

MAINTENANCE OCCURRENCE NOTIFICATION

OCCURRENCE					
Type of Occurrence / Event		Date	Local Time / UTC		
REPORTER					
Name	Address	Contact No.	E-Mail		
Describe your qualifications	<input type="checkbox"/> A & P <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> Avionics <input type="checkbox"/> Repairman <input type="checkbox"/> inspection authority <input type="checkbox"/> LSA Repairman other _____				
What is your technician /maintenance experience in years?	lead technician _____ technician _____ repairman _____ avionics _____ other _____				
FACTORS					
Location	_____				
Was training a factor	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> I was instructing <input type="checkbox"/> I was receiving training				
What other factors may have contributed?	<input type="checkbox"/> lighting <input type="checkbox"/> work cards <input type="checkbox"/> briefing <input type="checkbox"/> weather <input type="checkbox"/> manuals <input type="checkbox"/> other _____				
Check items which were involved in the event	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> inspection <input type="checkbox"/> yes <input type="checkbox"/> no testing <input type="checkbox"/> yes <input type="checkbox"/> no repair <input type="checkbox"/> yes <input type="checkbox"/> no logbook <input type="checkbox"/> yes <input type="checkbox"/> no fault isolation <input type="checkbox"/> yes <input type="checkbox"/> no </td> <td style="width: 50%; vertical-align: top;"> installation <input type="checkbox"/> yes <input type="checkbox"/> no schedule maintenance <input type="checkbox"/> yes <input type="checkbox"/> no MEL <input type="checkbox"/> yes <input type="checkbox"/> no *Other _____ (* Describe in the "Describe Event/Situation" sector) </td> </tr> </table>			inspection <input type="checkbox"/> yes <input type="checkbox"/> no testing <input type="checkbox"/> yes <input type="checkbox"/> no repair <input type="checkbox"/> yes <input type="checkbox"/> no logbook <input type="checkbox"/> yes <input type="checkbox"/> no fault isolation <input type="checkbox"/> yes <input type="checkbox"/> no	installation <input type="checkbox"/> yes <input type="checkbox"/> no schedule maintenance <input type="checkbox"/> yes <input type="checkbox"/> no MEL <input type="checkbox"/> yes <input type="checkbox"/> no *Other _____ (* Describe in the "Describe Event/Situation" sector)
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Component/System/Subsystem involved : _____					
Was maintenance deferred? <input type="checkbox"/> yes <input type="checkbox"/> no	When was problem detected? <input type="checkbox"/> routine inspection <input type="checkbox"/> while aircraft was in service at gate <input type="checkbox"/> in-flight <input type="checkbox"/> pre-flight <input type="checkbox"/> taxi <input type="checkbox"/> other _____				
CONSEQUENCES / OUTCOME					
<input type="checkbox"/> flight delay <input type="checkbox"/> flight cancellation	<input type="checkbox"/> gate return <input type="checkbox"/> in-flight shut down	<input type="checkbox"/> aircraft damage <input type="checkbox"/> rework	<input type="checkbox"/> improper service <input type="checkbox"/> air turn back <input type="checkbox"/> other _____		
AIRCRAFT AIRWORTHINESS STATUS	MISSION	OPERATOR			
<input type="checkbox"/> aircraft released for service <input type="checkbox"/> aircraft records completed <input type="checkbox"/> aircraft required documents aboard <input type="checkbox"/> not released for service <input type="checkbox"/> unknown	<input type="checkbox"/> passenger <input type="checkbox"/> cargo <input type="checkbox"/> business <input type="checkbox"/> training <input type="checkbox"/> pleasure <input type="checkbox"/> other _____	(Check all that apply) <input type="checkbox"/> GACAR Part 121 <input type="checkbox"/> government <input type="checkbox"/> GACAR Part 125 <input type="checkbox"/> military <input type="checkbox"/> GACAR Part 133 <input type="checkbox"/> FBO <input type="checkbox"/> repair station <input type="checkbox"/> flight school <input type="checkbox"/> self-employed <input type="checkbox"/> other _____			
TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE					
Type of aircraft _____	Series _____	ATA Code _____			
Aircraft zone _____	Engine model _____	other _____			
*RED fields are mandatory items					
REMARKS					

SD@GACA.GOV.SA