

Workplace Equipment Damage Incident Report

Date of Incident

Time of Incident

Reported By

Full Name

Department

Department Name

Equipment Involved

Equipment Name/Asset Tag

Incident Location

e.g., Room Number, Area

Equipment Owner

Owner Name/Dept

Description of Damage

Provide a detailed description of the damage...

Possible Cause(s) of Damage

Describe how the damage occurred...

Witnesses (if any)

List witness names

Immediate Actions Taken

Describe any immediate response or actions taken...

Additional Information

Other relevant details...

Reported By (Signature)

Signature

Date Reported