Australian Government

Civil Aviation Safety Authority

Air Navigation, Airspace and Aerodromes

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Your Ref: 17/0993b

29/11/2018

Peter Bleasdale
Sydney Airport Corp Ltd
Locked Bag 5000
Sydney NSW 2020

Dear Mr. Bleasdale,

PROPERTY DEVELOPMENT BUILDING, RANDWICK HOSPITAL CAMPUS REDEVELOPMENT

I refer to the request to CASA for advice under the Airports (Protection of Airspace) Regulations 1996 regarding the Randwick Hospital Development proposal.

CASA assessed the proposed building at a height of 110.6 m AHD on 26/07/2018.

CASA has re-assessed the proposed building at 111 m AHD or approximately 60 m Above Ground Level (AGL). At this height the machine room on the top of the building will infringe the conical surface by 21 m and the approach surface by up to 8.2 m.

Notwithstanding the infringement of the approach surface, an acceptable level of safety can be maintained in this case based on the following considerations;

- the proposed building is outside the take-off splay;
- the infringing machine room is within the approach splay by the relatively small margin of approximately 50m;
- the centre of the site is approximately 854m offset from the runway 07/25 centreline and approximately 4880m from the runway 25 threshold;
- most of the arrivals on runway 25 will be using instrument procedures and the procedure tolerance would be well within the 854m offset;
- there are no training circuits conducted at the airport;
- there is a PAPI to ensure that arriving aircraft are on the correct glide slope; and
- the 3° PAPI would place aircraft at a height of approximately 285m AHD on the centreline adjacent to the site.

The Airservices assessment for the crane advised that the maximum height the crane can operate without affecting any procedures at Sydney Airport is 126.4m AHD.

CASA recommends that the building be obstacle lit as follows:

- low intensity steady red lights on all 4 top corners of the machine room.
- a low intensity steady red light on the north east corner of the main building.
- medium intensity steady red lights on the north west, south west and south east corners of the main building.

This lighting configuration was developed in consultation with the Aviation consultant to NSW Health Infrastructure.

The proponent should liaise with NSW Health Infrastructure (Aviation consultant) to ensure appropriate placement of obstacle lighting from a helicopter pilot perspective (including night vision aided) and compatibility with normal obstacle lighting requirements.

If the medium intensity steady red light on the south east corner of the main building would be too bright for the residents of the top floor of the adjacent hospital building, then low intensity lights could be considered.

The proponent must ensure obstacle lighting arrangements have a remote monitoring capability, in lieu of observation every 24 hours, to alert SACL reporting staff of any outage. For detailed requirements for obstacle light monitoring within the OLS of an aerodrome, refer to subsection 9.4.10 of the MOS Part 139.

Any future addition to the building's height and a revised assessment will be required.

This assessment does not consider helipad lighting, helipad wind indication, pilot activated lighting and airspace aspects of the proposed Helicopter Landing Site on the roof of the building.

Yours sincerely,

David Alder

David Alder
Aerodrome Engineer