



SERVICE DIFFICULTY REPORT (SDR)

Civil Aviation Authority- DGCAR

Form	CA 015
Edition	1
Revision	7
Date	23/02/2022

- **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. 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	d. Name of Design Approval Holder(s) informed (if relevant):

**PART 1**

1- Brief of occurrence (Title): \_\_\_\_\_ JASC/ATA 100 code

.....

.....

.....

**2- Aircraft Details and Occurrence Date:**

Registration   Aircraft Manufacturer and Type

Date  Local Time  Aircraft MSN

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		Part No.		Serial No.	
model		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 2**  
[info@paca.gov.om](mailto:info@paca.gov.om)

Reported by:

Date: ..... Time: .....

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)

.....  
.....  
.....  
.....  
.....

Inspector  Date  Signature