



NORWEGIAN DEFENCE MATERIEL AGENCY

MILITARY AIRWORTHINESS AUTHORITY – NORWAY

MAA-NOR Form 44

OCCURRENCE REPORT

Title

Send form by e-mail to occurrence.maa-nor@mil.no (Internet) or [ressurs 009022@mil.no](tel:009022) (FISBasis-B)

1. REFERENCE INFORMATION

| | | |
|--|----------------------------|---|
| 1.1 Reporting organisation Name Country/Site Approval reference | 1.2 Date of the occurrence | 1.3 Internal reference (Reporting organisation) |
| 1.4 Name and employee number of submitter | 1.5 Telephone no. | 1.6 E-mail address |

2. REPORT TYPE

- 2.1 Initial occurrence notification only (follow-up report required).
- 2.2 Notification of occurrence with complete investigation results.
- 2.3 Follow-up report, with investigation results, on earlier notification.

3. DETECTION PHASE AND NOTIFICATION

| | | |
|--|---|---|
| 3.1 Detection Phase | | |
| <input type="checkbox"/> Scheduled maintenance | <input type="checkbox"/> Taxi | <input type="checkbox"/> Approach |
| <input type="checkbox"/> Non-Scheduled maintenance | <input type="checkbox"/> Take-off | <input type="checkbox"/> Landing |
| <input type="checkbox"/> Quality audit | <input type="checkbox"/> Climb | <input type="checkbox"/> Hovering |
| <input type="checkbox"/> Airworthiness review | <input type="checkbox"/> En-Route | <input type="checkbox"/> Ground Handling |
| <input type="checkbox"/> Airworthiness management | <input type="checkbox"/> Descent | |
| <input type="checkbox"/> Unknown: | <input type="checkbox"/> Other, specify: | |
| 3.2 Parties informed | | |
| <input type="checkbox"/> Operating organisation | <input type="checkbox"/> Operational authority | <input type="checkbox"/> Maintenance organisation |
| <input type="checkbox"/> CAMO | <input type="checkbox"/> Design organisation (or equivalent) | <input type="checkbox"/> Production organisation |
| <input type="checkbox"/> Foreign airworthiness authority | <input type="checkbox"/> Safety investigation authority (SHK) | |
| <input type="checkbox"/> Other, specify: | | |

4. AIRCRAFT INFORMATION

| | | | |
|--|----------------------------|-----------------------|---------------------------|
| 4.1 Aircraft Manufacturer and Type/Model | 4.2 Aircraft Serial Number | 4.3 Operator / Owner | 4.4 Aircraft Registration |
| 4.5 Aircraft Usage Detail | Aircraft total time (h) | Aircraft total cycles | |
| | Since new | | |
| | Since overhaul | | |
| Since inspection or defect found | | | |

5. DEFECTIVE COMPONENT

| | | | |
|---------------------------------------|---|--------------------------------|----------------|
| 5.1 Manufacturer + Address | 5.2 IPC (Illustrated Part Catalogue) Name | 5.3 Type number | |
| 5.4 Part number | 5.5 Serial number | 5.6 ATA no. | 5.7 (E)TSO no. |
| 5.8 Time since new (h) | 5.9 Cycles since new | 5.10 Date of manufacture | |
| 5.11 Time since overhaul (h) | 5.12 Cycles since overhaul | 5.13 Date of overhaul | |
| 5.14 Time since repair/inspection (h) | 5.15 Cycles since repair/ inspection | 5.16 Date of repair/inspection | |

6. CAUSE OF OCCURRENCE / DEFECTIVE PART CONDITION (if applicable, multiple entry possible)

| | | | |
|--|---|---|---|
| 6.1 <input type="checkbox"/> Design | 6.2 <input type="checkbox"/> Production | 6.3 <input type="checkbox"/> Inadequate maintenance | 6.4 <input type="checkbox"/> Operational |
| 6.5 <input type="checkbox"/> Fatigue | 6.6 <input type="checkbox"/> Corrosion | 6.7 <input type="checkbox"/> Unapproved parts | 6.8 <input type="checkbox"/> Human factor |
| 6.9 <input type="checkbox"/> Airworthiness Management error | 6.10 <input type="checkbox"/> Regulatory inadequacy | 6.11 <input type="checkbox"/> Procedural inadequacy | 6.12 <input type="checkbox"/> Unknown |
| 6.13 <input type="checkbox"/> Other, specify: | | | |
| 6.14 <input type="checkbox"/> Part condition, specify: | | | |
| Most significant cause: | | | |

7. SYSTEM MONITORING

For any occurrence involving a system or component, which is monitored or protected by a warning and/or protection system, state whether such system(s) functioned properly:

- Yes**

 No

 Not applicable

8. OCCURRENCE DETAILS

| | |
|------------------------------------|---|
| 8.1 Place / Location of occurrence | 8.2 Did the occurrence endanger flight safety according to EMAD 20-8? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8.3 Occurrence title | |
| 8.4 Description of Occurrence | |

9. ATTACHMENTS

Enter the filename of each attachment under the corresponding category below.

| | | | |
|----------------|---------------|--------------|-----------|
| 9.1 Sketch(es) | 9.2 Report(s) | 9.3 Photo(s) | 9.4 Other |
|----------------|---------------|--------------|-----------|



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10. OCCURRENCE INVESTIGATION

To be filled in by the reporting organisation after completion of detailed investigation (checkbox 2.2/2.3 marked).

Title

10.1 Occurrence assessment and root cause analysis

Results of the analysis work performed by the reporting organisation.

10.2 Corrective actions

Description of actions the reporting organisation plan to implement.