

STATE OF ALASKA
PROPERTY RECEIPT

From: (Dept./Div./Location) Supply	To: (Dept./Div./Location) John Firefighter	Date: 7/12/04
<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) Joe Supply Type or Print Name Joe Supply	Received By: (Signature) John Firefighter Type or Print Name John Firefighter
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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

ALASKA Division of Forestry			Warehouse	<input type="checkbox"/> Issue	Requisition No:
From: Supply	To: Joe Firefighter	Fire Name: Fish Creek	Fire No.: 111246	<input checked="" type="checkbox"/> Return	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:					

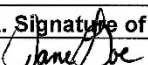
(10-1505 10/87) WHITE - WAREHOUSE PINK - WAREHOUSE FILE YELLOW - RECEIVING GREEN - OPTIONAL

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 type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
15. Signature of Department Property Officer			
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		Recommendations:	
16. Signature of Division Director or Designee			
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			
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:	

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 Area		5. FIRE NAME Quartz Lake	6. FIRE NO. 73X32172
		7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt. <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 Northface 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 Dirk Pitt		17. TITLE Incident Commander	18. DATE 7/2/XX

NSN 7540-01-124-7634

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