

CATEGORY OF REPORTING

Un-Airworthy Reporting

Maintenance Incident Reporting

SUBMITTER INFORMATION

DETAILS OF REPORTING

Date of Occurrence

Date

Aircraft Registration

Time

Submitter Type

Place

Organisation Approval

AIRCRAFT INFORMATION

Aircraft Type

Aircraft MSN

Aircraft Registration

A/F Hours

DESCRIPTION OF UN-AIRWORTHY CONDITION (to be filled for un-airworthy condition category)

Name:

Signature:

Date:

COMPONENT / EQUIPMENT DETAILS

Manufacturer

Total time

Model

Total hours

Serial Number

Total Cycles

DEFECT DESCRIPTION

ATTACHMENTS: Report Photo Video Others, specify:

IMMEDIATE CORRECTIVE ACTION

INVESTIGATION

CORRECTIVE/PREVENTIVE ACTION

Name:
Date:

Signature:

GAM/E-046 UN-AIRWORTHY / MAINTENANCE INCIDENT REPORT INSTRUCTIONS

CATEGORY OF REPORTING	
<input type="checkbox"/> Un-Airworthy Reporting <input type="checkbox"/> Maintenance Incident Reporting	Marked 'X' on the chosen category of reporting.
SUBMITTER INFORMATION	
Date of Occurrence	Insert the date when the incident occurred.
Aircraft Registration	Insert the aircraft registration number.
Submitter Type	Insert the type of submitter
Organisation Approval	Insert the organisation's approval information, such as the approval certificate number.
DETAILS OF REPORTING	
Date	Insert the date of the incident.
Time	Insert the time of the incident.
Place	Insert the location where the incident occurred.
AIRCRAFT INFORMATION	
Aircraft Type	Insert the type of the aircraft.
Aircraft Registration	Insert the aircraft registration number.
Aircraft MSN	Insert the aircraft's manufacturer serial number (MSN).
A/F Hours	Insert the airframe hours of the aircraft at the time of the incident.
DESCRIPTION OF UN-AIRWORTHY CONDITION (to be filled for un-airworthy condition category)	Describe the condition that led to the aircraft being considered un-airworthy. This section is to be filled out only if the "Un-Airworthy Reporting" category was selected.
COMPONENT / EQUIPMENT DETAILS	
Manufacturer	Insert the name of the manufacturer of the component or equipment involved.
Model	Insert the model of the component or equipment.
Serial Number	Insert the serial number of the component or equipment.
Total time	Insert the total time in service of the component or equipment.
Total hours	Insert the total operating hours of the component or equipment.

Total Cycles	Insert the total number of cycles the component or equipment has completed.
DEFECT DESCRIPTION	Describe the description of the defect accurately and easy to understand.
ATTACHMENTS: <input type="checkbox"/> Report <input type="checkbox"/> Photo <input type="checkbox"/> Video <input type="checkbox"/> Others, specify:	Marked 'X' in the box for attachment attached with the report. If marked 'Others' box, please specify the attachment.
IMMEDIATE CORRECTIVE ACTION	Describe the immediate corrective actions taken following the incident.
INVESTIGATION	Describe the investigation that was carried out to understand the cause of the incident.
CORRECTIVE/PREVENTIVE ACTION	Describe the corrective or preventive action plan that has been implemented or is planned.
NAME, SIGNATURE & DATE	Fill in the name, signature, and date of the person completing the form.
Note : Use additional paper if not enough space on the form	