

## **CIVIL AVIATION AUTHORITY OF MALAYSIA**

## MANDATORY OCCURRENCE REPORT (MOR) – AIRWORTHINESS ASPECT

(Civil Aviation Regulation 2016)

| SECTION 1 – SUBMITTER INFORMATION    |   |                   |               |                                   |     |                                   |   |             |  |  |
|--------------------------------------|---|-------------------|---------------|-----------------------------------|-----|-----------------------------------|---|-------------|--|--|
| 1.1                                  | Date of Occurrence  | 14 September 2023 |               |                                   |     |                                   |   |             |  |  |
| 1.2                                  | Aircraft Registration   | 9M-MAE            |               |                                   |     |                                   |   |             |  |  |
| 1.3                                  | Submitter Type  | CAMO              |               |                                   |     |                                   |   |             |  |  |
| 1.4                                  | Organisation Approval / AML Nu                                      | CAMO/2016/01      |               |                                   |     |                                   |   |             |  |  |
| 1.5                                  | Submitter's Designated MOR Reference No. :                          |                   |               | MOR/350/23/SEP/02                 |     |                                   |   |             |  |  |
| 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                                  | 1 AIRCRAFT DETAILS  |                   |               |                                   |     |                                   |   |             |  |  |
| (a)                                  | Manufacturer/TC Holder :  | :                 | AIRBUS        |                                   |     |                                   |   |             |  |  |
| (b)                                  | Type/Model :  | : [               | A350-900      |                                   |     |                                   |   |             |  |  |
| (c)                                  | Serial Number :   | : [               | 195           |                                   |     |                                   |   |             |  |  |
| (d)                                  | Total Time Since New<br>TTSN (Hours)                                | :                 | 18198         |                                   | (e) | Total Cycles<br>Since New<br>TCSN | : | 1851        |  |  |
| 3.2                                  | ENGINE DETAILS  |                   |               |                                   |     |                                   |   |             |  |  |
| (a)                                  | Manufacturer/TC Holder :  | : [               | Rolls Royce   |                                   |     |                                   |   |             |  |  |
| (b)                                  | Type/Model :  | : [               | TRENTXWB-84   |                                   |     |                                   |   |             |  |  |
| (c)                                  | Serial Number :   | : [               | 21429 / 21345 |                                   |     |                                   |   |             |  |  |
| (d)                                  | TTSN/TTSO (Hours) :   | : [               | 18198 / 17    | <b>'</b> 300                      | (e) | TCSN/TCSO                         | : | 1851 / 1800 |  |  |
| 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 Electronic Centralized Aircraft Monitor (ECAM) Message - Hydraulic Green System **Temperature High DETAILS OF INCIDENT:-**The flight crew of 9M-MAE reported that the hydraulic green system was inoperative. A Non-Normal Checklist was executed, and the aircraft was safely landed by landing gear gravity extension back to the KUL base station. **CORRECTIVE ACTION:-**Troubleshooting in progress. MOR PREMILINARY ANALYSIS REPORT TO FOLLOW. **SECTION 5 – MOR INFORMATION** 5.1 ATA Code 29 HYDRAULIC POWER 5.2 Sub ATA Code : V - Visual Specify if other: 5.3 **How Discovered** 5.4 Nature of Condition M – Over Temp Specify if other: 5.5 O – Other **Precautionary Procedures** Specify if other: SECTION 6 - SUPPORTING DOCUMENT DETAILS (AMM, AD, SB, CAME, MOE, ETC, DIRECTLY RELEVANT TO OCCURRENCE) 6.1 Type of Document Hardcopy 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. Part Condition 7.3 7.4 Time Since (Hours) Inspection Repair 7.5 Manufacturer's Name 7.6 Serial No. 7.7 Part Detect Location Choose an item. \*If other location (please 7.8 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.

|   |  |      |       |   |        |       |  |   |      |        | 14032.     |
|---|--|------|-------|---|--------|-------|--|---|------|--------|------------|
| 8.3   | Model Number                           | :    |       |   |        |       |  |   |      |        |            |
| 8.4   | Time Since (Hours)                     | :    |       |   |        |       |  |   |      | Repair | Inspection |
| 8.5   | Manufacturer's Name                    | :    |       |   |        |       |  |   |      |        |            |
| 8.6   | Serial No.                             | :    |       |   |        |       |  |   |      |        |            |
| 8.7   | Location                               | :    |       |   |        |       |  |   |      |        |            |
| 8.8   | TTSN/TTSO (Hours)                      | :    |       | 1   |        |       |  |   |      |        |            |
| 8.9   | TCSN/TCSO                              | :    |       | 1   |        |       |  |   |      |        |            |
| 8.10  | Is the part rotable                    | :    |       | YES   |        | NO    |  |   |      |        |            |
| SECTION 9 – DECLARATION   |  |      |       |   |        |       |  |   |      |        |            |
| 9.1 V I hereby declare that all the particulars given above are true and correct. |  |      |       |   |        |       |  |   |      |        |            |
| 9.2   | Submitter's Name                       | :    | MUH   | MUHAMMAD ZULKIFLI BIN SADRI                 |        |       |  |   |      |        |            |
| 9.3   | Contact Number                         | :    | 03-87 | 03-87772430                                 |        |       |  |   |      |        |            |
| 9.4   | Email Address                          | :    | muha  | muhammadzulkifli.sadri@malaysiaairlines.com |        |       |  |   |      |        |            |
|   |  |      |       |   |        |       |  |   |      |        |            |
| CAAN  | // OFFICIAL (MOR Coordinat             | or)  |       |   |        |       |  |   |      |        |            |
|   | Received by :                          | :    |       |   |        |       |  |   | Date | :      |            |
|   | CAAM Designated MOR Reference : Number | : [] | MOR R | Referenc                                    | ce Num | nber] |  | 1 |      | 1      |            |

| 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 | ON 1 - SUBMITTER INFORMATION   |  |  |  |  |  |
|---------|--|--|--|--|--|--|
| 1.5     | Submitter must assign its own MOR reference number for the purpose of document control.                        |  |  |  |  |  |
| SECTION | ON 4 - PROBLEM DESCRIPTION   |  |  |  |  |  |
|         | Describe the occurrence in chronological order including any mishaps that occurred or hazard that it presents. |  |  |  |  |  |
| SECTION | ON 5 - MOR INFORMATION   |  |  |  |  |  |
| 5.2     | 2 Refer to the Sub ATA Code listed in CAGM 8503.   |  |  |  |  |  |
| SECTION | ON 6 - SUPPORTING DOCUMENT DETAILS   |  |  |  |  |  |
| 6.2     | Related document that helps illustrates the occurrence.  |  |  |  |  |  |
| SECTION | ON 7 - SPECIFIC PART OR STRUCTURE CAUSING DIFFICULTY   |  |  |  |  |  |
| 7.1     | Specific part or structure being the cause or contribute to the cause of the occurrence.                       |  |  |  |  |  |
|         | *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.          |  |  |  |  |  |
| SECTION | ON 8 - COMPONENT ASSEMBLY THAT INCLUDES DEFECTIVE PART   |  |  |  |  |  |
| 8.1     | The component assembly that contains a defective part that cause the occurrence.                               |  |  |  |  |  |
|         | *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.          |  |  |  |  |  |