

# Fire Training Center Town of Onondaga

## FACILITIES DAMAGE REPORT

Complete this report if facility damage occurs during training or other activities.

If damage is severe or creates a safety issue notify the Training Center representative immediately.

Reporting Date:

Damage Date:

Department Name:

Your Name:

Phone Number:

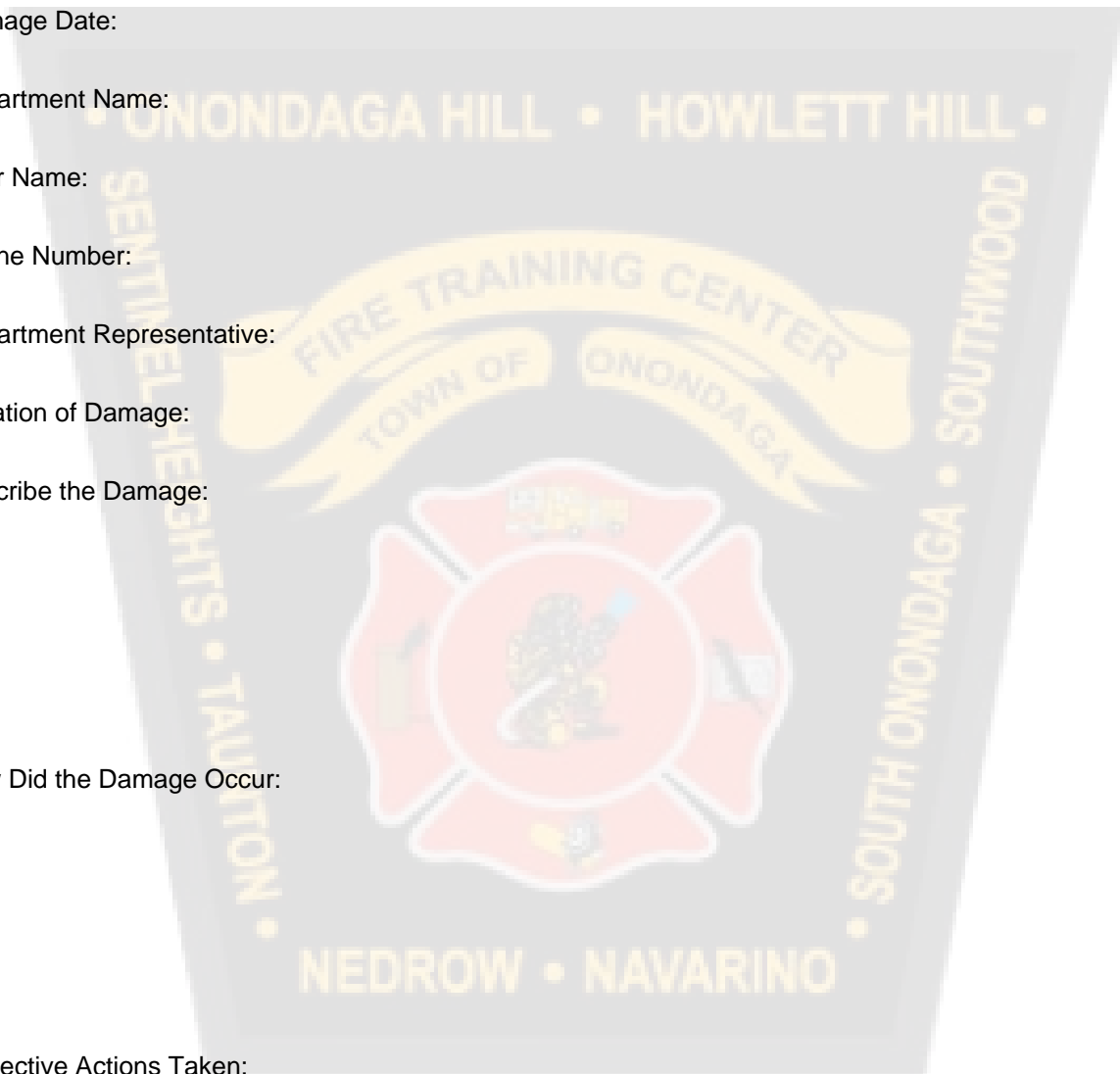
Department Representative:

Location of Damage:

Describe the Damage:

How Did the Damage Occur:

Corrective Actions Taken:



## FACILITIES DAMAGE REPORT (CONTINUED)

Suggestions / Recommendations:

Repair Status:      Damage Repaired: Yes      No

Repair Date:

Name / Signature:

