



MANDATORY OCCURRENCE/SERVICE DIFFICULTY REPORT

(1) OPERATOR:

(2) NATURE OF INCIDENT / OCCURRENCE (PUT DETAILS ON THE BACK OF THIS FORM)					
AIRCRAFT TYPE & SERIES	REGISTRATION	DATE	LOCATION/POSITION	TIME(UTC)	DAY NIGHT TWILIGHT

(3) FLIGHT CREW REPORT

FLIGHT NO	ROUTE FROM	ROUTE TO	ALTITUDE	IAS (KTS)	ETOPS
					YES/NO

(3a) (NATURE OF FLIGHT)

PAX/ CARGO / FERRY/ TEST/ TRAINING/ BUSINESS/AGRICUL / SURVEY/ PRIVATE /CLUB/ TOWING / PARACHUTE

(3b) (FLIGHT PHASE)

PARKED	TAXI	TAKE-OFF	CLIMB 1	CLIMB 2	CRUISE	DESCENT	HOLD	APP	LAND	CIRC UIT	AEROB ATICS
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(3c) (ENVIRONMENT)

WIND			CLOUD			PRECIPITATION			CONDITIONS			RUNWAY		
DIRCTN	SPEED	HEIGHT	8THS	RAIN	SNOW	SLEET	VISIB	ICING	TURI	OA	T DRY	WET	ICE	SNOW
						LIGHT / MOD / HEAVY				CATEGORY I / II / III				

(4) GROUND STAFF REPORT

ACFT MANUFACTURER'S S/N	ENGINE TYPE/SERIES	ETOPS APPROVED YES/NO	GROUND PHASE
			MAINT GRD HNDLG UNATTENDED

(4a) (EQUIPMENT DETAILS)

COMPONENT	MANUFACTURER	PART NBR	SERIAL NBE	MANUAL REF	COMPONENT REPAIR AGENCY
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ATA CODE	TSN	TSO	CONDITION OF COMPONENT
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(4b) (AIRCRAFT OR COMPONENT UTILIZATION)

TTL HRS	TTL CYCS	TTL LDGS	LAST CHK	AT WHAT HRS	ORGANIZATION
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=====NCAA USE ONLY=====

HAS THE MANUFACTURER BEEN ADVISED? YES NO

HAS TC HOLDER BEEN ADVISED? YES NO

REPORT STATUS OPEN CLOSED

NCAAA FOLLOW-UP REQD? YES NO

ORGANIZATION FOLLOW-UP REQD?: YES NO

MANDATORY OCCURRENCE/ SERVICE DIFFICULTY REPORT

(5) FULL DESCRIPTION OF OCCURRENCE/SERVICE DIFFICULTY

Name of reporting officer (QM): _____ Signature: _____ Date: _____

6. Chief Engineer's Report on Cause and any Recommendations to Prevent Re-occurrence.

Name _____ Tel No: _____

Signature: _____ Date: _____