

Equipment Damage Incident Report

Date of Report

Time of Report

Reported by

Contact Information

Incident Details

Date of Incident

Time of Incident

Location

Equipment Name/Type

Equipment ID/Serial No.

Operator Name

Description of Incident

Description of Damage

Immediate Actions Taken

Witnesses (Name & Contact)

Root Cause/Analysis

Preventive Actions/Recommendations

Reported By (Signature/Name/Date)

Supervisor/Manager (Signature/Name/Date)