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|  | **CIVIL AVIATION AUTHORITY**  **MALAYSIA** |
| **IN SERVICE DIFFICULTY REPORT (ISDR)** | |

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| **Submitter Information** | |
| Date of Occurrence | Click or tap to enter a date. |
| Aircraft Registration |  |
| Submitter Type | Choose an item. |
| Organisation Approval / AML Number |  |

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| **Additional Info** | |
| If Submitter Type is CAMO | Choose an item. |
| If Submitter Type is AMO (Part 145/ Part M Subpart F)/ AML Holder | Choose an item. |
| If Submitter Type is POA | Choose an item. |

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| **Major Equipment Identity** |

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| **Aircraft Details** | | | |
| Manufacturer |  | | |
| Model |  | | |
| Serial Number | | Total Time (Hours) | Total Cycles |
|  | |  |  |

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| **Engine Details** | | | |
| Manufacturer |  | | |
| Model |  | | |
| Serial Number | | Total Time (Hours) | Total Cycles |
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| **Propeller Details** | | | |
| Manufacturer |  | | |
| Model |  | | |
| Serial Number | | Total Time (Hours) | Total Cycles |
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| **Problem Description** |
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| **ISDR Information** | |
| ATA Code | Choose an item. |
| Sub ATA Code |  |
| How Discovered | Choose an item. |
| Nature of Condition | Choose an item. |
| Precautionary Procedures | Choose an item. |

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| **Supporting Document Details** | |
| Type of Document | Hardcopy Softcopy |
| Document Name |  |
| Document Reference Number |  |

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| **Specific Part or Structure Causing Difficulty** | | |
| Part Name |  | |
| Part No. |  | |
| Part Condition |  | |
| Time Since (Hours) |  | Overhaul/ Repair/ Inspection |
| Manufacturer’s Name |  | |
| Serial No. |  | |
| Part Detect Location | Choose an item. | |
| \*If Other Location |  | |
| Total Time (Hours) |  | |
| Total Cycles |  | |

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| **Component Assembly That Includes Defective Part** | | |
| Component Name |  | |
| Part No. |  | |
| Model Number |  | |
| Time Since (Hours) |  | Overhaul/ Repair/ Inspection |
| Manufacturer’s Name |  | |
| Serial No. |  | |
| Location |  | |
| Total Time (Hours) |  | |
| Total Cycles |  | |

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| **Declaration** | |
| I hereby declare that all the particulars given above are true and correct | |
| Applicant’s Name |  |
| Contact Number |  |
| Email Address |  |

Note: This report must be submitted to individual organisation’s primary inspector through email and fax (+603-8871 4069).