

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: Daniel bin Jufri Khor Reporter's Name:		No. Staf: 8502412 Staff no:	Email / Tel No: daniel.jufri@fireflyz.com.my	
Tarikh Kejadian: 2023-07-26 Event Date:	Waktu Kejadian: 0758 Event Time:	No Pendaftaran Kenderaan/Pesawat: 9MFYJ Acft/Vehicle Reg:	No Penerbangan: 1426 Flight No.:	
Tarikh Berlepas: 2023-07-26 NIL:	Dari: SZB From:	Ke: PEN To:	Nakhoda: Captain Azizi Pilot in Command:	
Lokasi: SZB Location:	Bil Juruterbang: 2 No of T/Crew:	Bil Anak Kapal Kabin: 2 No of Cabin Crew:	Bil Penumpang 49 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) Ⓞ	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.

Directly after airborne, GPWS triggered (terrain terrain, pull up). Observed Radio Altimeter showing 0 ft and GPWS fault light intermittently on CCAS. Carried out LOSS OF RADIO ALTIMETER INFORMATION checklist(A34.48). Aircraft air turn back to subang airport.

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:

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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: 15	Operational Phase: TAKE OFF	Operating Restrictions : NIL
Runway Condition: DRY	Aircraft Landing Lights: ON	Effect On Flight : ATB

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 19856 kg	Landing Weight: 19593 kg	Fuel Dumped: 0 kg
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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:
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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)