



Equipment Damage Report

Project Number:
 Project Name:
 Project Address:
 City / State / ZIP:
 Project Contact:
 Notes:

Report Date:
 Completed By:
 Completed By Email:
 Customer Name:
 Customer Address:
 City / State / ZIP:
 Customer Contact:

Equipment/Material Item				
Select or enter all items that were damaged				
Item Number / Item Description	Notes	Unit Type	Length	Qty
7319	Size small, comfort straps	Each		20.0
N95 Particulate Dust Mask Respirator				
CWOPS18		Each	12' 6"	12.0
5/8"x 4' 0"x 12' 0" Firecode Type X Board				

Type of Damage					
Attach images of the damaged item, or if a police report was filed for theft or vandalism, attach a copy.					
#	Item/Question	Yes	No	NA	Comments
1.	Water damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Fire damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Accident damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Theft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Vandalism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Acknowledgement			
SIGNATURE NAME	SIGNATURE	SIGNATURE DATE/TIME	SIGNATURE NOTE