



DAMAGE/BREAKAGE FORM

Job Name: _____

Project Manager: _____

Date: _____

Item Damaged/Broken: _____

Date of Damage: _____

By Whom: _____

How item was broken: _____

Who was notified? _____

Approximate Cost: _____

How was it handled? _____

Date that item was Replaced, Repaired, or Reimbursed _____

Cost _____

Authorized by: _____