

Machine Breakdown Incident Report

INCIDENT DETAILS

Date:

Time:

Location:

Machine Name/ID:

Department:

Reported By:

Supervisor in Charge:

DESCRIPTION OF INCIDENT

Describe what happened, include symptoms, noises, errors, etc.

IMMEDIATE ACTION TAKEN

Describe steps taken immediately after the breakdown.

ROOT CAUSE ANALYSIS

Summary of investigation & root cause, if known.

CORRECTIVE/PREVENTIVE ACTION

List actions taken to fix and prevent future breakdowns.

PARTS REPLACED (IF ANY)

List parts replaced, with reference numbers if available.

Reported By (Signature):

Date:

Supervisor (Signature):

Date: