

Equipment Damage Report

Project & Report Details

Project Name

Location

Report Date

Reported By

Contact Number

Position

Equipment Details

Equipment Name	Model/Type	Asset/Serial No.	Operator Name

Damage Details

Date & Time of Incident

Location of Incident

Description of Damage & Cause

Immediate Actions Taken

Witnesses (Name & Contact)

Inspection & Follow-Up

Inspection Findings

Recommendations / Repair Actions

Sign-Off

Supervisor Name

Signature

Date