

Equipment Malfunction Incident Report

Report Date

Time of Incident

Location/Area e.g., Assembly Line 2

Reported By Full Name

Equipment Name/ID

Model/Serial Number

Department

Description of Malfunction Describe what happened a

Impact of Malfunction Effect on productivity, safet

Immediate Actions Taken Repairs attempted, equipm

Supervisor/Manager Notified Name

Notification Time

Recommendations/Follow-up Actions Suggestions for preventing

Reported By (Signature)

Date Signed

Supervisor/Manager (Signature)

Date Signed