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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](mailto: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 Occurrence  Click here to enter a date. | Time of Occ. (UTC - HH:MM)  00:00 | | Location  Click here to enter text. |
| Aircraft Type & Series  Click here to enter text. | | Registration  Click here to enter text. | Maintenance Organization  Click here to enter text. |

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| 1. **Engineering Details** | | | |
| Component/Part  Click here to enter text. | | Manufacturer  Click here to enter text. | |
| References (Manual/ATA/IPC)  Click here to enter text. | Part Number  Click here to enter text. | | Serial Number  Click 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 Occurrence  Click here to enter text. |
| Occurrence Description  Click here to enter text.  Please continue on a separate page if necessary |

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| 1. **Details of the Submitter** | |
| Name  Click here to enter text. | Date Reported  Click here to enter a date. |
| E-mail  Click here to enter text. | Telephone Number  Click here to enter text. |