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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The completed form should be emailed to: [dgeral@acivil.gov.cv](file:///C:\Users\jailzas\Documents\Jailza-AAC\6-Desenvolvimento\3-Publicações%20aeronáuticas\Draft%20Inicial\6-Formularios\AER\AAC\6-AIR\pasta%20trabalho\DSO-AIR%20Publicacoes\Formularios%2033-XXX\dgeral@acivil.gov.cv) or faxed to: +238 2611075 | | | | | | | | | | | | | | | | | |
| **1. OCURRENCE INFORMATION** | | | | | | | | | | | | | | | | | |
| Date of Occurrence   /  / | | | | | | | | Time of Occurrence       H          M | | | | | | Location of Occurrence | | | |
| Aircraft Registration D4 - | | | | | | Operator | | | | | | | | | | | |
| **2. DETECTION PHASE** | | | | | | | | | | | | | | | | | |
| **Detection Phase Maintenance** | | | | **Detection Phase Operations** | | | | | | | | | | | | | |
| Scheduled  Non-Scheduled | | | | 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’s Name | Part Number | Serial Number | Part Condition | Part / Defect Location | Total Time | Total Cycle | Time Since | |  |  |  |  |  |  |  |  |  | Repair | |  |  |  |  |  |  |  |  |  | Overhaul | |  |  |  |  |  |  |  |  |  | nspection | | | | | | | | | | | | | | | | | | |
| **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 | | Production | | | | | | | | Inadequate maintenance | | | | | Operational | | |
| Fatigue | | Corrosion | | | | | | | | Unapproved parts | | | | | Human factor | | |
| Other, specify: | | | | | | | | | | | | | | | | | |
| **6. DESCRIPTION OF OCCURRENCE** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Continue on a separate sheet if necessary | | | | | | | | | | | | | | | | | |
| **7. INVESTIGATION RESULTS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **8. ACTION TAKEN** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **9. SUBMITTER’S DETAILS** | | | | | | | | | | | | | | | | | |
| **Name** | | | **Organization** | | | | | | | | **Date**   /  / | | | | **Internal reference** | | |
| **Email** | | | | | | | **Telephone** | | | | | | | **Address** | | | |
| **10. ATTACHMENTS** |  | | | | | | | |  | | | |  | | | |  |
| 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 | | | | | | | | | | | | |

REPUBLICA DE CABO VERDE



***Civil Aviation Authority***

**INSTRUCTIONS FOR COMPLETING AAC FORM FS.AER.28 FAULTS, MALFUNCTION OR DEFECT REPORT**

Malfunction or defect report – completion instructions contain instructions for completing the AAC form FS.AER.28 to be used by persons reporting aircraft defects, as required by the CVCAR 5 Enquiries regarding the form may be directed to AAC.

**1. OCURRENCE INFORMATION**

This block contains information related to the occurrence.

**Date of Occurrence** - Enter the date the malfunction, failure or 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 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.

**Taxi** - The occurrence took place when the aircraft was taxiing to or from the runway;

**Takeoff** - 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 ground 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 manufacturer’s name, type/model and serial number. 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, manufacturer’s name, model and serial number, Part location and Part/Defect Location. 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 as 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. Where 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. Where 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. Where 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. Where the defect occurred as a result of incorrect, inadvertent or uncommanded operation. This can also be related to personnel error.

**Fatigue** – The defect was caused by structural fatigue of the material. Where 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.

**Other, specify** - In case the cause does not fit under the elements specified above, detail the cause of the defect 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, if available.

**8. ACTION TAKEN**

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

**9. SUBMITTER’S DETAILS**

**Name** – The point of contact of the Reporting Organisation for this occurrence.

**Organization -** Name of the reporting organisation 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 AAC

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

**Email –** Complete email address.

**Telephone –** The telephone number, including country code.

**Address –** Complete address.

**10. ATTACHMENTS**

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