DAMAGED TOOL / EQUIPMENT REPORT



| Report No. : | | |
|---|---------------------|--------------|
| TOOL / EQUIPMENT INFORMATION | | |
| Description: | ID Number: | Part Number: |
| Serial Number: | Manufacturer / OEM: | Location: |
| *Please attached picture/photo of damaged tool or equipment (if any). | | |
| REPORTED BY | | |
| Name : | Signature : | Date : |
| ACVAIGNALED CE 9 VERIFIER RV | | |
| ACKNOWLEDGE & VERIFIED BY Name: | Signature : | Date : |
| Remarks: | | |

GAM/E-037 REV.3 (08/24)



INSTRUCTIONS FOR FILLING OUT THE GAM/E-037 DAMAGE / TOOL EQUIPMENT REPORT.

| Report No. | Insert the running report number. (Control by Tool Store). | |
|------------------------------|--|--|
| TOOL / EQUIPMENT INFORMATION | | |
| Description | Insert the name of the damaged tool or equipment. | |
| ID Number | Insert the Id Number of the damaged tool or equipment. | |
| Part Number | Insert the Part Number of the damaged tool or equipment. | |
| Serial Number | Insert the Serial Number of the damaged tool or equipment. | |
| Manufacturer / OEM | Insert the Manufacturer / OEM of the damaged tool or equipment. | |
| Location | Insert the location of the tool or equipment. | |
| Damaged Description | Provide a detailed description of the damage, and attached picture of the damage tool (if available) | |
| REPORTED BY | | |
| Name | Insert the name of the reporter | |
| Signature | Insert the signature of the reporter | |
| Date | Insert the date the report was made. | |
| ACKNOWLEGE & ACTION BY | | |
| Name | Insert the name of the Tool Store Personnel | |
| Signature | Insert the signature of the Tool Store Personnel | |
| Date | Insert the date of acknowledgement and action. | |
| Remarks | Insert any remarks (if required). | |