

FIRST INFORMATION REPORT.

Date :

(This form must be used for loss or damage of any asset, misplacement of any item in any Lab, office or TcPC). (If it is a loss/misplacement of item a copy of this document should be sent to Security immediately).

Lab / **Department**:

Location: _____

Date & Time of happening/observed

Supervisor / In-charge at the time of accident/loss observed

Machine / Asset number as per our Asset Register

If it is a part of any asset, details

Nature of accident / loss / damage :

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Probable cause of the above happening :

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Extend of damage: Repairable / Replaceable.

Approximate cost for repairs / replacement of the item : .. Rs.

Corrective action taken :

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.....

Approval for the repairs/
Replacement:

Reported Officer/
Section / Department.

Head of the
Department.

Director