



Section/division **AIRWORTHINESS: ENGINEERING**

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Form Number: **CA 43-15**

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AIRCRAFT DEFECT, MALFUNCTION AND FAULT REPORT

Note: Please complete all relevant blocks

Aircraft Registration Marks		Z	—				
Name of Operator							
Date of Occurrence							
Major Equipment (Only entire engine and propeller details if relevant)							
	Manufacturer	Model	Serial Number	TT	Hours or Cycles		
Aircraft							
Engine							
Propeller							
Component (Assembly that includes part)							
Part (Specify item that is reported)							
Part Name		Part Number		Part Condition			
TSN	Hours		TSO	Hours	Part condition available for inspection		
	Months			Months			
	Cycles			Cycles	Yes	No	
When was defect found?							
Take-off	Climb	Cruise	Descent	Landing	Accident	Maintenance	Other
DEFECT, MALFUCTION OR FAULT DESCRIPTION							
(If relevant, include circumstances under which it occurred, indications or warning, hidden consequences, probable action taken to rectify defect, malfunction or fault and recommendations to prevent)							
DETAILS OF SUBMITTER							
Name		Organization					
Telephone number		Email Address					
Cellphone Number		AMO/AME Number					
Address							
						Postal code	
SIGNATURE OF SUBMITTER		NAME IN BLOCK LETTERS			DATE		