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: AKMAL HAKIM BIN RAMLEE ***Reporter's Name:***		No. Staf: 8502570 ***Staff no:***	Email / Tel No: akmal.ramlee@fireflyz.com.my
Tarikh Kejadian: 2023-08-18 ***Event Date:***	Waktu Kejadian: 1230 ***Event Time:***	No Pendaftaran Kenderaan/Pesawat: 9M-FYJ ***Acft/Vehicle Reg:***	No Penerbangan: 1144 ***Flight No.:***
Tarikh Berlepas: 2023-08-18 ***NIL:***	Dari: WMSA ***From:***	Ke: WMKC ***To:***	Nakhoda: AKMAL HAKIM BIN RAMLEE ***Pilot in Command:***
Lokasi: WMKC ***Location:***		Bil Juruterbang: 2 ***No of T/Crew:***	Bil Anak Kapal Kabin: 3 ***No of Cabin Crew:***	Bil Penumpang 40 ***Pax:***

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

Name: MOHAMAD FHAIZZUDDIN BIN ABD KADIR	Staff No.: 2356598	Email / Tel No: fhaizzuddin.abdkadir@fireflyz.com.my
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Name: ANGELINA KA	Staff No.: 2356727	Email / Tel No: angelina.ka@fireflyz.com.my

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.

During approach at Kota Bharu airport at approximately 500 feet above ground level, the aircraft experienced a bird strike. The required procedure was executed in accordance with FCOM.NOP.ANOR.II. A stain was identified in the First Officer's window, but no additional damage or malfunction were detected on the aircraft.

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*** N/A

Lampiran Document Sokongan ***Supporting Documents Attached:***

MR1 W/O 1 203599

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: 100	Operational Phase: Approach	Operating Restrictions : Nil
Runway Condition: Dry	Aircraft Landing Lights: N/A	Effect On Flight : Nil

AIRSPACE DETAILS

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

WEIGHT DETAILS

Take Off Weight 20341 kg	Landing Weight: 19565 kg	Fuel Dumped: Nil kg

WEATHER DETAILS

Wind Direction: Vrb deg	Wind Speed: 03 kts	Temperature 30 °C
Cloud Cover Type: Few	Base: 1700 ft	Tops: Nil ft
QNH: 1011 hpa	Visibility: 10000	
Icing: Nil	Turbulence: Moderate	Precipitation Type: Nil
Precipitation Intensity: Nil	Light Condition: N/A	

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

OTHER(Please Specify): ○

RECORDS

Tapes Requested:	ATC Advised:

BIRD/WILDLIFE HAZARD INFORMATION

	Species: Unknown	Size: Unknown	
Number Seen: 1	Number Hit: F/O window	A/C Part Struck: F/O window	

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)