

ALASKA Division of Forestry			Warehouse <input type="checkbox"/> Issue <input checked="" type="checkbox"/> Return		Requisition No.:
From: Supply	To: Joe Firefighter	Fire Name: Fish Creek	Fire No.: 111246	Date Needed:	
Mode of Transportation: (GBL No.)		Account Code:	Resource Order No.:		
Order Request Number	Catalog Number	ITEM DESCRIPTION (Property Number if Applicable)	Qty.	Unit Issue	Weight
	0579	Shirt, Fire, Large	1	EA	
	0022	Bag, Sleeping	1	EA	
Issued By: _____		Date: _____	Total Pieces/Weight: _____		
Received By: Joe Supply		Date: 7/12/0x	Posted to Inventory: _____		By: _____
Comments:					

**STATE OF ALASKA**  
**PROPERTY RECEIPT**

From: (Dept./Div./Location) <b>Supply</b>	To: (Dept./Div./Location) <b>John Firefighter</b>	Date: <b>7/12/04</b>
<input checked="" type="checkbox"/> ISSUE STOCK <input type="checkbox"/> TEMPORARY ISSUE (Intra-agency) <input type="checkbox"/> TEMPORARY LOAN (Inter-agency)		

**FOR PERMANENT TRANSFERS USE FORM 02-622. (REF. PROPERTY MANUAL, CHAPTER 4)**

FCH # (if applicable)	Qty	Description of Item	Date to be returned	Date Returned	Initial/Partial Returns
13D-1234	EA	King Radio	7/15		

Issued By: (Signature) <b>Joe Supply</b> Type or Print Name <b>Joe Supply</b>	Received By: (Signature) <b>John Firefighter</b> Type or Print Name <b>John Firefighter</b>
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Loaning Agency retains original and borrowing Agency retains copy until ALL items returned. Loaning Agency will initial for partial returns; both copies may be destroyed when all items have been returned.

02-657 (8/90)  
DRAFT

State of Alaska No.  
**LOST~STOLEN~DAMAGED PROPERTY REVIEW**  
 (See State Property Manual for Instructions)

1. Department	2. Division	3. Section	4. Date
5. Property Location		6. Check One	
		<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen
		<input type="checkbox"/> Damaged, Repairable	<input type="checkbox"/> Destroyed
7. Police Notified	<input type="checkbox"/> Yes (attach report)	<input type="checkbox"/> No, explain in 13	8. Serial Number
9. Description			
10. Class Code	11. Property Tag Number	12. Value \$	
13. Circumstances (Include Names of Witnesses):			
Signature of Custodian		Printed Name & Title	Date

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has disciplinary action been taken?			
Explain precautions taken to safeguard State property.			
14a. Signature of Immediate Supervisor		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken.		Recommendations:	
15. Signature of Division Director		Printed Name & Title	Date
The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with State and Department policies.		Recommendations:	
Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).			
16. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and/or authorize that action be taken as recommended.		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18.	Approved	Signature of State Property Manager	Date
	Disapproved		
Item <input type="checkbox"/> will <input type="checkbox"/> will not be dropped from inventory.		Recommendations:	

<b>PROPERTY LOSS OR DAMAGE REPORT</b> <b>Fire Suppression</b>		1. CREW NAME OR NO.	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address)	
4. ISSUING OFFICE OR CAMP NAME			
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't <input type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a.			
b.			
c.			
9. Employee report on circumstances of loss or damage to property listed:			
10. SIGNATURE		11. DATE	
12. Witness report:			
13. SIGNATURE		14. DATE	
15. Fire Boss or Property Control Officer comments regarding loss or damage:			
16. SIGNATURE	17. TITLE	18. DATE	


NSN 7540-01-124-7634

ORIGINAL—Issuing Office


OPTIONAL FORM 289 (9-81)  
 USDA/USDI  
 50289-101

State of Alaska  
**LOST / STOLEN / DAMAGED PROPERTY REVIEW**

No. XXXXXXXX

1. Department Natural Resources	2. Division Forestry	3. Section	4. Date 08/02/2015
5. Property Location Tok		6. Check One <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Damaged <input checked="" type="checkbox"/> Destroyed	
7. Police Notified <input type="checkbox"/> Yes (attach report) <input checked="" type="checkbox"/> No		8. Witnesses <input checked="" type="checkbox"/> Yes, explain in 13 <input type="checkbox"/> No	
9. Property Description: Stihl 036 Chainsaw			
10. Serial # 37205	11. Tag # 10-13788	12. Value \$360	
13. Circumstances: Chainsaw placed on pallet. Forklift knocked chainsaw off, drove over it, broke the bar & cracked the motor casing.			
Signature of Custodian 		Printed Name & Title John Doe, Warehouse Manager	Date 08/03/2015

**COMPLETE 14-18 AND EXPLAIN ACTION TAKEN**

14. I certify that, to the best of my knowledge, the above is true and correct.			
Negligence apparent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, disciplinary action taken? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Explain precautions taken to safeguard State property: Warehouse staff told not to stack anything on cubies. Forklift drivers told to be more aware of surroundings.			
14a. Signature of Immediate Supervisor 		Printed Name & Title Jane Doe, Assistant Warehouse Manager	Date 08/03/2015
I <input checked="" type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
15. Signature of Department Property Officer		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
16. Signature of Division Director or Designee		Printed Name & Title	Date
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings. Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for damaged items only).		Recommendations:	
17. Signature of Commissioner or Designee		Printed Name & Title	Date
18. <input type="checkbox"/> Approved		Signature of State Property Manager	Date
<input type="checkbox"/> Disapproved			
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		Recommendations:	

# GENERAL MESSAGE

**TO:**

POSITION

FROM

POSITION

SUBJECT

DATE

MESSAGE:

SIGNATURE/POSITION

**REPLY**

DATE

TIME

SIGNATURE/POSITION

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		1. CREW NAME OR NO. Flame Fighters	2. ID NO. (Form OF-288, Emerg. Firefighter Time Report)
		3. ISSUED TO (Name and Address) PO Box 222 Fairbanks, AK 99707	
4. ISSUING OFFICE OR CAMP NAME Delta Ared			
5. FIRE NAME Quartz Lake	6. FIRE NO. 73X32172	7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Gov't <input checked="" type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
8. DESCRIPTION OF PROPERTY LOST OR DAMAGED (Include Property No., if applicable)		QUANTITY	
a. 1 GPS Unit		\$425.00	
b. 1 Bendix-King portable Radio		\$650.00	
c. 1 North face Tent		\$255.00	
9. Employee report on circumstances of loss or damage to property listed: I was told to leave my gear at Helispot 4 while on the line on 6/27. A windshift sent the fire across the helispot, and my tent and day pack which included my GPS unit and radio burned up.			
10. SIGNATURE Gale Jeger		11. DATE 6/29/XX	
12. Witness report: I was in camp next to the helispot when it burned over. Most gear was saved, but not Gale's.			
13. SIGNATURE Thomas Martin, Crew Boss		14. DATE 6/30/XX	
15. Fire Boss or Property Control Officer comments regarding loss or damage: Gale was ordered to leave her gear at the helispot and it burned up when the wind changed & the helispot burned over. I recommend we replace the above gear at the price guidance allowance.			
16. SIGNATURE Dink Pitt		17. TITLE Incident Commander	18. DATE 7/2/XX

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