



EQUIPMENT DAMAGE/LOSS INCIDENT REPORT (TCH-F023)

Please complete this form in full and document the facts.

Equipment User: _____ Address: _____

Telephone Number: _____ City, State, Zip: _____

Equipment Serial Number: _____ Work Order Number: _____

Date of Incident: _____

Please describe the circumstances that caused the equipment damage:

Signature: _____ **Date:** _____

A copy will be placed in the Incident File after having been reviewed.