PROPERTY LOSS OR DAMAGE REPORT (IBC TEST Form-289)

1. Contact Information

a. Crew/Engine/Module Name:

b. First, Last Name (no nicknames):

c. Cell Phone:

d. Work Email Address:

2. Fire Information

a. Fire Name:

b. Incident Number:

c. Financial Code:

d. Resource Order Number:

3. Home Unit

a. Home Unit Name:

c. Home Unit Phone:

b. Home Unit Address:

4. Damaged Items Description

Item	Item Description- include serial number, make/model, age of item, detail of damage, etc.	Quantity	Estimated Value of item	Initial Purchase date
1				
2				
3				
4				

5. Employee Narrative

Describe how the fire environment led to property loss and/or damage for each of the items listed above. Mitigations taken, protocols adhered to etc.

Item 1:

Item 2:

Item 3:

Item 4:

6. Documentation (check all that apply)

Attached Documentation:	Item1	Item2	Item3	Item4
Accident Report SF-91				
Witness Statement SF-94				
Photos				
General Message ICS 213's				
Police Reports				
Inventory List				
Quotes/ Estimates				

7. Employee Signature (from block 1):

8. Incident Supervisor:

(check all that apply)

☐ Employee was in performance of duties when damage occurred

☐ Damage occurred while operating item within specifications

☐ Other _____

Comments:

Signature:

Email/Phone:

To be completed by Assessing Official

9. Assessment General (Circle Y or N as applicable for each item)

Assessment	Item 1	Item 2	Item 3	Item 4
Item is operable?	Y / N	Y / N	Y / N	Y / N
Item can be repaired?	Y / N	Y / N	Y / N	Y / N
Item can only be replaced?	Y / N	Y / N	Y / N	Y / N
Did damage come from error in operation?	Y / N	Y / N	Y / N	Y / N
Typical lifespan of item				
Replacement/ Repair Cost				

10. Assessment Findings and Recommendation

Item	Findings	Additional Notes	Recommendation
Item 1:			☐ Repair ☐ Replace ☐ Do Not Recommend ☐ Other_____
Item 2:			☐ Repair ☐ Replace ☐ Do Not Recommend ☐ Other_____
Item 3:			☐ Repair ☐ Replace ☐ Do Not Recommend ☐ Other_____
Item 4:			☐ Repair ☐ Replace ☐ Do Not Recommend ☐ Other_____

11. Assessment Performed By:

☐ Communications
☐ Ground Support
☐ Incident Technology Specialist
☐ Operations
☐ Supply Unit Leader
☐ Other: _____

a. Name:

b. Position/ RO#:

c. Cell Phone:

d. Email:

Assessment Official Signature:

12. Routing: Coordinate Through Finance Section

☐ Documentation only- no further action
☐ Requesting approval- proceed to block 13

13. Determination:

(in order of precedence and as delegated)
☐ Incident Business Advisor or Finance Chief
☐ Incident Agency Administrator
☐ Delegated home unit official

Decision: (Initial all that apply)	**Item1**	**Item2**	**Item3**	**Item 4**
Approved				
Approved with contingencies				
Denied				

Comments:

Signature:

Email/Phone:

14. Logistics/Finance Section Use Only

	Item 1	Item 2	Item 3	Item 4
Claim Number				
Sent to Dispatch/GM#				
Issued S#				

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