***Defect Report***

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| As well as being a legal requirement, reporting to the Civil Aviation Authority (CAA) improves aviation safety and helps keep people safe. Information from reports helps CAA and the aviation sector reduce aviation risks and enhance safety, for anyone in the skies and on the ground. Because this data is so important, CAA has updated its forms and processes to make the process easier. |
| **Notification of an incident:** |
| To report an accident or serious incident freephone:  | 0508 ACCIDENT (0508 222 433) This number is monitored 24 hours every day of the week.  |
| To report other safety or security concerns freephone:  | 0508 4SAFETY (0508 472 338) This number is available during office hours (voice mail after hours). |
| **Filling in this form:** |
| Before filling in this form consider submitting your report via the online [occurrence reporting form](https://occurrencereporting.services.aviation.govt.nz/) in the first instance.Fill in the relevant information applicable to the defect and email this form as soon as possible to: triage@caa.govt.nz. |

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| **1. Reporters’ details** |
| Name |       | CAA participant no. |       |
| Date |       | Phone |       | Email |       |
| Attachments | [ ]  Sketches | [ ]  Reports | [ ]  Photos | [ ]  Others: *(specify)*       |
| Investigation status | [ ]  Open | OR | [ ]  Closed | Investigation reference no. |       |

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| **2. Defect details** |
| Date found |       | Time |       | [ ]  NZST | [ ]  NZDT | [ ]  UTC | Location |       |
| Aircraft manufacturer & model |       | Aircraft registration | ZK -       |
| Organisation |       | CAA participant no. |       |

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| **3. Engineering details** |
| Major component/system affected |       |
| ATA code |       | Part defective |       |
| Manufacturer |       | Model |       |
| Part number |       | Serial number |       |
| TTIS |       Hours |       Cycles | TSO |       Hours | TSI |       Hours |       Cycles |
| Detection phase | [ ]  Unscheduled | OR | [ ]  Scheduled maintenance | Manufacturer advised | [ ]  Yes | [ ]  No |
| Found when complying with | [ ]  AD | [ ]  SB | Specify reference |       |
| Maintenance provider |       | CAA participant no. |       | Phone |       |

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| **4. Description of defect** |
| Please provide a description of the defect including all relevant information |
|       |

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| **5. Cause** |
| Please detail the cause of the defect including any factors that may have contributed to the cause |
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| **6. Action(s) taken** |
| Describe what actions have been/will be done to mitigate/rectify the defect |
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| **PLEASE EMAIL THIS FORM AS AN ATTACHMENT TO** **TRIAGE@CAA.GOVT.NZ** |