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## Breakage / Damage Report Form

|                          |  |
|--------------------------|--|
| <b>Client's Name:</b>    |  |
| <b>Date of Incident:</b> |  |
| <b>Address:</b>          |  |

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|--|
| <b>Details of broken or damaged item</b> |
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|                                  |
|----------------------------------|
| <b>How did the damage occur?</b> |
|                                  |

Did anyone witness the incident: ☐ Yes ☐ No

Witness name: \_\_\_\_\_

Was the staff who cleaned notified of the damage while he/she was still on the premise?

☐ Yes ☐ No

Is the item replaceable: ☐ Yes ☐ No

If yes, replacement value: \_\_\_\_\_

**Client's Name:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

**Please Note:**

Whether you are present or absent during time of cleaning, you can rest assured our cleaners will take note of a damage and report it while still on site. No cleaner on site is authorised to settle any damage. Please speak to management regarding any damage.

**For Management Use Only:**

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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

Comments

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