

MALFUNCTION / INFORMATION REPORT

SUBMITTED TO:

Company Name: _____

Address: _____

Contact Name: _____

SUBMITTED BY:

Company Name: _____

Address: _____

Phone: _____

Signature: _____

	CONTROL NUMBER							
MFG NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CUST NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MO	DAY	YR					

REPORT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCCUR DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUBMITTED FOR:

Company Name: _____

Address: _____

Phone: _____

Contact Name: _____

CUSTOMER ORDER: COMPLETE FOR NON-WARRANTY PARTS RETURNED FOR REASON CHECKED.

P.O. NO. _____ COST EST. REQUIRED REPAIR OVERHAUL EVALUATION EXCHANGE
 RETURN FOR CREDIT OTHER (SPECIFY) _____

WARRANTY CLAIM: COMPLETE IF YOU ARE REQUESTING WARRANTY ADJUSTMENT.

CREDIT FOR REPLACEMENT PART CREDIT FOR LOCAL REPAIR MFG WARRANTY REPAIR/REPLACEMENT
 OTHER (SPECIFY) _____

WHEN WARRANTY ADJUSTMENT IS FOR A LOCAL REPAIR, OR LABOR ALLOWANCE, ATTACH A COPY OF THE WORK ORDER.

PARTS COST _____ LABOR _____ HRS @ US \$ PER HR. _____ TOTAL REPAIR COST _____

AIRCRAFT DATA: COMPLETE ALL SECTIONS IF REPORTED PART HAS BEEN INSTALLED. IF REPORTED PART IS A SPARE NOT INSTALLED, COMPLETE ONLY MFG/MODEL AND ENTER "SPARE" IN REGISTRATION # BLOCK.

MFG./MODEL	REGISTRATION #	SERIAL NUMBER	DELIVERY DATE	HRS AT DELIVERY	HRS AT OCCUR

ENGINE DATA:

ENGINE MODEL	SERIAL NUMBER	TOTAL TIME	TOTAL TIME SINCE OVERHAUL

REPORTED PART DATA:

REQUIRED FOR ALL SUBMITTALS.

NOTE THE COMPLETED HISTORICAL RECORD MUST ACCOMPANY THIS SUBMITTAL IF PART HAS A SCHEDULED RETIREMENT OR O/H INTERVAL.

QUANTITY	ATA CODE	PART NUMBER	PART NAME	SERIAL NUMBER	PART HRS AT OCCUR
ORIGINAL EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO COMPLETE →	PURCHASE ORDER	INVOICE NUMBER	INVOICE DATE
				A/C HRS AT INSTALL	INSTALL DATE

REPLACEMENT PART DATA: COMPLETE RELEVANT INFORMATION FOR PART INSTALLED

QTY.	PART NUMBER	SERIAL NUMBER	PO NUMBER	INVOICE NO.	INVOICE COST	<input type="checkbox"/> RECONDITIONED <input type="checkbox"/> NEW PART TIME: _____

REASON FOR REPORT/ AND CORRECTIVE ACTION:

WARRANTY:	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	
Signature and date	