

Narrative Fault Report

MOD Form 760

(Revised Jun 05)

PPQ = 50

1	MOD Form 760			
	From: _____			
	Fault Report Reference: _____			
	Date: _____	Omnibus Report <input type="checkbox"/>	Omnibus	
Faulty Item IPT: _____		EIC Code		
2	MOD Form 707 or ERN		707 <input type="checkbox"/> ERN <input type="checkbox"/>	
	Originator: _____	Originator's Reference Number		
3	Status of Equipment		Pre-service Use Only	
	Not-In-Use <input type="checkbox"/> In Use <input type="checkbox"/> Exchange Services <input type="checkbox"/>	Service Supply <input type="checkbox"/>		
Spares Available <input type="checkbox"/> Warranty <input type="checkbox"/>		Contractor Supply <input type="checkbox"/>		
4	Occasion For Report			
	Serious Fault Signal <input type="checkbox"/> Unit Discretion <input type="checkbox"/> IPT 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"/>			
	References: _____			
5	Aircraft or Ground Installation		Aircraft Type	
	Aircraft Type: _____ Mark: _____ Serial No	Airframe Hours		
	Ground Installation: _____	Installation		
6	System (Aircraft Equipment Faults Only): _____			
7a	Main Equipment: _____		Serial Number	
			Total Usage	
7b	Details of Parent Assembly		<input type="checkbox"/> Quarantined	
	a. Description: _____			
	b. Usage		<input type="checkbox"/> Section/Reference } <input type="checkbox"/> NATO Reference } <input type="checkbox"/> Part Number }	
	Since last overhaul: _____			
	Since last 3rd/4th line repair: _____		Serial Number	
	Unit of measurement: _____		Total Usage	
8	Details of Faulty Item (The Subject of This Report)		<input type="checkbox"/> Quarantined	
	a. Description: _____			
	b. Part No: _____		<input type="checkbox"/> Section/Reference } <input type="checkbox"/> NATO Reference }	
	c. Usage			
	Since last overhaul: _____		WIN / WUC	
	Since last 3rd/4th line repair: _____		Serial Number	
	Unit of measurement: _____		Total Usage	
	d. ERC with Equipment <input type="checkbox"/>			
	e. ATP Details / Installed Position: _____			
	f. Relevant MODs, STIs, SIs, PIs, PWIs, NTIs, UTIs, RTIs, etc embodied: _____			
			Symptom	
			Fault	

9

QAA, Distributor/ESD and Manufacturer

QAA: _____

Distributor/ESD: _____

Manufacturer: _____

10

Disposal Details (If not quarantined at reporting unit)

Authority for Disposal: _____

Qty Dispatched: _____ Iss Voucher No: _____ Date: _____

Mode of Conveyance: _____

Consignee: _____

11

Additional Information for Not-In-Use Items and EETE

	Qty Inspected	Qty Rejected	Qty Held Suspect
Packaged			
Unpackaged			

Contract No: _____

Lot/Branch No: _____

Allotment Issue Voucher No: _____

Packaging Details: _____

Received From and Date: _____

Narrative Report

Type of Material Failure

Metallic ☐ Non-Metallic ☐ Software ☐

12

13

Originator

Senior Specialist Officer

Signature

Rank & Name

Appointment

Telephone

Date

