

Workplace Property Damage Incident Report

Date of Incident

Time of Incident

Location of Incident

(e.g. Building, Room Number)

Reported By

Full Name

Department/Position

Contact Information

Phone or Email

Description of Incident

Describe what happened

Property/Equipment Damaged

(e.g. Laptop, Window, Tool)

Extent of Damage

Describe the damage

Possible Cause(s) of Incident

List any known or suspected causes

Witnesses (if any)

Names and contact information

Immediate Actions Taken

Describe any actions taken after the incident

Additional Comments/Notes

Reported By (Signature)

Date Reported