MOD Format 760

(Revised Aug 23)

## **Narrative Fault Report**

|   | MOD Form 760<br>From:   |                  |
|---|---|------------------|
| 1 | Fault Report Reference:   |                  |
|   | Faulty Item DT: EIC Code  |                  |
| 2 | MOD Form 707 or ERN       707 ERN         Originator:       Originator's Reference Number   |                  |
| 3 | Status of Equipment       Pre-Service Use Only         Not In-Use       In-Use       Exchange Services         Spares Available       Warranty       Contractor Supply  |                  |
| 4 | Occasion For Report         Serious Fault Report       Unit Discretion       DT Instruction       MFRI/Sampling         Accident/Incident Report       Board of Inquiry       STI/SI/UTI/RTI etc         Faulty/Defective Hand Tools       References:  |                  |
| 5 | Aircraft or Ground Installation       Aircraft Type         Aircraft Type:       Mark:       Serial No.         Ground Installation:       Installation   |                  |
| 6 | System (Aircraft Equipment Faults Only):  |                  |
| 7 | Main Equipment:<br>Serial Number<br>Total Usage   |                  |
| 8 | Details of Parent Assembly <ul> <li>Quarantined</li> <li>Quarantined</li> <li>Section/Reference</li> <li>NATO Reference</li> <li>Part Number</li> </ul> Since last overhaul:       Part Number         Since last 3rd/4th line repair:       Serial Number         Unit of measure:       Total Usage |                  |
|   | Details of Faulty Item (The subject of this report)   |                  |
|   | a. Description: Quarantined   |                  |
|   | b. Part No:   |                  |
|   | c. Usage Since last overhaul: WIN/WUC   |                  |
| 9 | Since last 3rd/4th line repair:       Serial Number         Unit of measure:       Total Usage  |                  |
|   | d. ERC with Equipment<br>e. ATP Details/Installed Position:   |                  |
|   | f. Relevant MODs, STIs, SIs, PIs, PWIs, NTIs, UTIs, RTIs, etc embodied:   | Symptom<br>Fault |

|    | Narrative Re | eport     |             | Type of Ma      | terial Failure |           |
|----|--------------|-----------|-------------|-----------------|----------------|-----------|
|    |              |           |             | Metallic Non-Me |                | tware 🗌 📜 |
|    |              |           |             | ``              |                |           |
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|    |              |           |             |                 |                |           |
|    |              | Signature | Rank & Name | Appointment     | Telephone      | Date      |

|    |            | Signature | Rank & Name | Appointment | Telephone | Date |
|----|------------|-----------|-------------|-------------|-----------|------|
| 11 | Originator |           |             |             |           |      |
|    |            |           |             |             |           |      |

## Report to be forwarded to Supply Organisation

|    | QAA, Distributor/ESD and Manufacturer |                      |         |          |                |           |      |  |
|----|---------------------------------------|----------------------|---------|----------|----------------|-----------|------|--|
| 12 | QAA:                                  |                      |         |          |                |           |      |  |
|    | Distributor/ESD:                      | Distributor/ESD:     |         |          |                |           |      |  |
|    | Manufacturer:                         |                      |         |          |                |           |      |  |
|    | Disposal Details (If not qua          | arantined at reporti | na unit | )        |                |           |      |  |
|    | Authority for Disposal:               |                      |         |          |                |           |      |  |
| 13 | Qty Dispatched:                       | Iss Vouch            | ner No: |          | Date:          |           |      |  |
|    | Mode of Conveyance:                   |                      |         |          |                |           |      |  |
|    | Consignee:                            |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
|    | Additional Information for            | Not-In-Use Items a   | nd EET  | E        |                |           |      |  |
|    | ¢                                     |                      |         |          |                | 、         |      |  |
|    |                                       | Qty Inspected        | Qty     | Rejected | Qty Held Suspe | ect       |      |  |
|    | Packaged                              |                      |         |          |                |           |      |  |
|    | Unpackaged                            |                      |         |          |                | /         |      |  |
|    |                                       | Contract No:         |         |          |                |           |      |  |
| 14 | Lot/Batch No:                         |                      |         |          |                |           |      |  |
| 14 | Allotment Issue Voucher No:           |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
|    | Packaging Details:                    |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
|    | Received From and Date:               |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
|    | Supply Action                         |                      |         |          |                |           |      |  |
|    | Comments:                             |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
|    |                                       |                      |         |          |                |           |      |  |
| 15 |                                       |                      |         |          |                |           |      |  |
|    | Scarce Item                           | Supply Authority:    |         |          |                |           |      |  |
|    | Signature                             | Rank & Name          | ;       | Арр      | ointment       | Telephone | Date |  |
|    |                                       |                      |         |          |                |           |      |  |

Report to be forwarded to ESD/Senior Specialist Officer

|    | ESD Recommendations for Not-In-Use Equipment |         |                                |       |           |           |      |
|----|--|---------|--------------------------------|-------|-----------|-----------|------|
|    | Investigation required                       | Yes/No* | ESD                            | MODPM | Comments: |           |      |
| 16 | MFRI Action Stock Holdings:                  |         | Stock Examination Recommended: |       |           |           |      |
|    | Signature                                    | Rank    | & Name                         | Appoi | ntment    | Telephone | Date |
|    |  |         |                                |       |           |           |      |

## Report to be forwarded to Senior Specialist Officer

|    | Senior                | Signature | Rank & Name | Appointment | Telephone | Date |
|----|-----------------------|-----------|-------------|-------------|-----------|------|
| 17 | Specialist<br>Officer |           |             |             |           |      |

## Report to be forwarded to TAA/DT

| TAA/DT Decision         |                        |  |  |  |
|-------------------------|------------------------|--|--|--|
| Investigation Required  | Yes/No*                |  |  |  |
| Remarks (To be complete | ed in capitals):       |  |  |  |
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|                         |                        |  |  |  |
| Circature               | Deals 9 Marsa          | A sus sisters and  | Talanhana  | Data   |
| Signature               | Rank & Name            | Appointment  | reiepnone  | Date   |
|                         |                        |  |  |  |
|                         | Investigation Required | Investigation Required Yes/No*<br>Remarks (To be completed in capitals): | Investigation Required Yes/No*<br>Remarks (To be completed in capitals): | Investigation Required Yes/No*<br>Remarks (To be completed in capitals): |

|    | Distribution:            |                    |                 |  |
|----|--------------------------|--------------------|-----------------|--|
| 19 | (1) Supply Authority:    | (2) Parent FLC HQ: | (3) Originator: |  |
| 15 | Additional Distribution: |                    |                 |  |
|    |                          |                    |                 |  |