

To be sent to:
 Flight Operations Division
 Civil Aviation Authority of Malaysia
 N0 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: 90%;" type="text"/>	CAAM Occurrence No. <input style="width: 90%;" type="text"/>
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Aircraft Type and Series <input style="width: 95%;" type="text"/>	Registration <input style="width: 95%;" type="text"/>	Operator <input style="width: 95%;" type="text"/>	Date Of Occurrence <input style="width: 95%;" type="text"/>	Flight Phase	Nature Of Flight
FLIGHT AND WEATHER DETAILS				PARKED <input type="checkbox"/>	PAX <input type="checkbox"/>
				TAXYING <input type="checkbox"/>	FREIGHT <input type="checkbox"/>
Flight No <input style="width: 95%;" type="text"/>	DAY <input checked="" type="checkbox"/> NIGHT <input type="checkbox"/>	Wind <input style="width: 95%;" type="text"/>	Runway Used <input style="width: 95%;" type="text"/>	Precipitation	Icing
From <input style="width: 95%;" type="text"/>	TWILIGHT <input type="checkbox"/>	IAS <input style="width: 95%;" type="text"/>	State <input style="width: 95%;" type="text"/>	RAIN <input type="checkbox"/>	LIGHT <input type="checkbox"/>
To <input style="width: 95%;" type="text"/>	Time <input style="width: 95%;" type="text"/>	Ht/Alt/FL <input style="width: 95%;" type="text"/>	DRY <input type="checkbox"/>	SNOW <input type="checkbox"/>	MOD <input type="checkbox"/>
Geog. Position <input style="width: 95%;" type="text"/>	Visibility <input style="width: 95%;" type="text"/>	OAT <input style="width: 95%;" type="text"/>	WET <input type="checkbox"/>	SLEET <input type="checkbox"/>	HEAVY <input type="checkbox"/>
				SLUSH <input type="checkbox"/>	EXTREME <input type="checkbox"/>
Cloud Type <input style="width: 95%;" type="text"/>				APPROACH <input type="checkbox"/>	POSITIONING <input type="checkbox"/>
Height / Ft <input style="width: 95%;" type="text"/>				LANDING <input checked="" type="checkbox"/>	FERRY <input type="checkbox"/>
Amount / 8ths <input style="width: 95%;" type="text"/>				CIRCUIT <input type="checkbox"/>	TEST <input type="checkbox"/>
				AEROBATICS <input type="checkbox"/>	TRAINING <input checked="" type="checkbox"/>
				HOVER <input type="checkbox"/>	PARACHUTING <input type="checkbox"/>
					TOWING <input type="checkbox"/>

NARRATIVE

ENGINEERING DETAILS								
	Aircraft Constructor's No <input style="width: 95%;" type="text"/>	Engine Type & Series <input style="width: 95%;" type="text"/>	Maintenance Organisation <input style="width: 95%;" type="text"/>	Ground Phase				Maintenance <input type="checkbox"/>
			Tel No <input style="width: 95%;" type="text"/>					Ground Handling <input type="checkbox"/>
								Taxy <input type="checkbox"/>
								Unattended <input type="checkbox"/>
Component / Part <input style="width: 95%;" type="text"/>	Location on aircraft <input style="width: 95%;" type="text"/>	Manual Reference <input style="width: 95%;" type="text"/>	Maintce Prog			O.C. <input style="width: 95%;" type="text"/>	C.M. <input style="width: 95%;" type="text"/>	H.I. <input style="width: 95%;" type="text"/>
Manufacturer <input style="width: 95%;" type="text"/>	Part No <input style="width: 95%;" type="text"/>	Serial No <input style="width: 95%;" type="text"/>	TOTAL	Since O/H or repair <input style="width: 95%;" type="text"/>	Since Inspection <input style="width: 95%;" type="text"/>	Manufacturer Advised		
			HOURS <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	YES <input type="checkbox"/>		
			CYCLES <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	NO <input type="checkbox"/>		
			LANDINGS <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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"/>
			<input style="width: 95%;" type="text"/>					

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)



