



Failure/Malfunction/Defects Report

Please specify the Failure/Malfunction/Defect (FMD) by using of applicable fields and send the FMD Report immediately by E-mail to occurrence@aerofem.com.

1. General Information

Aircraft

- Type:
- S/N:
- Registration:
- Flying Hours:
- Landings:
- Location:

Operator/Owner

- Company:
- Address:
- Originators Name/Signature:
- Originators Function:
- Phone: E-Mail:
- Date of FMD Detection:

Maintenance Organisation

2. Detection Phase

Maintenance

- Aircraft or Component Maintenance
- Scheduled, Service Type [h]:
- Non- Scheduled
-

Operation

- | | | |
|---|--------------------------------------|--|
| - <input type="checkbox"/> Pre Flight Check | - <input type="checkbox"/> Start Up | - <input type="checkbox"/> Taxi (Pre-Flight) |
| - <input type="checkbox"/> Take Off | - <input type="checkbox"/> Climb | - <input type="checkbox"/> Cruise |
| - <input type="checkbox"/> Descent | - <input type="checkbox"/> Approach | - <input type="checkbox"/> Landing |
| - <input type="checkbox"/> Taxi (Post Flight) | - <input type="checkbox"/> Shut Down | - <input type="checkbox"/> Post Flight Check |
| - <input type="checkbox"/> Unknown | - <input type="checkbox"/> | |

3. Description of Failure/Malfunction/Defect

- FMD Description:

- Operating Condition Details:

- Pilot Action taken to continue the Flight:

- Is the Malfunction reproducible on Ground? No Yes n/a

4. Corrective Action

- Maintenance Action taken? No Yes Replacement with New or Used Component

- Maintenance Action Description:

- Proposal for Corrective/Improvement Actions:

5. Defective Component Details

- Part Number:	- Part S/N:	- Time since Overhaul [h]:
- Part Name:	- Time since New [h]:	- Time since Inspection/Repair [h]:

6. Attachments

- Attachments to the FMD Report: Sketch(es) Photo(s) Report(s) Other
- Attachment References: