

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: MUHAMMAD ASYRAF BIN ABDUL RAHMAN		No. Staf: 8502512 Staff no:	Email / Tel No: asyraf.rahman@fireflyz.com.my	
Tarikh Kejadian: 2023-08-10 Event Date:	Waktu Kejadian: 1925 Event Time:	No Pendaftaran Kenderaan/Pesawat: 9MFYF Acraft/Vehicle Reg:	No Penerbangan: 1262 Flight No.:	
Tarikh Berlepas: 2023-08-10 NIL:	Dari: SZB From:	Ke: TGG To:	Nakhoda: CAPT ROSHAIZU Pilot in Command:	
Lokasi: WMKN Location:	Bil Juruterbang: 2 No of T/Crew:	Bil Anak Kapal Kabin: 2 No of Cabin Crew:	Bil Penumpang 69 Pax:	

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

Name: ROSHAIZU MOHD RAZALI	Staff No.: 8501836	Email / Tel No: ROSHAIZU.ROZALI@FIREFLYZ.COM.MY
Name: MUHAMMAD ASYRAF ABDUL RAHMAN	Staff No.: 8502512	Email / Tel No: ASYRAF.RAHMAN@FIREFLYZ.COM.MY
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.

DURING WALK-AROUND, FOUND A THREAD / STRING FROM KITE FLYING ACTIVITY FOUND STUCK ON ENGINE & PROPELLER NO.2

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:

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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: 04	Operational Phase: APPROACH	Operating Restrictions : INST APP
Runway Condition: DRY	Aircraft Landing Lights: ON	Effect On Flight : NIL

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 21956 kg	Landing Weight: 21053 kg	Fuel Dumped: NIL kg
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WEATHER DETAILS

Wind Direction: 010 DEG deg	Wind Speed: 05 KTS kts	Temperature 30 °C
Cloud Cover Type: FEW	Base: 2000 ft	Tops: FEW 20 ft
QNH: 1010 hpa	Visibility: 10 KM	
Icing: NIL	Turbulence: NIL	Precipitation Type: CAVOK
Precipitation Intensity: MODERATE	Light Condition: SERVICEABLE	

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:	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)