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: Muhammad Izhan Bin Yusoff ***Reporter's Name:***		No. Staf: 8500999 ***Staff no:***	Email / Tel No: izhan.yusoff@fireflyz.com.my / 0197272355
Tarikh Kejadian: 2023-08-10 ***Event Date:***	Waktu Kejadian: 1149 ***Event Time:***	No Pendaftaran Kenderaan/Pesawat: 9M FYI ***Acft/Vehicle Reg:***	No Penerbangan: 1674 ***Flight No.:***
Tarikh Berlepas: 2023-08-10 ***NIL:***	Dari: WMSA ***From:***	Ke: WMKA ***To:***	Nakhoda: Captain Izhan ***Pilot in Command:***
Lokasi: WMKA ***Location:***		Bil Juruterbang: 2 ***No of T/Crew:***	Bil Anak Kapal Kabin: 2 ***No of Cabin Crew:***	Bil Penumpang 56 ***Pax:***

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

Name: Ajaipreet Singh Chaal	Staff No.: 2356599	Email / Tel No: ajaipreetsingh.gurmitsingh@fireflyz.com.my / 0163540537
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*** Runway 04	Lokasi/***Location*** WMKA
Alamat/***Address*** Lapangan Terbang Sultan Abdul Halim Alor Setar	

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.

FY1674 Szb to Aor, encauntered bird strike during landing. After landing, during walk around check found hit mark at left landing gear. Further inspection found one part of the bird puncture the wheel number 2. After few minutes, the tire begin to deflate. Aircraft was AOG after discussion with Szb MCC.

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 1043747

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: 04	Operational Phase: Landing	Operating Restrictions : Nil
Runway Condition: Dry	Aircraft Landing Lights: On	Effect On Flight : Nil

AIRSPACE DETAILS

ALT AMSL: 50 ft	ALT AGL: 50 or FLT Level: Nil ft	IAS: 107 kts / mach
TCAS: Nil	Intruder Realtive Alt(+/-): Nil ft	Intruder Relative Postion: Nil o'clock
Distance and Relative Bearing from Station or Waypoint: Nil		

WEIGHT DETAILS

Take Off Weight 21400 kg	Landing Weight: 20500 kg	Fuel Dumped: Nil kg

WEATHER DETAILS

Wind Direction: 290 deg	Wind Speed: 5 kts	Temperature 29 °C
Cloud Cover Type: Sc	Base: 2000 ft	Tops: Nil ft
QNH: 1010 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: Unknown	Size: Big
Number Seen: 1	Number Hit: Ldg gear	A/C Part Struck: Ldg gear

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)