



**Republic of the Philippines  
CIVIL AVIATION AUTHORITY OF THE PHILIPPINES**

**MAINTENANCE REPORT FORM**

Please check the box if CONFIDENTIAL  <input type="checkbox"/> YES <input type="checkbox"/> NO	CAAP Occurrence No.
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IDENTIFICATION STRIP: Please fill in all blanks to ensure return of strip.  
 ALL IDENTITIES CONTAINED IN THIS REPORT WILL BE REMOVED TO ASSURE COMPLETE REPORTER ANONYMITY.  
 This portion will be returned to you.

Name:	Type of Event/Situation:	Date of Occurrence: (dd/mm/yyyy)
Office Address:	E-mail Address:	Time of Occurrence: (Local/UTC)
Permanent Address:	Contact numbers where we may reach you for further details:	Date Reported: (dd/mm/yyyy)

PLEASE FILL IN APPROPRIATE SPACES AND CHECK ALL ITEMS WHICH MAY APPLY TO THIS EVENT OR SITUATION

**EXPERIENCE**

Describe your qualifications

What is your technician/maintenance experience in years?

<input type="checkbox"/> Lead Technician	<input type="checkbox"/> Technician	Avionics
<input type="checkbox"/> Inspector	<input type="checkbox"/> Repairman	Other

**FACTORS**

Location	Was training a factor? (YES/NO)
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What other factors may have contributed?

<input type="checkbox"/> Lighting	<input type="checkbox"/> Work cards	Briefing
<input type="checkbox"/> Weather	<input type="checkbox"/> Manuals	Other:

Check items which were involved in the event:

<input type="checkbox"/> Inspection	<input type="checkbox"/> Logbook entry	Scheduled maintenance
<input type="checkbox"/> Testing	<input type="checkbox"/> Fault isolation	MEL
<input type="checkbox"/> Repair	<input type="checkbox"/> Installation	Other

Component/System/Sub-system involved:

Was maintenance deferred?	When was problem detected?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Routine inspection <input type="checkbox"/> In-flight <input type="checkbox"/> Taxi <input type="checkbox"/> While aircraft was in service gate <input type="checkbox"/> Pre-flight <input type="checkbox"/> Other: _____

**CONSEQUENCES/OUTCOME**

<input type="checkbox"/> Flight delay	<input type="checkbox"/> Gate return	Improper service
<input type="checkbox"/> Flight cancellation	<input type="checkbox"/> Air turn back	Rework
<input type="checkbox"/> In-flight shut down	<input type="checkbox"/> Aircraft/engine damage	Other: _____

<b>AIRCRAFT/AIRWORTHINESS STATUS</b>	<b>MISSION</b>
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<input type="checkbox"/> Aircraft released for service <input type="checkbox"/> Aircraft records completed <input type="checkbox"/> Aircraft required documents aboard <input type="checkbox"/> Not released for service <input type="checkbox"/> Unknown	<input type="checkbox"/> Passenger <input type="checkbox"/> Training <input type="checkbox"/> Personal <input type="checkbox"/> Ferry <input type="checkbox"/> Cargo/Freight <input type="checkbox"/> Other: _____
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**REPORTER ORGANIZATION**

**TYPE OF AIRCRAFT (MAKE/MODEL) AND ENGINE TYPE**

Type of Aircraft:	Series:	ATA Code:
Aircraft zone:	Engine model:	Other:

**DESCRIPTION OF EVENT/SITUATION**

Corrective Action/s:

Recommendation/s:

**FOR AVIATION SAFETY ANALYSIS DIVISION USE ONLY:**

RECEIVED BY:	DATE:
ADMIN TRACKING NUMBER:	TIME:

## GUIDELINES ON THE COMPLETION OF THE CAAP MAINTENANCE REPORT FORM

### GENERAL

- 1.1 Occurrences to be reported are those where the safety of operation was or could have been endangered or which could have led to unsafe condition. If in the view of the reporter an occurrence did not endanger the safety of the operation but if repeated in different but likely circumstances would create a hazard, then a report should be made.
- 1.2 The individual 'box' headings for all items of the data are mostly self-explanatory. The form comprises a combination of blank boxes for entry of data and boxes listing a number of alternatives. The reporter should annotate the appropriate item which apply to this event or situation.
- 1.3 Where reports are channeled to CAAP via an organization, any relevant information which is not readily available to the person preparing the initial report should, wherever possible, be added by the person submitting the report on behalf of the organization. Alternatively, where this is not possible within the required timescale, the outstanding information should be submitted as a supplementary report.
- 1.4 Evaluation and processing of reports is greatly facilitated if the reports are typewritten but it is appreciated that this may not always be possible in this case the report should be completed in black ink.
- 1.5 REPORTING TIME. Reports must be dispatched within 72 hours of the event unless exceptional circumstances prevent this.
- 1.6 Please sent report to:  
The Director General  
Office of the Director General  
Civil Aviation Authority of the Philippines  
Old MIA Road, Pasay City, 1300 Philippines  
Telephone Number: (02) 7944-2001  
Email Address: [asad.rsdfs@gmail.com](mailto:asad.rsdfs@gmail.com)  
[asad@caap.gov.ph](mailto:asad@caap.gov.ph)
- 1.7 ACKNOWLEDGEMENT OF REPORTS OR ANY INQUIRIES. Please contact the Aviation Safety Analysis Division (ASAD), Regulatory Standards Department, Flight Standards Inspectorate Service, Civil Aviation Authority of the Philippines, Old MIA Road, Pasay City direct on telephone number: (02) 7944-2151 or e-mail to [asad.rsdfs@gmail.com](mailto:asad.rsdfs@gmail.com) / [asad@caap.gov.ph](mailto:asad@caap.gov.ph).
- 1.8 CONFIDENTIAL REPORTS. A report may be submitted confidentially. If the report is 'CONFIDENTIAL' please tick the box 'Yes' on top of the form to annotate confidentiality of the report, and if it is sent to CAAP's address, mark the envelope "Personal for the Director General". CAAP will respect the confidentiality and a representative will contact you personally. You may opt to send your email to [asad.rsdfs@gmail.com](mailto:asad.rsdfs@gmail.com) / [asad@caap.gov.ph](mailto:asad@caap.gov.ph).
- 1.9 Aircraft accidents should not be reported on this form. Such events should be filed with the Aircraft Accident Investigation Inquiry Board (AAIIB).