



EQUIPMENT DAMAGE REPORT FORM

Coastal Spray employees are required to report any damage of equipment immediately upon damage to the site supervisor in charge of the area where the damage occurred. A completed copy of this form is to be submitted within 48 hours of the incident. Please note, depending on the nature of the incident we may require that the form be submitted sooner than 48 hours. Please photograph the damage and attach it to this form.

Where an injury occurs as a result of any damage of equipment owned by Coastal Spray, employees are required to report the incident immediately and submit a completed **Workplace Incident Report Form**.

Damage - Reported By	
Employee Name:	
Job Site:	
Supervisor:	

Incident Information	
Incident Date (dd/mm/yy):	____/____/____
Reported on (dd/mm/yy):	____/____/____
Reported to:	

Equipment Information	
List of Equipment Damaged (Please Specify)	
Tag Number(s)	
Equipment Location at Time of Damage	
How Was the Equipment Damaged? (Complete Description)	
Description of Damage to Equipment	
Estimated Cost of Repair / Replacement	
Equipment Assigned to	

Contributing Factors (Equipment Damage)

People: actions taken or not taken

Equipment: state and maintenance of equipment, proper or improper for task

Materials: state and maintenance of materials, proper or improper for task

Environment: state and condition of environments

Process: proper or improper for task; followed, followed improperly, not followed

Are there any Hazards created? If yes, describe the hazards.

Recommendation for remedial actions and other lessons learned:

Additional Incident Details:

Signature
(person reporting damage)

Signature
(Supervisor)

Administration

Replace equipment YES <input type="checkbox"/> NO <input type="checkbox"/>	Charge to:
Site or name of person responsible for charge:	Signature: