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 FARHAN BIN FADZILAH ***Reporter's Name:***		No. Staf: 8502084 ***Staff no:***	Email / Tel No: 0129301925
Tarikh Kejadian: 2023-08-20 ***Event Date:***	Waktu Kejadian: 1251 ***Event Time:***	No Pendaftaran Kenderaan/Pesawat: 9mfyg ***Acft/Vehicle Reg:***	No Penerbangan: 1675 ***Flight No.:***
Tarikh Berlepas: 2023-08-20 ***NIL:***	Dari: AOR ***From:***	Ke: Szb ***To:***	Nakhoda: Self ***Pilot in Command:***
Lokasi: Aor ***Location:***		Bil Juruterbang: 2 ***No of T/Crew:***	Bil Anak Kapal Kabin: 2 ***No of Cabin Crew:***	Bil Penumpang Na ***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) ○ 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.

Bird strike on departure 200ft approx

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 1061107

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

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	kg	Landing Weight:	kg	Fuel Dumped:	kg

WEATHER DETAILS

Wind Direction:	deg	Wind Speed:	kts	Temperature	°C
Cloud Cover Type:		Base:	ft	Tops:	ft
QNH:	hpa	Visibility:			
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:

BIRD/WILDLIFE HAZARD INFORMATION

		Species:	Nil	Size:	L
Number Seen:	1	Number Hit:	Starboard nose	A/C Part Struck:	Starboard nose

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)