

**Damaged/Missing Equipment/PPE Form**

**Section 1 – Person reporting**

Name: ………………………….....Volunteer No: ………………

Signature: ....…….......................Date.............................................

**Section 2 – Description of \*damaged/missing item**

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**Section 3 – Details of when and where item suspected missing, or damaged**

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**Section 4 – Recommendation(s)**

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*\*delete as appropriate*

**Section 5 – Recommendation approved Y / N**

Signature: …………………………..….… Role: ……….…………....Date: …………...

**Section 6– Item of Equipment ordered**

Name: ………………………………... Signature: ……………………………….......

Date: ………………………………….. Requisition No: …………………………......

**Section 7 – Follow-up Action**

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| **Details of follow-up Action** | **Name & No** | **Signature** |
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**Section 8 – Item replaced/returned**

Name: ………………………………... Signature: …………………………………

Date: ………………………………….. Requisition No: ……………………….......