**Company**  **Damage Reporting Form**

Job Name:

Foreman:

List all fields. Part type: (Structural, Roof, etc.) Document damage with photos and report to office daily.

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| --- | --- | --- |
| **Date:** | **Part Type/Part Number** | **Part Description and Current Location** |
|  |  |  |
| **How did damage occur?** | **Remedy** |
|  |  |
| **Reported by:** |
| **Date:** | **Part Type/Part Number** | **Part Description and Current Location** |
|  |  |  |
| **How did damage occur?** | **Remedy** |
|  |  |
| **Reported by:** |
| **Date:** | **Part Type/Part Number** | **Part Description and Current Location** |
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| **How did damage occur?** | **Remedy** |
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| **Reported by:** |