

# Narrative Fault Report

<b>1</b>	<b>MOD Form 760</b> From: _____ Fault Report Reference: _____ Date: _____ Omnibus Report <input type="checkbox"/> Faulty Item DT: _____	Omnibus <input type="checkbox"/> EIC Code	
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<b>2</b>	<b>MOD Form 707 or ERN</b> Originator: _____	707 <input type="checkbox"/> ERN <input type="checkbox"/> Originator's Reference Number	
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<b>3</b>	<b>Status of Equipment</b> Not In-Use <input type="checkbox"/> In-Use <input type="checkbox"/> Exchange Services <input type="checkbox"/> Spares Available <input type="checkbox"/> Warranty <input type="checkbox"/>	Pre-Service Use Only Service Supply <input type="checkbox"/> Contractor Supply <input type="checkbox"/>	
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<b>4</b>	<b>Occasion For Report</b> Serious Fault Report <input type="checkbox"/> Unit Discretion <input type="checkbox"/> DT Instruction <input type="checkbox"/> MFRI/Sampling <input type="checkbox"/> Accident/Incident Report <input type="checkbox"/> Board of Inquiry <input type="checkbox"/> STI/SI/UTI/RTI etc <input type="checkbox"/> Faulty/Defective Hand Tools <input type="checkbox"/> References: _____	
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<b>5</b>	<b>Aircraft or Ground Installation</b> Aircraft Type: _____ Mark: _____ Serial No. _____ Ground Installation: _____	Aircraft Type Airframe Hours Installation	
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<b>6</b>	<b>System</b> (Aircraft Equipment Faults Only): _____ _____	
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<b>7</b>	<b>Main Equipment:</b> _____ _____	Serial Number Total Usage	
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<b>8</b>	<b>Details of Parent Assembly</b> a. Description: _____ b. Usage Since last overhaul: _____ Since last 3rd/4th line repair: _____ Unit of measure: _____	<input type="checkbox"/> Quarantined <input type="checkbox"/> Section/Reference <input type="checkbox"/> NATO Reference <input type="checkbox"/> Part Number	
			Serial Number Total Usage

<b>9</b>	<b>Details of Faulty Item (The subject of this report)</b> a. Description: _____ b. Part No: _____ c. Usage Since last overhaul: _____ Since last 3rd/4th line repair: _____ Unit of measure: _____ d. ERC with Equipment <input type="checkbox"/> e. ATP Details/Installed Position: _____ f. Relevant MODs, STIs, SIs, PIs, PWIs, NTIs, UTIs, RTIs, etc embodied: _____	<input type="checkbox"/> Quarantined <input type="checkbox"/> Section/Reference <input type="checkbox"/> NATO Reference					
			WIN/WUC Serial Number Total Usage				
			<table border="1" style="margin-left:auto; margin-right:auto;"> <tr> <td style="width:50%;"></td> <td style="text-align:center;">Symptom</td> </tr> <tr> <td style="width:50%;"></td> <td style="text-align:center;">Fault</td> </tr> </table>		Symptom		Fault
	Symptom						
	Fault						

**Narrative Report**

Type of Material Failure

Metallic  Non-Metallic  Software

10

		Signature	Rank & Name	Appointment	Telephone	Date
11	<b>Originator</b>					

**Report to be forwarded to Supply Organisation**

12	<b>QAA, Distributor/ESD and Manufacturer</b>
	QAA: _____
	Distributor/ESD: _____
	Manufacturer: _____

13	<b>Disposal Details (If not quarantined at reporting unit)</b>
	Authority for Disposal: _____
	Qty Dispatched: _____ Iss Voucher No: _____ Date: _____
	Mode of Conveyance: _____
	Consignee: _____

14	<b>Additional Information for Not-In-Use Items and EETE</b>												
	<table border="1" style="border-style: dashed;"> <thead> <tr> <th></th> <th>Qty Inspected</th> <th>Qty Rejected</th> <th>Qty Held Suspect</th> </tr> </thead> <tbody> <tr> <td>Packaged</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Unpackaged</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Qty Inspected	Qty Rejected	Qty Held Suspect	Packaged				Unpackaged			
		Qty Inspected	Qty Rejected	Qty Held Suspect									
	Packaged												
	Unpackaged												
	Contract No: _____												
	Lot/Batch No: _____												
	Allotment Issue Voucher No: _____												
	Packaging Details: _____												
	_____												
Received From and Date: _____													
_____													

15	<b>Supply Action</b>										
	Comments: _____										
	Scarce Item <input type="checkbox"/> Supply Authority: _____										
	<table border="1" style="width: 100%;"> <tr> <th style="width: 25%;">Signature</th> <th style="width: 25%;">Rank &amp; Name</th> <th style="width: 25%;">Appointment</th> <th style="width: 25%;">Telephone</th> <th style="width: 25%;">Date</th> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Signature	Rank & Name	Appointment	Telephone	Date					
	Signature	Rank & Name	Appointment	Telephone	Date						

**Report to be forwarded to ESD/Senior Specialist Officer**

16	<b>ESD Recommendations for Not-In-Use Equipment</b>				
	Investigation required    Yes/No*    ESD <input type="checkbox"/> MODPM <input type="checkbox"/>				Comments:
	MFRI Action <input type="checkbox"/>	Stock Holdings: _____		Stock Examination Recommended: <input type="checkbox"/>	
	Signature	Rank & Name	Appointment	Telephone	Date

**Report to be forwarded to Senior Specialist Officer**

17	<b>Senior Specialist Officer</b>	Signature	Rank & Name	Appointment	Telephone	Date

**Report to be forwarded to TAA/DT**

18	<b>TAA/DT Decision</b>				
	Investigation Required    Yes/No*				
	Remarks (To be completed in capitals): _____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
	_____				
		Signature	Rank & Name	Appointment	Telephone

19	<b>Distribution:</b>
	(1) Supply Authority: _____ (2) Parent FLC HQ: _____ (3) Originator: _____
	Additional Distribution: _____
	_____