



# CIVIL AVIATION AUTHORITY OF MALAYSIA

## MANDATORY OCCURRENCE REPORT (MOR) – AIRWORTHINESS ASPECT

(Civil Aviation Regulation 2016)

SECTION 1 – SUBMITTER INFORMATION			
1.1	Date of Occurrence	:	15 September 2023
1.2	Aircraft Registration	:	9M-MLU
1.3	Submitter Type	:	CAMO
1.4	Organisation Approval / AML Number	:	CAMO/2016/01
1.5	Submitter's Designated MOR Reference No.	:	MOR/738/23/SEP/06
SECTION 2 – ADDITIONAL INFORMATION			
2.1	If Submitter Type is CAMO/CAO	:	Air Operator – Scheduled Operator
2.2	If Submitter Type is AMO (Part 145/ Part M Subpart F)/ AML Holder	:	Choose an item.
2.3	If Submitter Type is POA	:	Choose an item.
SECTION 3 – MAJOR EQUIPMENT IDENTITY			
3.1 AIRCRAFT DETAILS			
(a)	Manufacturer/TC Holder	:	BOEING
(b)	Type/Model	:	737-800
(c)	Serial Number	:	39940
(d)	Total Time Since New TTSN (Hours)	:	24770
(e)	Total Cycles Since New TCSN	:	13248
3.2 ENGINE DETAILS			
(a)	Manufacturer/TC Holder	:	CFM
(b)	Type/Model	:	CFM56-7B
(c)	Serial Number	:	657803/657809
(d)	TTSN/TTSO (Hours)	:	24770 / 24770
(e)	TCSN/TCSO	:	13248 / 13248
3.3 PROPELLER DETAILS			
(a)	Manufacturer/TC Holder	:	
(b)	Type/Model	:	
(c)	Serial Number	:	
(d)	TTSN/TTSO (Hours)	:	/
(e)	TCSN/TCSO	:	/

**SECTION 4 - PROBLEM DESCRIPTION****DESCRIPTION OF INCIDENT/OCCURRENCE/ETOPS EVENT :-**

Air Turn Back (ATB) due to unable to perform crossfeed and fuel used on one side

**DETAILS OF INCIDENT :-**

9M-MLU had an ATB as it was unable to complete fuel cross feeding after the selection was made for crossfeed and the valve open indicator did not illuminate. The flight crew observed that fuel in the left hand (LH) tank reduces more than fuel in the right hand (RH) tank when flying east, and fuel in the right hand (RH) tank reduces more when flying west.

Non-normal Checklist (NNC) was performed and a crossfeed valve circuit breaker (CB) was found popped out. The flight crew reset the CB, which popped out again. The decision was made for 9M-MLU to return to KUL and safely land for defect rectification maintenance activities.

**CORRECTIVE ACTION :-**

Troubleshooting in progress.

MOR PRELIMINARY ANALYSIS REPORT TO FOLLOW.

**SECTION 5 – MOR INFORMATION**

5.1	ATA Code	:	28 FUEL	
5.2	Sub ATA Code	:		
5.3	How Discovered	:	V – Visual	Specify if other:
5.4	Nature of Condition	:	O – Other	Specify if other:
5.5	Precautionary Procedures	:	O – Other	Specify if other:

**SECTION 6 – SUPPORTING DOCUMENT DETAILS (AMM, AD, SB, CAME, MOE, ETC, DIRECTLY RELEVANT TO OCCURRENCE)**

6.1	Type of Document	:	<input type="checkbox"/> Hardcopy	<input type="checkbox"/> Softcopy
6.2	Document Name	:		
6.3	Document Reference Number	:		

**SECTION 7 – SPECIFIC PART OR STRUCTURE CAUSING DIFFICULTY**

7.1	Part Name	:		
7.2	Part No.	:		
7.3	Part Condition	:		
7.4	Time Since (Hours)	:	<input type="text"/>	<input type="checkbox"/> Repair <input type="checkbox"/> Inspection
7.5	Manufacturer's Name	:		
7.6	Serial No.	:		
7.7	Part Detect Location	:	Choose an item.	
7.8	*If other location (please specify)	:		
7.9	TTSN/TTSO (Hours)	:	/	
7.10	TCSN/TCSO	:	/	

**SECTION 8 – COMPONENT ASSEMBLY THAT INCLUDES DEFECTIVE PART**

8.1	Component Name	:			
8.2	Part No.	:			
8.3	Model Number	:			
8.4	Time Since (Hours)	:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Repair <input type="checkbox"/> Inspection
8.5	Manufacturer's Name	:			
8.6	Serial No.	:			
8.7	Location	:			
8.8	TTSN/TTSO (Hours)	:	/		
8.9	TCSN/TCSO	:	/		
8.10	Is the part rotatable	:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

**SECTION 9 – DECLARATION**

9.1	<input checked="" type="checkbox"/>	I hereby declare that all the particulars given above are true and correct.
9.2	Submitter's Name	: <b>MUHAMMAD ZULKIFLI BIN SADRI</b>
9.3	Contact Number	: <b>03-87772430</b>
9.4	Email Address	: <b>muhammadzulkifli.sadri@malaysiaairlines.com</b>

**CAAM OFFICIAL (MOR Coordinator)**

Received by	:	<input type="text"/>	Date	:	<input type="text"/>
CAAM Designated MOR Reference Number	:	<input type="text" value="[MOR Reference Number]"/>			

CAAM Designated MOR Reference Number : [ MOR Reference Number ]

**CAAM OFFICIAL (Inspector)  
Assessment**

*(Detail out how assessment is carried out; desktop review, interviews, site inspection, etc. and the conclusion of the assessment).*

Click or tap here to enter text.

**Action**

*(State Inspector's recommended immediate corrective action conveyed to the organisation or state the acceptable immediate corrective action taken by the organisation).*

Click or tap here to enter text.

Inspector's Signature :

Date : Insert date

Inspector's Name / Stamp :

## INSTRUCTIONS

SECTION 1 – SUBMITTER INFORMATION	
1.5	Submitter must assign its own MOR reference number for the purpose of document control.
SECTION 4 – PROBLEM DESCRIPTION	
	Describe the occurrence in chronological order including any mishaps that occurred or hazard that it presents.
SECTION 5 – MOR INFORMATION	
5.2	Refer to the Sub ATA Code listed in CAGM 8503.
SECTION 6 – SUPPORTING DOCUMENT DETAILS	
6.2	Related document that helps illustrates the occurrence.
SECTION 7 – SPECIFIC PART OR STRUCTURE CAUSING DIFFICULTY	
7.1	Specific part or structure being the cause or contribute to the cause of the occurrence.
	<i>*Note: if the detail information was not able to be acquired within 48 hours of the occurrences for the compilation of the report, the detail shall be included in the pre-analysis report of the occurrence.</i>
SECTION 8 – COMPONENT ASSEMBLY THAT INCLUDES DEFECTIVE PART	
8.1	The component assembly that contains a defective part that cause the occurrence.
	<i>*Note: if the detail information was not able to be acquired within 48 hours of the occurrences for the compilation of the report, the detail shall be included in the pre-analysis report of the occurrence.</i>