PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. *[O#, A#, E# or C#]*	2. ID NO. *(FORM of-288, Emerg. Firefighter Time Report)* **Not Applicable**
		3. ISSUED TO *(Name and Address)* *(Individual Name [point of contact], Home Unit & Address, email and telephone numbers – fax, cell, work, etc.)*	
4. ISSUING OFFICE OR CAMP			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE *(Mark one with "X")* Regular Govt /_/ Casual Firefighter Other _____	

8. DESCRIPTION OF PROPERTY LOST OR DAMAGED *(Include Property No. if applicable)* *If request is for such items as parts of an equipment or vehicle, include approximate year of age of equipment.)*	QUANTITY
a.	
b.	
c.	

9. Employee report on circumstances of loss or damaged to property listed**:**
(Be specific – date, place, division on fire; be descriptive of damage, loss, how did it occur, etc.)

10. SIGNATURE	11. DATE

12. Witness report: *(Be specific –date, place, division on fire. Be descriptive of damage, loss, how did it occur, what did you see, etc.)*

13. SIGNATURE	14. DATE

15. Fire Boss or Property Control Officer comments regarding loss or damage:

See ATTACHMENT TO OF-289. Do not fill out this block.

16. SIGNATURE	17. TITLE	18. DATE

ATTACHMENT TO OF-289

Claim # _____   **Claimant Name:**_____   **Claimant RO#:**_____

Incident Supervisor Name and Incident Position: _____

Comments:

Signature & Date:_____

☐ Do Not Recommend   ☐ Recommend   Email & Phone #:_____

Subject Matter Expert Name: _____

☐ Ground Support   ☐ Communications   ☐ Computer Specialist   ☐ Other:_____

Comments:

Signature & Date:_____

☐ Do Not Recommend   ☐ Recommend   Email & Phone #:_____

Finance Section Chief Name: _____

Comments:

Signature & Date:_____

☐ Do Not Recommend   ☐ Recommend   Email & Phone #:_____

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:**
_____
_____
_____

Comments:

Name and Title:_____   Signature & Date:_____

Contact Phone:_____   Email:_____

Supply Unit:

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

GREAT BASIN ATTACHMENT TO OF-289 (12/13)