

**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
<b>13D-1234</b>	<b>EA</b>	<b>King Radio</b>	<b>7/15</b>		

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>
--	--


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

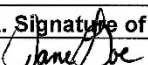


State of Alaska  
**LOST / STOLEN / DAMAGED PROPERTY REVIEW**

No. **XXXXXXXX**

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

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

<b>14. I certify that, to the best of my knowledge, the above is true and correct.</b>			
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			
<b>Explain precautions taken to safeguard State property:</b> Warehouse staff told not to stack anything on cubies. Forklift drivers told to be more aware of surroundings.			
<b>14a. Signature of Immediate Supervisor</b> 	<b>Printed Name &amp; Title</b> Jane Doe, Assistant Warehouse Manager	<b>Date</b> 08/03/2015	
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		<b>Recommendations:</b>	
<b>15. Signature of Department Property Officer</b>			
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.		<b>Recommendations:</b>	
<b>16. Signature of Division Director or Designee</b>			
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).		<b>Recommendations:</b>	
<b>17. Signature of Commissioner or Designee</b>			
<b>18.</b> <input type="checkbox"/> Approved	<b>Signature of State Property Manager</b>		<b>Date</b>
<input type="checkbox"/> Disapproved			
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.		<b>Recommendations:</b>	

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		7. TYPE EMPLOYEE (Mark one with "X") <input type="checkbox"/> Regular Govt. <input checked="" type="checkbox"/> Casual Firefighter <input type="checkbox"/> Other	
5. FIRE NAME Quartz Lake	6. FIRE NO. 73X32172		
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 Jegaee		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	

NSN 7540-01-124-7624

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

Commented [CBL(1)]: Will probably delete until have new example