

Equipment Malfunction Incident Report

Report Date

Time of Incident

Location/Area

Reported By

Equipment Name/ID

Model/Serial Number

Department

Description of Malfunction

Impact of Malfunction

Immediate Actions Taken

Supervisor/Manager Notified

Notification Time

Recommendations/Follow-up Actions

Reported By (Signature)

Date Signed

Supervisor/Manager (Signature)

Date Signed