

Management of Change				
MOC ref. no.:	GAM/MOC/23/0004			
Date Raised:	13 Jan 2023			

MOC title	PROLON	PROLONGED ABSENT OF EIC GA/HEAVIES FOR DEACMENT AT SAZMA, KOTA KINAB			
Type of MOC		New MOC			
Category					
Priority	L1-Urger	Temporary			
T Hority		MOE		SMSM CAME	
Doc. affected		OM		2nd level manual	Others
Doc. reference		<u> </u>		Zila level manaai	Others
	i. Name	e	Amrar	n Shah Masnon	
Requestor	ii. Depa		Engin		
11040010	iii. Staff		8185		
DESCRIPTION AND SO					
DESCRIPTION AND SO	OPE OF CHAN	IGES			
To replace LAE Mohd Mug	oddim Bin Mohd S	Shakib with El	C Avionics. Me	ohd Jamil bin Samsudin	as EIC GA/HEAVIES from
Justification for changes :  Mr Mohd Mugoddim Bin Mo	ohd Shakib is curr	rently on detac	chment at SA7	/MA KK until 31/1/2023 c	or later.

3.	Maintenance Data / Publications / Manual :				
	Nil				
4.	Test equipment and tooling requirement :				
	Nil				
5.	Hangar / Workshop accommodation / facilities :				
0.	Nil				
6.	Qualified / authorized personnel for task :				
	Nil				
7.	Training:				
	Nil				

8.	Name		Signature Signature	Date	
	Requestor: Amran Shah Masnon		ghown the	13 Jan 2023	
	Head of Department: Syafrul Yamani S	afruddin	BY	2 Feb 2023	
9.	Comments by requestor Head of Department :				
	Note: Complete section A & B and then emaill it along with supporting document to Quality Assurance Department and Safety				
10.	Department	unen emain it along with s	supporting document to Quality Assi	rrance Department and Sarety	
С	SAFETY MANAGEMENT SYS	TEM SECTION			
1.	HIRARC				
		Reference No.:			
2.	Comments				
3.	Name Signature Date				
D	ACCOUNTABLE MANAGER APPROVAL (to be completed by Accountable Manager)				
1.	Approval				
2.	Comments				
3.	Name		Signature	Date	
4.	Note: If approved, section E to be completed				

E	QUALITY ASSURANCE DEPARTMENT SECTION				
1.	Date Received				
2.	Classification				
3.	Audit Needed				
4.	Audit performed by				
5.	Audit reference no.				
6.	Justification for classification				
7.	Comments / Remarks				
8.	DCAM / CAAM Approval Section				
	Date Submission	Not Applicable due to N	OT significant		
	Approval ref. no.				
9.	Approval from Quality Assurance N	Manager			
	Name		Signature	Date	
	-				
F	IMPLEMENTATION REVIEW				
1.	Status				
2.	Comments / Remarks				
3.	Date closed				
4.	Closed by				
		l .			