

## **Damage/Breakage Form**

Job Name:	Date:
Job Number: Project Manager: Team Leader:	
Item (s) Damaged/Broken:	_
Date of Damage:	
By Whom:	
How was item damaged/broken?	
Who was notified?	
Approximate Cost:	
Conversation:	
Date item Replaced, Repaired, Reimbursed	
Cost	
Authorized by:	
·Item (s) to be reported on TLI List	
Authorized by:	
Damage/Breakage Form completed by:	Date:

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