



EQUIPMENT DAMAGE/LOSS INCIDENT REPORT (TCH-F023)

Clarksville-Montgomery County School System

Please complete this form in full and document the facts.

Witness (if applicable): _____

Equipment User: _____ Address: _____

Telephone Number: _____ City, State, Zip: _____

Type of Equipment: _____ Equipment Serial Number: _____

Work Order Number: _____ Date of Incident: _____

Please describe the circumstances that caused the equipment damage:

Signature: _____ **Date:** _____

Admin Approval (If Applicable): _____

A copy will be attached to the work order after having been reviewed.