



**Service Difficulty & Defect Report – CAAV 005D**

If faxing this form send to (678) 23783, otherwise email to [civav@vanuatu.com.vu](mailto:civav@vanuatu.com.vu)

Date found  Time  Location

Aircraft manufacturer & model  A/C registration

Operator

**ENGINEERING DETAILS**

Major Component/System affected

ATA code  Part defective

Manufacturer  Model

Part number  Serial number

TTIS  Hours  Cycles  TSO  Hours  TSI  Hours  Cycles

Detection phase  unscheduled OR  scheduled maintenance **Manufacturer advised**  Yes  No

Found when complying with AD  SB Specify reference

Maintenance provider

**Description of Defect**

Continue on a separate page if necessary

**Cause**

[Large dotted area for Cause description]

**Action Taken**

[Large dotted area for Action Taken description]

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**Submitter's Details**

Name  Phone  Date   
Attachments  sketches  reports  photos  others (specify)

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**Submitter's Investigation**

Open OR  Closed submitter's reference number

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<b>CAAV use only</b>	OCC No <input type="text"/>	FILE Ref <input type="text"/>
	Critical <input type="checkbox"/>	Major <input type="checkbox"/>