

GENERAL MESSAGE

TO:

POSITION

FROM

POSITION

SUBJECT

DATE

MESSAGE:

SIGNATURE/POSITION

REPLY

DATE

TIME

SIGNATURE/POSITION

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:	

PROPERTY LOSS OR DAMAGE REPORT Fire Suppression		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

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ORIGINAL—Issuing Office

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