

Damage / Breakage Report

Location: _____

Date: _____ Time: _____

What was damaged or broken?

Witness of damage or breakage occurring: Yes No

Witness name: (print) _____

How did the incident occur?

Lead person or supervisor notified incident: Yes No

Customer notified of damage or breakage: Yes No When/how?

Employee signature: _____ Date: _____

Witness signature: _____ Date: _____

Supervisor signature: _____ Date: _____

You must fax this back to us at 225-709-0701