

To be sent to:
 Flight Operations Division
 Civil Aviation Authority of Malaysia
 NO 27 Persiaran Perdana
 Level 2, Block Podium B, Percinct 4
 62618 PUTRAJAYA

OCCURRENCE REPORT

CIVIL AVIATION AUTHORITY OF
MALAYSIA

(CAAM Borang 9 - OR)

Fax to: +603 8871 4334
 or e-mail to
 safety.MOR@dca.gov.my

Complete all sections where information is relevant. For multi-choice boxes, indicate which entry is appropriate.	Date received by CAAM <input style="width: 100%;" type="text"/>	CAAM Occurrence No. <input style="width: 100%;" type="text"/>
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Aircraft Type and Series	Registration	Operator	Date Of Occurrence	Flight Phase	Nature Of Flight			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	PARKED <input type="checkbox"/>	PAX <input type="checkbox"/>			
FLIGHT AND WEATHER DETAILS				TAXYING <input type="checkbox"/>	FREIGHT <input type="checkbox"/>			
Flight No	DAY <input checked="" type="checkbox"/> NIGHT <input type="checkbox"/>	Wind	Runway Used	Precipitation	Icing	Turbulence	TAKE OFF <input type="checkbox"/>	SURVEY <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	RAIN <input type="checkbox"/>	LIGHT <input type="checkbox"/>	LIGHT <input type="checkbox"/>	INIT CLIMB <input type="checkbox"/>	PLEASURE <input type="checkbox"/>
From	TWILIGHT <input type="checkbox"/>	IAS	State	SNOW <input type="checkbox"/>	MOD <input type="checkbox"/>	MOD <input type="checkbox"/>	CLIMB <input type="checkbox"/>	AGRICULTURAL <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	Time	<input style="width: 100%;" type="text"/>	DRY <input type="checkbox"/>	SLEET <input type="checkbox"/>	HEAVY <input type="checkbox"/>	SEVERE <input type="checkbox"/>	CRUISE <input checked="" type="checkbox"/>	BUSINESS <input type="checkbox"/>
To	Visibility	Ht/Alt/FL	WET <input type="checkbox"/>	HAIL <input type="checkbox"/>		EXTREME <input type="checkbox"/>	DESCENT <input type="checkbox"/>	CLUB/GROUP <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	ICE <input type="checkbox"/>	LIGHT <input type="checkbox"/>			HOLDING <input type="checkbox"/>	PRIVATE <input checked="" type="checkbox"/>
Geog. Position	<input style="width: 100%;" type="text"/>	OAT	SNOW <input type="checkbox"/>	MOD <input type="checkbox"/>			APPROACH <input type="checkbox"/>	POSITIONING <input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	SLUSH <input type="checkbox"/>	HEAVY <input type="checkbox"/>			LANDING <input type="checkbox"/>	FERRY <input type="checkbox"/>
			Cloud Type	<input style="width: 100%;" type="text"/>			CIRCUIT <input type="checkbox"/>	TEST <input type="checkbox"/>
			Height / Ft	<input style="width: 100%;" type="text"/>			AEROBATICS <input type="checkbox"/>	TRAINING <input type="checkbox"/>
			Amount / 8ths	<input style="width: 100%;" type="text"/>			HOVER <input type="checkbox"/>	PARACHUTING <input type="checkbox"/>
								TOWING <input type="checkbox"/>

NARRATIVE

ENGINEERING DETAILS									
	Aircraft Constructor's No	Engine Type & Series	Maintenance Organisation	Ground Phase Maintenance <input type="checkbox"/> Ground Handling <input type="checkbox"/> Taxy <input type="checkbox"/> Unattended <input type="checkbox"/>					
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
			Tel No	Maintce Prog O.C. <input type="text"/> C.M. <input type="text"/> H.I. <input type="text"/>					
Component / Part	Location on aircraft	Manual Reference	<input style="width: 100%;" type="text"/>						
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		TOTAL		Since O/H or repair	Since Inspection	Manufacturer Advised YES <input type="checkbox"/> NO <input type="checkbox"/>	
Manufacturer	Part No	Serial No	HOURS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	CYCLES	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
			LANDINGS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Is there any published Airworthiness Information or control procedures (e.g. AD, SB etc) relevant to occurrence			YES <input type="checkbox"/>	Reference No and Compliance Status of Aircraft or Equipment					
			NO <input type="checkbox"/>						

Report	If report is submitted Voluntarily i.e. not subject to mandatory requirements		
ORIGINAL <input type="checkbox"/>			
SUPP <input type="checkbox"/>			
Reporter's Investigation	Can the information be disseminated in the interest of safety		
NIL <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
OPEN <input type="checkbox"/>	Organisation		
CLOSED <input type="checkbox"/>			
Flight Data Record Held	Position	Reference No	Date
YES <input type="checkbox"/>			
NO <input type="checkbox"/>			
Address (if reporter wishes to be contacted privately)		Tel No	
		Name	

NARRATIVE (If required)