

This form is used for equipment damage-claims. All damage claims are to be reported to the State Industrial Commission, Mower Shop, or Foreman. This form reviews damage to equipment involving employees. Its purpose is to determine if the accident could have been prevented and, if so, how to prevent it from occurring again. The goal of this process is to increase the awareness of Supervisor and Employees to job related hazards related to equipment. Hopefully this will result in a safer work environment for all employees.

Name: _____ **Date of Accident:** _____
Equipment #: _____ **Make:** _____ **Model:** _____
Serial #: _____ **Internal #:** _____
Exact Location of Incident: _____

Description of Damage to Equipment: _____ *(Describe in detail)*

Description of how Accident Occurred: _____ *(Describe in detail)*

Cost to Repair: _____ *(Include Labor)*

Remedial Training Date: _____ **Type of Training:** _____

Employee Section:

Could this incident have been prevented? YES NO

Explain:

Was this accident reported to the police? YES NO

If yes, fill in the following: **Name of Police Agency:** _____ **Case #:** _____

Supervisor/ Mechanics Comments and Recommendations:

Employee's Signature

Date

Supervisor's Signature

Date

Mechanic's Signature

Date