

PROPERTY LOSS OR DAMAGE REPORT  Fire Suppression		1. CREW NAME OR NO. <b>[O#, A#, E# or C#]</b>	2. ID NO. (FORM of-288, Emerg. Firefighter Time Report) <b>Not Applicable</b>
		3. ISSUED TO (Name and Address) <b>(Individual Name [point of contact], Home Unit &amp; Address, email and telephone numbers – fax, cell, work, etc.)</b>	
4. ISSUING OFFICE OR CAMP			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other _____	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No. if applicable) <b>If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.)</b>		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: <b>(Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)</b>			
10. SIGNATURE		11. DATE	
12. Witness report: <b>(Be specific –date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)</b>			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:  <div style="text-align: center; background-color: #cccccc; padding: 5px;"><b>See GREAT BASIN ATTACHMENT TO OF-289. Do not fill out this block.</b></div>			
16. SIGNATURE	17. TITLE	18. DATE	

## GREAT BASIN ATTACHMENT TO OF-289

**Claim #** \_\_\_\_\_ **Claimant Name:** \_\_\_\_\_ **Claimant RO#** \_\_\_\_\_

**Incident Supervisor Name and Incident Position:** \_\_\_\_\_

Comments (provide complete and legible knowledge of damage/destruction and how it was caused by the incident):

Signature & Date: \_\_\_\_\_

Do Not Recommend     Recommend

Email & Phone #: \_\_\_\_\_

**Subject Matter Expert Name:** \_\_\_\_\_

Ground Support     Communications     Computer Specialist     Other: \_\_\_\_\_

Comments (provide justification in support of decision):

Signature & Date: \_\_\_\_\_

Do Not Recommend     Recommend

Email & Phone #: \_\_\_\_\_

**Return form to:** \_\_\_\_\_ **(FSC or COMP)**

Finance – Review package for documentation and completeness. Forward package to approver.

**Incident Agency Representative Name and Position:** \_\_\_\_\_

(IBA/Fire Admin Representative, etc. *Note: This final approval may be delegated to the IMT IC or FSC*)

**Decision:**

Not Approved     Approved

Approved with the following contingencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature & Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Supply Unit:**

Sent to Dispatch (Date): \_\_\_\_\_ Resource Order Assigned: **S**-\_\_\_\_\_