

 <b>CAA</b> هيئة الطيران المدني	<b>SERVICE DIFFICULTY REPORT (SDR)</b>	Form	CA 015
		Edition	1
	<b>Civil Aviation Authority - DGCAR</b>	Revision	5
		Date	1/05/2020

- **PACA** expects to be notified immediately once occurrence detected and by the fastest possible means (e.g. telephone, fax, telex, e-mail) of whatever details are available at that time.
- **Initial notification** should then be followed up by a report within 72 hours.
- **Part 1** - Complete pages 1 and 2 of this report and forward it to flight safety department by any assured within 72 hours of notification of the occurrence.
- **Part 2** - Complete page 3 and 4 (Investigation and Closing Actions) and forward it to flight safety department within 30 days of the date of notification of the occurrence.
- **Operator /AMO** to self-identify report by assigning operator alpha code/year/ sequence report number for example: XXX/20/1.
- **Refer to** Appendix VI to AMC CAR 145.A.60(a) and CAN No. 3-19 for guidance and a detailed list of reportable items/occurrences.

Report No. ....	
Report Status <input type="checkbox"/> Initial Report (Part 1) <input type="checkbox"/> Investigation and Closing Actions (Part 2)	
a. Reporting Operator/AMO:	b. Country:
c. Date of Report & Time:	d. Email & Telephone:
e. reported by :	f. Position
g. Parties informed: <input type="checkbox"/> State of operator <input type="checkbox"/> Operator(s) <input type="checkbox"/> CAMO <input type="checkbox"/> Design Approval Holder <input type="checkbox"/> State of registry	h. Name of Design Approval Holder(s) informed (if relevant):

**PART 1**

1- Brief of occurrence (Title):

.....

.....

2- Aircraft Details and Occurrence Date:

Registration	<input type="text" value="A40"/>	Aircraft Manufacturer and Type	<input type="text"/>
Date	<input type="text"/>	Time	<input type="text"/>
		Aircraft S/N	<input type="text"/>

  

Injury level:	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Fatal	<input type="checkbox"/>	Highest Damage:	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Destroyed	<input type="checkbox"/>
	<input type="checkbox"/> Minor	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>		<input type="checkbox"/> Minor	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>
	<input type="checkbox"/> Serious	<input type="checkbox"/>				<input type="checkbox"/> Substantial	<input type="checkbox"/>		

**3- Detecting Phase & Flight detail**

Standing       Taxi       Take-off       Initial Climb       En-Route   
 Descent       Approach       Landing       Pushback/ tow       Hovering   
 Scheduled Maintenance       Unscheduled Maintenance       Unknown

Other  ..... Occurrence Location

Route from       Route to       Flight altitude (ft)

**4- Select if relevant and specify the detail**

Engine       APU       Propeller       Component

Type	S/N No		Position
Total Cycles Since New		Since Overhaul / Shop Visit	

**5- Narrative of Occurrence: Please provide photographs where applicable**

**END OF PART 1**  
[info@paca.gov.om](mailto:info@paca.gov.om)

Report No. ....

**PART 2**

**1. Identify root cause of failure leading to the occurrence. (Multiple choices are possible)**

- Design       Repair       Unapproved Parts       Not Determined       Production
- Fatigue       Human       Maintenance       Corrosion       Operational
- Other, specify: .....

**2- Investigation of Occurrence:**

**3- Risk Assessment :**

4- Closing Action: Should be as a result of the details identified above (e.g. additional training, component change, process change).

**END OF PART 1**  
[info@paca.gov.om](mailto:info@paca.gov.om)

Reported by:

Date: .....

Name	<input type="text"/>
Email	<input type="text"/>

Position	<input type="text"/>
Telephone	<input type="text"/>

**FOR DG CAR USE**

Closed

Opened (State the reason and action)

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Inspector	<input type="text"/>	Date	<input type="text"/>	Signature	<input type="text"/>
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