



MALFUNCTION OR DEFECT REPORTING FORM

INSTRUCTIONS

Print or type. Do not write in shaded areas, these are for RCAA use only. Submit original only to the RCAA Flight Safety Services or a RCAA Authorized Person. If additional space is required, use an attachment.

A. GENERAL INFORMATION:			
1. REGISTRATION MARK	2. ATA CODE	3. ORGANIZATION:	4. RCAA SD NUMBER
5. SUBMITTED BY	6. PHONE NUMBER	7. FAX NUMBER:	8. EMAIL ADDRESS

B. RELATED TO ACCIDENT?				
1. <input type="checkbox"/> NO	2. <input type="checkbox"/> INCIDENT	3. <input type="checkbox"/> ACCIDENT	4. DATE:	5. RCAA AICD NUMBER

C. STATE OF DESIGN NOTIFICATION?				
1. <input type="checkbox"/> NA	2. <input type="checkbox"/> REQUIRED	3. DATE:	4. NOTIFICATION METHOD:	6. DATE: 5. STATE OF DESIGN CONTACT (FOR RECEIPT)

D. PERTINENT AIRCRAFT INFORMATION			
UNIT	MANUFACTURER	MODEL/SERIES	SERIAL NUMBER
Airframe	1.	2.	3.
Engine	4.	5.	6.
Propeller	7.	8.	9.

E. SPECIFIC PART OR COMPONENT CAUSING PROBLEM:			
PART NAME	MFG MODEL OR PART NUMBER	SERIAL NUMBER	PART/DEFECT LOCATION
1.	2.	3.	4.

F. APPLIANCE/COMPONENT <i>(Assembly that includes part)</i>			
APPLIANCE/COMPONENT NAME	MANUFACTURER	PART NUMBER	SERIAL NUMBER
1.	2.	3.	4.
PART TOTAL TIME	PART TSO	PART CONDITION	
5.	6.	7.	

G. DESCRIPTION OF WORK ACCOMPLISHED: <i>(If more space is required, use reverse then attach additional sheets. Identify each page with aircraft registration mark and date work completed.)</i>
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CONTINUATION: DESCRIPTION OF WORK ACCOMPLISHED:

H. ENTERED IN DATABASES:

<input type="checkbox"/> 1 CASORT DATABASE	<input type="checkbox"/> 2 SERVICE DIFFICULTY (SD) DATABASE	<input type="checkbox"/> 3 ACID DATABASE	4. DATE	5. INITIALS
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