



EQUIPMENT DAMAGE/LOSS INCIDENT REPORT

Please complete this form in full.

Equipment User: _____ Telephone Number: _____

Type of Equipment: _____ Equipment Serial Number: _____

Date Tool was Checked-Out: _____ Date of Incident: _____

Jobsite: _____

Was any part of the equipment damaged condition prior to current incident? If so, please provide details.

Please describe the circumstances that caused the equipment damage:

Does tool need to be replaced? Y / N

To what extent is the tool damaged? _____

Does a specific part need to be replaced or does the tool need to be replaced in whole?

Was anyone injured while using tool? _____

If yes, please fill out an Incident Investigation Report

Signature: _____ **Date:** _____