



**TANZANIA CIVIL AVIATION  
AUTHORITY**

DIRECTORATE OF SAFETY  
REGULATIONS FLIGHT  
OPERATIONS

Revision: 1

**Form**

Document No. **FORM-  
TCAA-AC-OPS031C**

Title: **SERVICE DIFFICULTY REPORT**

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*(To be used for reporting of Failures, Malfunctions and Defects as required by the Civil Aviation (Airworthiness) Regulations, as amended and of the Civil Aviation (Air Operator Certification and Administration) Regulations, as amended.*

<b>1 Aircraft Registration</b>		<b>2 (a) Address of the Civil Aviation Authority</b>			<b>3 Date of Occurrence</b>	
<b>4 Location:</b>		<b>2 (b) (Address of State of Design Authority)</b>		<b>2 (c) (Address of Type Certificate Holder)</b>		<b>5 Date Submitted</b>
						<b>6</b> Open <input type="checkbox"/> Closed <input type="checkbox"/>
		Make	Model	Serial No.		
<b>7 (a) Aircraft</b>						
<b>(b) Power plant</b>						
<b>(c) Propeller</b>						
<b>9 System/Component (assembly that includes Part)</b>						
Name		Make	Model	Serial No.		
<b>8 Phase of Operation/Maintenance</b>						
Ground <input type="checkbox"/> Taxi <input type="checkbox"/>						
Take-off <input type="checkbox"/> Climb <input type="checkbox"/>						
Cruise <input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
Descent <input type="checkbox"/> Landing <input type="checkbox"/>						
<b>10 Specific Part (of Component) causing problem</b>						
Name		Number		Part/Defect Location		
<b>12 ATA Code</b>	<b>13 Part TT</b>	<b>14 Part TSO</b>	<b>15 Part Condition</b>			
<b>16 Comments</b> (Describe the service difficulty and the circumstances under which it occurred. State probable cause and recommended corrective action to prevent recurrence, use reverse side if needed.)						
<b>17</b>						
Name _____		Signature _____		Organisation _____		



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