



FORM - 44

DEFECT INVESTIGATION REPORT FORMAT

In accordance with IMTAR – 21, Subpart C, 21.C1.18, 21.C1.19

Part - I: (Reference): Incident / Accident/ Snag / Explosive				
a) Defect Report (DR) No.	:	(as per DR Control form)	b) Date of Occurrence	DD/MM/YYYY
c) Installation Details	:	(Aircraft / Main Equipment Sl. No.)		
Part - II: (Details of Defective Component)				
a) Trade	:		b) Date Component received	:
c) System/Sub System	:		d) Main Assembly *	:
e) Nomenclature	:		f) MOD Status	:
g) Part No.	:		h) Sl. No.	:
i) Firmware Version	:		j) Software Version	:
k) Date of Installation	:	DD/MM/YYYY	l) Date of Removal	:
m) Manufacturing Agency	:		n) Date, Month & Year of Manufacturing	:
o) Life completed since New	:	Flight Hrs Mission Hrs	p) Repair Agency	:
q) Time Between Overhaul (TBO) or Repair	:		r) Life completed since O/H or repair	:
s) Date of last overhaul / Repair and place	:		t) No. of overhaul / Repair Done	:
u) Has there been a similar defect in any of the Airborne Stores with same Part No.? if yes, then respective DR reference No. to be given.			Yes / No DR No.:	
v) Date of induction of part at main contractor (to be filled by main contractor)				
Part - III: Brief particulars of defect including hours flown:				
a) Defect Reported:				



FORM - 44

DEFECT INVESTIGATION REPORT FORMAT

b) Defect Observed:

Part - IV: Investigation: (Details of Examination including previous similar Defects)					
a) Root Cause Analysis:					
b) Findings / Conclusions:					
c) Remedial Measures					
i. Corrective Action:					
ii. Preventive Action:					
d) Attributable Code:					
(i) Lapses on the part of User	:	U	(ii) Failure / ageing / Corrosion / Material Failure	:	F
(iii) Lapses on the part of Repair Agency / Manufacturer	:	R	(iv) Not established	:	N
			(v) Defect confirmed but reason not established	:	N1
			(vi) Defect Not Confirmed	:	N2
(vii) Due to features inherent in the design	:	D	(viii) Other Reasons	:	M
(ix) No Failure Found	:	NFF			
Remarks: <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Date: </div> <div style="width: 45%; text-align: right;"> Signatory of Design Rep </div> </div>					



FORM - 44 DEFECT INVESTIGATION REPORT FORMAT

Part - V: Remarks by Design.

Date:

Signature

Part - VI: Remarks by Quality Dept.

Date:

Signature

Part - VII: Remarks by User(Project):(if applicable)

Date:

Signature

Part - VIII: Remarks by ORDAQA (Quality Aspects)

Date:

Signature

Part - IX: Remarks by CEMILAC / RCMA (Design Aspects)

Date:

Signature



FORM - 44

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FORMAT

INSTRUCTIONS

Item #	Instructions for filling “Defect Investigation Report ”
Part – I (Reference) Incident / Accident / Snag / Explosive	
a)	Write down Defect Control Number which is issued by Head QC.
b)	Write down date of occurrence of Defect (Incident / Accident / Snag / Explosive)
c)	Write down the appropriate serial number of Air System / Main Equipment Sl. No. where defective Airborne Stores was installed
Part – II Details of Defective Component	
a)	Write description of system trade. i.e. Electrical, Mechanical, Avionics, etc.
b)	Please mention date on which component was received by DI Agency.
c)	Write description of the system or subsystem.
d)	Specify the main assembly which means the location where the Airborne Stores mounted/ installed. i.e Rack ‘D’. *This is not applicable for explosives.
e)	Write down the nomenclature of defective Airborne Stores. The Airborne Stores nomenclature should be as per Program / Project SOP.
f)	If there is any Modification, the MOD number to be specified.
g)	Write Part Number as per SOP and is to be same as engraved on the Airborne Stores.
h)	Write Serial Number as per name plate engraved on the Airborne Stores
i)	Write the firmware version details if applicable. Otherwise write “NA”.
j)	Write the Software version details if applicable. Otherwise write “NA”.
k)	Date of installation of Airborne Stores on Aircraft to be specified. Where ever applicable Page No. & line No. of form - 700 entry for installation activity to be given.
l)	Date of removal of Airborne Stores from the aircraft to be mentioned. Where ever applicable Page No. & line No. of form -700 entry for removal activity to be given.
m)	Enter the manufacturer details, If the item / Airborne Stores is outsourced for manufacturing.
n)	Indicate the date, month and year of manufacture.
o)	Please Select appropriate option for warranty of the defective component / SRU / LRU If answer is Yes, specify the period.
p)	Please Select appropriate option either AMC or repair Contract available for the defective component / SRU / LRU. If answer is Yes, specify the period.
q)	Specify the life completed since installation on Aircraft. i.e. Flight Hours (Aircraft Hours) and Mission Hours.
r)	Enter the repair Agency details.
s)	Time between overhaul or repair to be specified as per manual.
t)	Life completed since overhaul or repair to be identified
u)	The details of date and place of last overhaul to be given.
v)	Number of overhauls or repair completed as on date of occurrence of Defect to be recorded.
w)	In case there has been a similar defect in any of the Airborne Stores with same Part No. then respective DR reference No. is to be given.
Part – III Brief Particulars of Defect	
a)	Details defect/snag/incident/accident to be given as reported in DR.
b)	The observation found during checks and rectification of reported defect at ground / STIR /ATE to be recorded.



FORM - 44

DEFECT INVESTIGATION REPORT FORMAT

Part – IV Investigation	
a)	The exact root cause for failure/defect to be identified and recorded.
b)	Detailed findings to be brought out.
c)	<div style="margin-left: 20px;"> i. Correction is “Action to eliminate a reported defect”. A correction shall be made in conjunction with a corrective action. A correction can be, for example, repair, rework or regrade. ii. Corrective Action is to eliminate the cause (root cause) of a reported defect/snag/incident/ accident or other undesirable situation. Also Corrective action is taken to prevent recurrence. There can be more than one cause for a Defect. </div>
d)	Select appropriate Attributable code of defect.
Part – V Remarks by Design	
a)	Comments/Observations of reported Defect, Investigation findings, Root cause, Correction and corrective action from design point of view to be provided in this column.
Part – VI Remarks by Quality Dept.	
a)	This section used to record the flow down process for implementing the corrective action to avoid recurrence of Defect. Head QC shall forward a copy of the DIR to concerned design team as an intimation for carrying out necessary activities towards completion of flow down process.
Part – VI Remarks by User (respective System Coordinator from project Team)	
a)	Whenever applicable, this section is used to record the remarks and opinion of user Rep (i.e. Rep of Customer Project Team) including confirmation of amplification of the statement given in Part I to IV.
Part – VIII Remarks by ORDAQA (Quality Aspects)	
a)	This section is used to record the remarks and opinion of ORDAQA related to Quality aspects including confirmation of amplification of the statement given in Part I to IV. Decision by rep of ORDAQA to be recorded.
Part – IX Remarks by RCMA/CEMILAC (Design Aspects)	
a)	Comments/Observations of reported Defect, Investigation findings, Root cause, Correction and corrective action related to design aspects must be obtained from CRE. (RD,RCMA / Rep of RCMA / CEMILAC).
NOTE: Electronic signature may be used. In this case, the following text can be added: “signature on file” or “electronic signature available”, or similar statement.	
Additional Instructions	
<div style="margin-left: 20px;"> a) The QC Control Number shall be issued by Head QC or Rep of QC as per approved format. b) The designer shall compile information in part I to IV and coordinate with all stake holders for their Remarks. c) All entries in part I must be filled legibly and properly by Design Rep. No. entries to be left blank and ‘N/A’ may be written where not applicable. Incomplete DIR shall not be accepted. d) Use of white ink correction is prohibited. Any modification / correction in the form shall be done by circling the erroneous entry and writing the correct details. Respective Officer/Rep is to countersign at the place of modification / correction. e) All signatories should legibly write their name, designation and date of signature. f) The approved original defect Investigation Report to be placed in ATR / Repair ATR of respective Airborne Stores as annexure by Designer. g) The Soft copy of approved DIR to be maintained in QCG for record as well as to be forwarded to all as per distribution List. h) Attach separate sheets if necessary </div>	