

# Workplace Property Damage Incident Report

Instructions: Please complete this report as soon as possible following a property damage incident. This form is intended for print and manual archive.

## 1. Reporter Information

Full Name:  Job Title:   
Department:  Date of Report:   
Phone Number:  Email Address:

## 2. Incident Details

Date of Incident:  Time of Incident:   
Specific Location/Facility:

## 3. Description of Property Damage

Item/ Property Damaged:   
Detailed Description of Damage:   
Cause of Damage:   
Estimated Repair/Replacement Cost: \$

## 4. Witnesses & Responsible Parties

Witness Name(s):  Witness Contact info:   
Person(s) Responsible (if known):

## 5. Law Enforcement & Emergency Services

Police Notified? (Yes / No):  Police Report Number:   
Responding Police Agency:

## 6. Actions Taken & Preventive Measures

Immediate Action Taken:   
Preventive Measures Recommended:

## 7. Signatures for Print

By signing below, the parties agree that the information provided in this report is accurate to the best of their knowledge.

Reporter Print Name:  Date:   
Reporter Signature:   
Supervisor Print Name:  Date:

Supervisor Signature:

Sign on printed copy