

Service & Operations Report

Part A

Form is to be completed in English

Reference No.: _____

AOG **YES** **NO**

1. CUSTOMER REFERENCE NO.:			
2. NAME OF PERSON REPORTING:		3. DATE	
4. COMPANY SUBMITTED BY:			
5. ADDRESS:			
6. PHONE NUMBER:		7. E-MAIL:	
8. MRO NAME:			

9. SUBJECT OF REPORT:			
10. PURPOSE OF SUBMITTAL – CHECK ALL THAT APPLY			
Warranty Claim		Maintenance / Serviceability Issue	
Publication Clarification Request		Defect Report	
OTHER (Provide Additional Information In Box 30)			
11. DATE OF OCCURANCE:		12. A/C MODEL.:	
13. A/C SERIAL NO.:		14. A/C HRS:	
15. OWNER:		16. A/C REGISTRATION:	
17. CERTIFICATE TYPE:		18. MILITARY OPERATOR:	YES NO
19. REGULATORY BODY:			
20. REGULATORY BODY ADVISED:	YES	NO	
21. COPY OF REPORT ATTACHED:	YES	NO	
22. COUNTRY OF OPERATION AT TIME OF INCIDENT:			

23. PART NUMBER:	24. DESCRIPTION:	25. PART SERIAL NO.:	
26. TIME SINCE NEW:	27. TSO:	28. QTY:	
29. IPC REFERENCE:	CHAPTER:		PAGE:
	ITEM NO.:		ATA CODE:

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30. DESCRIBE BRIEFLY NATURE OF CIRCUMSTANCES FOR DISCREPANCY Ensure there are sufficient photos to clearly define the problem. The quickest way to define the location is to mark the aircraft adjacent to the damage with the following: <ul style="list-style-type: none"> • Photo: From A Distance To Give An Overall View Of Damage. Close Up To Show The Actual Damage. • Direction: Up/Down, Fwd/Aft, Inbd/Outbd • View: Aft Looking Forward, Forward Looking Aft • Location: Wing Station, Body Station, Water Line Etc • Outline: Mark The Outline Of Deformation, Dent, Delamination Etc • Scale: Mark Off Six 1 Inch Lines Next To Damage To Give Indication Of Size

31. ADDITIONAL ATTACHMENTS INCLUDED:	YES	NO	NO. OF PAGES ATTACHED:	
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32. ARE THERE ANY RESTRICTIONS THAT COULD LIMIT THE REPAIR? LOCATION / TOOLING / MATERIAL RESTRICTIONS:

SPARE PART SALE INFORMATION			
33. ORIGINAL PURCHASE ORDER NUMBER:			
34. INVOICE NUMBER:	SLI		
35. PART NUMBER:			
36. BATCH NUMBER:		37. QTY:	
38. SHIP REPLACEMENT PART TO:			

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND TRUE			
NAME:		DATE:	
SIGNATURE:			