

MALFUNCTIONING ENGINE STATISTICAL SURVEY

Return to: MESS Survey
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ENGINE DATA

Manufacturer _____ Engine Type _____ Reloadable ?

Date or Other Coding on Casing _____

Ignitor: Supplied with motor? Yes No Brand _____ Homemade Type _____

Date of Failure _____

Geographic Location of Failure _____

Approximate Temperature at Time of Event _____

TYPE OF MALFUNCTION (check one)

Nozzle Blown Out

Exploded (Split Casing)

Burning Propellant Ejected

No Ejection Charge (Cap Retained)

Casing Burned Through Describe where _____

Delay Inaccurate Estimated Actual Delay _____

Other Failure Type (describe) _____

Comments. Also, please describe how long into the motor's burn time you think the failure occurred

REPORTED BY

Name _____

Address _____

City, State, Zip _____

Phone No. _____

E-mail Address _____

NAR # (If you are a member) _____

Did you report this motor failure to the manufacturer? _____

Do you still have this motor or others from the same pack? _____

A PDF of this form can be downloaded at www.nar.org/pdf/messform.pdf

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