

PROPERTY LOSS OR DAMAGE OF ITEM(S) ON INCIDENT		CREW NAME OR ENGINE #		RESOURCE ORDER # (O, E OR C #)	
NAME OF EMPLOYEE OR CREW POINT OF CONTACT		CHECK ONE: <input type="checkbox"/> USFS <input type="checkbox"/> BLM <input type="checkbox"/> FWS <input type="checkbox"/> NPS <input type="checkbox"/> BIA <input type="checkbox"/> OTHER HOME UNIT FULL NAME AND ADDRESS, CITY,STATE & ZIP: _____ _____ _____ _____			
A CELL # WHERE WE CAN REACH YOU ON THE INCIDENT: ()					
HOME UNIT PHONE NUMBER: ()					
EMAIL:					
FIRE NAME:		FIRE #:		JOB CODE:	
		DATE OF LOSS OR DAMAGE:		TIME:	
TYPE OF EMPLOYEE:					
				<input type="checkbox"/> FED <input type="checkbox"/> AD <input type="checkbox"/> STATE <input type="checkbox"/> OTHER	
DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property #, if applicable)				QUANTITY	ESTIMATED COST TO REPAIR/REPLACE
a.					
b.					
c.					
1. EMPLOYEE REPORT ON CIRCUMSTANCES OF LOSS OR DAMAGE TO PROPERTY LISTED: (Attach your inventory and/or resource order, photos or any additional pages as necessary such as estimates for repair/replacement or 213's). Be specific regarding how the damage occurred, where it occurred, and if you notified higher ups, who and when. <u>Don't just list the end result, state how it happened.</u>					
SIGNATURE		TITLE ON INCIDENT		DATE	
PRINT NAME		PHONE		AGENCY/HOME UNIT	
2. WITNESS REPORT (if no witnesses, leave blank):					
SIGNATURE		TITLE ON INCIDENT		DATE	
PRINT NAME		PHONE		AGENCY/HOME UNIT	

3. SUPERVISOR ON INCIDENT STATEMENT: (State what you know about the loss, the working conditions of the area, and when you were made aware of the incident.) If working in Operations – DIV Supervisor signature is appropriate.

SIGNATURE

TITLE ON INCIDENT

DATE

PRINT NAME

PHONE

AGENCY/HOME UNIT

4. SUBJECT MATTER EXPERT: GSUL, SPUL OR COML COMMENTS REGARDING LOSS OR DAMAGE OR AVAILABILITY OF PARTS, ESTIMATED CACHE VALUE OF SIMILAR ITEM, ESTIMATED COST TO REPAIR.

SIGNATURE

TITLE ON INCIDENT

DATE

PRINT NAME

PHONE

AGENCY/HOME UNIT

5. APPROVAL OR DENIAL OF REQUEST FOR REPAIR OR REPLACEMENT (DETERMINED BY LOCAL HOME UNIT, FSC OR IBA):

☐ APPROVED ☐ APPROVED WITH CONTINGENCIES (see below) NTE \$ _____ OR
☐ DENIED REASON FOR DENIAL:

SIGNATURE

TITLE ON INCIDENT

DATE

PRINT NAME

PHONE

AGENCY/HOME UNIT

6.SUPPLY UNIT LEADER:

S#: _____ NTE \$ _____

S#: _____ NTE \$ _____

S#: _____ NTE \$ _____

S#: _____ NTE \$ _____

Sent to Dispatch (Date)

7. NOTIFICATIONS (IF APPLICABLE):

SAFETY

OPERATIONS

OES

DATE

DATE

DATE