

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:** _____