



HANG GLIDING FEDERATION OF AUSTRALIA

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WEIGHTSHIFT MICROLIGHT DEFECT REPORT

Form 18 – Updated Mar 08 **NOTE: Please complete all details in BLOCK letters.**

Office Use Only

Owner's Details

Name: _____ Phone (daytime): _____

Address: _____

Aircraft Details

Make: _____ Model: _____

Registration Number: _____ Time in Service: _____ hrs: _____

Location of Defect (e.g. starboard wing, crossbar, etc.): _____

Defect Details (append sketches or photographs if required): _____

PLEASE FORWARD THE COMPLETED FORM TO THE HGFA OFFICE AT THE ADDRESS ABOVE

DEFECT REPORTING IS A PRIMARY PREREQUISITE TO CONTINUED SAFETY

Action Details

1. Defect reported in Soaring Australia issue: _____

2. Maintenance requirement or alert action to prevent further incidence:

Signed: _____ HGFA General Manager or Safety & Ops Committee Member