



PROPERTY AND EQUIPMENT DAMAGE/LOSS REPORT

Today's Date: _____ Report Completed by: _____

PROJECT INFORMATION

Job Number: _____ Job Name: _____

Foreman: _____ Operator: _____

Police report Filed: Yes No Police Dept. Name: _____

EQUIPMENT INFORMATION

Equipment Number: _____ Equipment Type: _____

Replacement Needed? Yes No

Cost Value of Loss: \$ _____ .00

Cost Value of Replacement: \$ _____ .00

INCIDENT INFORMATION

Description of Damage/Loss:

List Witnesses to the Incident:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

CORRECTIVE ACTION PLAN

Describe training and other corrective action to be taken:

By signing below, I affirm I have reviewed this report and implented corrective action plan.

Supervisor Signature: _____ Date: _____

Print Name: _____