

AC Aviation

SERVICES DIFFICULTY REPORT

Attn: THAI DCA CC: <input type="checkbox"/> Acft Mfg Rep..... <input type="checkbox"/> Eng Mfg Rep..... <input type="checkbox"/>	CARRIER	ACFT REG.	ACFT TYPE	STATUS
				OPEN [] SUPP.# ____ [] CLOSE []
	DATE OF OCCURRENCE			PLACE OF OCCURRENCE
	COMMENT			
	<i>(Describes the service difficulty and their circumstances under which is occurred state probable cause and recommendations to prevent recurrence use reverse side if needed)</i>			

OCCURRENCE

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PHASE OF OPERATION

<input type="checkbox"/> GROUND	<input type="checkbox"/> TOWING	<input type="checkbox"/> PUSHBACK	<input type="checkbox"/> TAXI	<input type="checkbox"/> TAKE-OFF	<input type="checkbox"/> CLIMB
<input type="checkbox"/> CRUISE	<input type="checkbox"/> DESCENT	<input type="checkbox"/> APPROACH	<input type="checkbox"/> GO AROUND	<input type="checkbox"/> LANDING	<input type="checkbox"/> AFTER LAND

ACTION:

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SPECIFIC PART CAUSING PROBLEM

Part Name:	Part TT / TSN:
MFG P/N:	Part TSO:
MFG S/N:	Last Place of OVHL:
Part Condition:	ATA Code:
Part / Defect Location:	

NEW INSTALLED PART DETAILS

VENDOR	MANUFACTURING	MFG P/N	MFG S/N

REMARK:

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SUBMITTED BY: _____ / _____

NAME (_____) **(Organization)** **DATE** _____