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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **MOR FINAL 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. | **:** |  |
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| **SECTION B - ACTUAL CAUSE OF THE OCCURRENCE.**  *(Detail out the actual cause(s) of the occurrence after completion of investigation, analysis and/or consultation with the OEM if any).* | |
| Click or tap here to enter text. |  |
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| **SECTION C - OTHER SIMILAR OCCURRENCES FROM THE SAME FLEET (IF ANY).**  *(State if there are similar known occurrences from the same fleet of aeronautical product in the organisation).* | |
| Click or tap here to enter text. |  |
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| **SECTION D - ADDITIONAL AND/OR ALTERNATIVE CORRECTIVE AND PREVENTIVE ACTION TAKEN (IF ANY).**  *(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 - PROGRESS AND EFFECTIVENESS OF THE IMMEDIATE CORRECTIVE ACTION TAKEN.**  *(State how long the immediate corrective action has been implemented and did it achieve the objective of preventing similar occurrences).* | |
| Click or tap here to enter text. |  |
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| **SECTION F - 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. |  |
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|  | Name of Authorized Person |  | Signature |  | Date |  |
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| **CAAM OFFICIAL (MOR COORDINATOR)** | | | | | | | | | | |
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|  | Received by | **:** |  | | | Date | **:** |  |  | |
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|  | 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; desktop review, interviews, site inspection).* | | | | | | | | | | |
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| **CONCLUSION**  *(State Inspector’s decision on the MOR; satisfied with the corrective action taken or the need for Airworthiness investigation. Referenced the Investigation Report Number).* | |
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| Closed  Open *(State reason in Remarks)*  Remarks:  Click or tap here to enter text. |  |
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| **RECOMMENDATIONS FOR SAFETY ACTION**  *(State the resolution of safety issues and/or enforcement recommended if any).* | | | | | | | | |
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| 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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