



SERVICE DIFFICULTY REPORT / CORRECTIVE ACTION REPORT

FAA Reportable Malfunction → Submitted: Yes No Date Submitted:

- Please complete all fields -

Nomenclature, P/N, S/N:			
TT of Article (Part):			
Registration Number:			
Aircraft TT:			
Last Inspection:			
Reporting Company:			
Address:		Phone:	
		Email:	
Reporting Individual:		Date:	
Files or Photos Attached:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

Customer Contacted Soloy
 Soloy Contacted Customer
 Email/Web
 Fax

Request or Problem:

- Shaded area to be completed by Soloy -

Cause / Corrective Action Taken:

Received By:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
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Follow-Up Required:

Review by:

Quality Assurance

Production

Engineering

Product Support