

Defect Report

CIVIL AVIATION AUTHORITY
OF NEW ZEALAND

Te Mana Rererangi Tūmatanui o Aotearoa

For Occurrence Notification please complete the applicable white areas on this page.

Then post or fax to CAA as soon as possible. If faxing this form send to +64 4 560 9469

To report an accident or serious incident phone: 0508 ACCIDENT (0508 222 433) Monitored 24 hours a day, seven days a week.

To report other safety concerns phone: 0508 4SAFETY (0508 472 338) Available office hours (voice mail after hours).

Remember. You can also get this form from the CAA Website and email to CA005@caa.govt.nz

Date found	<input type="text"/>	Time	<input type="text"/>	<input type="checkbox"/> NZST	<input type="checkbox"/> NZDT	<input type="checkbox"/> UTC	Location	<input type="text"/>
Aircraft manufacturer and model	<input type="text"/>					Aircraft registration	ZK-	<input type="text"/>
Operator	<input type="text"/>					Client ID	<input type="text"/>	

Engineering detailsMajor component/system affected

ATA code	<input type="text"/>	Part defective	<input type="text"/>														
Manufacturer	<input type="text"/>			Model	<input type="text"/>												
Part number	<input type="text"/>			Serial number	<input type="text"/>												
TTIS	<input type="text"/>	Hours	<input type="text"/>	Cycles	<input type="text"/>	TSO	<input type="text"/>	Hours	<input type="text"/>	Cycles	<input type="text"/>	TSI	<input type="text"/>	Hours	<input type="text"/>	Cycles	<input type="text"/>
Detection phase	<input type="checkbox"/> unscheduled		OR		<input type="checkbox"/> scheduled maintenance		Manufacturer advised	<input type="checkbox"/> Yes		<input type="checkbox"/> No							
Found when complying with	<input type="checkbox"/> AD		<input type="checkbox"/> SB		Specify reference		<input type="text"/>										
Maintenance organisation	<input type="text"/>			Client ID	<input type="text"/>		Tel:	<input type="text"/>									

Details**Description**

Continue on a separate sheet if necessary

Cause

Action taken

Submitter's details

Name	<input type="text"/>	Client ID	<input type="text"/>	Tel:	<input type="text"/>	Date	<input type="text"/>
Attachments	<input type="checkbox"/> sketches*		<input type="checkbox"/> reports		<input type="checkbox"/> photographs		<input type="checkbox"/> others (specify) <input type="text"/>
Submitter's investigation	<input type="checkbox"/> open		OR		<input type="checkbox"/> closed		Submitter's reference number <input type="text"/>

FreePost Authority 146123

CA005D



Safety Analysis
Civil Aviation Authority
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