SUBWAY PROPERTY DAMAGE REPORT FORM

IMPORTANT: Print, fill out and sign this form. Email a scanned copy to hr@teamschierl.com

REPORT INFORMATION

Date of Report: _____

Time of Report: _____

Location of Incident: _____

ASSOCIATE REPORTING DAMAGE

Name: _____

Location: _____

Contact Phone Number: _____

Description of Damaged Property

_____

_____

_____

Asset/Serial Number (if applicable)

_____

_____

_____

INCIDENT DETAILS

Date Damage Occurred: _____

Time Damage Occurred: _____

Describe What Happened

Please include details about how the damage occurred and any contributing factors.

_____

_____

_____

PERSON(S) INVOLVED

Was anyone involved in causing the damage?

☐ No ☐ Yes ☐ Unknown

If yes, provide name(s) and details:

WITNESS INFORMATION

Name: _____

Phone Number: _____

Statement:

PHOTOS / DOCUMENTATION

☐ Photos Taken
☐ Video Recorded/Stored
☐ Maintenance Notified
☐ Police Report Filed

IMMEDIATE ACTION TAKEN

Describe any immediate repairs, cleanup, or safety measures taken.

FOLLOW-UP / CORRECTIVE ACTION / ROOT CAUSE OF THE INCIDENT

Select the primary root cause of the incident:

☐ **Environment** – The mechanical, physical, or equipment conditions were in need of maintenance or failed.

☐ **Knowledge** – There was a lack of education and/or ability to perform the job safely (e.g., insufficient training, unclear instructions, lack of experience).

☐ **Motivation** – There was a lack of desire to perform the work safely (e.g., rushing, taking shortcuts, not following procedures, complacency).

☐ **Other** – Please explain below.

What actions have been taken to help prevent future damage?

_____

_____

_____

REPORT COMPLETION

Report Completed By (Print Name): _____

Title: _____

Date Completed: _____

Signature: _____