

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. Crew Name or No. (O#, A#, E# or C#)	2. ID NO (Form OF-288) NOT APPLICABLE
		3. ISSUED TO <i>(List Individual Name, Home Unit Name, Home Unit Address, Email and Telephone Numbers – Fax, Cell, Work, etc.)</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 No. and year if applicable. If request is for such items as parts of an equipment or vehicle, include approximate year or of age of equipment.)</i>			QUANTITY
a.			
b.			
c.			
9. Employee report on circumstances of loss or damaged to property listed: <i>(Be specific – date, place, division on fire; be descriptive of damage, loss, HOW DID THE FIRE CAUSE THE DAMAGE, etc.)</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: <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Please see next page. Do not complete this area. </div>			
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**- _____