

# DAMAGED TOOL / EQUIPMENT REPORT

Report No.:

| REPORT INFORMATION |                               |                           |
|--------------------|-------------------------------|---------------------------|
| Date Reported:     | Date Damaged:                 | Department:               |
| Base:              | Category of Tool / Equipment: | Name of EIC / Supervisor: |

| TOOL / EQUIPMENT INFORMATION   |                     |              |
|--|---------------------|--------------|
| Description:   | ID Number:          | Part Number: |
| Serial Number:   | Manufacturer / OEM: | Location:    |
| Damaged Description:   |                     |              |
| <i>*Please attached picture/photo of damaged tool or equipment (if any).</i> |                     |              |

| REPORTED BY: |           |      |
|--------------|-----------|------|
| Name:        | Signature | Date |
| Remarks:     |           |      |

| VERIFIED AND ACTION BY: |           |      |
|-------------------------|-----------|------|
| Name:                   | Signature | Date |
| Remarks:                |           |      |

# DAMAGED TOOL / EQUIPMENT REPORT

## INSTRUCTION FOR COMPLETING DAMAGE TOOL EQUIPMENT REPORT

|                                     |  |
|-------------------------------------|--|
| Report No.                          | State the running report number.                                   |
| <b>REPORT INFORMATION</b>           |  |
| Date Reported                       | State the date of the report received                              |
| Date Damaged                        | State the date of damaged occur                                    |
| Department                          | State the department that used/found/damaged the item              |
| Base                                | State the operation base that item found damaged                   |
| Category of Tool / Equipment        | State the category of the damage item                              |
| Name of EIC / Supervisor            | State the name EIC / Supervisor that responsible of using the item |
| <b>TOOL / EQUIPMENT INFORMATION</b> |  |
| Description                         | State the name of the damaged item                                 |
| ID Number                           | State the ID Number of the damaged item                            |
| Part Number                         | State the Part Number of the damaged item                          |
| Serial Number                       | State the Serial Number of the damaged item                        |
| Manufacturer / OEM                  | State the Manufacturer / OEM of the damaged item                   |
| Location                            | State the location of the item                                     |
| Damaged Description                 | Attached the photo of the damaged item                             |
| <b>REPORTED BY</b>                  |  |
| Name                                | State the name of the tool's keeper                                |
| Signature                           | State the signature of the tool's keeper                           |
| Date                                | State the date   |
| Remarks                             | State the remarks/suggestion                                       |
| <b>VERIFIED AND ACTION BY</b>       |  |
| Name                                | State the name of Store Supervisor                                 |
| Signature                           | State the signature of Store Supervisor                            |
| Date                                | State the date   |
| Remarks                             | State the action to be taken                                       |