

## **GHANA CIVIL AVIATION AUTHORITY**

## REPORTING OF FAILURES, MALFUNCTIONS AND DEFECTS (GCAD 5.5.4)

	Date		Location							
	Operator's Rep		Operator's Rep Signature							
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ΤY	PE OF AIRCRA	\FT:								
RE	REGISTRATION MARK:									
SE	ERIAL NO:									
D/	DATE OF MANUFACTURE:									
OPERATOR/MAINTENANCE ORGANISATION:										
DATE OF OCCURANCE:										
BRIEF DESCRIPTION OF DEFECT:										
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AC	CTION TAKEN	F ANY:								
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## **GHANA CIVIL AVIATION AUTHORITY**

FOR GCAA USE ONLY									
1. NOTIFICATION TO DESIGN ORGANISATION: (i) NAME:									
	(ii) ADDRESS:								
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2 NOTIFICATION TO THE STATE OF DESIGNA	(i) NAME-								
2. NOTIFICATION TO THE STATE OF DESIGN:									
	(ii) ADDRESS:								
		GCAA	COMMENT						
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			-						
			DATE & STAMP						
SIGNATURE									