



EQUIPMENT LOSS/DAMAGE REPORT	Tfor005	Revision 5/3/10
Site Information		
Site Name: _____		
Loss/Damage Information		
Describe in detail what was lost, and/or damaged: _____ _____ _____		
If damage is being reported, describe in detail damage: _____ _____ _____		
Date Of Discovery: _____ Time Of Discovery: _____		
Employee Reporting Information		
Rank: _____ Last Name: _____ First Name: _____		
Signature: _____ Date: _____		
Site Manager's Verification		
Rank: _____ Last Name: _____ First Name: _____		
Signature: _____ Date: _____		
Corporate Verification		
Amount to be deducted from employee: _____		
Rank: _____ Last Name: _____ First Name: _____		
Signature: _____ Date: _____		