



SERVICE DIFFICULTY REPORT (SDR)

Form	CA 015
Issue	1
Revision	7
Date	14/02/2024

Civil Aviation Authority- DGCAR

- **CAA** 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 **Initial Report (Part 1)** **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 Aircraft Manufacturer and Type

Date Time Aircraft S/N

Injury level:

None		Fatal	
Minor		Unknown	
Serious			

Highest Damage:

None		Destroyed	
Minor		Unknown	
Substantial			

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

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 2
info@paca.gov.om

Reported by:

Date:

Name

Position

Email

Telephone

FOR DG CAR USE

Closed

Opened (State the reason and action)

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Inspector

Date

Signature