

Faculty of Rehabilitation & Allied Health Sciences

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Equipment Damage / Loss / Report Form

Incident Information	
Incident Date (dd/mm/yy): ___/___/___	Time of Incident (24 hour clock):
Reported on date: ___/___/___	Time Reported (24 hour clock):
Specific Location:	

Equipment Information	
Name of Equipment Damaged / Lost	
Equipment Identification Number(s) (if given)	
How Was the Equipment Damaged / Lost? (Complete Description)	
Description of Damage to Equipment	
Estimated Cost of Repair / Replacement	

Student Signature: _____

Lab In-charge Signature: _____

Date: _____