

# Equipment Damage or Loss Report

Date \_\_\_\_\_

**Reporting Employee**

Name \_\_\_\_\_

Employee ID No. \_\_\_\_\_

**Equipment**

Serial No. \_\_\_\_\_

Location \_\_\_\_\_

**Incident**

Date \_\_\_\_\_

Time \_\_\_\_\_

Location \_\_\_\_\_

**Description of Equipment**

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**Description of Damage/Loss/Theft of Equipment**

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**Witnesses**

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**NOTES**

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**By signing this document, you acknowledge that you have read and understood the information contained herein**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date