|--|---|-------------|--|-------------|
| Information Systems Audit - 22/23 Financial Year | | | | | | | | |
| 81 | IT Management | 7. Business Continuity Management | <p>Finding: We identified that the Shire has yet to develop a Disaster Recovery Plan (Plan).</p> <p>We acknowledge that the service provider (Managed IT) is in the processing of developing a DRP for the Shire.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without an appropriate disaster recovery plan (DRP), the Shire may not be able to recover critical services in a timely manner, in line with business requirements. This could impede the Shire in providing key operations and business functions.</p> | <p>Recommendation: The Shire should develop, document, and endorse a BCP and DRP so they meet the Shire's recovery requirements. To help maintain the effectiveness of the BCP and DRP it should be regularly reviewed and appropriately tested to ensure key operations and business functions are recovered in accordance with the agreed recovery requirements.</p> <p>Management Comment: The Business Continuity Plan has been endorsed and was provided. The Shire will continue to work with Managed IT to develop and implement the Disaster Recovery Plan. Review will occur.</p> <p>Rating: Moderate (2021-22) Moderate</p> | ISA 2023 3. IT Governance - Standards, Policies and Procedures ISA 2022 6.. Business Continuity Management | High | Business Continuity Plan is in place. Disaster Recovery Plan development is ongoing. Regular testing occurs. | Progressing |
| 82 | IT Management | 2. Network Access Management | <p>Finding: During our audit, we identified the following issues with the management of user access within the Shire's network: - 28 enabled accounts have not logged on in the past 6 months. - 18 enabled accounts that have never logged on and are older than 6 months. - 2 enabled accounts were identified as belonging to terminated employees. - The following previous year findings (2021-22) remain unresolved in this audit period: o There is no process established to govern the periodic review of generic or system accounts during the audit period. o There is no process established to govern the periodic review of Network AD accounts or user access to validate if appropriate during the audit period.</p> <p>We acknowledge that the Shire plans to establish formal periodic review process to implement periodic reviews of all accounts in the Network AD.</p> <p>We also identified that there is currently no periodic review process in place for Network AD accounts to verify if they are still appropriate and there were no user access reviews conducted during the audit period.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without appropriate management of network user accounts, there is an increased risk that unauthorised or unintentional modifications of IT systems will occur. This could impact the confidentiality, integrity, and availability of information.</p> | <p>Recommendation: The Shire should develop, document, and implement access management policies and procedures including remote access that should include: - Onboarding and offboarding of users, including privileged and generic accounts. - Privileged and generic account management. - Performing periodic user access reviews. - Deactivate inactive and dormant account.</p> <p>Management Comment: Regular review does occur; however it is not documented by a formal process. The Shire is working with IT provider to develop, implement and will continue to be reviewed.</p> <p>Rating: Moderate (2021-22) Moderate</p> | Reg 17 5.2 Restricting access to electronic documents and records ISA 2022 7. Network Access Management | High | Ongoing process with People and Culture, Managed IT and Governance. To be included within Pro Mapp. | Progressing |
| 83 | IT Management | 5. Risk Management | <p>Finding: We identified that the Shire has yet to develop an IT risk register.</p> <p>We acknowledge that the Information Security Risk Assessment policy is pending official endorsement by the Shire's Council.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without effective risk management policies and processes in place, there is an increased risk that the Shire will not be able to identify and address key risks affecting the IT environment.</p> | <p>Recommendation: The Shire should: - Ensure that there is a current risk management policy. - Develop and maintain a risk register.</p> <p>Management Comment: Risk Management Framework including a policy and register is scheduled for 2024.</p> <p>Rating: Moderate (2021-22) Moderate</p> | Reg 17 5.1 Risk management framework Reg 17 5.1 Cyber security protocols ISA 2022 8. Risk Management | High | Governance progressing with Managed IT. | Progressing |
| 84 | IT Management | 9. Network Security Management | <p>Finding: During our audit we identified that: •The network diagram and infrastructure has not been reviewed since June 2020 and does not have a next review date defined •There is no periodic firewall review process in place •There is no documented process in place to perform vulnerability assessments or penetration testing •No security / penetration tests were conducted during the audit period.</p> <p>We acknowledge that Managed IT performs monthly internal and external vulnerability scans, however the Shire does not have any process documented to define when and how vulnerability scans should occur.</p> <p>A similar finding was raised in 2020-21 with the following management comment received: The Shire will develop, document, and implement a formal vulnerability and security penetration testing policy / procedure to include: •requirements for periodic vulnerability scanning •requirements for performance of penetration testing •defined process to periodically review network diagrams and firewall rules</p> | <p>Implication: Without effective security management policies, processes and procedures in place, there is an increased risk that the Shire will not be able to maintain an effective and secure cyber security posture. This could lead to potential cyber breaches, downtime, loss or exposure of critical systems or information.</p> <p>Recommendation: The Shire should: •Develop, document, and implement a formal vulnerability and security penetration testing policy / procedure. This document should contain the requirements for periodic vulnerability scanning and penetration testing requirements to be performed. •Define a process to periodically review network diagrams and firewall rules.</p> <p>Management Comment: Managed IT continue to work with the Shire to develop a number of suitable policies relating to IT.</p> <p>Rating: Minor</p> | Reg 17 5.1 Cyber security protocols ISA 2023 8. Network Security Management | Low | CEO Directives drafted based on template policies provided by Managed IT. Review for suitability, and implementation in place. | Progressing |

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|---|--------------------------|--|--|---|---|-------------|--|---------------------|
| Information Systems Audit - 22/23 Financial Year | | | | | | | | |
| 85 | IT Management | 9. Password Management | <p>Finding: We identified that the Shire' formal password policy in place to enforce strong password settings within the IT environment is still outstanding.</p> <p>We acknowledge that the Shire has aligned the password parameters with the recommended better practise and the draft password policy is pending official endorsement from the Shire's Council.</p> <p>This finding was first identified in 2021-22.</p> <p>Implication: Without adequate password management, there is an increased risk of unauthorised access or compromise to the network security. The network may become susceptible to potential security breaches such as brute force or social engineering attacks.</p> | <p>Recommendation: The Shire should develop, document, and publish an appropriate password policy to govern password configuration and management.</p> <p>Management Comment: This will be developed and implemented.</p> <p>Rating: Minor (2021-22) Minor</p> | Reg 17 5.1 Cyber security protocols ISA 2022 10. Password Management | Low | Satisfactory password management occurs, improvements as identified will continue to be implemented. | Completed |
| 86 | Payroll | 5.1 Audit Finding Payroll | <p>Finding: A sample of payroll payment and the supporting exception reports for July 2021, February 2022, and September 2022 were obtained, but they do not contain evidence of review and approval of payroll payments.</p> <p>It was also noted that 5 members of the Finance team appear to have the same level of access to Synergysoft for human resources and payroll functions, which does not enable effective segregation of duties.</p> <p>Implication: - The absence of segregation of duties can lead to unauthorised access to sensitive payroll data. - Users may have the ability to make unauthorised changes or view confidential information. - A lack of performance of review and authorisation of payroll reports could result in error or inappropriate payments being made and a lack of accountability.</p> | <p>Recommendation: 5.1.1 A review of user access to payroll and human resource system functions should be performed to ensure only required officers have access and that segregation of payroll and HR activity is maintained. 5.1.2 The preparation, review and approval of payroll payments should be performed and clearly documented to evidence performance.</p> <p>Management Comment and Action: Payroll is prepared by Payroll Officer and Reviewed by Senior Finance Officer. This is then authorised by Deputy Chief Executive Officer. This has been implemented since February 2023 so management is confident this control exists. A review of user access has occurred. This will be documented and implement for regular review in the future.</p> <p>Risk Rating: High Risk</p> | Reg 17 5.2 Restricting access to electronic documents and records FA 2022 2. Financial Application - User Access Management FA 2023 1. Financial Application - User Access Management | High | Regular Review occurring and documented. This evidence will be provided. | Progressing |
| 87 | Long Term Financial Plan | 5.2 Audit Finding Long Term Financial Plan | <p>Finding: There is no current Long Term Financial Plan (LTFP) in place for the Shire. This document provides a framework to help assess the short, medium and long term impact of funding decisions on the Shire's financial sustainability and is a required element of the Integrated Planning & Reporting Framework.</p> <p>Management are aware of this and we understand that development has commenced but is in its preliminary stages.</p> <p>Implication: The absence of an LTFP may expose the Shire to financial sustainability risks due to lack of financial forecasting information to assess the impact of decisions</p> | <p>Recommendation: The LTFP should be developed and annually reviewed as part of the budgeting process to ensure it remains relevant to inform financial decision making.</p> <p>Management Comment and Action: The LTFP will be developed and implemented in 2024.</p> <p>Risk Rating: High Risk</p> | | High | To be developed in collaboration with Annual Budget, and Council Plan. | Programmed for 2024 |

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|--|---|---|---|---|--|-------------|---|-------------|
| Regulation 5 Review - November 2023 | | | | | | | | |
| 88 | Procurement & Purchasing Process Compliance | 5.3 Audit Finding Procurement & Purchasing Process Compliance | <p>Finding: Paxon performed testing of a sample of procurement transaction and noted the following points: - The Shire does not require evaluation panel members to sign the evaluation to evidence participation or to complete conflict of interest forms. - PO73158's procurement threshold is between \$50,001 to \$250,000 (exclusive of GST), therefore at least three written quotations were required. Only two quotations were received and there is no evidence as to how many were sought, as this is not documented. - There is no documented justification for the exemption of procurement processes relating to PO79201.</p> <p>Paxon also noted findings in relation to the three way matching of purchase order, goods and service receipting and invoices, which is a key financial control. - There is no invoice payment approval noted for PO75908. - Total invoice amount is more than the original purchase order amount for PO77065 and no approval of the was provided for the approximate \$600,000 variance noted. - For PO79201 the purchase order and invoice, but they contain different descriptions for the service provided. The PO description relates to the supply of security to look after machinery and materials and the invoice description relates to supply of fuel trailer. - Purchase order date does not precede invoice date on 3/10 of the procurement samples for PO75129, PO77126, and PO74550.</p> | <p>Implication: Non-compliance with procurement and three way matching processes may result in a lack of appropriately authorised transactions and potentially misappropriation.</p> <p>Recommendation: 5.3.1 Evaluation forms should be signed as evidence of outcome and participation and conflicts of interest should be included to record evidence of their consideration. 5.3.2 All steps of review and authorisation through procurement and three way matching processes should be evidenced and any deviations from process documented, authorised and recorded. 5.5.3 A report should be run monthly to assess the volume and value of invoices being received before purchase orders are raised. These should be reviewed and investigated with officers not following process receiving training to increase process compliance.</p> <p>Management Comment and Action: Management agrees with the recommendations and will develop appropriate evaluation forms and declarations.</p> <p>A full review of procurement is currently occurring. While the procurement policy can not always be met due to regional and remote situations, an accompanying memo must be signed by the relevant Director or CEO.</p> <p>Risk Rating: High Risk</p> | Reg 17 5.1 Procurement Framework (Risk Management) Reg 17 5.3 Monitoring compliance legislation and regulations in regard to tendering and procurement (Legislative Compliance) | High | | Not Started |
| 89 | Financial Delegations | 5.4 Audit Finding - Financial Delegations | <p>Finding: There are two documents within the Shire that set out delegated authority limits to authorise purchases: - Policy F1 Procurement of Goods and Services includes officers authorised to sign purchase orders and requisition of goods and services for amounts >\$50,000 - D-CP3 Procurement Purchasing Limits CEO Directive includes authorised officers to sign purchase orders and requisition of goods and services on behalf of council for amounts <\$50,000</p> <p>The content of these two documents was compared to the access granted to officers within the Synergysoft finance system to authorise purchase orders and the following differences were noted: Delegation within System but no documented delegation o Manager of Administration \$30,000, Deputy Chief Executive Officer \$125,000, and Executive Services Project Director \$125,000 - Different amounts, noted between documented delegation and finance system</p> <p>CEO - \$250k - Finance System \$10m, Director Strategic Business - \$125K, Finance System \$250k, Director TDS - \$125K - Finance System</p> <p>"We understand that this difference may be due to the practicality of a CEO undertaking activity authorised by Council. - Documented delegation, not included within finance system o Manager of Community Development Fitzroy Crossing (\$30,000)</p> <p>Implication: If delegation amounts in Synergysoft are not aligned with documented authority limits, it can lead to unauthorised or inappropriate spending resulting in fraud and/or non-compliance with procurement policies and regulations. Manager of infrastructure \$60,000, Manager of</p> | <p>Recommendation: Perform regular review to ensure that the detail of the purchasing limits documents (F1 and D-CP3) are reflected within Synergysoft. This should be performed on at least an annual basis and before the Delegated Authority Register is presented to Council.</p> <p>Management Comment and Action: This will be reviewed annually and changes made.</p> <p>Risk Rating: High Risk</p> | | High | Quarterly review to be conducted and reported to Executive Team as part of Risk Management. | Progressing |
| 90 | Corporate Credit Cards | 5.5 Audit Finding - Corporate Credit Cards | <p>Finding: Review and testing of corporate credit card processes highlighted the following: - For the period reporting 13th May 2021 to 13th June 2021, the Chief Executive Officer, Director of Technical Development, and Director Corporate Services have not signed to evidence that all transactions on the corporate credit card were for work related purchases in accordance with the transaction card policy and procurement policy of the Shire. Other periods had been evidenced as signed. - For the three credit card expenditure activities recorded in May to June 2021, the reconciliation is processed by the accounts payable officer on 30th July 2021. However, the reconciliation has been reviewed and the senior finance officer's name is provided but not signed off. - Internal Guidance documents do not include authorised corporate credit card holders nor the limits allowed for each card holder.</p> <p>Implication: Expenditure may not be incurred or acquitted appropriately, is not reconciled effectively and allocated to cost centres accurately.</p> | <p>Recommendation: 5.6.1 Credit card statements should be signed by the holder to evidence review of appropriate expenditure. 5.6.2 Reconciliations should be signed and dated by the performer to evidence timely performance. 5.6.3 The positions allocated credit cards and the approved limits should be documented within internal guidance and aligned with delegated authority.</p> <p>Management Comment and Action: Credit Card statements are signed. Signed version provided. Management will implement recommendation 5.6.3</p> <p>Risk Rating: Medium Risk</p> | Reg 17 5.2 Use of credit cards (internal control) | Medium | | Not Started |

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| Regulation 5 Review - November 2023 | | | | | | | | |
| 91 | Financial Risk | 5.6 Audit Finding - Financial Risk | <p>Finding: The financial risks identified and assessed by the Shire were requested, but only the risk management framework was received, not specific documented risks.</p> <p>A financial task calendar to identify required activity during the financial year is kept, however there are no responsible employees for the tasks and there is also an absence of deadlines recorded.</p> <p>Implication: - Financial risks may not be appropriately identified, assessed and managed. - Financial processes may not be performed completely and timely.</p> | <p>Recommendation: 5.6.1 A plan should be developed to make the risk management framework operational. 5.7.2 Within the task calendar it should clearly define responsibility and the timeframe.</p> <p>Management Comment and Action: Management agrees with this recommendation and a full review of the Risk Framework is scheduled for 2024</p> <p>Risk Rating: Medium Risk</p> | | High | Risk Management review is occurring in 2024. | Progressing |
| 92 | Collection of Aged Debt | 5.7 Audit Finding - Collection of Aged Debt | <p>Finding: From a review of debtor's trial balances the following were noted: The July 2021 debtors trial balance amount for debtors over 90 days is \$538,058.51, which related mainly to three organisations; Thunderbird Operations Pty, Pluton Resources Ltd and Royal Flying Doctor Service.</p> <p>The February 2022 debtors trial balance amount for debtors over 90 days is \$480,930.61, which related mainly to three organisations; Kimberley Mineral Sands, Pluton Resources Ltd and WA Aboriginal Environment.</p> <p>The September 2022 debtors trial balance amount for debtors over 90 days is \$191,127.80, which related mainly to three organisations; Pluton Resource Ltd, Mowanjum Aboriginal Corporate and Cleanaway Co Pty Ltd.</p> <p>Within F4 Sundry Debtors Collection Policy, clause 2.1.d) it states that debt over 90 days will be referred to the debt collection agency.</p> <p>Within the legal active files report and the legal letter of demand provided to Paxon none of the debtors were included and there was no explanation as to why they were exempted.</p> <p>Implication: Non-compliance with policy through not referring aged debtors to the debt collection agency resulting in delayed debt recovery or non-collection.</p> | <p>Recommendation: In-line with policy debt should be referred to the collection agency or reasons for non-referral documented and reviewed periodically to assess if circumstances change.</p> <p>Management Comment and Action: Review of debtors to occur.</p> <p>Risk Rating: Low Risk</p> | FA 2023 10. Expected Credit Losses Model (ECL) | Low | Debt management is clearly detailed and adhered to. Debtors are reviewed at regular intervals and referred if appropriate. End of Year review commences May to ensure complete by end of June. Report may be presented to Council dependant on write off amounts. | Completed |
| 93 | Back-up Procedures | 5.8 Audit Finding - Back-up Procedures | <p>Finding: The monthly backup report was obtained for July 2023 and it was determined that not all reports have been backed up successfully. The verified success rate noted within the report was 67.74% for the service performed by Managed IT. In terms of the success-failure status, 15 reports were backed up successfully, with 28 reports having either a 'no result', 'pending', or 'failure' indication for the back-up of the reports during the month.</p> <p>There was no evidence of follow-up that failed back-ups had been re-performed effectively, apart from an email from the service provider that this is performed.</p> <p>Implication: Unsuccessful backing up of data can lead to data loss .</p> | <p>Recommendation: Failed back-up processes should be followed-up timely and evidence obtained that it has been performed effectively.</p> <p>Management Comment and Action: Will follow up with Managed IT.</p> <p>Risk Rating: Low Risk</p> | Reg 17 5.1 IT mangement plan and data recovery procedure (Risk Management) Reg 17 5.2 Authorising changes to data files and system (Internal Control) ISA 2022 5. Physical and Environmental Security Management. | Low | Managed IT implement improvements and a procedure for errors and next action steps. | Completed |
| 94 | Cash Discrepancies | 5.9 Audit Finding - Cash Discrepancies | <p>Finding: D-CP7 Cash Handling and Security sets out the process for dealing with discrepancies, which are reported to the Director Corporate Services, but there is not a log of differences kept from which trends could be identified.</p> <p>The shire uses a daily till receipting analysis summary to record all daily till receipts. The daily till receipting analysis summary as of 3 November 2023 was selected for review and Paxon noted that it does not have a preparer and reviewer signature and date recorded, though the name of the preparer and reviewer is typed.</p> <p>Implications: Without a record of differences, it becomes challenging to identify trends that may indicate internal theft or fraud.</p> | <p>Recommendation: 5.9.1 A log of cash discrepancies should be maintained to identify trends or patterns. 5.10.2 The preparer and reviewer of the till receipting summary should be fully documented and dated.</p> <p>Management Comment and Action: Procedure improvements have been made and will continue to be reviewed</p> <p>Risk Rating: Low Risk</p> | | Low | Procedure updated, staff training and secondary sign off implemented. | Completed |

9.5 GOVERNANCE AND COMPLIANCE - INTERNAL CONTROLS

File Number: 5476

Author: Telia Reilly, Governance and Risk Coordinator

Responsible Officer: Tamara Clarkson, Acting Chief Executive Officer

Authority/Discretion: Executive

SUMMARY

Pursuant to regulation 16 of the *Local Government (Audit) Regulations 1996*, the Audit and Risk Committee assists Council in fulfilling its responsibilities regarding the oversight of internal and external audits at the Shire, ensuring due care, diligence, and skill are applied.

The purpose of this report is to provide Council with the status of internal control management matters within the Shire.

DISCLOSURE OF ANY INTEREST

Nil by Author or Responsible Officer.

BACKGROUND

Local Government (Audit) Regulations 1996 outline the functions of a local government audit committee. Council at its meeting dated 26 October 2023 confirmed the purpose of the current Audit Committee, which included amongst others the following:

- Review the CEO's Systems and Procedures and progress its implementation.

Due to an increased focus on the accountability of local governments, a review of the effectiveness of all business processes is becoming best practice. Internal auditing is one way to reduce risk and identify improvements in internal controls. There are many benefits to conducting internal audits, such as:

- Improving the performance of the organisation;
- Making the organisation process-dependent instead of person-dependent;
- Identifying redundancies in operational and control procedures and the provision of recommendations to improve the efficiency and effectiveness of procedures;
- Serving as an early warning system, enabling deficiencies to be identified and remediated on a timely basis (i.e., prior to external, regulatory or compliance audits); and
- Increasing accountability within the organisation and supports strategic objectives.

Compliance Calendar

The Shire has a Compliance Calendar which is used to track activities and action due dates to ensure compliance is met with critical legislative compliance requirements, operational requirements and also reduce risk of non-compliance. Data entered in to this system throughout the year supports completion of the annual Compliance Audit Return. This is a requirement from State Government and is reported to the Audit and Risk Committee meeting prior to being submitted for Council endorsement.

STATUTORY ENVIRONMENT

Local Government Act 5.2.7 (Role of Council) outlines that Councils are to govern the local government's affairs; take responsibility for the performance of their local government's functions, and oversee the allocation of their local government's finances and resources.

Local Government Act 5.41 (Functions of CEO) outlines that the functions of the CEO include the requirement to manage the day to day operations of the local government, including coordinating the undertaking of the legislative requirements of the local government.

Local Government Act 7.1A (Audit committee) requires that every local government is to establish an audit committee of three or more persons to exercise the powers and discharge the duties conferred on it (the functions of which are outlined in Regulation #16 of Local Government (Audit) Regulations 1996).

POLICY IMPLICATIONS

Nil applicable.

FINANCIAL IMPLICATIONS

Nil.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|---|---------------------------------|
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.2 Provide strong governance |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|---|------------|-------------|---------------|---|
| Legal & Compliance: Non-compliance with legislation. | Possible | Moderate | Medium | Continue to build and monitor internal procedures and to train/manage staff on legislative compliance |
| Reputation: Adverse media and lack of community confidence. | Possible | Moderate | Medium | Continue to build and monitor internal procedures and to train/manage staff on legislative compliance |

CONSULTATION

Nil.

COMMENT

This report highlights to Council, actions taken by the Acting CEO to ensure compliance and minimise risk.

It also promotes an improved understanding by officers, of the strategic risk/compliance expectations of the Council.

The Shire is also in the process of reviewing the data to ensure it is presented in the best format possible.

VOTING REQUIREMENT

Simple majority

ATTACHMENTS**1. Shire of Derby / West Kimberley Internal Controls - January 2025****COMMITTEE RESOLUTION AC06/25**

Moved: Deputy President Haerewa

Seconded: Cr Angwin

That the Audit and Risk Committee recommends that Council note the information contained in the Shire of Derby/West Kimberley Internal Controls – January 2025 report.

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0

Shire of Derby / West Kimberley
Internal Controls - January 2025

| | Task Number | Calendar task | Category | Legislation | Comment | Status |
|----|-------------|--|-------------------------|--|---|---------------------|
| 1 | C236-5 | Review Risk Management Framework (Risk Management). The Risk Management Framework is to be reviewed for appropriateness and effectiveness at least every three years | Compliance Requirement | Local Government (Audit) Regulations 1996, Reg.17 CEO to review certain systems and procedures | This is an ongoing action item. Annual review due 1 March 2025 | Ongoing Action Item |
| 2 | C121-6 | Review work, health and safety processes | Legislative Requirement | Work Health and Safety Act 2020 | CEO directives have been prepared for CEO's approval | Ongoing Action Item |
| 3 | C94-75 | Gift & Travel Register Online | Legislative Requirement | Local Government (Administration) Regulations 1996, Reg.28A Register of gifts (Act s.5.89A(3)) | Available on Shire website | Ongoing Action Item |
| 4 | C274-2 | Local Heritage Survey | Legislative requirement | Heritage Act 2018, s103,s104,s105 and s44C | The report is currently being produced by the consultant. It is anticipated that the report will be available by February 2025 | Progressing |
| 5 | C166-4 | Aerodrome Manual Review | Operational Task | N/A | Derby's manual has been completed, and Fitzroy Crossings manual review is being undertaken by CASA This is an ongoing action item (yearly review in September) | Ongoing Action Item |
| 6 | C233-1 | Review of CEO Directives | Operational Task | N/A | CEO directives are regularly reviewed for relevance | Ongoing Action Item |
| 7 | C312-1 | Derby and Fitzroy Crossing Airports Framework Agreements | Operational Task | N/A | This item is progressing and is due for completion in December 2024 | Progressing |
| 8 | C161-4 | Waste Management Annual Audit Compliance Report | Operational Task | N/A | This item is progressing and is due for completion in December 2024 | Progressing |
| 9 | C39-8 | Official Conduct Complaints Register | Legislative Requirement | Local Government Act 1995, s.5.121 Register of certain complaints of minor breaches | Updated as required. Available on the website | Ongoing Action Item |
| 10 | C221-12 | Financial Interests Register (Primary, Annual and Related Party Returns, CEO Gifts) | Legislative Requirement | Local Government Act 1995, s.5.88 Register of financial interests Local Government (Administration) Regulations 1996, Reg.28 Register of financial interests, form of (Act s. 5.88(2)) | Updated as required. Available on the website | Ongoing Action Item |
| 11 | C261-5 | Financial Interests Register (Interest Disclosures at Council Meetings and within Officer Reports) - Internal Audit | Legislative Requirement | Local Government Act 1995, s.5.88 Register of financial interests Local Government (Administration) Regulations 1996, Reg.28 Register of financial interests, form of (s.5.88(2)) | Updated as required. Available on the website | Ongoing Action Item |
| 12 | C269-5 | Common Seal Register | Legislative Requirement | Local Government Act 1995, s.9.49A Execution of Documents | A review of the Common Seal Register is currently being undertaken | Progressing |
| 13 | C142-6 | Road Asset and Expenditure Return | Compliance Requirement | Local Government Grants Act 1978, s.12 Powers of commission | WALGA Road Asset and Expenditure Return | Completed |
| 14 | C11-5 | Annual General Meeting of Electors - Public Notice | Legislative Requirement | Local Government (Administration) Regulations 1996, Reg.12 Meetings, public notice of (Act s.5.25(1)(g)) Local Government Act 1995, s.5.27 Electors' General Meetings Local Government Act 1995, s.5.29 Convening Electors meetings Local Government Act 1995, s.5.33 Decisions made at Electors Meetings | Completed | Completed |
| 15 | C83-3 | Elections - Destruction of Election Papers | Legislative Requirement | Local Government (Elections) Regulations 1997, Reg.82 Keeping Election Papers, s.4.84a) Local Government Act 1995, s.4.84 Retention and availability of electoral papers, regulations about | Completed | Completed |
| 16 | C107-51 | Local Emergency Management Committee | Legislative Requirement | Emergency Management Act 2005, s.38 Local Emergency Management Committee | Meetings are held at a minimum three times a year | Ongoing Action Item |
| 17 | C113-5 | Local Laws Review | Legislative Requirement | Local Government Act 1995, s.3.16 Periodic Review of Local Laws | Review is progressing | Ongoing Action Item |
| 18 | C128-79 | Financial Interest Register - Primary Returns for New Employees | Compliance Requirement | Local Government Act 1995, s.5.75 Primary Returns | Updated as required | Ongoing Action Item |
| 19 | C147-5 | Tender Register - Review of register for compliance | Compliance Requirement | Local Government (Functions and General) Regulations 1996, Reg.17 Tenders Register | This is an ongoing action item | Ongoing Action Item |
| 20 | C154-6 | Annual Staff Performance Reviews | Legislative Requirement | Local Government Act 1995,s.5.38 Annual Review of employees performance | Staff performance reviews are progressing | Progressing |

| | Task Number | Calendar task | Category | Legislation | Comment | Status |
|----|-------------|--|-------------------------|---|--|---------------------|
| 21 | C226-2 | Community Strategic Plan - Collection of Key Performance Indicators | Legislative Requirement | Local Government Act 1995, s.5.56 Planning for the future | Acting CEO is currently reviewing | Progressing |
| 22 | C237-25 | Monitor Legislative Changes | Operational Task | N/A | Regular Review | Ongoing Action Item |
| 23 | C170-7 | RCD/Smoke Alarm/Grounding - Electrical Safety Certificates for Residential Accommodation | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |
| 24 | C227-3 | Fitzroy Crossing Council Meetings - Scheduling yearly Council Meetings | Operational Task | N/A | This is an ongoing action item - Annual review in November | Ongoing Action Item |
| 25 | C280-1 | Yearly Tender Register to be recorded into Synergy Records | Operational Task | N/A | Updated as required | Ongoing Action Item |
| 26 | C255-2 | Councillor Service Register and Honour Board Update | Operational Task | N/A | Updated following each local government election | Ongoing Action Item |
| 27 | C189-3 | Annual Electrical Technical Inspections (Derby and Fitzroy Crossing Airports) | Operational Task | N/A | Annual Review | Ongoing Action Item |
| 28 | C193-3 | Local Public Notice - Council / Committee Meeting Schedule | Legislative Requirement | Local Government (Administration) Regulations 1996, Reg.12 Meetings, public notice of (Act s.5.25(1)(g)) | Completed | Completed |
| 29 | C162-4 | Waste Management License - Fitzroy Crossing | Operational Task | N/A | Completed | Completed |
| 30 | C260-21 | Derby Port Monthly Report Coordination and Submission | Compliance Requirement | N/A | This is an ongoing action item | Ongoing Action Item |
| 31 | C270-32 | Financial Position Statement | Legislative Requirement | Local Government (financial management) Regulations 1996 - Reg.34 and 35 | Completed | Completed |
| 32 | C120-5 | MRRG Road Improvement and Rehabilitation and Black Spot Road Project Grants | Operational Task | N/A | Annual Review | Ongoing Action Item |
| 33 | C163-23 | Airports Inspections and Reports (Derby and Fitzroy Crossing) - Weekly Report | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |
| 34 | C204-10 | Leases - Renewals /Extensions | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |
| 35 | C205-6 | Leases - Annual Fee Recalculation | Operational Task | N/A | Annual Review | Ongoing Action Item |
| 36 | C242-16 | Derby Youth Partnership Agreement - Rio Tinto Funding /Quarterly Partnership Meetings | Legislative Requirement | N/A | This is an ongoing action item | Ongoing Action Item |
| 37 | C262-20 | Financial Interests Register (Interest Disclosures at Council Meetings) | Legislative Requirement | Local Government (Administration) Regulations 1996, Reg.28 Register of financial interests, form of (Act s.5.88(2)) | This is an ongoing action item | Ongoing Action Item |
| 38 | C313-2 | Confirmed Minutes of Council or Committee Meetings to be published to Shire website | Legislative Requirement | Local Government Act 1995, s.5.96A Information published on official website | Updated and available on website monthly | Ongoing Action Item |
| 39 | C169-2 | National Strategic Plan for Asbestos Awareness and Management 2019-2023 (NSP 2019-2023) | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |
| 40 | C206-12 | Elected Member Training Register Review | Compliance Requirement | N/A | Staff are reviewing to ensure compliance | Ongoing Action Item |
| 41 | C263-2 | Financial Interest Register (Interest Disclosure at Council Meetings) - Yearly Register to be recorded | Compliance Requirement | N/A | This is an ongoing action item | Ongoing Action Item |
| 42 | C268-13 | Outstanding Compliance Calendar Tasks | Operational Task | N/A | Ensures internal compliance | Ongoing Action Item |
| 43 | C143-46 | Roads to Recovery - Online Submission Expenditure Report and Forecast for the Next Quarter | Operational Task | N/A | Quarterly Review | Ongoing Action Item |
| 44 | C168-20 | Fitzroy Crossing Checklist of Regular Activities | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |
| 45 | C223-30 | Managed Services Contract Management - IT Management Meetings and Site Visits | Operational Task | N/A | Next site visit scheduled for February 2025 | Ongoing Action Item |
| 46 | C329-1 | Corporate Firearms License - Information Review | Operational Task | N/A | This is an ongoing action item | Ongoing Action Item |

9.6 FITZROY CROSSING AIRPORT - MANUAL**File Number: 9020****Author: Wayne Neate, Director Infrastructure****Responsible Officer: Tamara Clarkson, Acting Chief Executive Officer****Authority/Discretion: Information****SUMMARY**

This report is for the Audit and Risk Committee to receive the following item pertaining to the Fitzroy Crossing Airport. The following document is being put forward to be noted;

- Fitzroy Crossing Airport Manual

These documents ensure that our airports continue to operate safely and in compliance with national regulations, safeguarding both aviation operations and public safety. The annual inspections list areas for improvement or required modifications to meet current standards.

DISCLOSURE OF ANY INTEREST

Nil by Author or Responsible Officer.

BACKGROUND

Currently the Shire of Derby/West Kimberley owns and operates two registered airports in Derby (designated YDBY) and Fitzroy Crossing (designated YFTZ).

Derby airport receives approximately 7,000 aircraft movements annually whilst Fitzroy Crossing airport receives approximately 5,000 aircraft movements annually.

Both airports are not staffed however they operate 24 hours a day, 7 days a week. The main airport users are RFDS (daily), Commercial and Private operators, Regular Passenger Transport (Aviair RPT), Tourism and Department of Defence.

To operate, Australian airports must comply with the Civil Aviation Safety Authority (CASA) legislation and the Manual of Standards 139 (MOS 139).

In order to comply with MOS 139 the airport operator shall manage and maintain;

Airport Operations Manual (AOM)

- The AOM is required to be updated every five years and is site-specific.
- In 2024, both Derby and Fitzroy Crossing airport (still under review by CASA) manuals were updated by Aerodrome Management Services (AMS) and have reduced the number of requirements to reflect the actual operations at the airport.

Daily airport operations are managed by trained Airport Reporting Officers (ARO's) who ensure that airside management and procedures are followed to ensure compliance and safety.

- Currently, there are five ARO's in Derby and two in Fitzroy Crossing that rotate roles on a weekly basis. In addition, there are four pending officers awaiting ARO certificates which will allow them to undertake airport operations.

The daily process or operational checklist of an ARO is determined by the latest version of the AOM and this is why it requires updating on a regular basis to ensure daily operations are meeting the required standards of the MOS 139 and reflecting how an airport can operate safely.

Upon completion of the updated AOM all information is provided to CASA for their comment, review and final approval.

CASA have reviewed and approved the updated Fitzroy Crossing AOM and have provided an Aerodrome Certificate pursuant to regulation 139.030 of the Civil Aviation Safety Regulations 1998 (CASR).

STATUTORY ENVIRONMENT

Part 139 of the Civil Aviation Safety Regulations (CASRs) Manual of Standards (MOS 139).

POLICY IMPLICATIONS

PC1 Risk and Opportunity Management

FINANCIAL IMPLICATIONS

The annual costs for both the review of the Manuals for both Airports was included within the 2024/25 adopted budget.

The costs for the Manual are as follows;

- Manual updates for both Derby and Fitzroy Crossing – \$28,000

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|----------------|--------------------------|--|
| 4. Environment | 4.2 Liveable Communities | 4.2.3 Encourage and facilitate the maintenance and development of infrastructure that connects our communities |
| 2. Community | 2.2 Healthy Communities | 2.2.1 Build, maintain and maximise the use of community facilities |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|---|------------|-------------|---------------|--|
| Legal & Compliance: If the Manual is not undertaken as required the airport could be deemed as non-compliant and potentially closed | Rare | Moderate | Low | Five yearly airport manual review and upgrade. |
| Organisation's Operations: If the infrastructure is | Rare | Major | Low | Maintain airport infrastructure, buildings, runway, taxi-way, apron, |

| | | | | |
|--|------|-------|-----|--|
| not maintained to a standard it could be deemed as non-compliant | | | | Airport buildings, grounds to allow appropriate use |
| Community: If deemed non-compliant community could be impacted via not having connection when required or in times of need | Rare | Minor | Low | Ensuring aerodrome remains compliant to provide services to community. |

CONSULTATION

Officers have been liaising with AMS and CASA to ensure all aspects of the manuals in particular meet all legislative requirements.

COMMENT

Maintaining airport compliance is essential for ensuring both safety and continued access for communities such as Derby and Fitzroy Crossing. Compliance with the CASA regulations and MOS 139 helps to guarantee that airports are equipped to handle various types of aircraft and aviation services, from the Royal Flying Doctor Service to regular passenger transport, commercial charter flights, and tourist operators. These services are vital to the community, especially in remote or regional areas like Derby and Fitzroy Crossing, where access to medical care, commercial transportation, and tourism opportunities depend on air travel.

The importance of maintaining these standards became particularly clear during the January 2023 floods. This flood significantly disrupted ground transportation and isolated communities, making air services crucial for emergency medical evacuations, supply delivery, and connecting residents to essential services. Without compliant and safe airports, the reliability of these services would be compromised, potentially putting lives at risk.

In the case of Fitzroy Crossing, ensuring that airport is compliant with CASA standards means that the community can rely on air transportation. Regular monitoring, maintenance, and compliance with aviation regulations are critical not only for day-to-day operations but also for the community's resilience during emergencies.

It is recommended that the committee note the report that has been tabled.

VOTING REQUIREMENT

Simple majority

ATTACHMENTS

1. Fitzroy Crossing Aerodrome Manual V4 - New

COMMITTEE RESOLUTION AC07/25**Moved: Deputy President Haerewa****Seconded: Cr Angwin****That the Audit and Risk Committee recommends to Council that the following reports be noted:****1. Fitzroy Crossing Aerodrome Manual**In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr TwaddleAgainst: Nil**CARRIED 4/0**



Shire of Derby / West Kimberley

AERODROME MANUAL

Shire of Derby/West Kimberley

Fitzroy Crossing Aerodrome

Document Name: YFTZ Aerodrome Manual
Version: 4
Amendment Date: 20/09/2024
Page 1 of 92

Amended by: Paige Verheyden
Approved by: Wayne Neate
Next Review: 20/09/2025



| | |
|----------------|---|
| Title | Aerodrome Manual – Fitzroy Crossing Aerodrome |
| Purpose | The purpose of this document is to describe how work undertaken at Fitzroy Crossing Aerodrome is managed in compliance with Civil Aviation Safety Regulations 1998 (CASRs), and associated Part 139 (Aerodromes) Manual of Standards 2019 (Part 139 MOS). |
| Scope | <p>This document will be used by Fitzroy Crossing Aerodrome management and staff. This document will be referenced, as a guide, for the management, operation and maintenance of the aerodrome.</p> <p>This manual does not include Shire of Derby / West Kimberley specific Safe Work Procedures (SWP) or AMS Safe Work Method Statements (SWMS) or Standard Operating Procedures (SOP). These are stored and maintained by the separate operators in their own systems. Any subsidiary documents are listed in section 1.3 for reference.</p> |

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1 Reference Material / Supporting Documentation

1.1 Regulatory Material

| Document type | Title |
|---------------------|---|
| Regulation | Part 123 of the Civil Aviation Safety Regulations 1998 |
| Manual of Standards | Part 139 (Aerodromes) Manual of Standards 2019 Federal Register of Legislation - Australian Government |
| CAO 20.3 | https://www.legislation.gov.au/Series/F2005B00776 |
| CAO 20.9 | https://www.legislation.gov.au/Series/F2005B00787 |
| Security | Aviation Transport Security Act 2004 (ATSA) Aviation Transport Security Regulations 2005 (ATSR) https://infrastructure.gov.au/security/aviation/airport-operators.aspx |

1.2 Forms/Checklists

| Version | Title |
|---------|---|
| 2 | Serviceability Inspection Checklist |
| 2 | Aerodrome Weekly Inspection Checklist |
| 1 | Aerodrome 6-Monthly Lighting Inspection Checklist |
| 2 | 12-Monthly Lighting Inspection (Electrician) |
| 2 | Wildlife Hazard Register |
| 1 | Airside Driver Rules & Declaration |
| 1 | Airside Driving Questionnaire |
| 1 | GRF Inspection Checklist |

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1.3 Supporting Operating Manuals

| Document type | Storage location |
|---------------|--|
| AFRU/ PAL | Depot office |
| SOP | Global Reporting Format (GRF) Inspection |

1.4 Plans

| Plan no. | Title | Revision |
|-------------|--|----------|
| B3020/01/02 | Airport Overall Lease Plan | 1 |
| B3978/02/03 | Level/Feature Survey Plan | 0 |
| YFTZ-MP-001 | Aerodrome Crash Plan | A |
| YFTZ-MP-003 | Obstacle Limitation Surface – Transitional and Obstacle Detail | B |
| YFTZ-MP-004 | Aerodrome Facilities Plan | A |
| YFTZ-MP-005 | Aerodrome Boundary Plan | A |
| YFTZ-MP-006 | Aerodrome Location Plan | A |
| YFTZ-MP-007 | Runway Marking Plan | A |
| YFTZ-MP-008 | Lighting Facilities Plan | A |
| YFTZ-MP-009 | Apron Facilities Plan | B |
| YFTZ-DR-010 | Draft Bay Markings | A |

1.5 Supporting Files

These files shall be accessible from the Aerodrome Managers office within the Terminal Building.

These files will be considered as supporting documents and are to be well maintained and accessible to the aerodrome management staff and Reporting Officers during all hours.

| File no. | Title |
|----------|-----------------------------------|
| 1 | Aerodrome Emergency Records |
| 2 | Electrical File |
| 3 | Aerodrome Reporting Records |
| 4 | Aerodrome Access Records |
| 5 | Serviceability Inspection Records |
| 6 | Technical Inspection Records |
| 7 | Aerodrome Works Records |
| 8 | Wildlife Hazard Records |
| 9 | Aerodrome General |
| 10 | Safety Management System Records |
| 11 | Drug and Alcohol Management Plan |
| 12 | Training Records |
| 13 | Aerodrome Plans |

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1.6 Contact List

| Name | Phone | Email |
|---|--------------------------------------|--|
| Aerodrome Operator Shire of Derby / West Kimberley Amanda Dexter | 08 9191 0999 | ceo@sdwk.wa.gov.au |
| Aerodrome Manager/Manual Controller/AIP Responsible Person/NOTAM Group Manager Wayne Neate | 0418 922 415 | emtds@sdwk.wa.gov.au |
| Aerodrome Reporting Officers/Works Safety Officers/NOTAM Authorised Personnel Kenneth Mcleod Khendon Garner | ARO Mobile/AH PH: 0427 915 201 | |
| Aerodrome Consultant (ATI Inspector) Aerodrome Management Services Pty Ltd ATI Inspector Kevin Thomas | 0448 159 443 08 9221 6777 | kevin@amsaustralia.com ams@amsaustralia.com |
| NOTAM Office | 02 6268 5063 F 02 6268 5044 | nof@airservicesaustralia.com |
| Civil Aviation Safety Authority (CASA) | 131 757 | west@casa.gov.au |
| IFP Designer Airservices Australia | | IFP@AirservicesAustralia.com |
| Air Service Operator – Skippers Aviation | 08 9478 3989 08 9184 6644 | opsteam@skippers.com.au |
| Air Service Operator - Bush Flight Airlines | 08 9193 2680 F 08 9193 2670 | info@northwestbushpilots.com |
| Air Service Operator – Aviair | 1800 095 500 | |
| Air Service Operator – Star Aviation | 08 9477 4402 | ops@star-aviation.com.au |
| Air Service Operator – Maxem Aviation | 0488 773 478 | charter@maxem.com.au |
| Air Service Operator – Alliance Airlines | 08 9373 0900 | perthops@allianceairlines.com.au |
| Air Service Operator – Aerohire | 08 9417 8885 | cp@aerohire.com.au |
| Air Service Operator – Marooomba | 08 9463 4900 | opsteam@marooomba.com.au |
| RFDS – Perth | 1800 625 800 | operations@rfdswa.com.au |
| Rescue Coordination Centre | 1800 815 257 | |
| ATSB | 1800 011 034 | atsbinfo@atsb.gov.au |
| WA Police Fitzroy Crossing Police Operations Centre | 000 | |
| Fitzroy Crossing Ambulance | 000 | |
| FESA DFES – Fitzroy Crossing Volunteer | 000 | |
| Fitzroy Crossing Hospital | 08 9194 2867 | |
| Crisis Care | 13 11 14 | |

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All electronic records kept in accordance with this manual shall be located within a common folder on the Shire of Derby / West Kimberley electronic data server. Records may be further divided amongst subfolders for convenience.

Data Service Address X:\Subject\9 Ports \9020 Airport – Fitzroy Crossing\9020.1 Manuals – Procedures\Records

2 Preface

2.1 Amendment record

(Part 139 MOS – 10.03)

Revisions to this manual are dated and a new version number assigned accordingly. In addition to recording the date of change for each section or page of this manual, a summary of the changes made is also recorded.

| Version no. | Date of change | Parts and page | Summary of change(s) |
|-------------|----------------|----------------|--|
| 4.0 | 19/12/2024 | All | New template format and full review and update of all parts and sections |

The person responsible for approving this document shall be the Chief Executive Officer, Shire of Derby / West Kimberley.

By approving this document the Chief Executive Officer supports all policies and procedures comprised within this document.

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3 Aerodrome Administration

3.1 Operator's statement

(CASR 139.110(5)(c))

The Fitzroy Crossing Aerodrome Manual has been prepared in accordance with the requirements set out in the Civil Aviation Safety Regulations 1998 (CASRs), and associated Part 139 (Aerodromes) Manual of Standards 2019 (Part 139 MOS).

The contents of this manual describe the systematic approach to the operation and maintenance of Fitzroy Crossing Aerodrome and demonstrates The Shire of Derby / West Kimberley's commitment to managing the aerodrome safely and promoting a positive safety culture.

The aerodrome will be operated and maintained in accordance with the procedures set out in this manual, and in any subsidiary materials that are referenced in this manual, unless a temporary non-compliance or deviation from the procedures is necessary to ensure the safety of aircraft, aircraft operations, or individuals using the aerodrome. If the temporary non-compliance or deviation in the procedures is to take effect on a permanent basis, the manual will be updated. CASA will be advised of a temporary deviation or a change to this manual within 30 days.

At all times when the aerodrome is operating, the aerodrome manual and any subsidiary materials will be accessible by those personnel who have a role of responsibility.

This manual identifies persons from all levels of the organisation that are responsible and accountable for the safe operation of the aerodrome. As the authorisation holder, the Shire of Derby / West Kimberley is committed to ensuring that all individuals understand their responsibilities and accountabilities as defined within this aerodrome manual.

Issued under the authority of:

Position: Chief Executive Officer

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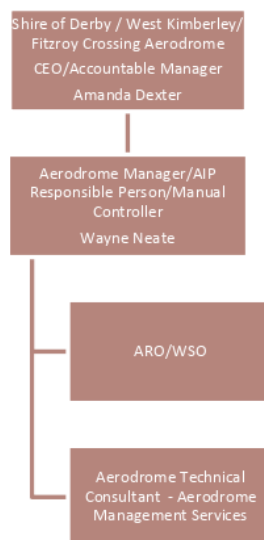
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3.2 Organisational structure

(Part 139 MOS – 11.02(a)(i))

An organisational chart which clearly identifies all personnel responsible for the management and administration of Fitzroy Crossing Aerodrome is inserted below:



3.3 Key personnel

3.3.1 Accountable Manager

(CASR 139.110(1)(5); Part 139 MOS – 11.02(a)(ii); 13.02; 16.08(3); 25.04(2)(4))

| Accountable Manager | |
|---------------------|---|
| Key Role: | The accountable manager has a general knowledge of the relevant civil aviation safety legislation and standards that are applicable to the inspection, reporting, operation and maintenance of the aerodrome. |
| Responsibilities: | <ul style="list-style-type: none"> comply with civil aviation legislation regulations including CASR Parts 99, 139 and 175 Ensure that appropriate resources will be allocated to the aerodrome to support a safe and compliant operation. Management of maintenance of the aerodrome facility and equipment. Oversight of local risks to ensure facilities are safe, secure and fit for purpose in order to meet operational requirements. Liaison with statutory bodies in relation to incidents and accidents. Attendance (or delegate) at Emergency and Aerodrome Meetings. |

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3.3.2 Management positions (aerodrome operation and maintenance)

(Part 139 MOS – 10.01(4); 11.02(b)) (Part 139 MOS – 11.02(a)(ii)) (Part 139 MOS – 11.02(c))

| Aerodrome Manager / Manual Controller | |
|---------------------------------------|---|
| Key Role: | This management position is responsible for the aerodrome's operations, maintenance and safety functions including the responsibilities of the below roles: |
| Responsibilities: | <ul style="list-style-type: none"> • Ensure compliance in operation in accordance with Civil Aviation Safety Regulations 1998 (CASRs), and associated Part 139 (Aerodromes) Manual of Standards 2019 (Part 139 MOS), and this manual • Ensure that the aerodrome facilities and equipment are planned, constructed, installed and maintained in accordance with the Part 139 MOS • Ensure Aerodrome Manual amendments/ deviations are advised to CASA within 30 days • Ensure aerodrome published information is managed in accordance with CASR Part 175 • Ensure that all personnel are trained in accordance with the Part 139 MOS [Note; this includes Aerodrome Reporting Officers, Works Safety Officers and personnel conducting Technical Inspections] and that all training records are maintained • Review, in conjunction with the Aerodrome Reporting Officers, reports received from CASA and the Aerodrome Consultant in an auditable way • Maintain and review the aerodrome subsidiary documents. • Reviewing, maintaining, amending, and controlling the Aerodrome Manual and subsidiary documents whenever necessary to maintain their accuracy • Record-keeping of the persons who hold copies of the whole or part of the Aerodrome Manual • Distribution of updates of information for the manual [in printed or electronic form] to those persons and compliance within a specified time • Monitoring currency of all distributed copies • Compliance with directions given by CASA to amend the manual • Advice to CASA, in writing, of any amendment that the operator makes to the manual for the aerodrome within 30 days after the amendment is made • Inclusion of information on where the electronic master copy of the manual is held. |

(Part 175D)

| AIP Responsible person | |
|------------------------|---|
| Responsibilities: | <ul style="list-style-type: none"> • Reviewing, maintaining, amending, and controlling the Aeronautical Data whenever necessary to maintain their accuracy • Complete annual review of aeronautical data • Communicate changes with Airservices accordingly • Advice to CASA, in writing, of any amendment that the operator makes to the ADP for the aerodrome within 30 days after the amendment is made • Training and staff allocation in accordance with CASR 175.445. • Keep the NOTAM group up to date with aerodrome staff approved to complete NOTAMs. |

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The position(s) responsible for the operation, safety and maintenance of the aerodrome are:

| Aerodrome Reporting Officer & Works Safety Officer | |
|--|--|
| Responsibilities: | <ul style="list-style-type: none"> • Conducting Aerodrome Serviceability Inspections in accordance with the Civil Aviation Regulations (CASR) and the procedures in this manual • Reporting on aerodrome serviceability in accordance with the schedules, responsibilities and procedures in this manual • Providing support and assistance in the event of an aerodrome emergency in accordance with the Aerodrome Emergency Plan • Ensuring aerodrome access and security procedures are maintained in accordance with the procedures in this manual • Enforcing airside driving rules and vehicle compliance in accordance with the procedures in this manual • Minimising hazards that relate to bird and animals in accordance with the procedures in this manual • Assisting with the removal of disabled aircraft • Ensuring the safety of aircraft operations during Aerodrome Works in accordance with the procedures in this manual and section 10.12 of Part 139 MOS • Recording all Aerodrome Works • Managing/ supervising and recording all Aerodrome Works • Reporting hazards in line with the Safety Management System procedures • Maintain aerodrome compliance in accordance with current requirements • Maintain mobile plant equipment so as to ensure all is fit for purpose and safe to operate at all times. |

| Maintenance Team – 3rd Party Electrician or Contractor for works | |
|--|--|
| Responsibilities: | <ul style="list-style-type: none"> • Maintain and provide maintenance (both general, electrical and civil) to the aerodrome facilities to ensure compliance and in accordance with current requirements • Called upon in an as needed basis. |

3.4 Aerodrome manual administration

(Part 139 MOS – 10.01(1)(2)(3); 10.02(1)(3)(4); 10.04(1)(2)(b)(c); 11.02(b))

This aerodrome manual identifies all elements required by the Part 139 MOS. Information that is not relevant to the aerodrome's operational context or regulatory compliance is marked NOT APPLICABLE or N/A.

All subsidiary materials that are adopted are clearly referenced in the relevant sections of this manual.

This manual and the adopted subsidiary materials will at all times be accessible by those persons who have a role in the operation and maintenance of the aerodrome.

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3.4.1 Manual control

(Part 139 MOS – 10.01(4); 11.02(b))

- The following individuals / positions are responsible for reviewing, maintaining, amending and controlling this aerodrome manual:

| Individual / position | Role / Function |
|-----------------------|--|
| Aerodrome Manager | Reviewing, maintaining, amending and controlling the aerodrome manual. |
| | Review and provide feedback on aerodrome manual. Standard Operating Procedure author. |
| | Review and provide feedback on aerodrome manual. Standard Operating Procedure author. |
| | Document Management – formatting, controlling and publishing. |

3.4.2 Manual amendment

(Part 139 MOS – 10.03(1)(2)(3))

To maintain the accuracy of this manual, the aerodrome manual controller will be advised of any changes to the aerodrome's facilities, operating procedures, or of any errors or omissions, so that an amendment can be made.

When an amendment is made, the aerodrome manual controller will update the amendment record in the respective section of this manual.

So that readers can identify information in the manual an amendments table which includes a written summary of each change and the date on which the change was made.

Within 30 days of any amendment to this manual, written notice of the change and a copy of the changed part of the aerodrome manual is provided to CASA.

3.4.3 Manual review

(Part 139 MOS – 12.09(6)(a)(ii))

This manual will be reviewed annually as part of the aerodrome technical inspection process.

| | | | |
|-----------------|-----------------------|--------------|-----------------|
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3.4.4 Distribution List

(Part 139 MOS – 10.02(2)(7))

A copy of this manual is retained in the Aerodrome Managers office at Fitzroy Crossing Aerodrome. This manual is made available to CASA for inspection if requested.

Electronic or printed copies of this manual are further distributed as follows:

| Manual holder | Electronic Format | Hard copy |
|--|-------------------|-----------|
| CEO - Shire of Derby / West Kimberley | x | x |
| Director of Technical and Development Services (Airport Manager) | x | x |
| Fitzroy Crossing Works Depot (ARO office) | x | x |
| Civil Aviation Safety Authority | x | |
| Aerodrome Management Services | x | |

Persons printing this manual should be aware that any hard copies are uncontrolled and may not be the most up-to-date version.

Manual holders are responsible for the security of and amendments to their copy of the manual. Holders who are transferred or no longer have any involvement with the aerodrome will pass their copy to their nominated replacement.

The master electronic copy is retained by the Aerodrome Manager.

3.5 Authorisations

3.5.1 Aerodrome certificate – conditions

(Part 139 MOS – 11.01(3)(c))

There are no conditions on the aerodrome certificate issued by CASA.

3.5.2 Aerodrome instruments

(Part 139 MOS – Chapter 11.01(3)(a))

No approvals, determinations, directions, exemptions or other instruments have been issued by CASA.

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4 Aerodrome Information

4.1 Aeronautical information – See Appendices

(Part 139 MOS – 11.01(1); Chapter 5)

The below required aerodrome aeronautical data is contained in Fitzroy Crossing Aerodromes ADP. The ADP is available in the Appendices section of this manual.

- Aerodrome administration statement - (Part 139 MOS – 11.01(1); 5.03(2)(a)-(c))
- Aerodrome location statement - (Part 139 MOS – 11.01(1); 5.03(4)(a)-(f))
- Movement area information – runways - Runway code number - (Part 139 MOS – 11.01(1); 5.04(1)(a))
- Runway bearing, length, width, and surface type - (Part 139 MOS – 11.01(1); 5.04(1)(b)(c))
- Threshold geographical location & elevation - instrument runways - (Part 139 MOS – 11.01(1); 5.04(1)(d)(i)(iii))
- Runway pavement strength rating - (Part 139 MOS – 11.01(1); 5.04(1)(e))
- Runway strip length and width - (Part 139 MOS – 11.01(1); 5.04(1)(f))
- Runway slope - (Part 139 MOS – 11.01(1); 5.04(1)(g))
- Runway declared distances - (Part 139 MOS – 11.01(1); 5.04(1)(h))
- Intersection departure take-off distances available - (Part 139 MOS – 11.01(1); 5.04(1)(h); 5.12(3)(4))
- Supplementary take-off distances available (STODA) - (Part 139 MOS – 11.01(1); 5.04(1)(h))
- Established OLS for the runway - (Part 139 MOS – 11.01(1); 5.04(1)(i))
- Type A charts - (Part 139 MOS – 11.01(1); 5.04(1)(j)(i))
- Type B charts - (Part 139 MOS – 11.01(1); 5.04(1)(j)(ii))
- Obstacle-free zone (OFZ) - (Part 139 MOS – 11.01(1); 5.04(1)(k))
- Arrestor system - (Part 139 MOS – 11.01(1); 5.04(1)(l))
- Movement area information – runway strip availability - (Part 139 MOS – 11.01(1); 5.04(2)(a)(b))
- Movement area information – taxiways - (Part 139 MOS – 11.01(1); 5.04(3)(a)-(d))
- Movement area information – aprons - (Part 139 MOS – 11.01(1); 5.04(4)(a)-(c); 5.04(5)(a)(b))
- Visual aids – approach and runway lighting systems - (Part 139 MOS – 11.01(1); 5.05)
- Approach lighting system(s) (ALS) - (Part 139 MOS – 11.01(1); 5.05(1)(a))
- Runway threshold lights and wing bars - (Part 139 MOS – 11.01(1); 5.05(1)(b))
- Visual approach slope indicator system (VASIS) - (Part 139 MOS – 11.01(1); 5.05(1)(c))
- Touchdown zone (TDZ) lighting - (Part 139 MOS – 11.01(1); 5.05(1)(d))
- Runway centreline lights - (Part 139 MOS – 11.01(1); 5.05(1)(e))
- Runway edge lights - (Part 139 MOS – 11.01(1); 5.05(1)(f))
- Runway end lights - (Part 139 MOS – 11.01(1); 5.05(1)(g); Chapter 9, Division 10)
- Stopway lights - (Part 139 MOS – 11.01(1); 5.05(1)(h))
- Starter extension lighting - (Part 139 MOS – 11.01(1); 5.05(1)(i))
- Runway threshold identification lights (RTIL) - (Part 139 MOS – 11.01(1); 5.05(1)(j))
- Pilot activated lighting (PAL) system - (Part 139 MOS – 11.01(1); 5.05(1)(k))
- Visual aids – other lighting and secondary power supply
- Aerodrome beacon - (Part 139 MOS – 11.01(1); 5.05(2)(a))
- Taxiway lighting systems (including holding positions and stop bars) - (Part 139 MOS – 11.01(1); 5.05(2)(b))
- Apron lighting systems (including VDGS) - (Part 139 MOS – 11.01(1); 5.05(2)(c))
- Other movement areas – lighting systems - (Part 139 MOS – 11.01(1); 5.05(2)(d))
- Obstacle lighting for OLS infringements - (Part 139 MOS – 11.01(1); 5.05(2)(e))
- Secondary power supply (including switch-over time) - (Part 139 MOS – 11.01(1); 5.05(2)(f))

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- Navigation aids - (Part 139 MOS – 11.01(1); 5.06)
- Aviation rescue and fire-fighting services (ARFFS) - (Part 139 MOS – 11.01(1); 5.07)
- Fuel suppliers - (Part 139 MOS – 11.01(1); 5.08(a))
- Weather information broadcasts - (Part 139 MOS – 11.01(1); 5.08(b))
- Ground-to-air communication systems - (Part 139 MOS – 11.01(1); 5.08(c))
- Other aviation-related services made available to pilots - (Part 139 MOS – 11.01(1); 5.08(d))
- Standard taxi routes determined by aerodrome operator - (Part 139 MOS – 11.01(1); 5.09(1)(a))
- Standard taxi routes determined by the ATS provider - (Part 139 MOS – 11.01(1); 5.09(1)(b))
- Aerodrome operational procedures – special procedures - (Part 139 MOS – 11.01(1); 5.09(2))
- Aerodrome operational procedures – notices - (Part 139 MOS – 11.01(1); 5.09(3))
- Aerodrome operational procedures – low-visibility procedures - (Part 139 MOS – 11.01(1); 5.09(4)(a)(b)(c))

4.1.1 Aerodrome diagram

(Part 139 MOS – 11.01(1); 5.03(1)(a)-(j))

A single aerodrome diagram that clearly illustrates all applicable aerodrome facilities prescribed in subparagraph 5.03(1) of the Part 139 MOS has been reported to Airservices and is contained in Fitzroy Crossing Aerodrome's ADP. The ADP is available in Appendix 1 of this manual.

4.2 Aerodrome site plan

(Part 139 MOS – 11.01(2)(a)(i)-(v))

A scaled plan of the aerodrome site that clearly shows all applicable aerodrome facilities prescribed in subparagraph 11.01(2)(a) of the Part 139 MOS is available in Appendix 2 of this manual.

4.3 Site plan – facilities outside the aerodrome boundary

(Part 139 MOS – 11.01(2)(b))

Fitzroy Crossing Aerodrome does not own any aerodrome facilities or equipment that is located outside the boundaries of the aerodrome; therefore, this subsection is NOT APPLICABLE.

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4.4 Aerodrome reference code (ARC) nominations

(Part 139 MOS – 4.01; 11.01)

The nominated aerodrome information listed below is contained within the ADP, which is located in the appendices section of this manual.

| Description | MOS Ref | Comment |
|--|---------------------------------------|--|
| Runways | (Part 139 MOS – 11.01(2)(c)) | The aerodrome reference code (ARC) number, letter and OMGWS for each runway are recorded in the ADP – Appendix 1 |
| Taxiway & Taxilanes | (Part 139 MOS – 11.01(2)(c)) | The aerodrome reference code (ARC) letter and OMGWS for each taxiway and taxilane is recorded in the ADP – Appendix 1 |
| Aircraft parking positions | (Part 139 MOS – 1.08(2)) | Nil requirement to record in ADP (not international operations) or AD Manual (minimum separation distances met, therefore no safety assessment/ reduced separation distances to be recorded) |
| Holding bays (aircraft) | (Part 139 MOS – 1.08(2); 6.55(2)) | Aircraft holding bays are not provided; therefore, this is NOT APPLICABLE. |
| Instrument classification of each runway | (Part 139 MOS – 3.01(2); 11.01(2)(d)) | The instrument classification for each runway end is recorded in the ADP – Appendix 1. |

4.5 Deviations from preferred standards

(Part 139 MOS – 1.08(3)(4); 11.01(3)(d))

| Description | MOS Ref | Comment |
|----------------------------------|---|--|
| Location of runway threshold | (Part 139 MOS – 6.01(3)(4)(6); 8.26) | All runway thresholds are located at the extremity of the runway. |
| Runway turn pad / bypass pad | (Part 139 MOS – 6.03(2)(3)) | All runway turn pads / bypass pads are located on the right-hand side of the runway as viewed when looking in the direction of take-off from that runway end. |
| Runway longitudinal slope values | (Part 139 MOS – 6.06(1)-(7)) | The maximum runway longitudinal slope values expressed in subparagraphs 6.06(1) to (6) of the Part 139 MOS have not been exceeded. |
| Runway transverse slope values | (Part 139 MOS – 6.08(2)(3)) | The runway transverse slope values expressed in Table 6.08(2) of the Part 139 MOS have not been exceeded. |
| Average surface texture depth | (Part 139 MOS – 1.08(4); Table 6.09(1)-1) | The preferred average surface texture depth of 1 mm has not been met on the following runway(s). The surface texture depth achieved is equal to or greater than the 0.625 mm minimum average texture depth permitted in Table 6.09(1)-1 of the Part 139 MOS. |
| | Runway designation | Actual average surface texture depth Reasons why the preferred average surface texture depth has not been met |
| | 01/19 | The preferred average surface texture depth of 1 mm has been met. |

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| Description | MOS Ref | Comment | |
|--|--|--|---|
| Friction values | (Part 139 MOS – 108(4); Table 6.09(1)-2) | The aerodrome is not used for scheduled international air transport operations. | |
| Longitudinal slope design values on graded runway strip | (Part 139 MOS – 6.18(1)(2)) | The design longitudinal slope values expressed in subparagraph 6.18(1) of the Part 139 MOS have not been exceeded. | |
| Taxiway longitudinal slope values | (Part 139 MOS – 1.08(4); 6.40(1)(2)(3)) | The maximum taxiway longitudinal slope values expressed in subparagraphs 6.40(1) and (2) of the Part 139 MOS have not been exceeded. | |
| Taxiway transverse slope values | (Part 139 MOS – 6.41(2)(3)) | The taxiway transverse slope values expressed in Table 6.41 (2) of the Part 139 MOS have not been exceeded. | |
| Colour of aerodrome markings, markers, signals and signs | (Part 139 MOS – Table 8.03(1)) | All aerodrome markings meet AS 2700-2011. | |
| Runway edge lights on a reduced runway width | (Part 139 MOS – 9.51(10)(11)) | Runway edge lights are not located more than 3 m from the runway edge. | |
| Spacing of taxiway edge lights | (Part 139 MOS – 9.92(1)) | The spacing of all taxiway edge lights complies with section 9.92 of the Part 139 MOS. | |
| Runway end safety area (RESA) | (Part 139 MOS – 1.08(4); 6.26(4)) | The preferred RESA length as stated in Table 6.26(4) of the Part 139 MOS has not been met on the following runways | |
| | RWY Designation | Actual RESA length | Reasons why the preferred RESA length not met |
| | 01 | 95m | Aerodrome constructed to previous standard. Infrastructure, including fence, would be impacted. Cost prohibitive. |
| | 19 | 75m | Aerodrome constructed to previous standard. Infrastructure, including fence, would be impacted. Cost prohibitive. |

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4.6 Facilities with retained compliance

4.6.1 Non-compliant grandfathered facilities

(Part 139 MOS – 11.01(3)(b))

At the time of commencement of the Part 139 MOS, the following aerodrome facilities / OLS do not comply with the new standards.

These aerodrome facilities / OLS did meet a previous standard that was in place at the time the facility was introduced, last upgraded or replaced.

These facilities will be maintained in accordance with the requirements set out in the Part 139 MOS for the same facility.

| Facility (grandfathered) | Description of non-compliance |
|--|---|
| Runway end safety area (RESA) (MOS 6.26) | Rules and Practices for Aerodromes: August 1999 Ref: 7.18.1 Runway 01 RESA length 95 m from the end of the runway, whereas current standard requires minimum 60m from the end of the runway strip. Runway 19 RESA length 75m from the end of the runway, whereas current standard requires minimum 60m from the end of the runway strip. |
| Runway strip overall width (MOS 6.17(5)) | MOS Part 139 V1.15 July 2020 Ref: 6.2.18.2 Runway 01/19 runway strip overall width is 90m, whereas current standard is 140m. |
| Runway holding position markings (MOS 8.39) | MOS Part 139 – Aerodromes Version 1.15: July 2020 Ref: Figure 8.4-2 Runway holding position lines and spaces are 0.15m wide whereby the current standard is 0.3m wide. Note: New standard must be adopted prior to 26 November 2026 so provision should be made to bring them into compliance as soon as practicably possible. |
| Runway turn pad markings (MOS 8.33) | MOS Part 139 – Aerodromes Version 1.15: July 2020 Ref: 8.3.6.6 Runway 01 and 19 turn pad edges are marked with white runway side-stripe markings, whereas the current standard is as per illustration in Figure 8.33(1)). |
| Total width of taxiway and shoulders (MOS 6.45(1)) | MOS Part 139 – Aerodromes Version 1.15: July 2020 Ref 6.3.9.1 Taxiway shoulder width is 22m, whereas the current standard is 25m. |
| OLS – Approach inner edge (MOS 7.15) | MOS Part 139 – Aerodromes Version 1.15: July 2020 Ref: Table 7.1.1 Approach inner edge is 90m, whereas current standard is 140m. |
| Light fixture and supporting structure frangibility (independent certification of frangibility) (MOS 9.09) | MOS Part 139 – Aerodromes Version 1.15: January 2020 MOS Ref 9.1.11.1 Frangibility of light fixtures and supporting structures has not been certified independently of the manufacturer, whereas current MOS states they must be. |
| Apron floodlighting | MOS Part 139 – Aerodromes Version 1.15: July 2020 |

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| | |
|-------------------------|--|
| (MOS 9.116 (3) and (4)) | <p>Ref: 9.16.4.3</p> <p>Bay 1 average horizontal illuminance is 16.66 lux whereas the current standard requires 20 lux.</p> <p>Bay 1 average vertical illuminance is 26.19 lux using previous MOS measurement methodology; however using Part 139 MOS measurement methodology the average is less than the current standard of 20 lux.</p> <p>Other apron areas: minimum not less than 1 lux to the apron extremities where there are apron edge taxiway lights and not less than 2 lux where there is no taxiway edge lighting, whereas current standard is 5 lux.</p> |
|-------------------------|--|

4.6.2 Grandfathered facilities – opted-in

(Part 139 MOS – 2.01 opted-in)

All facilities comply with the standards set out in the Part 139 MOS.

5 Reporting aeronautical data and information

This section documents the procedures for:

- providing information to the AIS provider (Airservices) for publication in the Aeronautical Information Package (AIP)
- notifying Airservices of any changes that are required to be made to the information that is published in the AIP
- reporting to the NOTAM Office (NOF) any changes to the condition of the aerodrome facility, or any hazards, that may adversely affect aviation safety
- reporting hazards that may adversely affect aviation safety to Brisbane Centre
- making the aerodrome reports readily accessible to relevant personnel
- retaining reports for at least 3 years
- maintaining the integrity of information that is published.

5.1 Personnel with responsibilities – data originator

(CASR 175.445; Part 139 MOS – 11.05(3))

5.1.1 AIP responsible person

(CASR 175.445(1)(2); Part 139 MOS – 11.05(3))

The nominated AIP responsible person for Fitzroy Crossing Aerodrome is the Aerodrome Manager. Contact details are contained in section 1.6 of this manual.

Their nomination has been provided to Airservices on the Aeronautical Data Originator (ADO) form that is available on the Airservices Australia website.

To meet the requirements of CASR 175.445, The Shire of Derby / West Kimberley ensures that the AIP responsible person has been suitably trained so that they have the knowledge and competence to carry out their responsibilities.

Where a change to the AIP responsible person is required, a new ADO form will be submitted to Airservices informing them of the new appointment. This subsection of the manual will also be updated to reflect the change in nomination.

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The Aerodrome Manager shall ultimately be responsible for maintaining the accuracy of the Aeronautical Data and Information in accordance with the Data Product Specifications published by Airservices Australia. The Aerodrome Manager may nominate another person to be the AIP Responsible Person for the purposes of interacting with Airservices Australia under direction of the Aerodrome Manager.

5.1.2 NOTAM authorised person(s)

(CASR 175.445(4)(5); Part 139 MOS – 11.05(3))

Persons who are authorised to request the issue, review, and cancellation of NOTAMs at Fitzroy Crossing Aerodrome are listed in the main contact list contained in section 1.6.

To meet the requirements of CASR 175.445, the Shire of Derby / West Kimberley ensures that these persons have been suitably trained so that they have the knowledge and competency to request the issue, review and cancellation of NOTAMs.

The list of NOTAM authorised person(s) is also recorded in the NAIPS system that Airservices administers.

A NOTAM group manager who is responsible for maintaining and updating the NOTAM group is also recorded in the NAIPS system.

The NOTAM group manager for Fitzroy Crossing Aerodrome (YDBY) is the Aerodrome Manager.

Where a change to the NOTAM group is required, the NOTAM group manager will update the NAIPS system. This subsection of the manual will also be updated to reflect the change in NOTAM authorised person(s).

5.2 Changes to published aeronautical information

(CASR 175.455, 175.460; Part 139 MOS – 11.05(1)(a))

The AIP responsible person is authorised to request a change to information that is published in the AIP.

The Shire of Derby / West Kimberley ensures that all requests for a change adhere to Airservices data quality requirements and are in a format that allows Airservices to readily identify the required change(s) to the existing published data or information, including any consequential changes.

As soon as practicable after becoming aware of the change, a request for a change is submitted through Airservices ADO Portal 'Data Change Requests Tab'.

The Shire of Derby / West Kimberley ensures that a statement of any consultation undertaken is provided with the request for change if the data is expected to cause an aviation organisation to make plans for changes to the organisations' operating procedures.

Once the request for a change has been submitted, the Aeronautical Data Package will be amended to reflect the change in aeronautical information.

The Shire of Derby / West Kimberley endeavours to ensure that long-term changes are planned and incorporated into the AIP. Aeronautical information is updated quarterly. The Airservices document amendment calendar is published on the Airservices website. To best ensure the timely communication of a change to published information, the deadlines for submissions are monitored by the AIP responsible person.

5.3 Advising NOTAM Office (NOF) of changes – aerodrome conditions / hazards

(CASR 175.470; Part 139 MOS – 11.05(1)(b)(c))

| | | | |
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In the event there is a change to the condition of the aerodrome facility, or there is a hazard to aircraft operations, a NOTAM authorised person will, as soon as possible after the condition or hazard is detected, request the issue of a NOTAM.

To request the issue of a NOTAM, the NOTAM authorised person will complete a NOTAM request form which is available on the Airservices website.

The completed NOTAM request form will be submitted electronically to the Notam Office (NOF) at: nof@airservicesaustralia.com.

In an emergency or if the matter is urgent, the NOTAM authorised person may phone the NOF to request the immediate issue of a NOTAM. In these circumstances, the NOF can be contacted on 02 6268 5063.

Urgent reports made by phone will be confirmed as soon as possible by the submission of a NOTAM request form forwarded by e-mail.

On submission of the request to issue a NOTAM, the NOTAM authorised person will obtain a copy of the published NOTAM through NAIPS to check the accuracy of that information which has been published. If an error is discovered, the discrepancy will be reported immediately to the NOF.

NOTAM will normally only be used in the case of operationally significant changes (reportable occurrences) that are required at short notice. The list of reportable occurrences is contained in subsection 6.6.1 of this manual.

5.4 Reporting hazards that may adversely affect aviation safety to ATC

(Part 139 MOS – 11.05(1)(d))

As the aerodrome is not a controlled aerodrome, hazards that are of an urgent nature and may adversely affect aviation safety for aircraft en-route to the aerodrome are notified by;

- Aircraft over CTAF.
- Advise Ground Handling Agent.

If unable to make contact with the aircraft the ARO will communicate the information to Brisbane centre, the contact phone number is 07 3866 3224

5.5 Record keeping – reports

(Part 139 MOS – 11.05(2)(a)(b))

A copy of all NOTAMs requested by Fitzroy Crossing Aerodrome are retained by the Aerodrome Reporting Officer and stored securely at the Depot office.

A copy of all requests for change(s) to published information that are sent to Airservices docs amend are retained by the Aerodrome Manager and stored securely at the Depot office.

Copies of all requests are held on file for a minimum period of three (3) years from the date each request was made.

The AIP responsible person and NOTAM authorised person(s) have access to all reports held on file.

The accuracy and currency of all active NOTAMs requested by Fitzroy Crossing Aerodrome is checked by the aerodrome reporting officer during the serviceability inspection process. Refer to subsection 6.4.1 of this manual.

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5.6 Review of published information

(CASR Part 175.465; Part 139 MOS – 12.09(6)(a)(i); 12.11(11)(d)(i))

The Aerodrome Manager will review, at least once annually, the published aeronautical data and aeronautical information for which the aerodrome is responsible. Documented evidence of each review is retained by the Aerodrome Manager and stored securely at the Depot office.

The Shire of Derby / West Kimberley ensures the records of each review are kept for a minimum period of three (3) years from the date the review was completed.

In the event inaccurate information is identified during the review, the AIP responsible person will notify Airservices immediately.

6 Aerodrome serviceability inspections

(Part 139 MOS – 11.03(1)(2), 12.04(A))

This section documents the procedures for:

- scheduling, conducting and reporting on the results of routine aerodrome serviceability inspections and additional aerodrome serviceability inspections should the circumstances require them to be conducted, including the reporting of the Global Reporting Format (GRF) - runway surface conditions
- communicating with Brisbane Centre during the inspection (if applicable)
- taking prompt follow-up action(s) to ensure the correction of any unsafe conditions
- arranging a technical inspection if an unsafe condition is identified
- maintaining records of inspections.

6.1 Positions with responsibilities

(CASR 139.080(2); 139.085(2); Part 139 MOS – 11.03(2)(a)-(d); 13.03(a)-(f))

The Aerodrome Manager is responsible for managing the aerodrome's serviceability inspections, ensuring that they occur in accordance with the requirements of the Part 139 MOS, and this manual.

The following is a list of personnel authorised to perform the functions of a reporting officer are listed in the Master Contact List section 1.6. The authorisation allows them to carry out serviceability inspections at Fitzroy Crossing Aerodrome.

| Name | Function |
|----------------|-----------------------------|
| Ken McLeod | Aerodrome Reporting Officer |
| Khendon Garner | Aerodrome Reporting Officer |

All personnel appointed as reporting officers have been trained so that they can competently carry out their duties at this aerodrome, without the need for supervision.

The Shire of Derby / West Kimberley ensures all training activities for reporting officers are recorded to verify achieved competencies.

All reporting officers undergo recurrent training every two to five years as is recommended in guidance material published by CASA.

The training records of all reporting officers are maintained by the Aerodrome Manager and stored securely at the Depot office.

The Aerodrome Reporting Officer is responsible for reporting the results of the inspections.

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The Aerodrome Manager is responsible for taking follow-up action if an unsafe condition is identified during the inspection.

6.2 Routine serviceability inspections

(Part 139 MOS – 11.03(1)(a)(i); 12.01(2)(3))

The aerodrome has scheduled passenger air transport operations. An aerodrome serviceability inspection is carried out on each day that an air transport movement is scheduled. A minimum of two (2) aerodrome serviceability inspections are conducted each week (at least 48 hours apart).

The Shire of Derby / West Kimberley ensures that the aerodrome serviceability inspections are completed before the first passenger air transport operation occurs.

Should the first air transport passenger movement occur before first light, an inspection of the safety critical elements is completed before the first movement occurs.

The safety critical elements are: FOD, visual aids, significant hazards or pavement irregularities that would cause an impact of safety of aircraft.

Inspections of the remaining items will re-commence and be completed as soon there is sufficient daylight.

The serviceability inspections occur in accordance with the pre-determined schedule below:

| Day of Inspection | Inspection times |
|---|--|
| Days with scheduled aircraft movements | <p>An inspection of (at least) the safety critical elements is to be completed preferably not less than 60 mins prior to the scheduled time of arrival of the first scheduled movement of the day.</p> <p>Should the first aircraft movement be scheduled to occur prior to first light then inspections of the remaining items will re-commence and be completed as soon there is sufficient daylight</p> |
| Days without scheduled aircraft movements | <p>Should notification be received of an unscheduled flight movement (e.g. RFDS medevac) then at least the safety critical items should be completed preferably not less than 60 mins before the estimated time of arrival (ETA) of the aircraft.</p> |
| Note: | <p>Additional FOD inspections of the movement area are conducted prior to and after each aircraft movement. These inspections are not recorded unless a hazard is identified. Should a hazard be identified, it will be reported in in the Serviceability Inspection checklist.</p> |

6.3 Additional serviceability inspections

(Part 139 MOS – 11.03(1)(a)(ii); 12.01(1)(a)-(e)(2A)(3)(4))

Fitzroy Crossing Aerodrome ensures that the reporting officer conducts additional serviceability inspections immediately any of the following occur:

- following an incident or accident
- a severe wind event, a severe storm or a period of heavy rainfall
- if a hazard to aircraft may be present on the manoeuvring area
- when requested in writing by CASA

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- when a pilot or Brisbane Centre reports a hazard.
- GRF runway surface condition inspection is conducted when:
- aeroplane operations are scheduled, or notified in advance to the aerodrome operator, are known to be in progress at the aerodrome and meteorological conditions may have caused:
- the RWYCC to change; or
- a runway surface contaminant type to be present, or to have changed.

6.4 Inspection procedures

(Part 139 MOS – 11.03(1)(b))

When conducting a serviceability inspection, the reporting officer will ensure that the vehicle they use to complete the inspection is:

- in a sound mechanical state to prevent a breakdown, unsafe operation, and any spillage of fuel lubricant or hydraulic fluid
- lit in accordance with the requirements set out in subsection 9.3 of this manual
- equipped with a VHF radio capable of monitoring the CTAF.

Reporting officers are instructed to maintain a continuous listening watch of the VHF radio at all times when operating on the manoeuvring area.

The procedure for conducting a GRF inspection is detailed within a supporting manual, listed in section 1 of this manual.

6.4.1 Inspection items

(Part 139 MOS – 12.03(3)-(11), 12.04(A))

When performing each serviceability inspection, aerodrome reporting officers will check:

1. The surface condition of the movement area (which also includes runway and taxiway strips) looking for the following:
 - a. surface irregularities, including cracking or spalling
 - b. pavement deflections, including rutting or slipping
 - c. water pooling or ponding
 - d. build-up of rubber or other contaminants which may reduce runway surface friction
 - e. surface damage caused by the spillage of corrosive fluids or oil
 - f. subsurface leaks or pressure, including broken water mains or inadequate or defective drainage
 - g. scour or erosion ditches within unsealed areas, including step-downs from sealed runway surfaces
 - h. termite mounds, sink holes or other ground obstacles obscured, or not obscured, by grass
 - i. soft ground, particularly in combination with surface roughness and slipperiness
 - j. any other signs of pavement distress which have the potential to develop into a hazard for aircraft.
2. Aerodrome markings, lighting, wind direction indicators and ground signals for the following:
 - a. loss of visibility markers and markings
 - b. incorrect markers or markings
 - c. any disturbance to the correct intensity level and alignment of lights
 - d. discoloured or dirty lenses
 - e. unserviceable lights, incorrectly fitted lights, or lights that are misaligned
 - f. stand-by power equipment, to ensure that it is serviceable including the availability of fuel (if applicable)

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- g. the condition of light bases, MAGS and navigation equipment within the movement area, including strips
 - h. exposed edges around concrete footings and other aerodrome installations within the runway and taxiway strips
 - i. damage to the wind indicator assembly or mounting
 - j. for wind indicators – damage to sleeve fabric or loss of conspicuous colour
 - k. the correct operation of the pilot activated lighting (if installed)
 - l. the correct operation of the broadcast aerodrome weather station (if installed).
3. The cleanliness of the movement area looking for the following:
- a. foreign objects, for example, aircraft fastening devices and other aircraft parts
 - b. work tools, small items of equipment and personal items
 - c. debris, for example, sand, loose rocks, concrete, wood, plastic, pieces of tyre, mud and any other foreign bodies
 - d. hazards created during and after construction activity, including hazards arising from vehicles and plant travelling over unpaved, wet or contaminated areas.
4. For any obstacles infringing the take-off, approach, transitional and PANS-OPS surfaces that are visible from the aerodrome, specifically:
- a. the take-off, approach and transitional elements of the OLS
 - b. PANS-OPS airspace, including any critical obstacles that would otherwise affect the safety or integrity of PANS-OPS airspace.
5. For wildlife on, or in the vicinity of, the movement area:
- a. the condition of aerodrome fencing and the security of access points to the movement area
 - b. monitoring the presence and behaviour of any wildlife on, or likely to be on, the aerodrome, and identifying seasonal and environmental conditions which may act as an attractant
 - c. monitoring evidence of wildlife shelter provided by aerodrome infrastructure, for example, buildings, equipment and gable markers
 - d. checking for off-aerodrome wildlife attraction sources, observable from the aerodrome site, for example, mowing activities, seeding, standing water bodies, uncovered waste disposal, deceased wildlife or offal
 - e. the presence and operating condition of any wildlife hazard mitigating equipment incorporated into the wildlife hazard management procedures for the aerodrome.
6. Where the runway and runway strip surfaces are unrated, an empirical assessment of the runway, and the runway strip if it is available for aircraft operations, will be conducted to confirm their suitability.
7. Aerodrome fencing and signage to:
- a. identify any damage
 - b. confirm gates are secured
 - c. ensure there has been no attempted entry onto the manoeuvring area by either land-based wildlife or unauthorised persons.
8. Active NOTAMs requested by the aerodrome to ensure they are accurate and current.
9. The aerodrome frequency response unit to verify that it is functioning correctly.

When reporting GRF runway surface conditions, the following items are checked for:

- 1. The runway is inspected split into thirds inspecting:
 - a. RWYCC categories applicable to most Australian aerodromes will include; dry, wet, standing water or slippery wet

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- b. Surface coverage
 - c. Depth of water present (if any)
2. Slippery wet is reported when:
- a. Two consecutive pilot reports of braking action conditions, or;
 - b. A determination of slippery wet based the use of data gathering observations, measuring devices or instruments.

All items and the areas that are to be checked as part of each aerodrome serviceability or GRF inspection are identified in the checklists and procedures listed in Section 1 of this manual.

6.5 Communicating with ATC during inspection (if applicable)

(Part 139 MOS – 11.03(1)(g))

The aerodrome is not a controlled aerodrome; therefore, communicating with ATC is NOT APPLICABLE.

6.6 Reporting inspection results

(Part 139 MOS – 11.03(1)(c); 12.03(12); 12.04(A))

The Shire of Derby / West Kimberley ensures that any significant object found during the serviceability inspection that could reasonably be expected to have an immediate adverse effect on the safety of an aircraft is reported to Brisbane Centre in accordance with subsection 6.7 of this manual.

At the completion of each aerodrome serviceability or GRF inspection, the reporting officer records the following information on the aerodrome serviceability inspection checklist

- the date and time the serviceability inspection was completed
- the results of the inspection
- a description of any remedial action taken or scheduled to be taken.
- GRF inspections: Runway Condition Report (RCR) includes the aerodromes Y code, date and time, lower runway designator number, RWYCC, percentage of coverage for each third, depth of standing water in mm and surface condition.
-

All identified faults that require further corrective action are entered in the Serviceability Inspection form.

Any works activities that are required to correct these faults are conducted in accordance with the works protocols set out in section 14 of this manual.

When the fault has been rectified, an entry to confirm the corrective action is complete is made in the next Daily Serviceability Form.

Faults that remain open are subject to regular monitoring.

In the event the aerodrome serviceability inspection identifies a reportable occurrence as prescribed in subsection 6.6.1 below, a NOTAM authorised person is to contact the NOF to request the issue of a NOTAM. This request is to be made as soon as possible after it is observed and in accordance with subsection 5.3 of this manual.

The NOTAM authorised person has been instructed to provide as much detail as available. Should additional information become known, a revised NOTAM is to be submitted as soon as possible.

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6.6.1 Reportable occurrences to the NOTAM Office

(Part 139 MOS – 11.03(1)(c); 12.04(1)(a)-(i); 12.04(A))

A report to the NOF will be made on identification of the following:

- published runway information – any change (whether temporary or permanent), including changes to current information contained in permanent NOTAMs or in the AIP
- aerodrome works affecting the manoeuvring area or the obstacle limitation surfaces – includes time-limited works that require more than 10 minutes to restore normal safety standards
- aerodrome lighting / obstacle lighting – outage or unserviceability, unless the outage or unserviceability is fixed immediately, or does not meet the required outage limits
- temporary obstacles to aircraft operations, unless the temporary obstacle is removed immediately
- any significant increase in, or concentration of, wildlife hazards on or near the aerodrome which constitute a danger to aircraft, unless the wildlife causing the hazard is dispersed immediately
- any change to gradients within the take-off climb area that is due to a new or changed obstacle which results in a change to the gradient of more than 0.05% from the published gradient data for the runway, unless that new or changed obstacle can be removed without delay
- the emergence of new obstacles, unless the new obstacle is removed immediately
- a radio navigation aid or landing aid owned by The Shire of Derby / West Kimberley is unserviceable or has returned to service
- any other event which affects the safety of aircraft using the aerodrome, unless the event is ceased immediately
- fuel availability (as advised by fuel supplier/responsible person).
- GRF RWYCC reporting for standing water over 25% or 3mm in depth or slippery wet.

6.7 Prompt follow-up action to correct unsafe conditions

(Part 139 MOS – 11.03(1)(d); 12.04(2)(3(4))

In the event the aerodrome serviceability inspection identifies an unsafe condition, the aerodrome reporting officer will:

- immediately report the unserviceability to Brisbane Centre (if applicable)
- if urgent, advise the NOF via the phone to request the immediate issue of a NOTAM
- mark the unserviceable portion of the movement area so that it is not available by deploying the appropriate markers, markings, and lighting in accordance with the Part 139 MOS
- submit a request to issue a NOTAM (if applicable)
- if issued, verify the accuracy of the NOTAM information published by Airservices
- arrange for a technical inspection as soon as practicable
- arrange for repairs to the affected area ensuring that works requirements are adhered
- confirm the suitability of the repairs and the serviceability of the affected areas before returning to normal operations
- cancel the NOTAM (if applicable).

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6.8 Technical inspection of identified unsafe condition

(Part 139 MOS – 11.03(1)(e); 12.08; 12.09; 12.10(2)(d))

If any unsafe condition is identified during the serviceability inspection, a technical inspection of the area impacted by the defect or deficiency will be immediately carried out in accordance with section 12.09 of the Part 139 MOS.

When arranging the technical inspection, the Aerodrome Manager will ensure that the person engaged to conduct the inspection has the required technical qualifications and experience, or demonstrable relevant experience, as required by section 12.10 of the Part 139 MOS.

A copy of the person's qualifications and relevant experience will be included in the resulting technical inspection report or maintained as part of the aerodrome manual.

On receipt of the technical inspection report, the recommendations will be reviewed by the Aerodrome Manager and agreed corrective actions will be entered into a corrective actions plan. Where a recommendation is not supported, the reasons the recommendation was not supported will also be documented in the corrective actions plan. A timeframe for implementation will be recorded.

The corrective actions plan will be retained on file at the Depot office. The corrective actions plan will be reviewed regularly and updated by the Aerodrome Manager.

The technical inspection report will be retained for a minimum period of three (3) years at Depot office.

Within 30 days of receiving the technical inspection report, the Aerodrome Manager will send a copy of the report to CASA via e-mail at: aerodromes@casa.gov.au.

6.9 Maintaining inspection records

(Part 139 MOS – 11.03(1)(f); 11.04(1)(d); 12.03(12))

Completed inspection records are filed and stored securely at the Depot office.

The results of each aerodrome serviceability inspection are retained for a minimum period of two (2) years from the date the inspection was completed.

7 Aerodrome lighting

Primary power to the terminal is provided by the local mains switchboard. All runway, threshold, wind indicator and apron lighting is supplied by mains power.

The lighting system at Fitzroy Crossing consists of:

- Low Intensity Runway Lights (LIRL) on runway 01/19
- Taxiway lighting
- Apron Floodlighting

This section documents the procedures for:

- inspecting and maintaining aerodrome lighting, and obstacle lighting that is maintained by The Shire of Derby / West Kimberley
- carrying out routine maintenance and emergency maintenance
- monitoring the supply of secondary and stand-by power (if provided)
- responding to a partial or total power system failure
- taking follow-up action(s) to correct deficiencies

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- maintaining records of inspections
- monitoring hazardous lights, lasers, and reflection or glare within the aerodrome boundary.

7.1 Personnel with responsibilities

(Part 139 MOS – 11.04(2)(a)-(f))

The following individuals or positions have responsibilities for each lighting-related activity:

| Activity | Individual / position: |
|--|---|
| Carrying out lighting inspections | Aerodrome Reporting Officer |
| Maintaining the records of inspections | Aerodrome Manager |
| Taking follow-up action if unsafe condition identified during inspection | Electrical staff/Aerodrome Reporting Officer |
| Operating aerodrome lighting, including switching systems, back-up supply systems | Aerodrome Reporting Officer |
| Performing maintenance on aerodrome lighting | Aerodrome Reporting Officer/electrical staff |
| Monitoring hazardous lights, lasers, reflection or glare within the aerodrome boundary | Aerodrome Reporting Officer/Aerodrome Manager |

7.2 Aerodrome lighting – inspection and maintenance

(Part 139 MOS – 9.136(2); 9.138(4); 11.04(1)(a))

The reporting officer carries out a visual inspection of aerodrome lighting as part of the weekly lighting inspection process. The lights will be switched on so that their serviceability can be assessed.

At least one inspection each week will occur after sunset or before sunrise.

The inspection, reporting the results of the inspection, and any follow-up actions that are required, will occur in accordance with the serviceability inspection process outlined in s 6.2 of this manual.

In addition to the serviceability inspection, inspection and maintenance activities for each lighting system will occur in accordance with the table below.

| Aerodrome lighting systems | Inspection schedule | Items to be inspected or checked | Maintenance activities |
|----------------------------|---------------------|---|---|
| RWY 01/19 | Daily | SERVICEABILITY INSPECTION CHECKLIST AFRU | Replace globe outages, check conformity, general condition |
| RWY 01/19 | Weekly | WEEKLY INSPECTION CHECKLIST RWY, TWY, APN, IWDI, PAL, AFRU | Replace globe outages, check conformity, general condition |
| RWY 01/19 | 6-Monthly | 6 -MONTHLY AERODROME LIGHTING INSPECTION | Clean, adjust, check function, make repairs, replace gaskets. |

Refer to checklists and subsidiary material in appendices for further details, checklists and procedures. These documents are also available at the Depot office.

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7.3 Obstacle lighting maintained by aerodrome operator – inspection and maintenance

(Part 139 MOS – 11.04(1)(a))

There is no obstacle lighting maintained by Fitzroy Crossing Aerodrome; therefore, this subsection is NOT APPLICABLE.

7.4 Portable runway lights – inspection and maintenance

(Part 139 MOS – 9.07(3)(a))

Limited portable runway lights are available for use at the aerodrome for replacement of an unserviceable light or for aerodrome works. These will be placed by the ARO and require advanced prior notice for preparation.

7.5 Monitoring secondary power supply

(Part 139 MOS – 9.04; 9.05; 11.04(1)(b))

A secondary power supply is not available at Fitzroy Crossing Aerodrome; therefore, this subsection is NOT APPLICABLE.

7.6 Monitoring standby power supply

(Part 139 MOS – 11.04(1)(b))

Standby power is not available at Fitzroy Crossing Aerodrome; therefore, this subsection is NOT APPLICABLE.

7.7 Lighting inspections and checks

(Part 139 MOS – 11.04(1)(c))

In addition to the inspections outlined in subsection 7.2, inspection and maintenance activities for each lighting system will occur in accordance with the table below:

| Aerodrome lighting systems | Inspection schedule | Items to be inspected or checked | Maintenance activities |
|---|---------------------------|----------------------------------|------------------------------------|
| Runway Edge Lighting, Taxiway, Floodlighting and IWDI, Lighting Systems, switchboards and Operation | Weekly | As Per Inspection Checklist | To be completed by the ARO |
| In-depth inspection, repair and clean | 6 Monthly | As Per Inspection Checklist | To be completed by the ARO |
| Electrical Aerodrome Technical Inspection | 12 Monthly or as required | As Per Inspection Checklist | To be completed by the Electrician |

The lighting systems are checked for operation by the Aerodrome Reporting Officer weekly at night and the results are recorded on the Weekly Lighting Inspection Checklist.

Procedures for recording inspection and maintenance activities are included in subsection 7.8 of this manual.

Aerodrome lighting inspections carried out as part of the Aerodrome Technical Inspection will be conducted in accordance with section 13 of this manual.

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Each lighting system and the list of specific elements to be inspected and checked is contained in the inspection checklists which are available at the Depot office.

7.8 Maintaining lighting inspections records and follow-up actions

(Part 139 MOS – 11.04(1)(d))

At the completion of each lighting inspection, the Aerodrome Reporting Officer records the following information on the checklist

- the date and time the inspection was completed
- the person responsible for completing the inspection
- the results of the inspection
- a description of any action taken.

All identified faults that require further corrective action are to be raised on maintenance request form and provided to the Aerodrome Manager. The identified item is to be also entered into the serviceability inspection. Any works activities that are required to correct these faults are to be conducted in accordance with the works protocols set out in section 14 of this manual.

When the fault has been rectified, an entry will be made in the Maintenance Diary confirming the corrective action is complete.

Faults that remain open are to be subject to regular monitoring.

7.9 Switching lights on and off & intensity selection

(Part 139 MOS – 11.04(1)(e))

The aerodrome lighting may be manually activated by turning Manual Override switch to ON. Switch can be found in Electrical Control cabinet located landside in the northern portion of the carpark area.

The aerodrome lighting system is operated by PAL.

The procedures for switching lights on and off, including the intensity selection, are as follows:

Pilot Activation

Using a VHF Transmitter:

- Set the transmitter to the PAL Frequency of 126.7MHz.
- Transmit three signals of 3 seconds within 25 seconds with a minimum of a 1 second pause between each signal
- The lights will remain on for 30 minutes and shut down automatically with the primary IWDI flashing for the final 10 minutes of the cycle. The cycle can be reset at any time by repeating the activation process.

| | | | | |
|------------------|-----------------|------------------|-----------------|------------------|
| ON | OFF | ON | OFF | ON |
| 3 seconds | 1 second | 3 seconds | 1 second | 3 seconds |

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7.10 Back-up arrangements for PAL system

(Part 139 MOS – 9.23(1)(b); 11.04(1)(e))

The pilot-activated lighting (PAL) system has been designed so that, if it fails, it can be manually activated.

The ARO has been issued a key to readily access the manual activation switch at all times when required.

7.11 Routine and emergency lighting maintenance

(Part 139 MOS – 11.04(1)(f))

Routine maintenance is carried out in accordance with the items noted in the Aerodrome Weekly Serviceability Inspection Checklist.

Emergency maintenance will be conducted in liaison with the Shire of Derby/West Kimberley and Aerodrome Management Services if required. The Aerodrome Reporting Officer and Aerodrome Manager will make the determination if the works are in fact considered an “emergency”.

All works will be done in accordance with the Aerodrome Works Safety section of this manual.

7.12 Partial or total power system failure

(Part 139 MOS – 11.04(1)(g))

In the event of a failure of the aerodrome lighting system due to any reason, the Aerodrome Manager or ARO is to contact the Aerodrome Electrician.

A NOTAM will be raised to advise of system failure and the air service operator advised.

Correspondence detailing all repair work carried out must be provided to the Aerodrome Manager and filed.

7.13 Monitoring hazardous lights, lasers, reflection or glare

(Part 139 MOS – 9.143(2)(a)(3)(4)(5)(8); 9.144(2); 11.04(1)(h))

The Aerodrome Manager is to notify CASA in writing immediately when they become aware of any installation, or a proposal to install, or use any installation, equipment or laser, outside the aerodrome boundary that may have lighting or lighting intensity greater than that specified in Figure 9.144(2) of the Part 139 MOS.

Before proceeding to install or use any installation, equipment, or lasers within the boundary of the aerodrome, the Aerodrome Manager will report the following proposals to CASA so that a hazard assessment can be undertaken:

- installation of any equipment or lighting which would reflect sunlight (including solar panels, lasers, mirrors, or reflective building cladding)
- lighting that will emit multiple colours from a single source
- lighting that will result in rapid change in light colour
- flashing lights
- lighting that may have a lighting intensity that is greater than that specified in Figure 9.144(2) of the Part 139 MOS.

Fitzroy Crossing Aerodrome will not proceed with any proposal until CASA has assessed, and approved in writing, confirming the installations will not cause a hazard to aircraft operations.

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7.14 Commissioned lighting systems

(Part 139 MOS – 9.18(8))

Fitzroy Crossing Aerodrome has commissioned the following lighting systems:

| Commissioning Documentation | | | | | |
|-------------------------------|-------------------|--|--|--|--|
| Lighting system | Date commissioned | Independent compliance statement / laboratory test report | Ground check report | Flight check report | |
| RWY Lighting (PAL LED) & IWDI | 18-07-2018 | Lighting Certification IWI NATA CoC Test No V180303-01 PAL LED blue report PAL LED G & G – R green report PAL LED G -R red report PAL LED white report PAL LED yellow report ZA290 LED Blue Mar 2018 report ZA290 white LED Mar 2016 report All listed documents are located in File 2 at the Depot Office | Electrical Safety Certificate YFTZ – 01 20180809 Located in File 2 at the Depot Office | Aerodrome Lighting Flight Check Fitzroy Crossing Located in File 2 at the Depot Office | |

7.15 Commissioning a new or upgrading / replacing an existing lighting system

(Part 139 MOS – 9.17(1)-(10); 9.18(1)-(8))

Fitzroy Crossing Aerodrome will not commission a new aerodrome lighting system, or permit the use of a lighting system that has been replaced or upgraded, until:

- compliance statements from the manufacturer and the supplier, or a test report from an accredited laboratory (as per subparagraph 9.17(1) of the Part 139 MOS), confirm that light fitting types, models and versions comply with the standard for photometric and other relevant characteristic specified in the Part 139 MOS
- a ground check has been completed by an appropriately qualified person and written evidence has been provided that confirms the lighting system meets the requirements of the Part 139 MOS
- if applicable, a flight check has been completed by a CASA approved person and written evidence has been provided that confirms the lighting system meets the requirements of the Part 139 MOS.

Once full compliance with the Part 139 MOS has been confirmed, a NOTAM authorised person is to request the issue of a NOTAM advising that the lighting system is available. The AIP responsible person is to advise Airservices of the particulars of the lighting system for publication in the AIP.

Aerodrome Manager will provide a copy of the ground check determination, and the flight check report (if applicable), to CASA via e-mail to: aerodromes@casa.gov.au.

All compliance statements / laboratory test reports, ground check, and flight check reports will be retained by the Aerodrome Manager and stored securely at the Depot office.

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8 Unauthorised entry to aerodrome

(Part 139 MOS – 11.11)

This section details how unauthorised persons, vehicles, equipment, mobile plant, animals, or other things that may endanger the safety of aircraft, are prevented from entering onto the movement area, including procedures for controlling airside access and monitoring airside access control points and barriers.

8.1 Controlling airside access

(Part 139 MOS – 11.11(a))

To prevent unauthorised access by persons, vehicles, equipment, mobile plant, animals and other things that may endanger aircraft safety, a fence has been installed around the perimeter of the airside boundary.

Restricted access signs are located at regular intervals along the boundary fence, at each airside access gate, and at each building that provides direct access airside. The signs are located such that at least one sign is visible to a person approaching the secure perimeter.

The lessees of private buildings and hangars with airside access have a responsibility to control the access and unauthorised entry of persons, vehicles, equipment, mobile plant or animals (including land-based wildlife) or other things that may endanger aircraft safety through their facilities.

For those persons not authorised, escorted access is provided as required.

Airside access gates are:

- Located at: See Appendix 2
- Always locked by: Padlock
- Keys are issued by: Aerodrome Reporting Officer
- A register of issued keys is maintained by: Aerodrome Reporting Officer

8.2 Monitoring airside access points and barriers

(Part 139 MOS – 11.11(b))

The reporting officer carries out a visual inspection of the perimeter fence and airside access gates as a part of the aerodrome serviceability inspection process. The inspection, reporting the results of the inspection, and any follow-up action(s) that is required, is to occur in accordance with the process outlined in section 6.6 of this manual.

The lessees of private buildings and hangars with airside access have a responsibility to monitor all access points and barriers within their property.

In the event there is evidence of unauthorised entry by persons or wildlife, or the fence or access gates are compromised, the fence or access gates are to be re-secured where possible, and an airside inspection undertaken immediately to ensure there are no unauthorised persons, or wildlife, on the aerodrome.

Damaged fences or gates will be repaired immediately if possible, otherwise flagged for repair and a contractor is engaged, all repairs required are recorded on the Serviceability Inspection records in accordance with the process outlined subsection 6.6 of this manual and are repaired as soon as possible.

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9 Airside vehicle control

(Part 139 MOS – 11.14)

9.1 Permit system for airside vehicles

(Part 139 MOS – 11.14(a); 14.02(a))

A permit system for airside vehicles is not required as the aerodrome does not, in a financial year, have more than 350,000 air transport passenger movements, or more than 100,000 aircraft movements; therefore, this subsection is NOT APPLICABLE.

9.2 Vehicles and ground equipment operated airside

(Part 139 MOS – 14.03(1)(a)(b))

Fitzroy Crossing Aerodrome ensures that all vehicles and ground equipment operated airside are maintained in a sound mechanical state to prevent a breakdown or unsafe operation, and any spillage of fuel, lubricant or hydraulic fluid.

Fitzroy Crossing Aerodrome requires:

- vehicles operating airside should have a vehicle condition statement which is valid for a maximum period of 12 months. If the owner still intends for the vehicle to be operated airside, a new vehicle condition statement is required to be presented prior to the end of that 12-month period
- evidence that vehicles comply with lighting and radio requirements (as applicable).

To ensure the requirements of this manual are achieved, Fitzroy Crossing Aerodrome can inspect or can require an inspection to be carried out on any vehicle or ground equipment that is operating airside.

In the event that an inspection is not carried out, or the inspection identifies an unsafe condition that may create a hazard to aviation safety, the vehicle is to be removed from the airside operational area.

9.3 Airside vehicle lighting requirements

(Part 139 MOS – 14.05(1)-(11))

As the aerodrome has scheduled air transport operations, all vehicles, during daylight hours and at night, are to display a flashing or rotating light on the top of the vehicle that complies with the specifications listed in subparagraph 14.05(8) of the Part 139 MOS when moving or operating airside.

All other vehicles operating airside during periods of low visibility, or when on the aprons at night, are to display a light on the top of the vehicle. If a light cannot be suitably placed on the top of the vehicle, additional lights are to be displayed so that the vehicle is visible in all directions.

9.4 Vehicles on manoeuvring area

(Part 139 MOS – 14.03(4)(8); 14.04)

Except for a vehicle that is under escort, all vehicles operating on the runway, runway strip, taxiways and taxiway strips have a VHF receiver capable of monitoring the CTAF. All drivers are to maintain a listening watch through the VHF receiver. Only those persons that hold an Aeronautical Radio Operator Certificate (AROC) are permitted to transmit.

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9.5 Airside drivers – training

(Part 139 MOS – 14.01(1)-(4), 14.02(b); 11.14(b))

As Fitzroy Crossing Aerodrome has scheduled air transport operations with 350,000 or less air transport passenger movements / 100,000 or less aircraft movements, drivers not under escort and who are operating a vehicle airside, are trained to know and understand the following:

- the terminology used to describe the movement area
- the purpose and location of all airside areas
- hazardous or prohibited areas on the airside
- the significance of aerodrome visual aids and signs.

Training details:

- Training method: Educated through ARO walk-through, provided with Airside Traffic Rules, conduct a Vehicle Check, complete Driver's Declaration Form and Airside Driving Questionnaire.
- Records of airside drivers are maintained by the Aerodrome Reporting Officer and are available at the Depot office.

9.6 Vehicles in proximity to aircraft

(Part 139 MOS – 14.03(3))

Airside drivers must give way to aircraft.

Airside vehicles are to remain clear of the runway, runway strip, taxiway(s), or taxiway strip(s) when they are in use or available to be used by aircraft unless there is a safety-related or operational requirement for vehicles to operate in these areas.

Airside vehicles are not to be driven:

- in a manner likely to endanger the safety of any person or create a hazard to aircraft operations
- under an aircraft, or within three (3) m of lateral clearance, or within 1 m of overhead clearance, of any part of the aircraft, except when required for servicing the aircraft
- within 15 m of refuelling aircraft
- when drivers are affected by alcohol or drugs as per CASR Part 99.

All vehicles operated within 15 m of an aircraft's fuel tank filling points and vent outlets during fuelling operations comply with Appendix 1 of Civil Aviation Order 20.9.

9.7 Movement area speed limits

(Part 139 MOS – 14.03(2)(a))

Speed limits are explained and provided to all drivers during their driver training and / or induction.

Drivers must adhere to the following speed limits:

| Location | Speed limit (km / h) |
|----------|--|
| Aprons | Within 15m of an aircraft - 10km/h All other areas – 25km/h |
| Taxiways | 25km/h |

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| | |
|--------------|--------|
| Runways | 80km/h |
| Runway Strip | 45km/h |
| Baggage area | 10km/h |

9.8 Escort service procedures

(Part 139 MOS – 14.01(5))

Third parties are not permitted to provide vehicle escorts airside; therefore, this subsection is NOT APPLICABLE.

9.9 Monitoring and enforcing traffic rules

(Part 139 MOS – 14.03(2)(b))

The aerodrome reporting officer is responsible for periodically monitoring the operation of vehicles airside.

Appropriate action is to be taken against drivers who are clearly in breach of displayed signage, markings, or speed limits. An incident report is completed and sent to the Aerodrome Manager for action. This may include withdrawing their authority to operate a vehicle airside.

10 Aircraft parking control

(Part 139 MOS – 11.15(1))

10.1 Aircraft parking control personnel

(Part 139 MOS – 11.15(2)(g)(i)(ii))

Fitzroy Crossing Aerodrome does not have scheduled international air transport operations, and there is no hazard resulting from apron congestion. Aircraft parking control procedures have not been established at the aerodrome; therefore, this subsection is NOT APPLICABLE.

10.2 Liaison with ATC – apron management

(Part 139 MOS – 11.15(2)(a))

The aerodrome is not a controlled aerodrome; therefore, this subsection is NOT APPLICABLE.

10.3 Allocating aircraft parking positions

(Part 139 MOS – 11.15(2)(b))

The aerodrome does not have scheduled international transport operations and apron congestion does not create a hazard to aircraft operations. Aircraft parking control procedures have not been established at the aerodrome; therefore, this subsection is NOT APPLICABLE.

10.4 Engine start and aircraft push-back clearances

(Part 139 MOS – 11.15(2)(c))

A FOD check is completed by the ground handler prior to an aircraft starting its engines.

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Permission to start engines and their power settings are in accordance with the air operator's procedures.

Anti-collision beacons are to be switched on before an aircraft is permitted to move.

It is the responsibility of the ground handlers to ensure that the area is clear for dispatch and that there is no risk of collision or potential jet blast. In the event a hazard is detected, the ground handler is to inform the pilot and the dispatch will be stopped.

Push back procedures have not been established at the aerodrome; therefore, this item is NOT APPLICABLE.

10.5 Aerodrome visual docking guidance systems

(Part 139 MOS – 11.15(2)(d))

Visual Docking Guidance Systems are not available at the aerodrome; therefore, this subsection is NOT APPLICABLE.

10.6 Marshalling service

(Part 139 MOS – 11.15(2)(e))

A marshalling service is not provided by Fitzroy Crossing Aerodrome. This is the responsibility of the aircraft operator.

10.7 Leader (van) service or follow-me service

(Part 139 MOS – 11.15(2)(f))

A leader (van) service or follow-me service is not available at the aerodrome; therefore, this subsection is NOT APPLICABLE.

10.8 Apron safety management procedures

(Part 139 MOS – 11.15(3))

The reporting officer(s) is responsible for periodically monitoring activities occurring on the apron to check that:

- no person, vehicle, or equipment is within the potential jet blast area behind the aircraft
- aprons are free from loose stones and other material that may cause FOD
- all equipment is appropriately stored in marked equipment storage areas
- vehicles do not pass behind aircraft that are displaying anti-collision beacons
- tug operators are adhering to the line marking guidance provided
- wheel chocks are appropriately positioned on parked aircraft
- speed limits are adhered to.

As trends may identify changes to apron safety management procedures, reported incidents and hazards are reviewed.

10.9 Alternative separation distances and apron markings

10.9.1 Reduced separation distances – VDGS

(Part 139 MOS – 6.58(1)(4)(a)(b))

The aerodrome does not have VDGS; therefore, reduced separation distances are not permitted.

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10.9.2 Aircraft type designator markings

(Part 139 MOS – 8.49(3)(d))

All aircraft type designations have been marked in accordance with the list of aircraft type designators published in ICAO Doc 8643, Aircraft Type Designators.

10.9.3 Alignment lines

(Part 139 MOS – 8.65(5))

An alignment line beyond the stop line has been marked at all aircraft parking positions where a VDGS is not provide therefor this section is NOT APPLICABLE.

10.9.4 Push-back operator guidance markings

(Part 139 MOS – 8.70(4))

Push-back markings are not provided at Fitzroy Crossing Aerodrome therefor this section is NOT APPLICABLE.

10.9.5 Passenger path markings

(Part 139 MOS – 8.76(2)(b))

All passenger path markings are marked as a series of white transverse lines, 0.5 m wide, at least 2 m long and 0.5 m apart, in accordance with subparagraph 8.76(2)(a) of the Part 139 MOS. Passenger path markings are not provided at Fitzroy Crossing Aerodrome therefor this section is NOT APPLICABLE.

10.9.6 Miscellaneous area line markings

(Part 139 MOS – 8.77(2))

There are no miscellaneous area line markings displayed on the apron(s). therefor this section is NOT APPLICABLE.

11 Aerodrome obstacle control

11.1 Obstacle control personnel

(Part 139 MOS – 11.06(2)(a)-(d))

The following person(s) have responsibilities for obstacle control:

| Individual or position | Responsibilities |
|------------------------|--|
| Aerodrome Manager/ARO | monitoring surfaces related to the OLS and terminal instrument flight procedures (PANS-OPS) |
| Aerodrome Manager | notifying CASA or the procedure designer when a proposed or actual infringement of the prescribed airspace is identified |
| Aerodrome Manager/ARO | implementing obstacle control within the aerodrome boundary |
| Aerodrome Manager/ARO | liaison and facilitation of obstacle control outside the aerodrome boundary |

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11.2 Monitoring take-off, approach and transitional surfaces

(Part 139 MOS – 11.06(1)(a)(i))

Fitzroy Crossing Aerodrome has established the obstacle limitation surfaces (OLS) for each runway that meet the physical dimensions for approach and take-off runways as set out in Chapter 7 of the Part 139 MOS.

The particulars of each surface are shown on an OLS plan for the aerodrome which is available in the appendices section of this manual.

The aerodrome reporting officer will visually scan the OLS as part of the aerodrome serviceability inspection in section 6.2 of this manual to identify the emergence of any new or potential obstacles.

A survey that assesses the take-off, approach, and transitional surfaces, is completed as part of the aerodrome technical inspection programme is conducted in accordance with section 13 in this manual.

This survey is used to verify the accuracy of published information. On receipt of the survey, the results are compared against the aerodrome's information published in the AIP to ensure that there are no new obstacles, or that the height of existing obstacles has not changed.

| Runway type and code, and OLS values (in percentages and meters) | | |
|--|--|---|
| Obstacle Limitation Surface (OLS) | | |
| Runway: | | RWY 01/19 |
| Runway Type: | | Instrument Non-Precision |
| Runway Code: | | 2 |
| OMGWS | | OMGWS 4.5 m up to but not including 6 m |
| CONICAL | Slope | 5% |
| | Height (m) | 60 |
| INNER HORIZONTAL | Height (m) | 45 |
| | Radius (m) | 3500 |
| APPROACH | Length of inner edge (m) | 140 |
| | Distance from threshold (m) | 60 |
| | Divergence each side | 15% |
| | First section length (m) | 2500 |
| | Slope | 3.33% |
| | Total length (m) | 2500 |
| TRANSITIONAL | Slope | 20% |
| TAKE-OFF (Climb surface – elements and dimensions) | Length of inner edge (m) | 80 |
| | Min distance from inner edge from RWY end (m) | 60 |
| | Rate of divergence (each side) | 10% |
| | Final width (m) | 580 |
| | Overall length (m) | 2500 |
| | Slope | 4% |

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11.3 Proposed or actual infringements – OLS

(Part 139 MOS – 11.06(1)(d)(i))

11.3.1 Proposed OLS infringements

(Part 139 MOS – 7.01(1); 7.18(1)(b); 17.19(1); 11.06(1)(d)(i))

If a proposed object or structure is identified as likely to be an obstacle, details of the proposal are to be sent to CASA in writing by the Aerodrome Manager.

On receipt of CASA's written assessment, the relevant planning authority is to be advised of the result of the assessment.

Fitzroy Crossing Aerodrome will follow up with the planning authority to ensure that those obstacles considered an unacceptable risk to aviation safety are not approved, or that those obstacles that are considered acceptable but subject to additional mitigations are appropriately marked and / or lit.

11.3.2 Actual OLS infringements

(Part 139 MOS – 7.18(1)(b); 7.19(2); 11.06(1)(d)(i))

Fitzroy Crossing Aerodrome will not make a runway available for night use until CASA has determined that any obstacle(s) will not adversely affect the safety of night operations.

For any identified obstacles that have been erected without prior notification and which have not been assessed, the aerodrome reporting officer is to:

- advise Brisbane Centre immediately (if applicable)
- consider limiting aircraft approach and take-off to the runway
- ensure an immediate request is made to issue a NOTAM
- take immediate steps to have the obstacle removed
- ascertain the height of the obstacle and consider displacing the runway approach threshold. If the threshold is displaced, the published declared distances will be amended, and the new threshold location appropriately marked / lit
- report the infringement to CASA in writing.

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The NOTAM authorised person is to include the following information in the NOTAM request:

- the nature of the obstacle
- the distance and magnetic bearing of the obstacle from:
- if the obstacle is within the take-off area – the start of the take-off end of the runway, or
- the ARP
- the height of the obstacle in relation to the aerodrome elevation
- if it is a temporary obstacle – the time during which it is a temporary obstacle.

The request to issue the NOTAM is to be made in accordance with the procedures set out in section 5 of this manual.

Once the obstacle has been removed, the aerodrome reporting officer is to:

- re-open, or re-instate the full runway length (if required)
- ensure a request to cancel the NOTAM is made (if issued).

11.4 Height of infringements – OLS

(Part 139 MOS – 11.06(1)(c)(ii))

Fitzroy Crossing Aerodrome does not have any buildings, structures, plumes and other developments that infringe the aerodromes OLS, therefor this section is NOT APPLICABLE.

11.4.1 Hazardous obstacles

(Part 139 MOS – 8.109(4); 8.110(1)-(8); 8.111(2)(a)(b))

CASA has not assessed any obstacles as being hazardous; therefore, this subsection is NOT APPLICABLE.

11.5 Monitoring visual segment surfaces and critical obstacles

(Part 139 MOS – 11.06(1)(a)(iii))

Terminal instrument flight procedures have been established by Airservices Australia.

The data and drawings of the area around the aerodrome that show the designed approach paths, visual segment surface, circling areas, and the location of critical obstacles, have been provided by the procedure designer, are available at the Depot office.

The aerodrome reporting officer will use this data and drawings to monitor the visual segment surface and the nominated critical obstacles that are visible from the aerodrome as part of the aerodrome serviceability inspection in accordance with section 6.4.1 of this manual.

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The Visual Segment Surfaces (VSS) for the Derby Aerodrome are:

| VSS Runway 01 | | VSS Runway 19 | |
|--------------------------|--------------|--------------------------|---------------|
| VSS 01 Parameters | | VSS 19 Parameters | |
| Inner Edge | 90m | Inner Edge | 90m |
| Start Pt fm THR | 60m | Start Pt fm THR | 60m |
| Divergence (L) | 31% (16.76°) | Divergence (L) | 15% (8.53deg) |
| Divergence (R) | 15% (8.53°) | Divergence (R) | 24%(13.30deg) |
| End Pt fm THR | 5326m | End Pt fm THR | 6811m |
| Height at end point | 930ft/283.4m | Height at end point | 1090ft/332.2m |
| Surface Gradient | 1.88deg | Surface Gradient | 1.88deg |
| Nominal Descent Gradient | 3.0deg | Nominal Descent Gradient | 3.0deg |

11.6 Proposed or actual infringements – PANS-OPS

(Part 139 MOS – 7.20(3); 11.06(1)(d)(ii)(2)(b))

The Aerodrome Manager is to immediately inform the terminal instrument flight procedure designer as soon as:

- a proposed or actual infringement of the PANS-OPS is identified
- a change to the status of an existing critical obstacle is identified
- there is a proposed development that is higher than the critical obstacle
- a new object or structure has been detected that is higher than the critical obstacle.

The procedure designers' contact details are located in the master contact list.

11.7 Height of infringements – PANS-OPS

(Part 139 MOS – 11.06(1)(c)(ii))

The aerodrome has published terminal instrument flight procedures. There are no buildings, structures, plumes and other developments that infringe the surfaces or areas associated with the published terminal instrument flight procedures (as defined in PANS-OPS); therefore, this subsection is NOT APPLICABLE.

11.8 Obstacle control within aerodrome boundary

(Part 139 MOS – 11.06(1)(e))

Fitzroy Crossing Aerodrome does not permit objects or structures, other than approved visual and navigational aids, to be erected within the obstacle restriction area of the aerodrome without the written approval of CASA.

All proposed fixed objects or structures at the aerodrome, whether temporary or permanent, that sit on or above the movement area, or those that extend above the defined height limits, including the OLS, have been and / or will be reported to CASA in writing.

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On receipt of CASA's assessment, Fitzroy Crossing Aerodrome adopts controls appropriate to the recommendations provided by CASA.

11.9 Obstacle control outside aerodrome boundary

(Part 139 MOS – 11.06(1)(f))

As Fitzroy Crossing Aerodrome is owned and operated by the Shire of Derby / West Kimberley, council has liaised with authorities located within the OLS footprint of the aerodrome and requested they forward development proposals for assessment where the proposal may penetrate the OLS or PANS-OPS of the aerodrome.

Assistance has been provided to ensure the local government authority has suitable processes and information to determine which development proposals should be forwarded for assessment.

11.10 Obstacle lights serviceability monitoring programme

(Part 139 MOS – 9.36(1)(3)(a))

There are no lit obstacles within the OLS area of the aerodrome; therefore, this subsection is NOT APPLICABLE. When temporary obstacles are required to be lit, they will be monitored in accordance with the MOS Part 139.

11.11 Obstacle light outage

(Part 139 MOS – 9.36(2)(3)(b))

There are no lit obstacles are located within the OLS area of the aerodrome. this subsection is NOT APPLICABLE.

11.12 Charts published by the aerodrome operator

(Part 139 MOS – 11.06(1)(b))

The following charts are not required and have not been prepared; therefore, this subsection is NOT APPLICABLE.

- Type A charts (Part 139 MOS – 7.21)
- Type B charts (Part 139 MOS – 7.22)
- Precision Approach Terrain Charts – ICAO (Part 139 MOS – 7.23)
- Aerodrome Terrain and Obstacle Charts – ICAO (Electronic) - (Part 139 MOS – 7.24)

12 Protection of communication, navigation, surveillance and meteorological facilities

12.1 Controlling activities near CNS and MET facilities

(Part 139 MOS – 11.16(a); 19.02)

The following is a list of all CNS and MET facilities, their location on the aerodrome, and the particulars of the respective service provider:

| MET facility | Location on the aerodrome | Service provider |
|--------------|---|-----------------------------|
| AWIS | See Aerodrome Facilities Plan which is a subsidiary document to this manual | Bureau of Meteorology (BOM) |

Fitzroy Crossing Aerodrome ensures that there will not be any interference to the MET facilities at the aerodrome caused by developments, the erection of structures or from work activities within the vicinity of each facility.

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Fitzroy Crossing Aerodrome refers all developments within the aerodrome boundary, near to or likely to affect an existing MET facility, to the respective MET facility providers for a hazard and impact assessment.

In consultation with each facility provider, the restricted area boundaries have been determined for each MET facility. These are managed through having an enclosed fence and locked gate around the facility.

When maintenance is required, BOM are notified and attend to conduct any relevant inspection and maintenance.

12.2 Supply and installation of warning signs

(Part 139 MOS – 11.16(b); 19.06(5))

Signs have been placed around each communication, navigation and surveillance (CNS) or meteorological (MET) facility to:

- deter unauthorised access from vehicles and persons.
- warn of hazardous emissions, including electromagnetic and microwave radiation.

Signs have also been placed at each road access point to each of the ILS critical and sensitive areas to prohibit drivers and pedestrians against entering the area without authority.

The responsibilities for supplying, installing, and maintaining the signs have been agreed upon with the service provider.

13 Aerodrome technical inspections / manual validations

13.1 Inspection personnel

(Part 139 MOS – 11.10(2)(a)-(e))

The following is a list of individuals or positions, and their responsibilities in the aerodrome technical inspection and reporting process:

| Individual or position | Responsibilities |
|------------------------|---|
| Aerodrome Manager | managing the inspection programme |
| Aerodrome Manager | planning the aerodrome technical inspections |
| Aerodrome Manager | reporting inspection results and follow-up action |
| Aerodrome Manager | receiving and considering inspection reports |
| Aerodrome Manager | taking follow-up action if defects or deficiencies have been identified |

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13.2 Inspection items and timeframes

(Part 139 MOS – 11.10(1)(a)(b); 12.09; 12.11(11))

Although the type and frequency of aircraft operations does not trigger the requirement for implementation of a Technical Inspection program, Fitzroy Crossing Aerodrome has opted to complete the Technical Inspection program as set out in Part 139 MOS.

The person engaged to conduct the inspection must be technically qualified or experienced, in line with the requirements in the Part 123 MOS.

A technical inspection programme is carried out in accordance with the following:

| Inspection requirement | Frequency |
|---|---|
| An instrument survey of the approach, take-off and transitional surfaces | The inspection is completed annually |
| A check of other applicable surfaces associated with the OLS | The inspection is completed annually |
| For an aerodrome with a Type A chart, the currency and accuracy of the: Type A chart distribution list of current Type A chart holders | This inspection element is NOT APPLICABLE |
| For an aerodrome with a TIFP - a check of the Shire of Derby/West Kimberley monitoring of the instrument approach procedure-critical obstacles nominated by the procedure designer | The inspection is completed annually |
| An inspection and assessment of the movement area pavements, drainage and associated strips, including a visual inspection and assessment of: a. pavement condition; and b. contamination, including from rubber build-up Note: Periodic friction assessment and surface evaluation (as applicable) is undertaken to identify the need for maintenance or special surface treatment before surface conditions deteriorate below the specified limits. | The inspection is completed annually |
| An inspection and testing of the aerodrome lighting and electrical reticulation systems, including the following: visual aids on the movement area apron floodlighting, including illumination of the apron and parking positions illuminated wind direction indicators pilot-activated lighting systems stand-by and emergency aerodrome lighting (if applicable) the visual approach slope indicator system (if applicable) approach lighting systems (if applicable) obstacle lights and beacons maintained by the Shire of Derby/West Kimberley any earthing points on the apron | The inspection is completed every two years |

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| | |
|---|--------------------------------------|
| An inspection and assessment of visual aids on the aerodrome, including the following: a. movement area markings b. movement area guidance signs, including aircraft parking position signs c. airside vehicle control signs d. protection of CNS and MET signs | The inspection is completed annually |
| An inspection of equipment or facilities at the aerodrome used for wildlife hazard management, including aerodrome fencing and gates | The inspection is completed annually |
| An inspection of equipment or facilities at the aerodrome used for aerodrome emergencies | The inspection is completed annually |
| A check of the currency and accuracy of aerodrome information published in the AIP | The inspection is completed annually |
| A check of the currency and accuracy of aerodrome operating procedures specified in the aerodrome manual and supporting documents | The inspection is completed annually |
| A check that the safety management system is up-to-date and is functioning as documented or A check that the risk management plan is up-to-date and is functioning as documented | The inspection is completed annually |
| An inspection of airside vehicle control arrangements | The inspection is completed annually |
| A check that personnel appointed as a reporting officer a. have been trained and assessed in accordance with Chapter 13, and b. appear to be generally competent to carry out the required duties in accordance with MOS | The inspection is completed annually |
| A check that personnel appointed as a works safety officer a. have been trained and assessed in accordance with Chapter 13, and b. appear to be generally competent to carry out the required duties in accordance with MOS | The inspection is completed annually |

13.3 Qualified personnel for technical inspections / manual validations

(Part 139 MOS – 11.10(1)(b); 12.10(3)(4); 12.11(13))

A person who cannot demonstrate that they have the required technical qualifications and experience, or demonstrable relevant technical experience, will not be permitted to perform the inspection.

A record of qualifications and relevant experience is included in the technical inspection report.

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13.4 Scheduling inspections / manual validations and recording their results

(Part 139 MOS – 11.10(1)(c))

Inspections are incorporate into Shire's annual planner and technical inspections are confirmed at least one month prior to being due.

Irrespective of the schedule, an immediate inspection is conducted in the event any of the following is detected during an aerodrome serviceability inspection:

- an unsafe condition is identified
- a defect or deficiency in a part of the aerodrome is identified.

The results of each technical inspection are presented in a report. Should a technical inspection fall outside of the 12month allocation period the Aerodrome Manager is to provide the appropriate notification to CASA.

13.5 Briefing technical inspectors

(Part 139 MOS – 11.10(1)(d)(i)(ii); 12.08(4); 12.11(8))

At the time of engagement, the person(s) conducting the technical inspection will be briefed on the scope of the inspection, including the technical matters and the locations which must be inspected.

The Aerodrome Manager is to advise the person(s) conducting each element of the technical inspection that they are to include in their report:

- any non-compliance with the Part 139 MOS with respect of the aerodrome's facility, equipment, operation, or aerodrome personnel.
- any defect or deterioration in any facility, equipment or visual aid which could make the aerodrome unsafe for aircraft operations
- any incorrect aerodrome information:
- published in the AIP or NOTAMs
- any information in the aerodrome manual which is incorrect or not current
- any procedure, or practice in use at the aerodrome, which is not in accordance with, or conflicts with, procedures in the aerodrome manual.

13.6 Post-inspection / validation corrective actions

(Part 139 MOS – 11.10(1)(e); 12.08(4))

On receipt of the technical inspection report, each recommendation is to be entered into a corrective action plan. The plan and each recommendation are to be documented and considered by the Aerodrome Manager and Reporting Officer's.

Where a recommendation has been supported, the agreed corrective actions are to be documented and assigned to an individual who will be responsible for implementing the listed corrective actions. An agreed target date for completion for each corrective action will also be assigned.

In the event a recommendation is not supported, the reasons for not supporting the recommendation are also to be documented in the corrective action plan.

Fitzroy Crossing Aerodrome ensures that corrective action plans are reviewed and updated regularly. Specific responsibilities for corrective plans have been attributed and maintained by the Aerodrome Manager and stored securely at the Depot office.

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In the event CASA requests a written copy of the corrective action plan, Fitzroy Crossing Aerodrome ensures that this copy will be provided to CASA within 30 days and will include a report showing the progress of corrections to any defects or deterioration.

13.7 Providing CASA with inspection / validation reports

(Part 139 MOS – 11.10(1)(f); 12.08(7); 12.11(8))

Within 30 days of receiving the technical inspection report, a copy of the report is to be provided to CASA by the Aerodrome Manager via e-mail at: aerodromes@casa.gov.au

Upon receipt of a written request, a copy of the corrective actions plan, including progress made to address the actions, is to be provided within 30 days to the aerodrome inspector making the request by the Aerodrome Manager.

13.8 Maintaining records of technical inspections / manual validations

(Part 139 MOS – 12.08(9); 12.11(10))

Technical inspection reports are retained for a period of at least three (3) years from the date the report was completed. Reports are maintained by the Aerodrome Manager and stored securely at the Depot office.

14 Aerodrome works safety

(Part 139 MOS – 11.07)

Fitzroy Crossing Aerodrome always makes all necessary arrangements to ensure that aerodrome works do not create a hazard to aircraft or cause confusion to pilots.

A works safety officer is to be present to directly oversee works safety at all times when the aerodrome is open and available for aircraft operations.

Aerodrome markers, markings and lights required for, or affected by aerodrome works are installed, altered or removed in accordance with the required standards.

Any part of the movement area that is unserviceable as a result of aerodrome works being carried out are marked and lit. Obstacles created as a result of the aerodrome works are assessed and marked or lit in accordance with the assessment.

Where works are to be undertaken in the vicinity of CNS or MET facilities, the service provider is to be consulted to ensure neither the works, nor the vehicles or plant associated with the works affect performance of the facilities.

Where significant displacement of a runway threshold is planned, works planning may require consultations with the terminal instrument flight procedure (TIFP) designer and the surveyor that conducts the annual obstacle surveys.

14.1 Works' safety personnel

(Part 139 MOS – 11.07(1)(2); 13.01)

The following persons have specified responsibilities for works:

| Individual / position | Responsibility |
|----------------------------------|-------------------------------|
| Aerodrome Manager/ARO | works planning |
| Aerodrome Manager/ARO/Contractor | conducting works |
| Aerodrome Manager/ARO/WSO | arrangement and notifications |

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The list of personnel appointed to perform the functions of a works safety officer (WSO) is contained in the master contact list.

All personnel appointed as a WSO have been trained so that they can competently carry out their duties at this aerodrome, without the need for supervision.

Fitzroy Crossing Aerodrome ensures all training activities for works safety officers are recorded to verify achieved competencies.

All WSOs undergo recurrent training every two (2) to five (5) years as is recommended in guidance material published by CASA, or earlier if deficiencies are identified.

14.2 Preparation of a method of working plan (MOWP)

(Part 139 MOS – 11.07(1)(a); Chapter 15; Chapter 16)

Fitzroy Crossing Aerodrome develops a Method of Working Plan (MOWP) for scheduled works unless the:

- works are time-limited works
- aerodrome is closed to aircraft operations during the works and a 14-day written notice period of the impending closure was made
- works are of an emergency nature (to repair unforeseen failure or damage to part of the manoeuvring area, or to remove an obstacle)
- works do not require any restrictions to aircraft operations.

MOWPs are prepared in accordance with the content and sequencing requirements stated in Chapter 16 of the Part 139 MOS.

When preparing a MOWP, and so that the impact of the works is clearly understood, consultations are conducted by the Aerodrome Manager.

The following operators / organisations are consulted:

- air transport operators using the aerodrome
- operators of emergency services aircraft that are likely to operate at the aerodrome
- providers of any communications, navigation, surveillance or meteorological infrastructure or equipment that might be affected by the works (if applicable).

A list of representatives from each operator / organisation listed above, and their contact details, is maintained by the Aerodrome Manager.

Although a MOWP does not require CASA approval, CASA is to be consulted on any safety issues identified in the preparation of the MOWP.

The name, position, and function of each WSO will be recorded in the MOWP.

MOWPs will be authorised and signed by either the:

- Accountable Manager
- Project Manager that has written authorisation from the aerodrome operator to sign the MOWP.

Written authorisations will be retained on file.

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14.3 MOWP Notifications

(Part 139 MOS – 11.07(1)(b); 15.02(3)(5); 16.10)

Unless the works are unforeseen urgent works, the authorised MOWP will be issued not less than 14 days before the works are scheduled to commence by the Aerodrome Manager.

The MOWP is to be issued to:

- air transport operators using the aerodrome
- operators of emergency services aircraft that are likely to operate at the aerodrome
- providers of any communications, navigation, surveillance or meteorological infrastructure or equipment that might be affected by the works (if applicable)
- the WSO
- the project manager
- the works organiser
- the aerodrome security manager
- CASA via e-mail at aerodromes@casa.gov.au

A distribution list of all MOWP recipients and their contact details is maintained by the Aerodrome Manager and stored securely at the Depot office.

The Aerodrome Manager is responsible for ensuring that all recipients receive the MOWP.

The MOWP distribution list will be regularly reviewed to ensure it remains current.

In the event a MOWP requires amendment, the amended MOWP will:

- clearly show the information that has changed
- be disseminated to all persons who received the original MOWP
- be issued no later than 48 hours before the change in works commences.

Amendments to the MOWP are the responsibility of the Aerodrome Manager.

A NOTAM providing the time and date of the commencement of the works is to be issued as early as possible, but not less than 48 hours before commencement.

In the event the change in works is due to an unforeseen event and a notification period of at least 48 hours is not possible, a NOTAM is to be requested as soon as possible after the change becomes known.

14.4 Communications with Aircraft during aerodrome works

(Part 139 MOS – 11.07(1)(c))

WSOs that hold an Aeronautical Radio Operator Certificate (AROC) are authorised to transmit on an aeronautical radio frequency. WSOs without an AROC are only authorised to listen to the aeronautical radio frequency, but not transmit.

WSOs will at all times maintain a continuous radio listening watch.

In the event the runway is unserviceable and the WSO does not hold an AROC, unserviceability markings will be used so that a pilot can clearly identify that the runway is unserviceable.

During CTAF operations, WSOs have the contact number for the operations centre for air traffic service to communicate unexpected changes to the availability of the aerodrome.

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14.5 Time-limited works (TLW) or emergency works

(Part 139 MOS – 11.07(1)(d))

TLW are only to be carried out if:

- a works safety officer(s) is present in the vicinity of the works
- normal operations are not disrupted
- the movement area can be restored to normal safety standards, and
- any obstacles created by those works removed in not more than 30 minutes.

At all times during TLW, the WSO is to maintain a continuous radio listening watch.

In the event TLW have been stopped to facilitate an aircraft movement, normal safety standards are to be restored not less than five (5) minutes before the aircraft movement is to occur.

Where TLW have been stopped for an aircraft movement, TLW is only permitted to resume:

- for an aircraft arrival:
 - immediately after the aircraft arrival provided the safety of the aircraft is not endangered
 - if the aircraft has not arrived, at least 30 minutes after the aircraft was due to arrive.
- for an aircraft departure:
 - a minimum period of 15 minutes must have elapsed between the aircraft's departure and the resumption of TLW.

14.6 Notifications of TLW or emergency works

(Part 139 MOS – 11.07(1)(e))

TLW or emergency works with recall times between 10 and 30 minutes are to be advised by NOTAM.

For TLW, the works safety officer is to ensure that a NOTAM has been issued at least 24 hours before the works commence.

The request for a NOTAM is to be made in accordance with section 5.3 of this manual.

The NOTAM authorised person is to include the following information in the NOTAM request:

- date and time of commencement of the works
- time required to restore normal safety standards.

Emergency works on a runway, or runway strip are not to commence until the publication of a NOTAM advising the changes to the aerodrome has been completed. The operations centre for air transport operators with scheduled services occurring during the expected duration of emergency works is also be advised of the changes occurring due to the works.

14.7 Works at closed aerodrome

(Part 139 MOS – 11.07(1)(f))

To enable works to be completed when the aerodrome is closed, written notice of the intention to close the aerodrome is to be sent, at least 14 days before the aerodrome closure, to:

- air transport operators using the aerodrome

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- each other known organisation using the aerodrome which is likely to be affected by the closure
- CASA.

A distribution list of those receiving the written notification will be retained by the Aerodrome Manager.

A copy of the written notice will be retained by the Aerodrome Manager.

At least 14 days before the aerodrome closure, a NOTAM will also be issued in accordance with section 5.3 of this manual, advising when the aerodrome will be temporarily closed.

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15 Wildlife hazard management

15.1 Wildlife hazard personnel

(Part 139 MOS – 11.08(2))

The following individuals and positions have responsibilities for wildlife hazard management:

| Individual / position | Responsibilities |
|---|-----------------------------|
| Aerodrome Reporting Officer | monitoring wildlife hazards |
| Aerodrome Manager / Aerodrome Reporting Officer | mitigating wildlife hazards |

15.2 Training of personnel

15.2.1 Training for wildlife hazard monitoring and reporting

(Part 139 MOS – 17.07(1)(3))

At Fitzroy Crossing Aerodrome, all personnel tasked with wildlife hazard monitoring and reporting are trained, so that they can competently:

- conduct wildlife observations and identify high-risk species
- assess wildlife populations and describe their behaviour
- record information
- collect any remains of a wildlife strike on the aerodrome
- attempt to facilitate the identification of
- any wildlife involved in a strike event
- any resulting damage to an aircraft
- report the outcomes of observations, monitoring and strike collection activities.

Re-currency training is completed every 2 to 5 years.

The training records of all personnel are kept for a minimum period of three (3) years and are maintained by the Reporting Officer and stored securely at the Depot office.

15.2.2 Training for wildlife hazard mitigation

(Part 139 MOS – 17.07(2)(a)(b)(3))

All personnel engaged in wildlife hazard mitigation are trained, so that they can competently:

- engage in active wildlife management without causing a hazard to aviation safety
- assess the effectiveness of any mitigation measures that are taken.

Re-currency training is completed every 2 to 5 years.

The training records of all personnel are kept for a minimum period of three (3) years and are maintained by the Reporting Officer and stored securely at the Depot office.

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15.3 Wildlife hazard management plan

(Part 139 MOS – 17.03; 17.04)

The type and frequency of aircraft operations does not trigger the requirement for a wildlife hazard management plan, nor does the aerodrome have a high wildlife hazard management risk. A wildlife hazard management plan has not been prepared.

15.4 Wildlife hazard monitoring

(Part 139 MOS – 11.08(1)(a); 17.01(3))

Wildlife hazards at Fitzroy Crossing Aerodrome are monitored as part of the aerodrome serviceability inspection process as shown in section 6.2 of this manual.

In addition to an inspection of the aerodrome boundary fence, and gates, looking for holes or other potential signs of a breach by wildlife, reporting officers will identify and record the following:

- presence of wildlife on and in the vicinity of the aerodrome, which is to include:
- a count of all birds and animals sighted
- bird / animal activity, e.g., feeding, flying, nesting
- species (if known)
- numbers
- location.
- seasonal and environmental conditions which may attract wildlife, such as grasses, standing water, uncovered waste, deceased wildlife (e.g., dead rabbits, mice etc.)
- any additional indicators such as new nests or eggs.

All wildlife observed on the aerodrome and in the vicinity of the aerodrome are recorded in Wildlife Hazard Register for monitoring purposes.

A record of wildlife strikes is kept in the Wildlife Hazard Register and stored securely at the Depot office.

All known or suspected wildlife strikes that occur at or in the vicinity of the aerodrome are reported to the Australian Transport Safety Bureau (ATSB).

To detect changes in wildlife hazards, reported wildlife observations and the wildlife strike register are reviewed every quarter by the Reporting Officers.

15.5 Wildlife hazard assessment

(Part 139 MOS – 11.08(1)(b); 17.02(1))

Any detected wildlife hazard is assessed for risk to aircraft operations.

The hazard assessment process is completed in accordance with the procedures set out in the aerodrome's safety management system.

When assessing the risks, the following data is considered:

- wildlife observations
- reported strike events
- reported near miss events
- times of day or year / weather conditions.

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Hazard risk assessments are maintained by the Aerodrome Manager and stored securely at the Depot office.

15.6 Wildlife hazard mitigation

(Part 139 MOS – 11.08(1)(c))

The following measures have been implemented to assist in mitigating wildlife hazards:

- all gates are kept locked, and rubbish appropriately stored
- grass heights are monitored to prevent seeding
- open unlined drains are regularly inspected and maintained to prevent water retention
- in the event dead birds and animal carcasses are located they are quickly removed.

In the event a reporting officer(s) detects a source of attraction for wildlife, so that further actions can be considered and implemented to minimise the attraction, a report is to be drafted and sent to the Aerodrome Manager.

15.7 Wildlife hazard reporting (AIP, NOTAM, ATC, UNICOM)

(Part 139 MOS – 11.08(1)(d); 17.05(1))

In the event a wildlife risk is identified on or in the vicinity of the aerodrome, and the risk is a serious or imminent threat and cannot be immediately managed, the reporting officer(s) is to:

- advise pilots via the CTAF / Unicom
- request the immediate issue of a NOTAM.

Known or seasonal hazards are reported in writing to the AIS provider for publication in the AIP-ERSA

A NOTAM is requested if the hazard is a higher risk than usual or is of a short term or seasonal nature.

15.8 Liaison with local authorities for wildlife hazard mitigation

(Part 139 MOS – 11.08(1)(e); 17.01(2))

Fitzroy Crossing Aerodrome engages proactively with stakeholders within a 13 km radius, which includes both shire land and private property, to ensure that future land uses and development proposals are carefully considered.

16 Low-visibility operations (LVO)

Low-visibility operations are not conducted; therefore, this section and the associated bullets listed below are also NOT APPLICABLE.

- Low-visibility personnel - (Part 139 MOS – 11.17(1)(e)(i)(ii)) - NOT APPLICABLE
- Runway visibility (RV) assessment personnel - (Part 139 MOS – 23.08) - NOT APPLICABLE
- Vehicular traffic in low-visibility operations - (Part 139 MOS – 11.17(1)(b)) - NOT APPLICABLE
- CNS facilities in low-visibility operations (Part 139 MOS – 11.17(1)(c)) - NOT APPLICABLE

17 Manoeuvring area inspections in low-visibility operations (Part 139 MOS – 11.17(1)(d)) - NOT APPLICABLE

- Measuring runway visibility (Part 139 MOS – 11.17(1)(a); 23.09(c)(iii)(iv)) - NOT APPLICABLE

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- Communicating visibility measurements to ATC or pilots (Part 139 MOS – 11.17(1)(a)) - NOT APPLICABLE
- Transmissometers (Part 139 MOS – 11.17(2)) - NOT APPLICABLE
- Low-visibility procedures (LVP) (Part 139 MOS – Chapter 23) - NOT APPLICABLE
- Specific circumstances for LVP (Part 139 MOS – 23.02(c)(i)) - NOT APPLICABLE
- Nominated rate of aerodrome movements (Part 139 MOS – 23.02(c)(ii)) - NOT APPLICABLE
- LVP-related training and authorisation for airside drivers (Part 139 MOS – 23.02(c)(iii)) - NOT APPLICABLE
- Control of airside operations (Part 139 MOS – 23.02(c)(iv)) - NOT APPLICABLE
- Withdrawal of non-essential vehicles and personnel (Part 139 MOS – 23.02(c)(v)) - NOT APPLICABLE
- Suspension of visual and non-visual aid maintenance (Part 139 MOS – 23.02(c)(vi)) - NOT APPLICABLE
- Securing airside access and preventing entry (Part 139 MOS – 23.02(c)(vii)) - NOT APPLICABLE
- Alerting of LVP (Part 139 MOS – 23.02(c)(viii)) - NOT APPLICABLE
- Coordinating LVP activities with ATC (Part 139 MOS – 23.02(c)(ix)) - NOT APPLICABLE
- Physical checks of lighting and warning devices (Part 139 MOS – 23.02(c)(x)) - NOT APPLICABLE
- Protection of areas for ILS (Part 139 MOS – 23.02(c)(xi)) - NOT APPLICABLE
- Emergency responses during LVP (Part 139 MOS – 23.02(c)(xii)) - NOT APPLICABLE
- LVP status (Part 139 MOS – 23.02(c)(xiii)) - NOT APPLICABLE
- Review of low-visibility procedures (Part 139 MOS – 23.04) - NOT APPLICABLE

18 Disabled aircraft removal

18.1 Aircraft removal personnel

(Part 139 MOS – 11.13(e)(i)(ii))

The Reporting officer with the assistance of the Aerodrome Manager (see master contact list for contact and AH details) will assist the aircraft operator with the removal of a disabled aircraft, the responsibility for arranging the removal of disabled aircraft is that of the aircraft operator whose aircraft it is.

18.2 Aircraft removal – aerodrome operator & aircraft certificate holder

(Part 139 MOS – 11.13(a))

The registered owner or aircraft operator has complete responsibility for removing their aircraft should it become disabled. All airline operators are therefore expected to have aircraft recovery plans which identify any special equipment that may be necessary.

Fitzroy Crossing Aerodrome coordinates the aircraft recovery operation to ensure that the disabled aircraft is removed in a timely and efficient manner.

Removal of damaged aircraft may be subject to clearance of Australian Transport Safety Bureau and other investigating teams.

Although the aircraft owner is responsible, Fitzroy Crossing Aerodrome may, where necessary, initiate salvage action when:

- there is a serious and imminent threat or hazard to other aircraft, vehicles or personnel on the movement area
- the aircraft operator refuses to move a disabled aircraft, or neglects to do so within a reasonable time.

In these instances, Fitzroy Crossing Aerodrome accepts no responsibility for any loss or damage of any kind resulting from this action, and the aircraft operator shall be held responsible for all costs incurred.

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Once a runway is negatively impacted (unavailable), or a reduction in operating length is required, a NOTAM is to be issued in accordance with section 5.3 of this manual.

Appropriate visual aids are deployed, when necessary, to mark unserviceable portions of the aircraft movement area by the Aerodrome Reporting Officer.

18.3 Notifying aircraft certificate holder

(Part 139 MOS – 11.13(b))

The pilot of a disabled aircraft is expected to notify the holder of the aircraft's certificate of registration in the first instance.

If the pilot is not available or is unable to notify the certificate of registration holder, the required notification is to be issued by the Aerodrome Manager.

If the certificate of registration is not known to Fitzroy Crossing Aerodrome Airport, details are to be obtained from the pilot, if possible, or if available, from the CASA website via: <https://www.casa.gov.au/aircraft/civil-aircraft-register>

18.4 Liaising with the ATSB, Defence and ATC

(Part 139 MOS – 11.13(c))

If the disabled aircraft cannot be immediately removed from the movement area, Fitzroy Crossing Aerodrome will ensure:

- unserviceability markers, markings and lights are displayed as required
- the NOF is notified of the unserviceability, or changes to the runway or taxiway as applicable.

In the absence of a representative from Fitzroy Crossing Aerodrome Airport, the pilot is expected to advise air traffic services of the disabled aircraft closing the runway or airport. As there is no Air Traffic Control at Fitzroy Crossing Aerodrome, this notification is expected to occur on the general area frequency should VHF be available on the ground. Once a representative from Fitzroy Crossing Aerodrome becomes aware of the disabled aircraft, they are to confirm with the pilot that the air traffic services have been notified.

The ATSB will be notified immediately of an occurrence that requires their involvement.

18.5 Equipment and person(s) to remove aircraft

(Part 139 MOS – 11.13(d))

The holder of the aircraft's certificate of registration is expected to provide, by the fastest means possible, any specialised equipment and personnel required to remove a disabled aircraft.

Prior to engaging recovery assistance from Fitzroy Crossing Aerodrome, the aircraft operator is required to indemnify Fitzroy Crossing Aerodrome from any adverse consequence resulting from any activities during the recovery process.

Fitzroy Crossing Aerodrome is to advise the aircraft operator of the contacts of any commercial crane operators that may assist in providing equipment for the removal of disabled aircraft.

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19 Aerodrome Emergency Preparedness Plan

(Part 139 MOS – 11.12; Chapter 24)

The aerodrome has emergency response arrangements in the form of an Aerodrome Emergency Preparedness Plan that meet the requirements of section 24.03 of the Part 139 MOS.

The AEPP is maintained by the Aerodrome Manager and is available at the Depot office.

19.1 Emergency response personnel

Part 139 MOS – 11.12(2)(a)-(e))

The following individuals or positions have responsibilities in an aerodrome emergency response:

| Individuals / positions | Responsibilities |
|------------------------------|--|
| Aerodrome Manager | Maintaining aerodrome emergency response procedures |
| Aerodrome Manager | Notifying procedures to initiate an emergency response |
| Aerodrome Manager/ARO | Initiating emergency response actions by aerodrome personnel |
| Aerodrome Manager/ARO | Returning the aerodrome to operational status after an emergency |
| Aerodrome Manager/ARO | Reviewing the aerodrome emergency plan |

19.2 Aerodrome emergency response

(Part 139 MOS – 11.12; Chapter 24)

19.2.1 Aerodrome emergency preparedness plan (AEPP)

(Part 139 MOS – Chapter 24)

Although the type and frequency of aircraft operations at Fitzroy Crossing Aerodrome does not trigger the requirement for an AEP, the Shire of Derby/West Kimberley has established and implemented an AEPP that meets the requirements of section 24.06 of the Part 139 MOS.

The AEPP is maintained by the Aerodrome Manager and is available at the Aerodrome Office.

Information relating to the following procedures (if applicable) are located within the Fitzroy Crossing Aerodrome Emergency Preparedness Plan (AEPP).

- the positions of those who constitute the membership of the aerodrome emergency committee (if established); NOT APPLICABLE
- a description of the role of each emergency service organisation involved in the emergency response arrangements or aerodrome emergency plan, as applicable; (AEPP 3.5)

Note to determine applicability, see sections 24.02 and 24.03 of the 139 MOS.

- the procedures for liaison with the authorised person responsible for local emergency planning arrangements; NOT APPLICABLE
- the procedures for notification and initiation of an emergency response; (AEPP 3.2.1)

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- the procedures for activation, control and coordination of aerodrome-based emergency responders (if any) during the initial stages of an emergency; NOT APPLICABLE
- the procedures for use of the aerodrome's emergency facilities (if any); (AEPP 5.3)
- the procedures for facilitating aerodrome access and the management of assembly areas (if any); (AEPP 5.3)
- the procedures for the aerodrome to respond to a "local stand-by" event, if applicable; (AEPP 3.3)
- the procedures for initial response to a "full emergency" event on, or in the immediate vicinity of, the aerodrome; and (AEPP 3.4)
- the arrangements for keeping aerodrome emergency facilities, access points and assembly areas (if any) in a state of readiness; and (AEPP 5.3)
- arrangements to ensure emergency preparedness by both on and off-aerodrome responders through the following: (AEPP 3.2.6 and 5.1)
 - site inductions, if provided;
 - emergency response training, if provided;
 - emergency exercises, if required; and
 - the arrangements to return the aerodrome to operational status after an emergency; and
 - the arrangements for periodic review of the aerodrome emergency plan, if applicable, or for monitoring the function of the aerodrome in local emergency planning arrangements.

The AEPP addresses the following required procedures;

- Maintaining the aerodrome emergency response procedures, including emergency preparedness; (AEPP 5.4)
- Notifying procedures to initiate an emergency response; (AEPP 3.2.1)
- Shows the location of access points, assembly areas and the aerodrome emergency facilities and equipment, fuel storage and any other hazardous materials, if applicable; (AEPP 4)
- Initiating emergency response actions by aerodrome personnel; (AEPP 3.1)
- Returning the aerodrome to operational status after an emergency; and (AEPP 3.2.6)
- Reviewing the aerodrome emergency plan. (AEPP 5)

20 Aerodrome safety management

20.1 Safety management system (SMS)

(Part 139 MOS – 11.09(1); 25.02; 25.03; 25.04)

As the aerodrome has less than 50,000 air transport passenger movements / less than 100,000 aircraft movements in a financial year, a safety management system has not been prepared or implemented.

20.2 Risk Management Plan (RMP)

(Part 139 MOS – 11.09(1); 25.02; 25.03; 25.04)

Although the type and frequency of aircraft operations does not trigger the requirement for a risk management plan, a risk management plan that meets the requirements of section 26.01 of the Part 139 MOS is in place.

- The risk management plan includes the following items;
- hazard identification;
- risk assessment and control;
- creation and management of relevant risk management plan documents, including:
- a risk register; and

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- records of any dedicated risk assessments performed to address aerodrome hazards affecting aircraft operations.

The RMP is maintained by the Aerodrome Manager and available at the Depot office.

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21 Glossary

21.1 Acronyms and abbreviations

| Acronym / abbreviation | Description |
|------------------------|---|
| ACN | aircraft classification number |
| ADP | aeronautical data package |
| AEP | aerodrome emergency plan |
| ARC | aircraft reference code |
| ARFFS | aviation rescue and firefighting services |
| AGL | aeronautical ground lighting |
| AHD | Australian height datum |
| AIP | aeronautical information publication |
| AIS | aeronautical information service |
| ALARP | as low as reasonably practicable |
| AMSL | above mean sea level |
| ARO | aerodrome reporting officer |
| ARP | aerodrome reference point |
| ASDA | accelerate-stop distance available |
| ATC | air traffic control |
| AT-VASIS | an abbreviated T pattern visual approach slope indicator system |
| AVDGS | advanced visual docking guidance system |
| CASA | Civil Aviation Safety Authority |
| ERSA | En-Route Supplement Australia |
| FIS | Flight Information Service |
| ft | feet |
| FOD | foreign object debris |
| GRF | Global Reporting Format |
| H24 | continuous |
| IFR | instrument flight rules |
| ILS | instrument landing system |
| IWDI | illuminated wind direction indicator |
| LDA | landing distance available |
| LVP | low visibility procedures |
| m | metre(s) |
| MAGS | movement area guidance sign |
| MOS | Manual of Standards |
| MOWP | method of working plan |
| NAIPS | national aeronautical information processing system |
| NOF | NOTAM Office |
| NOTAM | notice to airmen |
| OFZ | obstacle free zone |

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| Acronym / abbreviation | Description |
|------------------------|--|
| OLS | obstacle limitation surface |
| OMGWS | outer main gear wheel span |
| PAL | pilot activated lighting system |
| PANS-OPS | Procedures for Air Navigation Services – Aircraft Operations |
| PAPI | precision approach path indicator |
| PCN | pavement classification number |
| RCAM | Runway Condition Assessment Matrix |
| RCR | Runway Condition Report |
| RWYCC | Runway Condition Code |
| RESA | runway end safety area |
| RTIL | runway threshold identification lights |
| RV | runway visibility |
| RVR | runway visual range |
| RWY | runway |
| SMS | safety management system |
| STODA | supplementary take-off distance |
| RMP | risk management plan |
| TDZ | touchdown zone |
| TODA | take-off distance available |
| TORA | take-off run available |
| T-VASIS | T pattern visual approach slope indicator system |
| TWY | taxiway |
| VASIS | visual approach slope indicator system |
| VDGS | visual docking guidance system |
| VFR | visual flight rules |
| WDI | wind direction indicator |

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21.2 Definitions

| Term | Definition |
|------------------------------------|--|
| accelerate-stop distance available | the length of the take-off run available plus the length of the stopway if provided. |
| accident | <p>an occurrence associated with the operation of an aircraft which takes place between the time any person boards the aircraft with the intention of flight until such time as all such persons have disembarked, in which:</p> <p>a person is fatally or seriously injured as a result of:</p> <p>being in the aircraft, or</p> <p>direct contact with any part of the aircraft, including parts which have become detached from the aircraft, or</p> <p>direct exposure to jet blast, except when the injuries are from natural causes, self-inflicted by other persons, or when the injuries are to stowaways hiding outside the areas normally available to the passengers and crew, or</p> <p>the aircraft sustains damage or structural failure which:</p> <p>adversely affects the structural strength, performance or flight characteristics of the aircraft, and</p> <p>would normally require major repair or replacement of the affected component, except for engine failure or damage when the damage is limited to the engine, its cowlings or accessories, or for damage limited to propellers, wing tips, antennas, tyres, brakes, fairings, small dents or puncture holes in the aircraft skin, or</p> <p>the aircraft is missing or is completely inaccessible.</p> |
| aerodrome | an area of land or water (including any buildings, installations, and equipment) intended to be used either wholly or in part for the arrival, departure or movement of aircraft. |
| aerodrome elevation | the elevation of the highest point of the landing area. |
| aerodrome reference code | <p>refers to the three (3) elements that are nominated by the aerodrome operator, specifically:</p> <p>a code number which is determined by the aeroplane reference field length, and which is applicable to runways</p> <p>a code letter which is determined by the aeroplane wingspan, and which is applicable to runways, taxiways, aircraft holding bays and parking positions</p> <p>the OMGWS which is applicable to runways and taxiways.</p> |
| aerodrome reference point | the designated geographical location of an aerodrome. |
| AIP responsible person | for an aeronautical data originator, a person appointed by the originator under regulation 175.445 as responsible for the provision of aeronautical data or aeronautical information published in the AIP. |
| air transport operation | <p>a passenger transport operation, or a cargo transport operation, that is conducted for hire or reward, or</p> <p>is prescribed by an instrument issued under regulation 201.025.</p> <p>However, an operation conducted for a purpose mentioned in paragraph 206(1)(a) of CAR is not an air transport operation.</p> <p>206(1)(a) aerial work purposes, being purposes of the following kinds (except when carried out by means of an RPA):</p> <p>aerial surveying</p> |

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| Term | Definition |
|----------------------------|---|
| | aerial spotting agricultural operations aerial photography advertising balloon flying training ambulance functions carriage, for the purposes of trade, of goods being the property of the pilot, the owner of the hirer of the aircraft (not being a carriage of goods in accordance with fixed schedules to and from fixed terminals) any other purpose that is substantially similar to any of those specified in subparagraphs (i) to (vii) (inclusive). |
| AIS provider | a person who holds a certificate under regulation 175.055 of CASR. |
| apron | a defined area on a land aerodrome to accommodate aircraft for the purposes of loading or unloading passengers, mail or cargo, fuelling, parking or maintenance. |
| apron taxiway | a portion of a taxiway system located on an apron to provide a through taxi route for aircraft across the apron to another part of the taxiway system. |
| Australian height datum | the datum that sets mean sea level as zero elevation. |
| clearway | a defined area at the end of the TORA, on the ground or water under the control of the aerodrome operator, which is selected or prepared as a suitable area over which an aeroplane may make a portion of its initial climb to a specified height. |
| Contaminant | Matter present on the surface of the runway including, compacted snow, dry snow, frost, ice, slush, standing water, wet ice and wet snow. |
| Contaminated runway | A runway is contaminated if more than 25% of the surface area required for take-off or landing is covered by any of the following: Water or slush more than 3mm deep; Loose snow more than 20mm deep; Compacted snow or ice. |
| displaced threshold | a threshold not located at the extremity of a runway. |
| Dry runway | A runway is dry if the surface area required for a take-off or landing (a) Has no visible moisture; and (b) Is not contaminated |
| Flight Information Service | A service provider for the purposes of giving advice and information useful for the safe and efficient conduct of flights. |
| holding bay | a defined area where aircraft can be held or bypassed to facilitate efficient surface movement of aircraft. |
| incident | an occurrence, other than an accident, associated with the operation of an aircraft which affects or could affect the safety of operation. |
| international aerodrome | an aerodrome: designated by the Department as an international airport in Australia; and identified as a designated international airport in Australia on the Department's website. |
| instrument runway | one of the following types of runway nominated for the operation of aircraft using instrument approach procedures: |

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| Term | Definition |
|--------------------------------|---|
| | non precision approach runway precision approach runway (CAT I) precision approach runway (SA CAT I) precision approach runway (SA CAT II) precision approach runway (CAT II) precision approach runway (CAT III A / B / C) |
| landing distance available | the length of the runway which is declared available and suitable for the ground run of an aeroplane landing. |
| manoeuvring area | part of the aerodrome used for the take-off, landing and taxiing of aircraft, excluding aprons. |
| method of working plan | a plan to ensure that aerodrome works do not present a hazard to aircraft operations. |
| movement area | a part of an aerodrome to be used for the take-off, landing and taxiing of aircraft, consisting of the manoeuvring area and the aprons. |
| non-homogenous runway surface | a runway surface that has different surface finishes across its full width. |
| non-instrument runway | a runway for the operation of aircraft using visual approach procedures. |
| NOTAM | Notice to Airmen and is a notice issued by the NOTAM Office containing information or instructions concerning the establishment, condition or change in any aeronautical facility, service, procedure or hazard, the timely knowledge of which is essential to persons concerned with flight operations. |
| NOTAM authorised persons | for an aeronautical data originator, a person(s) appointed under regulation 175.445 by the originator authorised to request the issue, review or cancellation of a NOTAM. |
| obstacle | fixed (whether temporarily or permanently) and mobile objects, structures and parts of such objects and structures that: are located on an area provided for the surface movement of aircraft, or extend above a defined surface designated to protect aircraft in flight, or stand outside the defined surfaces mentioned in items (a) and (b) above and that have been assessed as being a hazard to air navigation. |
| obstacle free zone | the airspace above the inner approach surface, inner transitional surface, baulked landing surface, and that portion of the runway strip bounded by these surfaces, which is not infringed by any fixed obstacle other than a low mass and frangibly mounted one required for air navigation purposes. |
| obstacle limitation surfaces | a series of planes, associated with each runway at an aerodrome, that defines the desirable limits to which objects or structures may project into the airspace around the aerodrome so that aircraft operations at the aerodrome may be conducted safely. |
| PANS-OPS | Doc.8168-OPS/611 Volume II (Procedures for Air Navigation Services – Construction of Visual and Instrument Flight Procedures) approved and published by decision of the Council of the International Civil Aviation Organization, as in force from time to time. |
| pavement classification number | a number expressing the bearing strength of a pavement for unrestricted operations by aircraft with aircraft classification number (ACN) less than or equal to the PCN. |
| Reduced braking action | Based on pilot observations that the braking deceleration and directional control is worse than expected. |

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| Term | Definition |
|---|---|
| runway | a defined rectangular area on a land aerodrome prepared for the landing and take-off of aircraft. |
| Runway Condition Assessment Matrix (RCAM) | A matrix for assessing the runway condition code from a set of observed runway surface conditions and the pilot in command's report on braking action. |
| Runway Condition Report (RCR) | A comprehensive standardised report relating to runway surface conditions and their effect on aeroplane landing and take-off performance. |
| Runway Condition Code (RWYCC) | A number used in a runway condition report to describe the runway surface condition. |
| runway end safety area | an area symmetrical about the extended runway centreline and adjacent to the end of the runway strip, primarily to reduce the risk of damage to an aeroplane which undershoots or overruns the runway. |
| runway strip | a defined area, including the runway and stopway, provided to: reduce the risk of damage to aircraft running off a runway, and protect aircraft flying over the runway during take-off or landing operations. |
| scheduled air transport operation | an air transport operation conducted in accordance with a published schedule. |
| secondary power supply | an electrical power supply that: is automatically connected to the relevant load when the primary power source fails, and is derived from: the normal public electrical power supply, but in a way that: supplies power for the aerodrome's functionality from a special substation that is not the normal substation, and supplies the power through a special transmission line that follows a route different from the normal power supply route, and makes extremely remote the possibility of a simultaneous failure of the normal public electrical power supply and the power supply for the aerodrome, or one or more generators, batteries, or similar devices which deliver a constant, reliable and sufficient supply of electrical power for the relevant aerodrome service. |
| shoulder | an area adjacent to the edge of a pavement so prepared as to provide a transition between the pavement and the adjacent surface. |
| Slippery wet runway | A wet runway where the surface friction characteristics of a significant portion of the runway show that the runway is degraded. |
| stopway | a defined rectangular area on the ground at the end of the take-off run available and prepared as a suitable area in which an aircraft can be stopped in the case of an abandoned take-off. |
| take-off distance available | the length of the take-off run available, plus the length of the clearway if provided. |
| take-off runway available | the length of the runway declared available and suitable for the ground run of an aeroplane taking off. |
| taxilane | a portion of an apron designated as a taxiway and for use only to provide access to and egress from aircraft parking positions. |

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| Term | Definition |
|-----------------|--|
| taxiway | a defined path on an aerodrome on land, established for the taxiing of aircraft from one part of an aerodrome to another. A taxiway includes a taxilane, an apron taxiway, and a rapid exit taxiway. |
| threshold | the beginning of that portion of the runway usable for landing. |
| Type A chart | a chart which contains information on all significant obstacles within the take-off area of an aerodrome up to 10 km from the end of the runway. |
| Type B chart | an obstacle chart which provides obstacle data from around the aerodrome. |
| Y location code | the international code prefix used to identify Australian aerodromes. |
| Wet runway | A runway is wet if the surface area required for a take-off or landing <ul style="list-style-type: none"> a. is not dry; and b. is not contaminated |

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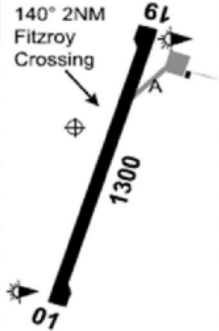
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| AERODROME INFORMATION FOR THE AIP AND AERODROME MANUAL - V2 | | Aerodrome Data |  |
|---|--|---|---|
| AERODROME INFORMATION | | | |
| Aerodrome Diagram | |  | |
| Layout of runways, taxiways & aprons | Y - illustrated | | |
| Nature of the runway surfaces | Y - illustrated | | |
| Designations and lengths of runways | Y - illustrated | | |
| Designations of taxiways | Y - illustrated | | |
| Location of IWDI/non-illuminated WDI | Y - illustrated | | |
| Location of aerodrome reference point | Y - illustrated | | |
| Location of terminal buildings | Y - illustrated | | |
| Location of any helicopter FATO areas or helicopter aiming points | N/A | | |
| Location of glider runway strips (if external to a runway strip) | N/A | | |
| Location and type of VASIS (if provided) | N/A | | |
| Administration | | | |
| Operator's name | Shire of Derby / West Kimberley | | |
| Operator's postal address | PO Box 101, Fitzroy Crossing, WA, 6765 | | |
| | Council PH 08 9191 0999 | | |
| | AD MGR 0418 922 415 | | |
| Phone number | Ports MGR 0427 272 007 | | |
| Email | sdwk@sdwk.wa.gov.au | | |
| Website (if applicable) | N/A | | |
| Fax number (if applicable) | N/A | | |
| After hours contact - name | ARO | | |
| After hours contact - phone number | 0427 915 201 | | |
| After hours contact - email address (where applicable) | N/A | | |
| After hours contact - fax number (where applicable) | N/A | | |
| Aerodrome Type | AD | | |
| Aerodrome Usage | PUBLIC | | |
| Aerodrome Usage - PPR | N/A | | |
| Aerodrome Usage - aerodrome charges | N/A | | |
| Aerodrome Usage - security | N/A | | |
| Aerodrome Classification | CERT | | |
| Aerodrome location statement | | | |
| Aerodrome name | Fitzroy Crossing | | |
| State or territory | WA | | |
| Latitude and longitude (of Aerodrome Reference Point) | 181055S 1253331E | | |
| ICAO location indicator (Y code) | YFTZ | | |
| Elevation (feet) | ELEV 368 | | |
| Currency of Type A charts (required if scheduled international operations) | N/A | | |
| Currency of Type B charts (discretionary) | N/A | | |
| UTC time | UTC+8 | | |
| Magnetic variation | VAR 2 DEG E | | |
| Movement Area Information - see next tab - Mvt Areas, Lighting, Nav aids | | | |
| Charts | | | |
| Type A charts - include if published | N/A | | |
| Type B charts - include if published | N/A | | |
| Obstacle-free zone (OFZ) (if applicable) | N/A | | |
| Precision approach terrain chart | N/A | | |
| Aerodrome terrain and Obstacle chart - ICAO (Electronic) | N/A | | |
| WAC chart | 3223 | | |
| AIP departure and approach procedure charts | Also refer to AIP Departure and Approach Charts | | |
| Document Name: | YFTZ Aerodrome Manual | Amended by: | Paige Verheyden |
| Version: | 4 | Approved by: | Wayne Neate |
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| | | | |
|--|--|--|--|
| Navaisds | | | |
| Approach and Runway Lighting Systems (B) - see below | | | |
| Pilot Activated Lighting (PAL) - frequency | | PAL + AFRU 126.7 | |
| PAL - operation | | PAL + AFRU requires three one-second pulses to activate | |
| Standby power | | N/A | |
| Aerodrome beacon | | N/A | |
| Location | | N/A | |
| Characteristics | | N/A | |
| Hours of operation | | N/A | |
| Obstacle lighting for OLS infringements | | N/A | |
| Secondary power supply - description (if provided) | | N/A | |
| Secondary power - switch-over time | | N/A | |
| ARFFS - AVIATION RESCUE AND FIRE-FIGHTING SERVICES | | | |
| Category of any ARFFS provided by the aerodrome operator & based at the aerodrome | | Nil | |
| GROUND SERVICES | | | |
| Fuel Suppliers | | N/A | |
| Fuel supplier name | | N/A | |
| Contact details | | N/A | |
| After hours contact details | | N/A | |
| Credit Details | | N/A | |
| Fuel types | | N/A | |
| Lubricating Oil | | N/A | |
| Miscellaneous Fluids | | N/A | |
| Aviation Breathing Oxygen | | N/A | |
| Power Units | | N/A | |
| Weather Information Broadcasts provided by the Aerodrome Operator | | | |
| Type of Weather Information Broadcasts | | AWIS | |
| Details of Weather Information Broadcasts | | TAF CAT D, METAR/SPECI AWIS PH 08 6216 2612 - Report faults to BoM. | |
| Ground-to-Air Communication Systems | | | |
| Type of ground frequency | | CTAF - AFRU | |
| If CTAF or CTAF/AFRU, list frequency | | 126.7 | |
| AFRU details | | 126.7 | |
| UNICOM | | N/A | |
| CAGRS | | N/A | |
| ATS communications facilities - FIA | | Brisbane Centre | |
| FIA - frequency | | 124.8 | |
| FIA - availability | | On ground | |
| Other aviation-related services | | | |
| Passenger Facilities | | N/A | |
| AERODROME OPERATIONAL PROCEDURES | | | |
| Standard taxi routes | | N/A | |
| Special procedures | | N/A | |
| Surface Movement Guidance | | N/A | |
| Notices | | | |
| Operating restrictions on manoeuvring area | | N/A | |
| Wildlife hazards | | Animal and Bird hazard exists | |
| Apron or parking restrictions | | N/A | |
| Activities within the circuit area hazardous to aviation | | N/A | |
| Aviation activities such as helicopter, ultralight, glider ops within the circuit area | | N/A | |
| Document Name: | | Amended by: | |
| Version: | | Approved by: | |
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Low visibility procedures

| | | |
|--|-----|---|
| Runway(s) with low-visibility procedures | N/A |  |
| Equipment used for low-visibility procedures | N/A | |
| Defined meteorological conditions under which low-visibility procedures are initiated, used and terminated | N/A | |
| Ground markings used under low-visibility procedures | N/A | |
| Lighting used under low-visibility procedures | N/A | |

OTHER

| | |
|------------------------|------|
| Avfax code | 6906 |
| Operating hours | 24 |
| Other (1) Obstacles | N/A |
| Other (2) | N/A |
| Additional information | Nil |

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 Approved by: Wayne Neate
 Next Review: 19/12/2025

| AND AERODROME MANUAL - V2 | | | |
|---|---|-------------------|-----------------|
| MOVEMENT AREA INFORMATION | | | |
| Runways | | | |
| Runway designator (dual) | 01/19 | | |
| Aerodrome Reference Code Number | 2 | | |
| Aerodrome Reference Code Letter | C | | |
| OMGWS | OMGWS 4.5 m up to but not including 6 m | | |
| Runway bearing | 17.43/197.43 | | |
| Runway length (metres) | 1300 | | |
| Runway length (multiples of 100 feet) | 42.65 | | |
| Runway width | 30 | | |
| Runway surface type(s) | Bitumen seal | | |
| Runway surface (code letter) | a | | |
| Runway surface type - if natural surface type, state type | N/A | | |
| Runway surface type description if non-homogeneous | N/A | | |
| Runway slope - overall longitudinal slope | Slope N end 0.2% down to N. S end 0.2% down to S. | | |
| Runway strip | | | |
| Runway strip length | 1420 | | |
| Runway strip width | 90 | | |
| Runway strip - width of graded strip | 90 | | |
| Runway strip surface type | Gravel | | |
| Runway strip availability | Available | | |
| Summary of Runway Information | 01/19 015 43a | | |
| Pavement rating | | | |
| PCN | 10 | | |
| Pavement Type for ACN-PCN determination | F - Flexible pavement | | |
| Subgrade strength category | A - High | | |
| Maximum allowable tyre pressure - if limited to aircraft not greater than 5,700KG MTOW | N/A | | |
| Maximum allowable tyre pressure - for aircraft greater than 5,700KG MTOW | 1000(145 PSI) | | |
| Evaluation Method | T - Technical evaluation | | |
| Summary of Pavement Information | PCN 10/F / A 1000(145 PSI) / T Sealed | | |
| Runway designator (single) | 01 | 19 | |
| Category of Instrument approach | Non-precision | Non-precision | |
| Runway Threshold - coordinates of midpoint of runway threshold (latitude) | 181120.95S | 181040.60S | |
| Runway Threshold - coordinates of midpoint of runway threshold (longitude) | 1253328.74E | 1253341.90E | |
| Runway Threshold - elevation of midpoint of runway threshold (feet) | 363 | 363 | |
| Arrestor system - location and description (if applicable) | N/A | N/A | |
| Runway declared distances | | | |
| Runway designator (individual) | 01 | 19 | |
| TORA | 1300(4265) | 1300(4235) | |
| TODA | 1360(4462)(1.2%) | 1360(4462)(2.09%) | |
| ASDA | 1300(4265) | 1300(4265) | |
| LDA | 1300(4265) | 1300(4265) | |
| RESA length, commencing from RWY End | 95 | 75 | |
| RESA Width | 60 | 60 | |
| TODA for intersection departure (if taxiway intersection departure available, list TODA from each relevant intersection. Special calculation criteria apply, see MOS 5.12 (3) & (4)) | N/A | N/A | |
| Supplementary Take-off Distance (STODA) | | | |
| STODA 1.6% | N/A | 1287(4222)(1.6) | |
| STODA 1.9% | N/A | 1335(4380)(1.9) | |
| STODA 2.2% | N/A | N/A | |
| STODA 2.5% | N/A | N/A | |
| STODA 3.3% | N/A | N/A | |
| STODA 5% | N/A | N/A | |
| Obstacles | | | |
| Runway end OLS code number | 2 | 2 | |
| Critical obstacle | Tree | Tree | |
| Critical obstacle gradient (Note: if a fence or levee bank is so close to a runway strip that the t-off gradient exceeds 5%, the t-off gradient may be reported on the next most critical obstacle within the t-off area provided a note is added advising the fence or levee bank has not been taken into account in calculating TODA & STODA gradients & giving the location & height of the fence or levee bank) | 1.22% | 2.09% | |
| Fences or Levee Banks | N/A | N/A | |
| Location | N/A | N/A | |
| Height | N/A | N/A | |
| Obstacle-free zone (OFZ) (if applicable) | N/A | N/A | |
| Precision approach terrain chart | N/A | N/A | |
| Aerodrome terrain and Obstacle chart - ICAO (Electronic) | N/A | N/A | |
| Document Name: | YFTZ Aerodrome Manual | Amended by: | Paige Verheyden |
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| | |
|--|---|
| Taxiways | |
| Designator - main taxiway | A |
| Designator - short feeder taxiway | N/A |
| ARC (aerodrome reference code) letter | C |
| OMGWS | OMGWS 4.5 m up to but not including 6 m |
| Taxiway width | Bitumen seal |
| Taxiway surface | N/A |
| If natural surface, state type | N/A |
| If only the central portion of the taxiway is sealed, this must be reported. | Taxiway A - Code C 15m Bitumen Seal |
| Summary | |
| Aprons | Bitumen seal |
| Surface type of apron | Domestic |
| Apron designator | PARKING |
| Apron type | Bay 1 |
| Parking position or stand - designation | ANG_NO |
| Type of parking system | N/A not INT Ops |
| Parking position or stand - latitude | N/A not INT Ops |
| Parking position or stand - longitude | N/A not INT Ops |
| Parking position or stand - elevation | B200/C205 |
| Restrictive use description | N/A |
| Apron diagram | |
| Details of any parking guidance provided | N/A |
| If VDGS or A-VDGS provided, the type of system | N/A |
| If pilot stop line provided in lieu of VDGS or A-VDGS | N/A |
| If a marshaller is provided in lieu of VDGS or A-VDGS | N/A |
| General Aviation parking | |
| VISUAL AIDS | |
| Approach and Runway Lighting Systems (A) | |
| Approach lighting system (ALS) | N/A |
| Type | N/A |
| Length | N/A |
| Intensity | Red/Green |
| Runway threshold lights - colour | N/A |
| Runway threshold lights - wing bars | N/A |
| Visual approach slope indicator system | KWT 01/19 URL(2) PAL+AFRO 126.7 BANGOR (A) RTBL(1) |
| Notes | N/A |
| Cross Height | N/A |
| Runway touchdown zone lighting - length | |
| Runway centreline lights | N/A |
| Length | N/A |
| Longitudinal spacing | N/A |
| Colour | N/A |
| Intensity | |
| Runway edge lights | Full |
| Length | 60M |
| Longitudinal spacing | White |
| Colour | Low |
| Intensity | |
| Runway end lights and wing bars - colour | Red/Green |
| Runway end lights - colour | N/A |
| Runway end wing bars - colour | |
| Stopway lights | N/A |
| Length | N/A |
| Colour | |
| Other runway lights | N/A |
| Starter extension lighting | N/A |
| RTIL (Runway Threshold Identification Lights) | |
| Taxiway lights | A |
| Designator of lit taxiway | Blue |
| Taxiway lights - colour | Edge |
| Taxiway lights - description | Y |
| Taxiway holding position lighting | N/A |
| Taxiway stop bars | |
| Apron lighting | Flood lighting |
| Lighting systems for aprons | Nil |
| Any other movement area lighting systems | |

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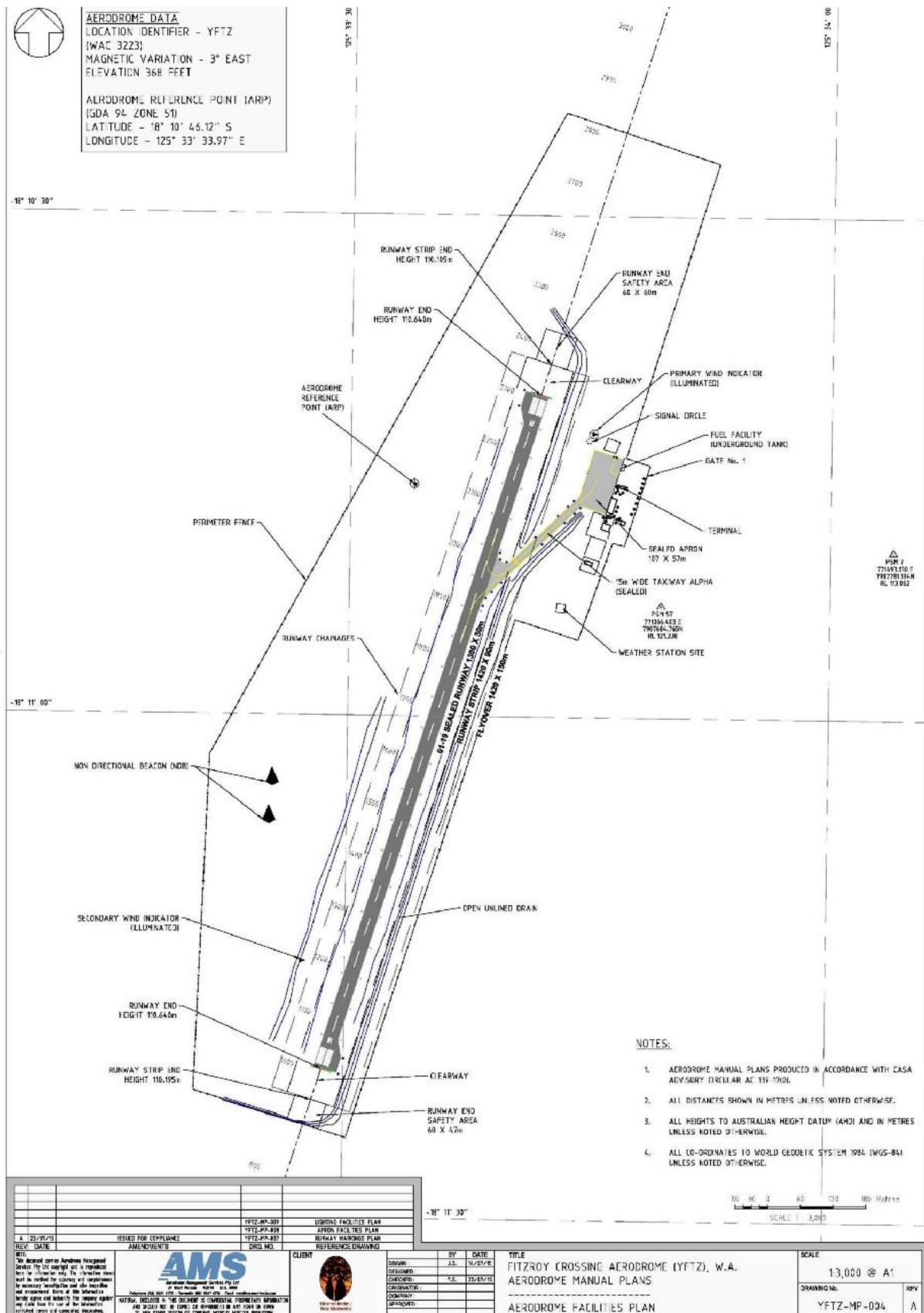
Amended by: Paige Verheyden
Approved by: Wayne Neate
Next Review: 19/12/2025

**NAVIGATION AIDS PROVIDED BY THE AERODROME OPERATOR**

| | | |
|---------------------|-----|--|
| Navaid type | N/A | |
| Identifier | N/A | |
| Operating frequency | N/A | |
| Latitude | N/A | |
| Longitude | N/A | |
| Range (day) | N/A | |
| Range (night) | N/A | |
| Other information | N/A | |

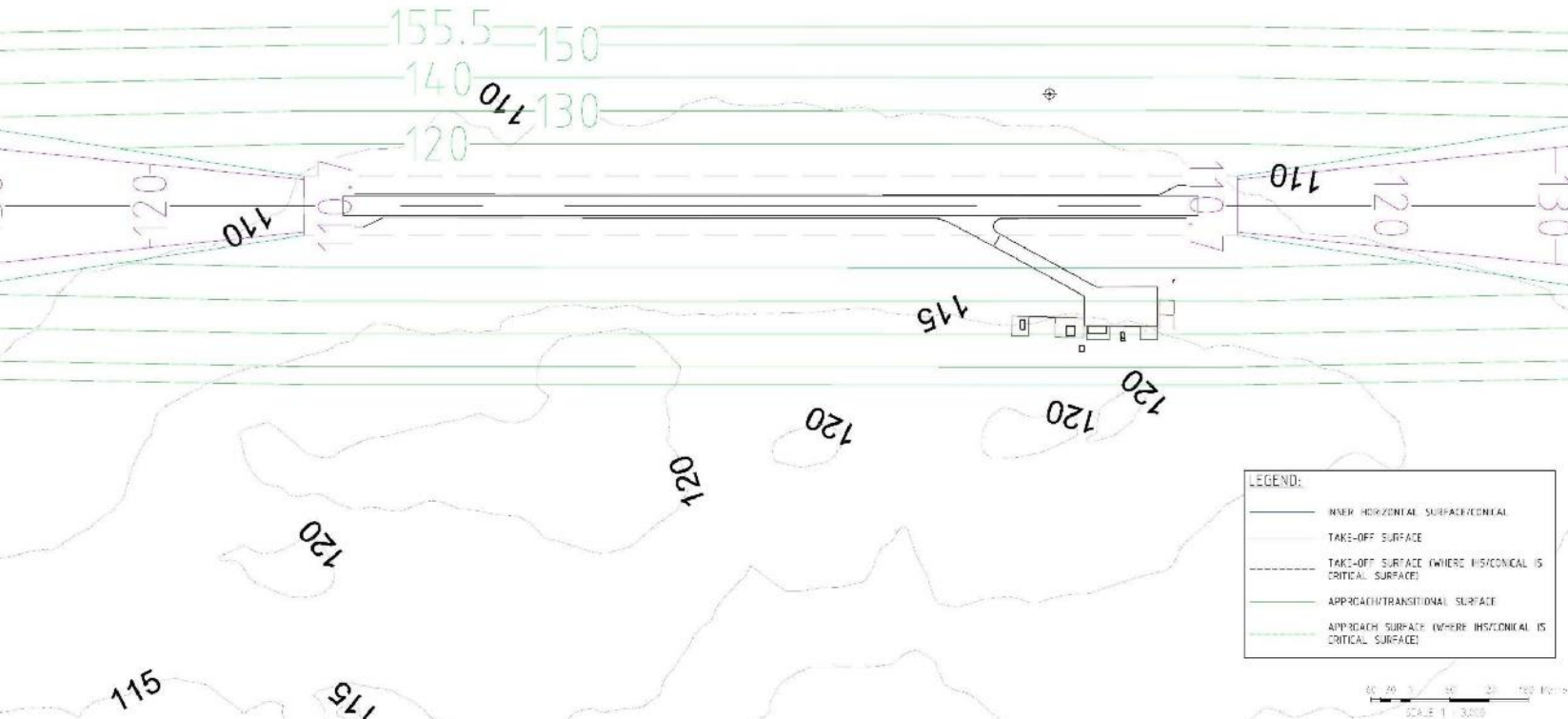
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- NOTES:
- 1. AERODROME MANUAL PLANS PRODUCED IN ACCORDANCE WITH CASA ADVISORY CIRCULAR AC 139-1/200.
 - 2. ALL DISTANCES SHOWN IN METRES UNLESS NOTED OTHERWISE.
 - 3. ALL HEIGHTS TO AUSTRALIAN HEIGHT DATUM (AHD) AND IN METRES UNLESS NOTED OTHERWISE.
 - 4. ALL CO-ORDINATES TO MAP GRID OF AUSTRALIA 1994 (MGA94) ZONE 51 UNLESS NOTED OTHERWISE.



| | | | | | | | | | | | | | | | | | | | |
|--|--|------------|--|----------|--|---|--|--|--|---|--|--|--|------------------|--|---|--|-----------------------|--|
| | | | | | | AMS The premier aerial surveillance, mapping & intelligence firm in support and is responsible for the collection and the processing of data to verify the accuracy and reliability of the imagery, intelligence and the location and status of the information. | | AMS Aerial Mapping Services, Inc. 10000 10th Street, Suite 100 San Diego, CA 92121 Tel: 619-594-1000 Fax: 619-594-1001 Email: info@ams.com Web: www.ams.com | | CLIENT  U.S. DEPARTMENT OF DEFENSE Pentagon Washington, D.C. 20301-1500 Tel: 202-704-1000 Fax: 202-704-1001 Email: info@pentagon.mil Web: www.pentagon.mil | | DRAWN BY CHECKED BY DESIGNED BY APPROVED BY | | DATE 20/06/20 | | FILE F1ZCY CROSSING AERODROME (YF1Z), W.A. AERODROME MANUAL PLANS | | SCALE 1:3,000 @ A1 | |
| 20/07/20 PLAN ROTATED, SCALE AMENDED, APP POSITION CORRECTED | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | | 20/07/20 | |
| DATE | | AMENDMENTS | | DRC NO. | | REFERENCE DRAWING | | | | | | | | | | | | | |

Fitzroy Crossing Aerodrome
Serviceability Inspection Checklist



Aerodrome inspections are to be completed by an authorised Fitzroy Crossing Aerodrome Reporting Officer in accordance with the Aerodrome Manual Aerodrome Serviceability Inspections – Timings. Completed forms are to be filed and retained, as per Aerodrome Manual requirements.

| | | | |
|---------------------------------|-----------------------------------|-------------------------|--|
| Airstrip: | Fitzroy Crossing Aerodrome | | |
| Inspection Date: | | Inspection Time: | |
| Inspection Completed By: | | Signature: | |

Tick – Complete the checklist below. Tick the most appropriate response to each item.

Make Notes – If you identify a serviceability issue – Elaborate on the problem in the notes area on the next page.

| | | | | | | | |
|--|-----------|--------------|--|---------------------------------------|-----------|--------------|--------------|
| Derby CTAF 126.7 MHz | | | | Taxiways | | OK | Fault |
| Runway 01/19 | OK | Fault | | Surface Defects | | | |
| Smoothness | | | | Debris & Loose Material | | | |
| Pavement Condition | | | | Markings | | | |
| Centreline Marking / Touchdown Zone / Aiming Point | | | | Smoothness | | | |
| Threshold Markings / Designator | | | | Apron | OK | Fault | |
| Foreign Objects / Loose Stone / Cleanliness | | | | Surface Defects | | | |
| Side Stripe and Shoulder Condition | | | | Debris & Loose Material | | | |
| Runway Strip | OK | Fault | | Smoothness | | | |
| Smoothness | | | | Aircraft Parking | | | |
| Surface Condition | | | | Aircraft Secure | | | |
| Vegetation | | | | Surface Markings | | | |
| Clearway | | | | Cleanliness e.g. Fuel Spills | | | |
| Drainage | | | | MISC | OK | Fault | |
| Gable Markers / Large Cones | | | | AFRU / PAL / AWIS | | | |
| Lighting | OK | Fault | | Wildlife | | | |
| Illuminated Wind Direction Indicator | | | | Primary Wind Indicators/Signal Circle | | | |
| Runway Edge Lighting | | | | Secondary Wind Indicators | | | |
| Holding Point Lighting | | | | Equipment Storage | | | |
| Taxiway Lighting | | | | Aircraft Parking | | | |
| Apron Lighting | | | | Perimeter Fencing and Access Gates | | | |
| OLS | OK | Fault | | Aerodrome Works – Compliant? | | | |
| Takeoff & Climb 01 | | | | NOTAMS Checked? | | | |
| Takeoff & Climb 19 | | | | RESA | | | |
| Approach 01 | | | | AWIS | | | |
| Approach 19 | | | | Comments : | | | |
| Transitional | | | | | | | |
| Inner Horizontal & Conical | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Weather Conditions ✓ (AWIS PH: 08 6216 2612) | | | | | | | | | |
|--|--|---------|-------------|-----|--|-----------|--|--------|--|
| Rain | | Showers | | Sun | | Hail | | Clouds | |
| QNH | | | Temperature | | | Dew Point | | | |
| Comment | | | | | | | | | |

Fitzroy Crossing Aerodrome
Serviceability Inspection Checklist



| Fitzroy Crossing Aerodrome Diagram | |
|---|--|
| Instructions Tick – Complete the checklist above. Tick the most appropriate response to each item. Make Notes – If you identify a serviceability issue – Elaborate on the problem in the notes area. | |
| | |

| Corrective action required? | | |
|--|-------------|--------------------------|
| Details: Note if a NOTAM, Maintenance Request, Log Entry or Hazard Report is completed | | |
| Item | Description | Action/Report/Monitoring |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |



Aerodrome Weekly Inspection Checklist

Fitzroy Crossing Aerodrome WEEKLY INSPECTION BY AERODROME REPORTING OFFICERS – NIGHT & DAY

Name (printed):

Date:

| Item | | Remarks and work carried out |
|--|---|------------------------------|
| NIGHT CHECKS - Airport lighting | | |
| 1 | <u>Apron and floodlights</u> – check operation, good working order, no glare | |
| 2 | <u>Activate PAL/IWDI</u> - check the 10-minute flashing signal | |
| 3 | <u>Runway and Taxiway Lights Operation</u> – Check all working & intensity is uniform | |
| 4 | <u>Threshold Lighting</u> - Check all working & intensity is uniform | |
| 5 | <u>Holding Point and Apron Lighting</u> - Check all working & intensity is uniform | |
| 6 | <u>Lamps</u> - Inspect and replace if burnt out or blackened | |
| 5 | <u>Lenses</u> - Check and clean. Replace if damaged or sand-blasted. <u>Check colour definition of lenses</u> | |
| 6 | <u>Manually Activate and Deactivate system</u> - Check mains power is working | |
| 7 | <u>General condition of windsock lighting</u> - uniform intensity. | |



| Item | | Remarks and work carried out |
|--|---|------------------------------|
| DAY CHECKS – Fences, Emergency Lighting & Other | | |
| 9 | <u>Perimeter fence</u> – Inspect for holes/gaps/damage | |
| 10 | <u>Gates</u> – Closed, Locked (where necessary), unobstructed | |
| 11 | <u>Emergency Lights</u> – Serviceable/clean, test on/off and change batteries as required, number available | |
| 12 | <u>Electrical Cabinet</u> – General check | |
| 13 | <u>Fire Extinguisher</u> – Check serviceable and in date | |
| 14 | <u>Filing</u> – Checklists and related documents are completed, checked and filed | |

ADDITIONAL REMARKS (if any)

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Signed:

All maintenance requirements to be brought to the attention of the Aerodrome Manager



Aerodrome 6-Monthly Lighting Inspection Checklist

Work to be carried out by the REPORTING OFFICER 6-MONTHLY

| | Item | Action/Remarks | Signature |
|---|--|----------------|-----------|
| 1 | <u>General</u> – Clean and repair around all electrical fittings | | |
| 2 | <u>Lamps</u> – Inspect and replace if burnt out or blackened | | |
| 3 | <u>Glassware</u> – Check and clean. Replace if damaged or sand blasted | | |
| 4 | <u>Fittings</u> – Adjust, check focus levelling and adjustments | | |
| 5 | <u>Gaskets</u> – Check for deterioration | | |
| 6 | <u>Wind Indicator Sleeve</u> – Check general condition and function, bearings and circle material/paintwork & marker alignment | | |
| 7 | <u>Markers</u> – Check all markers for correct alignment, condition (no cracks or debris), not impeded by weed growth | | |

COMMENTS :

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Signed: Date:.....

**Maintenance requirements to be brought to the attention of the
Aerodrome Manager**



Aerodrome 12-Monthly Lighting Inspection

Fitzroy Crossing Aerodrome Lighting

TWELVE-MONTHLY INSPECTIONS BY ELECTRICIAN

Name (printed):

Date:

| Item | Action/Remarks | Signature |
|---|--|-----------|
| Runway and Apron | | |
| 1 | Runway lights – check insulation for deterioration | |
| 2 | Runway lights – check terminations and wiring/condition of filters | |
| 3 | Runway Lights – Check and clean lights fittings with soft brush & compressed air | |
| 4 | Apron – Observe conditions of terminations and wiring | |
| 5 | Apron lighting – Inspect and test control equipment | |
| 6 | Underground cables – Measure insulation resistance of circuit, including transformer and/or light fittings. <i>Note: If insulation resistance is less than 1 mega ohm, check monthly</i> | |
| Control Switchboards and Selector Panels | | |
| 7 | Contactors - Observe operation. Check for pitting/burning. Lubricate bearings sparingly. | |
| 8 | Relays – Observe operation | |
| 9 | Indicators – Check connections | |
| 10 | Switch Controls – Observe each operation | |
| 11 | Terminations and Wiring – Observe Connections | |
| 12 | Open Circuit Protectors – Test for correct operation | |
| 13 | Constant Current Regulator – ➤ Dress contacts and replace if necessary ➤ Insulating oil – renew or filter and replace | |
| Underground Cables | | |
| 14 | Check position of markers as shown on cable drawing. Update drawings if required | |

Shire of Derby/West Kimberley
Aerodrome 12-Monthly Lighting Inspection

Last updated 18/06/2024

V2



| Item | | Action/Remarks | Signature |
|-----------------------------------|---|----------------|-----------|
| Illuminated Wind Indicator | | | |
| 15 | Illuminated wind indicator – Inspect lamps and replace if blackened and if in continuous nightly operation | | |
| 16 | Illuminated wind indicator – Inspect lamp holder and clean shade. | | |
| 17 | Illuminated wind indicator – measure insulation resistance of fittings and cable | | |
| 18 | Illuminated wind indicator – observe condition of terminations and wiring. | | |

ADDITIONAL REMARKS (if any)

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.....

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.....

.....

Signed:

**All maintenance requirements
to be brought to the attention of the Aerodrome Manager**



WILDLIFE HAZARD REGISTER

| WILDLIFE RECORD |
|---|
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |
| Date: Flight:..... [<input type="checkbox"/>] Inbound [<input type="checkbox"/>] Outbound [<input type="checkbox"/>] Serviceability Wildlife Details:..... Location:..... Action taken: ARO Name: |

Issue Date: June 2024

Version: 2



Airside Driver Rules & Declaration

Airside drivers shall comply with the below airside driving rules, which are defined in the aerodrome induction and completed prior to commencing work at the aerodrome;

- No unauthorised vehicles are permitted airside
- Ground vehicles are to give priority to aircraft
- Speed limits of vehicles on the movement area are 10 km/hr within 15m of an aircraft & 25 km/hr elsewhere (except for the purposes of conducting serviceability checks)
- Vehicles are not to be driven under an aircraft or within 3 metres of any part of an aircraft except when required for the servicing of aircraft
- Vehicles are to be kept at least 10 metres clear of any aircraft operating either red rotating beacons or strobe lights as this indicated that the aircraft engines are running or about to be started, the aircraft is or about to be under tow, or the aircraft is, or about to be, taxiing
- Immediate action is to be taken to remove any unauthorised vehicles operating airside – in the event that a driver is found to be unco-operative, the police are to be contacted and an incident report is to be completed
- If an unauthorised vehicle is required to be operated airside on the manoeuvring area (runways and taxiways), an escort will be provided by authorised aerodrome staff
- The Aerodrome Manager/Aerodrome Reporting Officer reserves the right to withdraw the authority for any vehicle to operate on the airside if it has been seen to be disruptive or hazardous
- Vehicles and ground equipment operated on the airside areas are to be in a roadworthy condition and maintained in a sound mechanical condition to prevent avoidable breakdowns, spillage of fuels, lubricants and hydraulic oils. The Aerodrome Manager/Aerodrome Reporting Officer reserves the right to inspect vehicles operating within airside areas to ensure their compliance with the above requirements, and to prohibit operations airside in cases of non-compliance.
- Vehicles operating on the manoeuvring area must display an approved rotating amber light (fitted to the highest part of the vehicle) or use vehicle 'hazard lighting'. In conditions of poor visibility or at night must display dipped headlights and tail lights as for normal night driving.
- Certain CASA officers have access to airside under CASR 139.025 & CAR 305 (a). The Aerodrome Manager/ Aerodrome Reporting Officer reserves the right to ask the officer for identification.

I have read and understand the above airside driving rules.

| | | | |
|-------------|--|----------------|--|
| NAME | | COMPANY | |
| SIGN | | DATE | |



AIRSIDE DRIVING QUESTIONNAIRE

Pass Mark Required: 100%

1. Are unauthorised vehicles permitted airside?
 - a. YES
 - b. NO
2. Whilst driving on the sealed pavement surface I should... (circle correct answers)
 - a. Take the shortest route possible between parked aircraft
 - b. Always take turns as slow as possible
 - c. Avoid any sharp braking or excessive acceleration
 - d. Always try to drive faster than the aircraft where possible
 - e. Always be vigilant of aircraft that may be operating on the apron
3. Who has right of way?
 - a. Airport Manager's Light Vehicle
 - b. Taylor Dunn Tug
 - c. Fuel Truck
 - d. Aircraft
 - e. Driveable Conveyor
4. What is the speed limit whilst driving within 15 metres of an Aircraft?
 - a. 15Km/h
 - b. 5Km/h
 - c. 20Km/h
 - d. 10Km/h
5. Driving speed limit elsewhere on the movement area is restricted to...
 - a. 40Km/h
 - b. 35Km/h
 - c. 25Km/h
 - d. 20Km/h
6. Are you allowed to drive under a wing or the fuselage of any aircraft?
 - a. YES
 - b. NO

7. You should not drive within ____ of any aircraft unless required to do so for servicing it and you should remain at least ____ clear of any aircraft with its anti-collision beacon(s) operating?
- a. 3 metres & 10 metres
 - b. 2 metres & 5 metres
 - c. 2 metres & 10 metres
 - d. 3 metres & 15 metres
8. Vehicles that are to be operated on Movement Areas must:
- a. display dipped headlights at night or in periods of poor visibility.
 - b. be roadworthy and in sound mechanical condition to prevent avoidable breakdowns and spillage of fuels, oils, lubricants, and hydraulic fluids.
 - c. have an operating amber/orange/yellow flashing or rotating beacon.
 - d. All the above.
9. The Aerodrome Manager has the right to withdraw any person's driving authority due to disruptive/hazardous behaviour or failure to comply with airside safety rules or instructions.
- a. TRUE
 - b. FALSE

INDUCTEE:

NAME: _____ COMPANY: _____
SIGNATURE: _____ DATE: _____
DRIVERS LICENCE NUMBER: _____ D/L EXPIRY: _____

Office use only:

AERODROME MANAGER / REPORTING OFFICER

NAME: _____ ROLE: _____
SIGNATURE: _____ DATE: _____

PASS/FAIL

9.7 PEOPLE AND CULTURE

File Number: HR

Author: Kelsey Laird, Manager of People and Culture

Responsible Officer: Tamara Clarkson, Acting Chief Executive Officer

Authority/Discretion: Information

SUMMARY

This report provides an update on People and Culture matters, including performance review compliance, training information, employee retention, and the status of the Enterprise Bargaining Agreement (EBA) negotiations.

DISCLOSURE OF ANY INTEREST

Nil.

BACKGROUND

The Shire of Derby / West Kimberley 136 staff to deliver services and programs for the benefit of the community.

The organisation, led by the Chief Executive Officer, aims to ensure a capable, inclusive and effective organisation. This can be achieved by enhancing workplace culture, ensuring compliance with regulatory requirements, and providing professional development opportunities for all staff. This report outlines key initiatives and achievements in these areas.

STATUTORY ENVIRONMENT

Local Government Act 1995 – Part 5 Administration

Section 5.38 (Annual review of employees' performance) outlines the requirement for the CEO to ensure the performance of each employee who is employed more than one year is reviewed.

Section 5.40 (Principles affecting employment by local governments) outlines the principles in respect to employees, including selection and promotion according to merit and equity, ensure no unlawful discrimination and provision of a safe and healthy working conditions in accordance with the *Work and Healthy Safety Act 2020*

Section 5.41 (Functions of CEO) outlines that the functions of the CEO include the requirement to manage the day to day operations of the local government, including coordinating the undertaking of the legislative requirements of the local government.

Work Health and Safety Act 2020 and associated regulations.

Compliance with employment legislation and the associated enterprise agreements.

POLICY IMPLICATIONS

PC1 Risk and Opportunity Management Policy

PC2 Work Health and Safety Policy

PC3 Injury management and Rehabilitation

PC4 Provision of staff housing

A number of operational CEO Directives complement the Council Policies list above.

FINANCIAL IMPLICATIONS

Expenditure required to conduct appropriate training, attract and retain employees, and ensure systems are in place is included within the annual adopted budget.

STRATEGIC IMPLICATIONS

| GOAL | OUR PRIORITIES | WE WILL |
|------------------------------|---|---------------------------------------|
| 1. Leadership and Governance | 1.2 Capable, inclusive and effective organisation | 1.2.1 Provide strong civic leadership |

RISK MANAGEMENT CONSIDERATIONS

| RISK | LIKELIHOOD | CONSEQUENCE | RISK ANALYSIS | MITIGATION |
|--|------------|---------------|---------------|--|
| Legal & Compliance: Non-compliance of annual performance review | Possible | Insignificant | Low | Regular training and monitoring to ensure adherence to requirement. |
| Business Interruption: Retention of skilled, experienced workforce | Likely | Moderate | High | Ongoing staff engagement, professional development and attraction opportunities considered and implemented. |
| People Health & Safety: Unsafe work place practices may result in injury, or death | Unlikely | Severe | Medium | Continued review and compliance with policy. Delivery of training for all staff, contractors and volunteers. |

CONSULTATION

Internal consultation with management team, Western Australian Local Government Association and HR consultants.

COMMENT

Performance Review Compliance An improved and structured performance review process was implemented in late 2024. This system ensures accountability and continuous feedback over the whole year, rather than a once off review.

Completion status for Performance Reviews in 2024 – 85%. Those outstanding are due to staff turnover and will be prioritised for 2025.

Employee Retention Statistics for 2023/24

The median annual employee turnover rate for the 2023/24 financial year was 25.1%, compared to 21.05% in 2022/23 and 27.6% in 2020/21. The first quartile rate was 19.6% (down from 21.9%) and the third quartile rate was 30.8% (down from 38.6%).

This is as a result of a focussed effort on recruitment and delivery of training to support staff.

Training and Professional Development is coordinated by the People and Culture department. This can be identified within individual performance reviews, industry wide training requirements and supports the capacity building of staff to undertake their role. Training completed in 2024 is below:

Organisational Training

- Business Case and Grant Writing
- De-Escalating Conflict and Dealing with Aggressive People
- Project Management Essentials
- State Employment Law Essentials
- Delegations and Authorisations
- Accountability and Ethical Decision Making
- Giving and Receiving Feedback
- Traffic Management
- Chemical Handling
- First Aid and CPR
- Media Training

Individual Training

- Aquatic and Recreation Essentials Training

- Governance and Risk Management
- Community Development Essentials
- Ethics and Governance
- Records Management
- Report Writing for Local Government

Professional Development

A number of staff also undertook additional study towards qualifications that support their work. These include Cert IV Youth, Cert III in Local Government, Community Development Essentials.

Enterprise Bargaining Agreement (EBA) Update

The current agreements, SDWK Works Enterprise Agreements 2016 and SDWK Indoor Enterprise Agreements 2013 have expired.

Initial staff consultation has been conducted, and WALGA has been engaged to identify common requests and areas of focus from the Union.

The draft document has been sent to the compliance consultant for review and alignment with state regulations. This process is expected to be finalised by end of June 2025, ensuring budget alignment.

VOTING REQUIREMENT

Simple majority

ATTACHMENTS

Nil

COMMITTEE RESOLUTION AC08/25

Moved: Deputy President Haerewa

Seconded: Cr Angwin

That the Audit and Risk Committee recommends that Council note the information contained in the People and Culture report.

In Favour: President McCumstie, Deputy President Haerewa, Cr Angwin and Cr Twaddle

Against: Nil

CARRIED 4/0

10 NEW BUSINESS OF AN URGENT NATURE

Nil

11 NEW AND EMERGING ITEMS FOR DISCUSSION

Nil

12 DATE OF NEXT MEETING

The next meeting of Audit and Risk Committee will be held Thursday, 22 May 2025 in the Council Chambers, Clarendon Street, Derby.

13 CLOSURE OF MEETING

The Presiding Member closed the meeting at 4.36pm.

These minutes were confirmed at a meeting on

PETER MCCLIMSTIE

Signed:

Presiding Person at the meeting at which these minutes were confirmed.

Date:

27/02/2025