

Retail Goods Damage Assessment Report

Report Details

Report Number:

Date of Report:

Reported By (Name & Title):

Store/Location:

Goods Information

Item Name/Description	SKU/ID	Quantity Involved	Unit Price	Total Value

Damage Description

Cause of Damage (if known)

Photo Evidence

(Attach/photos can be referenced manually below)
Photo Reference(s):

Action Taken

Additional Notes / Comments

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Prepared By (Name & Signature)

Date

Supervisor/Manager (Name & Signature)

Date