Incident Report Equipment Damage Form

Share/ Incident Report Form

Location: _____

Contract Number:_____

Customer Name:_____

Pictures Taken: **Quantity >** _____

For Eqpt: Notify and Email Fleet Manager

Description of Incident:

_____

_____

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_____

*Employee:*_____ *Date:* _____

Customer Witness:_____

Equipment: *Model:* _____ Serial #: _____

Cat/Itm: _____ Store #: _____

Fleet Manager Billing Decision: _____

Contract Closed per Fleet Manager: ☐Y/☐N(If closed: attach a copy of the Work Order)

Work Order # _____ (Customser W/O or Internal W/O)

Remaining Deposit transferred to WO: ☐Y /☐N