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| Send form by e-mail to *reporting@shgm.gov.tr*  |
| **1. REFERENCE INFORMATION** |  |  |
| 1.1 Reporting OrganisationName:Country/Site:Approval Ref.: | 1.2 Date of the finding (d/m/y) and location | 1.3 Internal Ref. no. |
| 1.4 Name of submitterSignature ……………. | 1.5 Telephone no. | 1.6E-mail address |
| **2. REPORT TYPE** |
| 🞏 2.1 Initial finding notification only (follow-up report required). 🞏 2.2 Notification of finding with complete investigation results.  |
| 🞏 2.3 Follow-up report on earlier notification, specify | Ref. no.: ………………… Date: ………………… |
| **3 DETECTION PHASE AND NOTIFICATION** |
| 3.1 Detection Phase Maintenance | 3.2 Detection Phase Operations |
| 🞏 Scheduled 🞏 Non-Scheduled | 🞏 Taxi 🞏 Take-off 🞏 Climb 🞏 En-Route  | 🞏 Descent 🞏 Approach 🞏 Landing 🞏 Hovering  | 🞏 Ground Handling 🞏 Unknown 🞏 Other, specify:  …..………………….. |
| 3.3 Parties informed 🞏 State of Registry 🞏 Type Certificate/Approval Holder 🞏 Owner 🞏 Operator 🞏 CAMO  |
| **4 AIRCRAFT INFORMATION** |
| 4.1 Aircraft Manufacturer and Type/Model | 4.2 Aircraft Serial Number |
| 4.3 Operator / Owner | 4.4 Aircraft Registration  |
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| **4.5 Aircraft Usage Details** |
| Since new |
| Since overhaul |
| Since inspection or defect found |
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| Aircraft total time (h) | Aircraft total cycles |
|  |  |
|  |  |
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| **5 DEFECTIVE COMPONENT**  |
| 5.1 Manufacturer + Address | 5.2 IPC (Illustrated Part Catalogue) Name | 5.3 Type no.  |
| 5.4 Part number  | 5.5 Serial number  | 5.6 ATA no. | 5.7 (E)TSO no. |
| 5.8 Time since new (h)  | 5.9 Cycles since new | 5.10 Date of manufacture |
| 5.11 Time since overhaul (h) | 5.12 Cycles since overhaul | 5.13 Date of overhaul |
| 5.14 Time since repair/inspection (h)  | 5.15 Cycles since repair/ inspection | 5.16 Date of repair/inspection |
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| **6 CAUSE OF DEFECT / DEFECTIVE PART CONDITION** (if applicable, multiple entry possible) |
| 🞏 Design  | 🞏 Production  | 🞏 Inadequate maintenance  | 🞏 Operational  |
| 🞏 Fatigue | 🞏 Corrosion  | 🞏 Unapproved parts  | 🞏 Human factor |
| 🞏 Other, specify: …………….. |  |
| 🞏 Part condition, specify: ……………….. |  |
| **7 SYSTEM MONITORING** |
| For any occurrence involving a system or component, which is monitored or protected by a warning and/or protection system, state whether such system(s) functioned properly:🞏 Yes 🞏 No 🞏 Not applicable  |
| **8 DETAILS** |
| Description of Occurrence / Results of occurrence investigation:  |
| **9 ATTACHMENTS**  |
| 🞏 Sketch(es):  ……………  | 🞏 Report(s):  ……………  | 🞏 Nameplate photo 🞏 Photo(s), specify  ……………….. | 🞏 Other, specify:  ………………..  |