



### DAMAGE REPORT

(Please use this report for damages other than Employee Injury or Vehicle Accidents)

(Examples: cut phone lines, damage to a fence, etc.)

Damages must be reported to Risk Management Department within 24 hours

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Department \_\_\_\_\_

Date of Damage: \_\_\_\_\_

Describe fully how accident occurred, and state what employee was doing when the damage occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Names and phone number of witnesses:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Employees Signature: \_\_\_\_\_

### Supervisors Report of Damage

Name of employee: \_\_\_\_\_ Speak English \_\_\_\_\_ Yes \_\_\_\_\_ No

Machine, tool or thing causing damage: \_\_\_\_\_

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Location where damage occurred – Street # and City: \_\_\_\_\_

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Did damage occur on employers premises: \_\_\_\_\_ Yes \_\_\_\_\_ No

Department: \_\_\_\_\_

Department regularly employed in: \_\_\_\_\_

Date of damage: \_\_\_\_\_ Day of week: \_\_\_\_\_

Hour of day: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

When did you or foreman first know of damage: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_