

SAILPLANE/POWERED SAILPLANE DEFECT REPORT

NUMBER FOR CONTACT IF FURTHER INFORMATION IS REQUIRED:	
PLEASE PRINT NAME:	
SIGNED: GFA MFMBFR	SHIP NO: M DATE: DATE:
DESCRIPTION OF DEFECT	
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Location of defect: e.g. stbd aileron 450 mm inboard of tip	
	TOTAL LAUNCHES: TOTAL PROPELLER HOURS:
	DATE DEFECT DETECTED:
TYPE:	S/NO: