Furniture Retail Damage Incident Report

Date of Incident
Time of Incident
Time of incident
Employee Name
Location / Store
Location / Store
Furniture Item
SKU / Model Number
SKO / Woder Number
Quantity Damaged
Type of Damage
Type of Danlage
Description of Incident
house distant Astion Taken
Immediate Action Taken
Witnesses (if any)
Reported To
Employee Signature
-
Report Date