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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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