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|  | **CIVIL AVIATION AUTHORITY OF MALAYSIA** |
| **MANDATORY OCCURRENCE REPORT (MOR) – AIRWORTHINESS ASPECT**  *(Civil Aviation Regulation 2016)* |
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| **SECTION 1 – SUBMITTER INFORMATION** | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | |  |
| 1.1 | Date of Occurrence | | | | | **:** | Click or tap to enter a date. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 1.2 | Aircraft Registration | | | | | **:** | Click or tap here to enter text. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 1.3 | Submitter Type | | | | | **:** | Choose an item. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 1.4 | Organisation Approval / AML Number | | | | | **:** |  | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 1.5 | Submitter’s Designated MOR Reference No. | | | | | **:** |  | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| **SECTION 2 – ADDITIONAL INFORMATION** | | | | | | | | | | | | | |
|  |  | | | | |  |  | | | | | |  |
| 2.1 | If Submitter Type is CAMO/CAO | | | | | **:** | Choose an item. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 2.2 | If Submitter Type is AMO (Part 145/ Part M Subpart F)/ AML Holder | | | | | **:** | Choose an item. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| 2.3 | If Submitter Type is POA | | | | | **:** | Choose an item. | | | | | |  |
|  |  | | | | |  |  | | | | | |  |
| **SECTION 3 – MAJOR EQUIPMENT IDENTITY** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| **3.1** | **AIRCRAFT DETAILS** | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | |  |
| (a) | Manufacturer/TC Holder | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (b) | Type/Model | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (c) | Serial Number | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (d) | Total Time Since New  TTSN (Hours) | | | **:** |  | | | | (e) | Total Cycles Since New TCSN | **:** |  |  |
|  |  | | |  |  | | | | | | | |  |
| **3.2** | **ENGINE DETAILS** | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | |  |
| (a) | Manufacturer/TC Holder | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (b) | Type/Model | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (c) | Serial Number | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (d) | TTSN/TTSO (Hours) | | | **:** | / | | | | (e) | TCSN/TCSO | **:** | / |  |
|  |  | | |  |  | | | | | | | |  |
| **3.3** | **PROPELLER DETAILS** | | | | | | | | | | | | |
|  |  | | |  |  | | | | | | | |  |
| (a) | Manufacturer/TC Holder | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (b) | Type/Model | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (c) | Serial Number | | | **:** |  | | | | | | | |  |
|  |  | | |  |  | | | | | | | |  |
| (d) | TTSN/TTSO (Hours) | | | **:** | / | | | | (e) | TCSN/TCSO | **:** | / |  |
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| **SECTION 4 - PROBLEM DESCRIPTION** | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 5 – MOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  |
| 5.1 | ATA Code | | | | | **:** | | Choose an item. | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 5.2 | Sub ATA Code | | | | | **:** | |  | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 5.3 | How Discovered | | | | | **:** | | O – Other | | | | | | | | | | | | Specify if other: | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 5.4 | Nature of Condition | | | | | **:** | | O – Other | | | | | | | | | | | | Specify if other: | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 5.5 | Precautionary Procedures | | | | | **:** | | O – Other | | | | | | | | | | | | Specify if other: | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| **SECTION 6 – SUPPORTING DOCUMENT DETAILS (AMM, AD, SB, CAME, MOE, ETC, DIRECTLY RELEVANT TO OCCURRENCE)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  |
| 6.1 | Type of Document | | | | | **:** | |  | | | Hardcopy | | | | |  | | Softcopy | | | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 6.2 | Document Name | | | | | **:** | |  | | | | | | | | | | | | | | |  |
|  |  | | | | |  | |  | | | | | | | | | | | | | | |  |
| 6.3 | Document Reference Number | | | | | **:** | |  | | | | | | | | | | | | | | |  |
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| **SECTION 7 – SPECIFIC PART OR STRUCTURE CAUSING DIFFICULTY** | | | | | | | | | | | | | | | | | | | | | | | |
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| 7.1 | Part Name | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.2 | Part No. | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.3 | Part Condition | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.4 | Time Since (Hours) | | **:** |  | | | | | |  | | |  | |  | |  | | Repair | |  | Inspection |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.5 | Manufacturer’s Name | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.6 | Serial No. | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.7 | Part Detect Location | | **:** | Choose an item. | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.8 | \*If other location (please specify) | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 7.9 | TTSN/TTSO (Hours) | | **:** | / | | | | | | | | | | | | | | | | | | |  |
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| 7.10 | TCSN/TCSO | | **:** | / | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| **SECTION 8 – COMPONENT ASSEMBLY THAT INCLUDES DEFECTIVE PART** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  |
| 8.1 | Component Name | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.2 | Part No. | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.3 | Model Number | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.4 | Time Since (Hours) | | **:** |  | | | | | |  | | |  | |  | |  | | Repair | |  | Inspection |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.5 | Manufacturer’s Name | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.6 | Serial No. | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.7 | Location | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.8 | TTSN/TTSO (Hours) | | **:** | **/** | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.9 | TCSN/TCSO | | **:** | **/** | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 8.10 | Is the part rotable | | **:** |  | **YES** | |  | | | | | **NO** | |  | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| **SECTION 9 – DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |  |
| 9.1 |  | I hereby declare that all the particulars given above are true and correct. | | | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 9.2 | Submitter’s Name | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 9.3 | Contact Number | | **:** |  | | | | | | | | | | | | | | | | | | |  |
|  |  | |  |  | | | | | | | | | | | | | | | | | | |  |
| 9.4 | Email Address | | **:** |  | | | | | | | | | | | | | | | | | | |  |
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| **CAAM OFFICIAL (MOR Coordinator)** | | | | | | |  |
|  |  |  |  | | | |  |
|  | Received by | **:** |  | **Date** | **:** |  |  |
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|  | CAAM Designated MOR Reference Number | **:** | [MOR Reference Number] | | | |  |
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| CAAM Designated MOR Reference Number | **:** | [ MOR Reference Number ] |  |
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| **CAAM OFFICIAL (Inspector)**  **Assessment**  *(Detail out how assessment is carried out; desktop review, interviews, site inspection, etc. and the conclusion of the assessment).* | | | |
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| **Action**  *(State Inspector’s recommended immediate corrective action conveyed to the organisation or state the acceptable immediate corrective action taken by the organisation).* | |
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| **INSTRUCTIONS** | |
| SECTION 1 – SUBMITTER INFORMATION | |
| 1.5 | Submitter must assign its own MOR reference number for the purpose of document control. |
| SECTION 4 – PROBLEM DESCRIPTION | |
|  | Describe the occurrence in chronological order including any mishaps that occurred or hazard that it presents. |
| SECTION 5 – MOR INFORMATION | |
| 5.2 | Refer to the Sub ATA Code listed in CAGM 8503. |
| SECTION 6 – SUPPORTING DOCUMENT DETAILS | |
| 6.2 | Related document that helps illustrates the occurrence. |
| SECTION 7 – SPECIFIC PART OR STRUCTURE CAUSING DIFFICULTY | |
| 7.1 | Specific part or structure being the cause or contribute to the cause of the occurrence. |
|  | *\*Note: if the detail information was not able to be acquired within 48 hours of the occurrences for the compilation of the report, the detail shall be included in the pre-analysis report of the occurrence.* |
| SECTION 8 – COMPONENT ASSEMBLY THAT INCLUDES DEFECTIVE PART | |
| 8.1 | The component assembly that contains a defective part that cause the occurrence. |
|  | *\*Note: if the detail information was not able to be acquired within 48 hours of the occurrences for the compilation of the report, the detail shall be included in the pre-analysis report of the occurrence.* |