

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: Reporter's Name: CAPT ABDUL KARIM BIN KALLINGAL MOHAMED		No. Staf: 8500114 Staff no:	Email / Tel No: karim.kallingal@fireflyz.com.my	
Tarikh Kejadian: 2023-08-09 Event Date:	Waktu Kejadian: 0304 Event Time:	No Pendaftaran Kenderaan/Pesawat: 9MMLI Acft/Vehicle Reg:	No Penerbangan: 2851 Flight No.:	
Tarikh Berlepas: 2023-08-09 NIL:	Dari: WBKK From:	Ke: WMKP To:	Nakhoda: CAPT ABDUL KARIM BIN KALLINGAL MOHAMED Pilot in Command:	
Lokasi: DURING CLIMB Location:		Bil Juruterbang: 2 No of T/Crew:	Bil Anak Kapal Kabin: 4 No of Cabin Crew:	Bil Penumpang 136 Pax:

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

Name: JAYRAJ A/L NADARAJAN	Staff No.: 8502422	Email / Tel No: jayraj.nadarajan@fireflyz.com.my
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)⓪	CABIN CREW (CSR)⓪	GROUND OPS STAFF & SECURITY (GIR)⓪	E&M STAFF (GIR)⓪
FY STAFF (OPEN REPORT) ⓪		FY STAFF (HAZARD)⓪	
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.

DURING CLIMB PASSING FL 140 LOUD BANG HEARD. EGT NO 1 INDICATE RED. SEVERE DAMAGE MEMORY ITEM CARRIED OUT FOLLOWED BY NNC. (MR 1 NO 12007713). PAN CALL WAS MADE AND INTENTION TO HOLD OVER IKONO. DURING DESCEND TO IKONO NNC CARRIED OUT. AFTER COMPLETED ENGINE SEVERE DAMAGE NNC AND ONE ENGINE INOPERATIVE LANDING CX LIST, CAPTAIN DECIDED TO CONTINUE APPROACH ILS RUNWAY 20 WITHOUT HOLDING AT IKONO. AIRCRAFT LANDED UNEVENTFULLY.

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	NIL
-----------------------	-----

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: 20	Operational Phase: WBKK-WMKP	Operating Restrictions : SINGLE ENGINE
Runway Condition: DRY	Aircraft Landing Lights: NIL	Effect On Flight : SINGLE ENGINE OPERATION

AIRSPACE DETAILS

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

WEIGHT DETAILS

Take Off Weight 63940 kg	Landing Weight: 62700 kg	Fuel Dumped: 0 kg
--------------------------	--------------------------	-------------------

WEATHER DETAILS

Wind Direction: 230 deg	Wind Speed: 6 kts	Temperature 31 °C
Cloud Cover Type: FEW	Base: 1600 ft	Tops: NIL ft
QNH: 1013 hpa	Visibility: 10KM	
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)