



ALL Over Clean

Damage / Breakage Report

All Over Clean LLC

321-209-0711

Client's Name: _____ Date of Incident: _____

Client's Address: _____ Reported By: _____

Describe Item Damaged or Broken: _____

Describe How Item was Broken or Damaged: _____

Did anyone witness the incident: Yes No Witness Name: _____

Has the Client been notified of incident: Yes No

Is the item replaceable: Yes No If yes, replacement value: _____

Signature of Employee and/or Witness: _____

*** Please note- Employees are not authorized to settle any damage reports. Please speak to the management office regarding any damages.**

To be completed by management only

Has a replacement been found: Yes No If yes, cost of replacement: \$ _____

Has the incident been reported to the insurance company: Yes No

Has a value been paid to client: Yes No If yes, value paid: \$ _____

Has the incident been resolved: Yes No

If yes, describe: _____
