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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **AIRCRAFT CONTINUING AIRWORTHINESS MONITORING- RECORD OF FINDINGS** |

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| This form may be use by the Inspector during ACAM to record and close the findings outcome of ACAM. This form shall be forwarded to Operator/CAMO to record their respond. | | | | | | | | | | | | | | | | | |
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| **SECTION 1: ORGANISATION AND AIRCRAFT DETAILS** | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | |  |
| 1. | Operator details (AOC / AFTO/ Clubs / Private | | | | | | : | | | | Galaxy Aerospace (M) Sdn Bhd | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 2. | CAMO details / Approval Number | | | | | | : | | | | CAMO/2016/03 | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 3. | AMO details / Approval Number | | | | | | : | | | | AMO/2016/02 | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 4. | Aircraft Type and Model | | | | | | : | | | | AW189 | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 5. | Aircraft Registration Number | | | | | | : | | | | 9M-BOF | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 6 | Location of Inspection | | | | | | : | | | | SZB | | | | |  | |
|  |  | | | | | |  | | | |  | | | | |  | |
| 5. | | ACAM Program | | | | | : | | Section 2  Aircraft Physical Inspection | | |  | | Section 4  Aircraft Line Maintenance Check |  |  | |
|  | | |  | |  |  |
| Section 3  Aircraft Stayover Check | | |  | | Section 5  Aircraft Base Maintenance Check |  |
|  | | | |  | | | |  | | | |  | |  | | | |
|  | | | |  | | | | Others | | | |  | |  | | | |
|  | | | |  | | | |  | | | | |  |  | | | |
| 6. | | | Date of Inspection | | | : | | | | 30 May 2022 | | | | | | | |
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| **SECTION 2 – FINDINGS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All findings shall be recorded below and Operator/CAMO to provide their respond with required documented evidence within 14 days of receive this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No | Requirements | | | | | | | Findings | | | | | | | | | | | | | | Operator /CAMO respond | | | | | | | | | | | | | | |
| 1 | CAD 6801 Paragraph 4.1 Maintenance data | | | | | | | The contracted maintenance organisation was not accurately transcribed Work Pack (9M-BOF-10876). Certified Work Pack does not have duplicate inspection column. Differ from the copy retrieve from approved AMP which have Duplicate Inspection Column | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 2 | CAD 6801 Paragraph 2.1 Responsibilities | | | | | | | The Continuing Airworthiness Management Organisation was unable to verify all the equipment install in aircraft as per AW189-Chart A Equipment List (189G0840W002 Rev 1) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 3 | CAD 8601 Paragraph 5.9 Certification of maintenance | | | | | | | The contracted maintenance organisation was unable to demonstrate the progressive certification for component removal due to troubleshooting entry on Avionic Fault (AJL 001149). Example removal of aircraft seats. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 4 |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **SECTION 3 – DECLARATION BY OPERATOR/CAMO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The findings listed in Section 2 of this "Record of Findings" have been rectified and assessed by the organisation, therefore the finding is considered satisfactory and closed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator/CAMO representative Signature: | | | | | |  | | | | | | | | | | | Date: | | | | | | | | | | Insert date | | | | | | | | | |
| Operator/CAMO representative Name / Stamp: | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |
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| **SECTION 4 – CLOSURE BY THE INSPECTOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The above rectifications have been reviewed and found satisfactory to CAAM.  Remarks: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Inspector Signature | | | | | | |  | | | | | | | | | | | | Date: | | | | Insert date | | | | | | | | | | | | | |
| Inspector’s Name / Stamp | | | | | | |  | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| **SECTION 5 - ADMINISTRATIVE / FILING / RECORD KEEPING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. | | | | File Number | | | | | | : | | | |  | | | | | | | 2. | | | | Filing date | | | | : | |  | | | | |  |
|  | | | |  | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | |  |
| 3. | | | | Database update date (if any) | | | | | | | | : | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| 4. | | | | Certificate / Approval issued | | | | | | | | | | | | : | | | |  | | | | | 5. | Date sent | | | | : | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Comments | | | | | | | | | | : | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Administrative officer Signature | | | | | | | : | |  | | | | | | | | | Date | | | | : | | | | Insert date | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Administrative officer’s Name / Stamp | | | | | | | : | |  | | | | | | | | |  | | | |  | | | |  | | | |  | | |  | |
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**INSTRUCTIONS FOR FILLING UP THE FORM**

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| **FORM COMPLETION INSTRUCTIONS** | | |
| SECTION 1 – Organisation and Aircraft Details | | |
|  | Inspector to fill up the details of Organisation and Aircraft involved during the ACAM inspection |  |
| SECTION 2 –Findings | | |
|  | Inspector to fill up column for Requirements and Findings details |  |
|  | Operator/CAMO shall fill up column for respond and provide required documented evidence if any. |  |
| SECTION 3 – Declaration by Operator/CAMO | | |
|  | Operator/CAMO shall endorse and date this section during submission of the respond |  |
| SECTION 4 – Closure by the inspector | |  |
|  | Inspector to verify the respond and endorse and date this section once the respond found satisfactory. If unsatisfactory respond provided by Operator/CAMO, the inspector shall reflect in remarks column and communicate with Operator/CAMO. Form will be return to Operator/CAMO for correction. Reassessment by Inspector required until the respond found satisfactory prior to endorsement been made. |  |
|  | This form shall be part of CAAM/AW/6801-03 for filing purpose. |  |
| SECTION 4 – Administrative/ Filing/ Record Keeping | | |
|  | To be completed by CAAM Administrative |  |