



Oxford Flying Club Flight Operations Incident Report (FOIR)		
To: OFC Safety Officer	From: <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> (N4334X)	Date: 12-27-2020
<small>Note: Refer to Club website</small>	<small>Note: Name is optional but helpful.</small>	
1. Type of Event - check all appropriate responses		
<input type="checkbox"/> Altitude Deviation	<input type="checkbox"/> Runway/taxiway excursion	<input type="checkbox"/> Foreign Object Damage
<input type="checkbox"/> Navigational Deviation	<input type="checkbox"/> Runway Incursion	<input type="checkbox"/> Severe Wake Turbulence
<input type="checkbox"/> Communication Error	<input type="checkbox"/> Severe Turbulence	<input type="checkbox"/> Collision Hazard
<input type="checkbox"/> Severe Icing	<input type="checkbox"/> Aborted Takeoff	<input checked="" type="checkbox"/> Other
2. Weather Conditions - check all appropriate responses		
<input type="checkbox"/> IMC	<input type="checkbox"/> Thunderstorm	<input type="checkbox"/> Icing
<input checked="" type="checkbox"/> VMC	<input type="checkbox"/> Turbulence	<input type="checkbox"/> Crosswind
<input type="checkbox"/> Precipitation	<input type="checkbox"/> Windshear	<input type="checkbox"/> Other
3. Time/Date - check or fill out all appropriate responses		
Month 12	Day 27	Year 2020 0900 hrs
<input type="checkbox"/> 1200-1559 local time	<input type="checkbox"/> 1600-1959 local time	<input type="checkbox"/> 0400-0759 local time
4. Mode of Flight		
<input type="checkbox"/> Ramp	<input checked="" type="checkbox"/> Climb	<input type="checkbox"/> Descent
<input type="checkbox"/> Taxi	<input type="checkbox"/> Cruise	<input type="checkbox"/> Approach
<input type="checkbox"/> Takeoff	<input type="checkbox"/> Holding	<input type="checkbox"/> Landing
5. Action Taken - check all appropriate responses		
<input type="checkbox"/> Performed Emergency Proc.	<input type="checkbox"/> Declared Emergency	<input type="checkbox"/> In-Flight Engine Shutdown
<input checked="" type="checkbox"/> Followed Checklist	<input type="checkbox"/> Requested Crash/Rescue	<input checked="" type="checkbox"/> Divert From Dest. Airport
<input type="checkbox"/> Requested Medical Assist.	<input type="checkbox"/> Other	
6. Safety Officer, or his/her designee, Initial Assessment		
Probability: 1	Severity: 2	
Resulting Risk Code: 2	Note: Risk Assessment Code of 5 requires immediate notification of Club President.	
7. Comments or Suggestions (Use additional sheets as necessary)		
 AMMETER IN N4334X DROPPED TO ZERO DURING CLIMB. CYCLED LIGHTS, PITOT HEAT TO CHECK FOR NEEDLE MOVEMENT WITH NO RESPONSE. ADVISED TOWER OF ALTERNATOR PROBLEM AND RETURNED TO LAND AT OXC WITHOUT DECLARING EMERGENCY. NO OTHER ISSUES NOTED, NO WARNING LIGHTS. LATER LEARNED THIS GAUGE WAS KNOWN BY MANY TO BE UNRELIABLE. I DID NOT SEE ANY NOTICE OF SAME NOTED ANYWHERE. 		
8. Safety Officer, or his/her designee, Investigation summary:		
Safety Officer, or his/her designee, Name	Peter Dawson	
Tracking # (assigned by Safety Officer)	FOIR-2020-005	
Summary: We're looking at ways to test voltage drop via the POH. At this		
time, we have not found an error in the system and only note		
this ammeter issue as a squawk and are looking to see if it		
needs replacement.		
9. Notes		
a) If a NASA form was filed (Strongly Recommended if practical), please attach a copy to this report.		
b) For confidentiality, this form may be delivered to any Safety Committee representative.		
Thank you for your interest in your Safety Program.		