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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. |  |
|  |  |  |  |  |  |  |
|  | Name of Authorized Person |  | Signature |  | Date |  |
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| **CAAM OFFICIAL (MOR COORDINATOR)** |
|  |  |  |  |  |
|  | 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; desktop review, interviews, site inspection).* |
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| Click or tap here to enter text. |  |
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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 |  |  |
|  |
|  | Inspector’s Name / Stamp | : |  |  |  |  |  |  |
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