

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: AISYA BINTI AZLI Reporter's Name:		No. Staf: 8502470 Staff no:	Email / Tel No: aisyazli@fireflyz.com.my	
Tarikh Kejadian: 2023-08-02 Event Date:	Waktu Kejadian: 1155 Event Time:	No Pendaftaran Kenderaan/Pesawat: 9MFYC Acraft/Vehicle Reg:	No Penerbangan: 1263 Flight No.:	
Tarikh Berlepas: 2023-08-02 NIL:	Dari: WMKN From:	Ke: WMSA To:	Nakhoda: WAN EMRAN SHAFEE BIN WAN MOHAMAD Pilot in Command:	
Lokasi: WMKN Location:	Bil Juruterbang: 2 No of T/Crew:	Bil Anak Kapal Kabin: 2 No of Cabin Crew:	Bil Penumpang 73 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) Ⓞ		FY STAFF (HAZARD)Ⓞ	
DEPT:		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.

FLIGHT FY 1263- AFTER TAKE OFF AT WMKN, AT APPROXIMATELY AFTER V1, BIRDSTRIKE OCCURRED AT CAPTAINS WINDSHIELD. NO EFFECTS ON FLIGHT. WE CONTINUED OUR FLIGHT TO WMSA.

Please continue description on page 2

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

Saranan
Suggestion

TO INCREASE SITUATIONAL AWARENESS DURING TAKE OFF.

Lampiran Document Sokongan
Supporting Documents Attached:



SAFETY MANAGEMENT SYSTEM

SAFETY REPORT

MR1

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

Cabin Log

Please add all relevant details

Continued

OPERATIONAL DETAILS

Runway Used: RWY 22	Operational Phase: TAKE OFF	Operating Restrictions : -
Runway Condition: DRY	Aircraft Landing Lights: ON	Effect On Flight : -

AIRSPACE DETAILS

ALT AMSL: ft	ALT AGL: or FLT Level: ft	IAS: kts / mach
TCAS:	Intruder Realtime Alt(+/-): ft	Intruder Relative Postion: o'clock
Distance and Relative Bearing from Station or Waypoint:		

WEIGHT DETAILS

Take Off Weight 22201 kg	Landing Weight: 21438 kg	Fuel Dumped: - kg
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WEATHER DETAILS

Wind Direction: 350 deg	Wind Speed: 04 kts	Temperature 31 °C
Cloud Cover Type: FEW	Base: 017 ft	Tops: - ft
QNH: 1011 hpa	Visibility: 10km	
Icing: -	Turbulence: -	Precipitation Type: -
Precipitation Intensity: -	Light Condition: -	

GO- AROUND (For data info))ENVIRONMENT○

ATC○ UNSTABILISED APPROACH)○

OTHER(Please Specify): ○

RECORDS

Tapes Requested:	ATC Advised:
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BIRD/WILDLIFE HAZARD INFORMATION

	Species: UNKNOWN	Size: UNKNOWN
Number Seen: 1	Number Hit: CAPTAIN SIDE WINDSHIELD	A/C Part Struck: CAPTAIN SIDE WINDSHIELD

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)