

Machinery Breakdown Incident Report

Report No.

Date of Report

Reported By

Department

1. Machinery Details

Machine Name/ID

Location

2. Incident Details

Date & Time of Breakdown

Description of the Incident

Immediate Effects (include impact on production, safety, etc.)

Witnesses (if any)

3. Investigation & Root Cause

Investigation Conducted By

Root Cause Analysis

4. Action Taken

Immediate Action(s) Taken

Recommendations for Prevention

Prepared By

Approved By

Date Prepared