REPUBLICA DE MOCAMBIQUE

AUTORIDADE REGULADORA DE AVIAÇÃO CIVIL DE MOÇAMBIQUE

Civil Aviation Authority

FAULTS, MALFUNCTION OR DEFECT REPORT

The completed form should be emailed to : iacm@tvcabo.mz or faxed to +258 21465415

1.OCURRENCE INFORMATION

Date of Occurrence / / Time of Occurrence H M Location of Occurrence

Aircraft registration C9- Operator

2.DETECTION PHASE

Detection Phase Maintenance

☐ Scheduled
☐ Non- Scheduled

Detection Phase Operations

☐ Taxi ☐ Take- Off ☐ Climb ☐ En-Route ☐ Descent ☐ Approach ☐ Landing ☐ Hovering ☐ Ground Handling ☐ Unknown ☐ Other, Specify

3. AIRCRAFT INFORMATION

Enter engine and propeller details only if relevant

	Manufacturer	Type/ Model	Serial Number	TSN	CSN	TSLMC		
Aircraft								FH
								CY
Engine						TSO		FH
								CY
						TSLSV		FH
								CY
Propeller						TSO		FH
								CY

4. DEFECTIVE COMPONENT

4.1 Specific Part (of Component) Causing Problem

ATA Code	Part Name	Manufacturer Name	Part Number	Serial Number	Part Condition	Part /Defect Location	Total Time	Total Cycle	Time Since
									☐ Repair ☐ Overhaul ☐ Inspection

4.2 Component/ Assembly That includes Defective Part

Component/Appliance Name	Manufacturer Name	Model Number	Part Number	Serial Number	Location	Total Time	Total Cycle	Time Since
								☐ Repair ☐ Overhaul ☐ Inspection

5. CAUSE OF FAULTS, DEFECTS AND MALFUNCTIONS/ DEFECTIVE PART CONDITION (if applicable, multiple entry possible)

☐ Design ☐ Fatigue ☐ Production ☐ Corrosion ☐ Inadequate maintenance ☐ Unapproved Parts ☐ Operational ☐ Human Factor

6. DESCRIPTION OF OCURRENCE

Continue on a separate sheet if necessary

7. INVESTIGATION RESULTS

8. ACTION TAKEN

9. SUBMITTER ,S DETAILS

Name Organisation Date / / Internal reference

Email Telephone Adress

10. ATTACHEMENTS

☐ Sketch(es) ☐ Report(s) ☐ Photo(s) ☐ Others (specify)

11. DEFECT REPORT TYPE

☐ Initial defect notification only (follow-up report required)
☐ Notification of defect with complete investigation results
☐ Follow-up report from earlier defect notification

REPÚBLICA DE MOÇAMBIQUE

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INSTRUCTIONS FOR COMPLETING FORM MOZ-43-08 FAULTS, MALFUNCTION OR DEFECT REPORT

Malfunction or defect report-completion instructions contain instructions for completing the Form MOZ- 43-08 to be used by persons reporting aircraft defects, as required by the MOZCAR Part 43 Enquires regarding the form may be directed to IACM.

1. OCURRENCE INFORMATION

This block contains information related to the occurrence.
Date of Occurrence- Enter the date of defect occurred or was discovered. This entry should be made in numeric format.
(dd/mm/yy) e.g. 09/11/2006.
Time of Occurrence- Hours and minutes of the reported occurrence. e.g. 8H30M.
Location of occurrence- Enter the place of the occurrence.
Aircraft registration- Enter the aircraft registration mark.
Operator- Enter the name of the operator or the owner of the aircraft.

2. DETECTION PHASE

This block contains information on the detection phase of the occurrence. Mark the appropriate block that the best describe the stage of flight, ground or maintenance operation the aircraft was engaged in when the reported malfunction, failures or defect occurred, or was observed.
Detection phase maintenance- One of the boxes in this block should be marked when the detection of the failure, malfunction, defect or other occurrence took place during scheduled or non- scheduled maintenance.
Detection phase operations- One of the boxes in this block should be marked when the detection of the failure, malfunction, defect or other occurrence took place during operations. The flight phase in which the occurrence took place should be marked.
T**axi**- The occurrence took place when the aircraft was taxiing to or from the runway.
Take-off- The occurrence took place when the aircraft was taking off.
Climb- The occurrence took place when the aircraft was climbing to cruise level.
En-route- The occurrence took place when the aircraft was flying at cruising level.
Descent- The occurrence took place when the aircraft was descending from cruising level.
Approach- The occurrence took place when the aircraft was on approach to an airport.
Landing- The occurrence took place when the aircraft was landing.
Ground handling- Occurrences during handling operations, e.g. when servicing, boarding, deplaning or loading the aircraft.
Unknown- The flight phase is not known.
Other, Specify- In case the flight phase is not mentioned above, the relevant phase can be specified here.

3. AIRCRAFT INFORMATION

This block contains information on the aircraft involved. Enter the applicable manufacturers name, type/model and serial number. The time requirements for aircraft are TSN (Time Since New), CSN (Cycle Since New, TSLMC (Time Since Last Maintenance Check). Time requirements for engine are TSN, TSO (Time Since Overhaul), TSLSV (Time Since Last Shop Visit), Time requirements for propeller are TSN, CSN, TSO.
Manufacturer- The name of the manufacturer, e.g. Airbus.
Type/Model –Specification of the type in full as defined in the type certificate.
Serial number- The serial number of the aircraft, engine or propeller.

4. DEFECTIVE COMPONENT

This block contains information on the defective component.

4.1 Specific Part(Of Component) Causing Problem

Enter the applicable ATA Code, Part name, manufacturers name and serial number of the assembly containing the defective part. Time requirements are TSN, CSN, Time Since Overhaul, repair or Inspection.
Enter the name (e.g bearing spar) part number (e.g. 233453-4), condition (e.g. seized, cracked) and location on aircraft/ component (e.g. rear gearbox, LH wing or IPC page 97, ref 6-36).

4.2 Component/ Assembly that includes Defective Part

Enter the name, manufacturer, model or part number and serial number of the assembly containing the defective part. Time requirements are TSN, CSN, Time Since Overhaul, repair or Inspection. For example for a defective bearing, enter the name of the component using the bearing, such a magneto. For a defective exhaust valve, enter the cylinder identity etc.

5. CAUSE OF FAULTS, DEFECTS AND MALFUNCTIONS/ DEFECTIVE PART CONDITION

Tick the box or boxes that best describe the reason for the failure. It is appreciated that it is likely the defect will have multiple reasons ultimately leading to the malfunction or failure. Seek to be as objective as possible in determining the cause.
Design- The cause of the defect was design related. Were the product does not meet its intended function or it is being required to do something outside the design scope.

Production- The cause of the defect was related to the manufacturing/ production process. Were the product has not been appropriately manufactured or properly finished. For example, stress concentrators were not removed.

Inadequate maintenance- The cause of the defect was related to inadequate maintenance. Were the defect or failure is attributed to poor maintenance practices arising from lack of data, incorrect procedures, inadequate quality control, lack of appropriate training etc.

Operational- The cause of the defect was operational related. Were the defect occurred as a result of incorrect, inadvertent or uncommanded operation. This can also be related to personnel error.

Fatigue- The defective was caused by structural fatigue of the material. Were the defect or failure exhibits classic fatigue symptoms.

Corrosion- The defect was caused by corrosion of the material. Corrosion environment and age are closely related particularly in older aircraft. These aircraft are often thought of as only the heavy transport aircraft. This is not the case and due consideration needs to be given with respect to an aircraft.

Suspected unapproved parts- The defective part was unapproved. This can also be related to personnel and maintenance defects, particularly with counterfeit parts. With older aircraft and the lack of approved spares, counterfeit parts are an increasing problem. The identification of counterfeit parts is of paramount importance.

Human factors- The cause of the defect was related to human factors and human performance issues e.g. related to human capabilities and limitations on the interface between human and other system components in the field of design, certification, training, operations and maintenance. Those defects that occur as the result of personnel error and also relate to maintenance- for example, failure to follow the correct instructions, use of inappropriate equipment/tools, use of the incorrect fuel or lubricants.

Others Specify – In case the cause does not fit under the elements specified above, detail the cause of the detect under other.

6. DESCRIPTION OF OCCURRENCE

Describe the defect, the circumstances under which it occurred any indications or warnings and non-obvious effects on aircraft or other systems.

7. INVESTIGATION RESULTS

State the results of any occurrence investigation undertaken.
Indicate if other relevant information- for example photographs, reports or sketches-is available.
Include other relevant information such as photographs, reports or sketches-is available.

8. ACTION TAKEN

State probable cause, action taken to rectify defect and recommendations to prevent recurrence.

9. SUBMMITERS DETAILS

Name- The point of contact of the Reporting Organization for this occurrence.

Organization – Name of the reporting organization or person in order to identify the point of contact. Also include the Approval Reference (if relevant).

Date – the date the occurrence are reported to IACM.

Internal Reference – The internal reference number for this occurrence as assigned by the Reporting Organization.

Email – Complete email address.

Telephone – The telephone number, including country code.

Adress – Complete address.

10. ATTACHMENTS

Items suggested to be attached to the occurrence report. Mark the relevant box (Sketch s Reports, Photos) or specify the nature of the attachment under “Other”. Please always specify the name of the contents of the attachment.

11. DEFECT REPORT TYPE

This block contains information on the type of report is an initial notification or a follow-up report. Tick the appropriate box.

Initial defect notification only initial finding only- Mark this box if this report is the first notification of the occurrence to IACM. Report that does not contain all of the required information or investigation results. A follow-up report is required to be submitted.

Notification of finding with complete investigation results- Mark this box if the investigation of the occurrence has already been completed. The results of the investigation and the action taken should be detailed in block 7. **INVESTIGATION RESULTS**, 8. **ACTION TAKEN** respectively or the investigation report can be attached to the Report Form, in which case the box “Reports” under block 10. **ATTACHMENTS** should be marked. No further submissions are anticipated.

Follow-up report on earlier notification – Mark this box in case this report is a report of investigation results or additional information following from an initial defect notification only. Please indicate the reference number for this occurrence and the date of the occurrence.