

<p style="text-align: center;">PROPERTY LOSS OR DAMAGE REPORT</p> <p style="text-align: center;">Fire Suppression</p>		1. Crew Name or No. <i>(Resource Order #)</i>	2. ID NO (Form OF-289) NOT APPLICABLE
		3. ISSUED TO <i>(List: Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers)</i>	
4. ISSUING OFFICE OR CAMP NAME <i>(Name of Incident Agency and the Incident Number)</i>			
5. FIRE NAME	6. FIRE NO. <i>(Fire Account Code)</i>	7. TYPE EMPLOYEE <i>(Mark one with "X")</i> <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter/AD <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED <i>(Include Property/Serial # if applicable, approx. age/year of equipment and estimated cost to repair/replace.)</i>			QUANTITY
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: <i>(Include inventory and/or resource order, photos, documentation that backs up your cost estimate, police reports and/or general messages, as applicable to support what you are stating. Be specific regarding how the damage occurred, where it occurred, who was notified and when. This report must reflect HOW it occurred, not just the "end result".)</i>			
10. SIGNATURE			11. DATE
12. Witness report: <i>(Be specific –date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE what did you see, etc.)</i>			
13. SIGNATURE			14. DATE
15. Fire Boss or Property Control Officer comments regarding loss or damage: <p style="text-align: center;">Do not complete this section, see next page.</p>			
16. SIGNATURE	17. TITLE	18. DATE	

Requestor Name: _____

Resource Order#: _____

Incident Supervisor:

Comments:

Name and Position: _____

Contact Phone and Email: _____

Do Not Recommend

Recommended

Signature & Date: _____

Subject Matter Expert:

Supply

Ground Support

Communications

Computer Specialist

Other: _____

Comments:

Name and Position: _____

Contact Phone and Email: _____

Do Not Recommend

Recommended

Signature & Date: _____

Incident Agency Representative:

(Agency Administrator, IBA, Finance Section Chief, Admin Representative, etc.)

Decision:

Do Not Approve

Approved

Approved with the following contingencies:

Comments:

Name and Title: _____

Signature & Date: _____

Contact Phone: _____

Supply Unit:

Sent to dispatch on: (date) _____

Resource Order(s) Assigned: **S**- _____