

Emergency Maintenance Report

Date:	_____	Report No.:	_____
Location / Site:	_____		
Equipment/Asset:	_____		
Reported By:	_____	Contact No.:	_____
Supervisor:	_____	Department:	_____

Description of Emergency

Immediate Actions Taken

Root Cause (if identified)

Parts Replaced/Materials Used

Part/Material	Quantity	Remarks

Work Completion

Start Time:	_____	End Time:	_____
Total Downtime:	_____		

Remarks / Recommendations

Signatures

Technician:	_____	Date:	_____
Supervisor:	_____	Date:	_____

Important Notes:

- This form must be completed immediately after emergency maintenance work.
- Ensure all details, actions, and materials used are accurately recorded.
- Attach supporting documents (photos, logs) if necessary.
- Keep a copy for records and submit to the authorized department/personnel.