Electronics Product Damage Report Form

Date	
Store Location	
Employee Name	
5 d 10	
Employee ID	
Product Details	
Product Name	
December 1D / CIVII	
Product ID / SKU	
Serial Number	
Quantity	
Damage Detected Date	
Type of Damage	
	<u> </u>
Description of Damage	
Actions Taken	

Witness (if any)