SAFETY MANAGEMENT SYSTEM

SAFETY REPORT

Note: Please forward this form as soon as possible within 24hrs to the following:

GD_FYSAFETY and your Section Manager.

SILA ISIKAN SEMUA MAKLUMAT UTAMA (KOTAK TEBAL)
PLEASE COMPLETE ALL PRIMARY DETAILS (BOLD BOX)

Nama Pemberi Maklumat: Mohamed tajuddin ***Reporter's Name:***		No. Staf: 8502396 ***Staff no:***	Email / Tel No: zubair.sani@fireflyz.com.my
Tarikh Kejadian: 2023-07-28 ***Event Date:***	Waktu Kejadian: 0747 ***Event Time:***	No Pendaftaran Kenderaan/Pesawat: 9mfyc ***Acft/Vehicle Reg:***	No Penerbangan: 5200 ***Flight No.:***
Tarikh Berlepas: 2023-07-28 ***NIL:***	Dari: Szb ***From:***	Ke: Szb ***To:***	Nakhoda: Captain tajuddin ***Pilot in Command:***
Lokasi: Szb ***Location:***		Bil Juruterbang: 05 ***No of T/Crew:***	Bil Anak Kapal Kabin: 00 ***No of Cabin Crew:*** / Bil Penumpang 00 ***Pax:***

Sila berikan butiran kakitangan lain atau anak kapal yang terlibat.
Please supply contact details of other personnel or crew involved.

Name:	Staff No.:	Email / Tel No:
Name:	Staff No.:	Email / Tel No:
Name:	Staff No.:	Email / Tel No:
Name:	Staff No.:	Email / Tel No:
Adakah laporan ini sulit? Do you wish this report to be treated as confidential?	○ Ya/***Yes***	◉ Tidak/***No***

Please tick your department & type of report

PILOT (ASR)◉	**CABIN CREW (CSR)**○	**GROUND OPS STAFF & SECURITY (GIR)**○	**E&M STAFF (GIR))**○
FY STAFF (OPEN REPORT) ○ DEPT:		**FY STAFF (HAZARD)**○ DEPT:	

LOKASI TEPAT HAZAD/*EXACT LOCATION OF HAZARD*

Bangunan/***Building***	Lokasi/***Location***
Alamat/***Address***	

DESKRIPSI PERISTIWA KEMALANGAN / KEJADIAN / HAZAD / KEROSAKAN / KECEDERAAN
EVENT DESCRIPTION ACCIDENT / INCIDENT / HAZARD / DAMAGE / INJURIES

Sila isikan ruang ini dan juga ruang di belakang sekiranya berkenaan. Sila tulis dengan jelas.
Please use this space, and any required additional pages. Please write clearly.

ON MAINTAINING 1500 endorsement flight , holding at righthand downwind position rwy15 atc advise traffic cessna skyhawk call sign adventure 492 departed rwy 15 commercing right turn maintaining 1000ft during the holding tcas ra triggered position 11 o ' lock position -400ft tcas ra maintain vertical speed triggered. Tcas instruction followed until clear of conflict

Please continue description on page 2

Cuti Sakit / MC ☐ hari/days *Jika cuti sakit melebihi 3 hari, Ketua Jabatan perlu melaporkan kepada JKKP dalam masa 24 jam
****If MC is more than 3 days, HOD must report to DOSH within 24 hours***

Saranan
Suggestion Nil

Lampiran Document Sokongan
Supporting Documents Attached:

MR1 ☐

Cabin Log ☐

Lampirkan kertas A4 bersama-sama borang ini beserta dengan deskripsi kejadian sekiranya ruang ini tidak mencukupi.
Continue description on additional A4 paper if extra space is required and fill in any details overleaf as applicable

Please add all relevant details

Continued

OPERATIONAL DETAILS

Runway Used: 15	Operational Phase: Downwind	Operating Restrictions : Nil
Runway Condition: Dry	Aircraft Landing Lights: Nil	Effect On Flight :

AIRSPACE DETAILS

ALT AMSL: 1500 ft	ALT AGL: 1500 or FLT Level: 0 ft	IAS: 170 kts / mach
TCAS: Ra	Intruder Realtive Alt(+/-): 400 ft	Intruder Relative Postion: 11 o'clock
Distance and Relative Bearing from Station or Waypoint: VKL R330/27nm		

WEIGHT DETAILS

Take Off Weight kg	Landing Weight: kg	Fuel Dumped: kg

WEATHER DETAILS

Wind Direction: 214 deg	Wind Speed: 07 kts	Temperature 31 °C
Cloud Cover Type: Cb	Base: 1700 ft	Tops: Nil ft
QNH: Q1009 hpa	Visibility: 9km	
Icing: Nil	Turbulence: Nil	Precipitation Type: Nil
Precipitation Intensity: Nil	Light Condition: Nil	

GO- AROUND (For data info))**ENVIRONMENT**○ **ATC**○ **UNSTABILISED APPROACH)**○

OTHER(Please Specify): ☐ ○

RECORDS

Tapes Requested:	ATC Advised:

BIRD/WILDLIFE HAZARD INFORMATION

	Species:	Size:
Number Seen:	Number Hit:	A/C Part Struck:

DANGEROUS GOODS DETAILS

Cargo: Pax Baggage:	Detection Location:
Acceptance Location:	Shipper's Name and Address:
Class or Division Used:	
Correct Class or Division:	
Airway Bill #:	

AFFECTED PASSENGER OR CREW DETAILS

Name:	Seat No:	Gender:	Contact No:
Address:			
Name:	Seat No:	Gender:	Contact No:
Address:			

Sambungan deskripsi kejadian serta lain-lain maklumat (jika perlu)
Continue description and any other details (if required)