



Equipment Damage/Loss Report Form

NMC employees are required to report any damage, loss or theft of NMC owned and operated equipment as soon as possible and submit a completed copy of this form within (24) hours of the incident.

Reported By	
Name:	NMC Position/Title:
Email:	Project:
Supervisor:	Job Site:

Incident	
Date:	Location:

Equipment				
Description	Serial Number	Last known location	Date of last use	Person Responsible for Equipment

Was the Incident reported to the Police?

Yes No

If yes, please provide:

Police Report Information	
Police File #:	Officer In Charge:
Station #:	Phone #:

Please describe what steps have been taken to locate the missing equipment:

Will the missing equipment need to be replaced? YES NO

What account number will be used to pay for the replacement equipment?

Describe steps that have been taken to prevent equipment loss from occurring in the future:

Acknowledgement and Agreement

Supervisor Name:

Supervisor Signature: _____

Date:

Office Use Only

The item # _____ was marked as _____

Other Actions:

Inventory Administrator Signature _____

Date