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| Occurrence Number:*Entered by authority*Click here to enter text. |
| Confidential?YES: [ ]  NO: [ ] If so, please provide us with your contact details. |

**MAINTENANCE OCCURRENCE REPORT**

The Office of the Director of Civil Aviation

Bailiwick of Guernsey

Tel: +44 1481 226629

E-mail: occurrences@cidca.aero

**Not all fields have to be filled in**

**Please forward the occurrence report to the above e-mail address**

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| 1. **Operational Details**
 |
| Date of OccurrenceClick here to enter a date. | Time of Occ. (UTC - HH:MM)00:00 | LocationClick here to enter text. |
| Aircraft Type & SeriesClick here to enter text. | RegistrationClick here to enter text. | Maintenance OrganizationClick here to enter text. |

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| 1. **Engineering Details**
 |
| Component/PartClick here to enter text. | ManufacturerClick here to enter text. |
| References (Manual/ATA/IPC)Click here to enter text. | Part NumberClick here to enter text. | Serial NumberClick here to enter text. |

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| 1. **Recording Hours**
 |
| **TTIS:**  | Hours: Click here to enter text. | Cycles: Click here to enter text. |
| **TSO:**  | Hours: Click here to enter text. | Cycles: Click here to enter text. |
| **TSI:**  | Hours: Click here to enter text. | Cycles: Click here to enter text. |

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| 1. **Description of Occurrence**
 |
| Brief Title of OccurrenceClick here to enter text. |
| Occurrence DescriptionClick here to enter text.Please continue on a separate page if necessary  |

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| 1. **Details of the Submitter**
 |
| NameClick here to enter text. | Date ReportedClick here to enter a date. |
| E-mailClick here to enter text. | Telephone NumberClick here to enter text. |