Contractor Logo	CONTRACTOR NAME PROJECT NAME	REPORT NO. DATE : PAGE : of
	DAMAGE REPORT	

Section A

AREA		**LOCATION:**	
SCOPE OF WORK	☐ CIVIL ☐ PIPING ☐ EQUIPMENT ☐ STRUCTURAL STEEL ☐ INSTRUMENT ☐ ELECTRICAL ☐ OTHER _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		
ITEM DAMAGED		Name of Department who caused the Damage: Name of Sub-contractor or Third Party who caused the Damage:	

ITEM TAG NO.: ☐ *Please tick if N/A*	P.O. NO.: ☐ *Please tick if N/A*	SHIPMENT NO.: ☐ *Please tick if N/A*	FWR NO.: ☐ *Please tick if N/A*

DETAIL DESCRIPTION OF DAMAGE	

(If space is not enough, attach additional sheets or photos/reports etc.,)

Section B

DAMAGE REPORTED / PREPARED BY (Contractor)

Signature:	
Name:	
Date:	

Section C

CONTRACTOR PROPOSAL FOR CORRECTIVE ACTION (By Construction Manager/Project Controls Manager)

Signature:		**Repair** ☐	**Contractor to purchase replacement** ☐
Name:		**Rework** ☐	**Compay to provide replacement** ☐
Date:		**Leave as is** ☐	

Section D

COMPANY TO REVIEW / COMMENT (CPY)

Signature:	
Name:	
Date:	

Section E

CORRECTIVE ACTION IMPLEMENTED / CLOSE-OUT (Contractor Quality Department)

Signature:	
Name:	
Date:	