



U.S. Department  
of Transportation  
Federal Aviation  
Administration

DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION

Service Difficulty Report  
AERONAUTICAL EQUIPMENT

FORM APPROVED  
OMB No. 2120-0039 06/30/2006

RIS- WS 8070-1	
Control No.	
ATA	Code

MAJOR EQUIPMENT IDENTITY

<i>Enter pertinent data</i>	MANUFACTURER	MODEL/SERIES	SERIAL NUMBER	<b>N-</b>
AIRCRAFT				
POWERPLANT				
PROPELLER				

PROBLEM DESCRIPTION

DATE	STATUS	CARRIER	ATA	AIRCRAFT TYPE	N-	CONTROL NO.	
TEXT							
SPECIFIC PART CAUSING PROBLEM							
PART NAME	MFG. PART NUMBER	PART CONDITION		PART/DEFECT LOCATION			
COMPONENT/APPLIANCE ABOVE PART INSTALLED ON					Report whole hours	PART TT	PART TSO
COMP/APPL NAME	MANUFACTURER	MFG. MODEL/NUMBER		SERIAL NO.			

SUBMITTED BY

SUBMITTER ( <i>Check one</i> )		<input type="checkbox"/>	A	B	C	D	E	F	G	H	I	P. S. L.	ALERT	OPER/D.O.
			CARRIER	REP STA.	OPER	MECH	AIR TAXI	MFG	FAA	OTHER	Spec.			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PREC. PROC.	NATURE	STAGE	STAT	ROLL	Frame	SYS.	SYS.							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							

ADDITIONAL COMMENTS

## All Submitters - Instructions for Completing FAA Form 8070-1

### Major Equipment Identity

TITLE	ENTRY
<b>Aircraft Powerplant Propeller</b>	Identify major equipment related to problem. Enter manufacturer, model, and serial number per FAA/MANUFACTURER type certificate data sheet. If amateur built, use plan or kit name. Use military model designators when appropriate. Avoid colloquial names and market titles.
<b>N-</b>	Aircraft Registration Number.

### Problem Description

<b>Date</b>	Give date problem occurred (i.e., 7-1-84).
<b>Text</b>	Whenever possible, describe conditions subsequent to, or leading up to, the reported problem: (a) Identify the cause for malfunction and emergency measures execute. (b) Include compliance or noncompliance with Airworthiness Directives, Service Bulletins, STC's, and PMA's. (c) Provide any significant fact you feel may help to reduce or eliminate recurrence (i.e., cycles, landings, and suggested changes).
<b>Part Name</b>	Skin, rib, shaft, Venturi, transistor, capacitor, etc. Avoid colloquial names.
<b>Mfg. Part Number</b>	Alphanumeric part identifiers assigned by manufacturer.
<b>Part Condition</b>	Cracked, bent, burned, corroded, shorted, etc.
<b>Part/Defect Location</b>	L.H. alternator, audio, R.H. outboard, range switch, etc.
<b>Part TT</b>	Total service time on part in whole hours (i.e., 00531).
<b>Part TSO</b>	Service time on part since overhaul in whole hours (i.e., 00200)
<b>Comp/Appl Name</b>	Fuselage, wing, alternator, carburetor, VOR receiver, etc.
<b>Manufacturer</b>	Comp/appl manufacturer: Beech, Cessna, Prestolite, Bendix, Collins, etc.
<b>Mfg. Model/Number, Serial Number</b>	Alphanumeric model and serial numbers or identifiers assigned by comp/appl manufacturer (i.e., ALU8403, NAS3A1, 51 RVII). Do not repeat "MAJOR EQUIPMENT IDENTITY" in these locations.

### Submitted By

<b>Submitter</b>	As noted on form.
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**FAA District Offices - Refer to FAA Order 8010.2**

**PAPERWORK REDUCTION ACT STATEMENT:** The information collected on this form is required. This form reports occurrences or detection of each failure, malfunction, or defect in an aircraft. We estimate that it will take 1 hour to complete the form. No assurance of confidentiality is promised. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number associated with this collection is 2120-0039. Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Ave SW, Washington, DC 20591, Attn: Information Collection Clearance Officer, ABA-20