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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **MOR PRELIMINARY ANALYSIS REPORT***(Civil Aviation Regulation 2016)* |

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| **Date of Report** | Click or tap to enter a date. |
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| **Section A - Submitter information** |
| 1. | Date of Occurrence | **:** | Click or tap to enter a date. |
| 2. | Aircraft Registration | **:** |  |
| 3. | Submitter Type | **:** | Choose an item. |
| 4. | Organisation Approval / AML Number | **:** |  |
| 5. | Submitter’s Designated MOR Reference No. | **:** | [Title] |
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| **Section B - Cause of the Occurrence.***(Detail out the cause(s) or probable cause(s) of the occurrence. The use of Root Cause Analysis System is recommended).* |
| Click or tap here to enter text. |  |
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| **Section C - Risk Assessment***(Result of the risk assessment either quantitative (level of risk) and qualitative (describe) carried out on the occurrence.)*  |
| Click or tap here to enter text. |  |
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| **Section D - Corrective and Preventive Action Taken.***(Detail out any additional or alternative corrective action from the immediate corrective action taken to prevent similar occurrences. State also any recommendation(s) from the OEM and/or a SB or an AD has been issued in relation to the occurrence).* |
| Click or tap here to enter text. |  |
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| **Section E - Submitter Declaration** |
| I declare that the information provided in this form is true and correct. |
|  | Click or tap here to enter text. |  |  |  | Click or tap to enter a date. |  |
|  |  |  |  |  |  |  |
|  | Name of Authorized Person |  | Signature |  | Date |  |
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| **Section F - CAAM official use only** |
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| **CAAM OFFICIAL (MOR Coordinator)** |  |
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|  | Received by | **:** |  | Date | **:** |  |  |
|  |  |  |  |  |  |  |  |
|  | CAAM Designated MOR Reference Number | **:** | [MOR Reference Number] |  |
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| Forwarded to the assigned PI/date | **:** |  /  |  |
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| **CAAM OFFICIAL (Inspector)****Assessment***(Detail out how assessment is carried out on the preliminary analysis; desktop review, interviews, site inspection, etc. and the conclusion of the assessment).* |
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| Click or tap here to enter text. |  |
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| **Conclusion***(State Inspector’s decision on the MOR after assessment of the preliminary analysis. Referenced the Investigation Report Number if applicable).* |
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|  [ ]  Closed [ ]  Open – awaiting final analysis report [ ]  Initiate Investigation Remarks:Click or tap here to enter text. |  |
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|  | Inspector’s Signature | : |  | Date | : | Insert date |  |  |
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|  | Inspector’s Name / Stamp | : |  |  |  |  |  |  |
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