
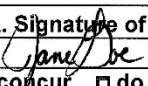


State of Alaska
 LOST / STOLEN / DAMAGED PROPERTY REVIEW

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		Recommendations:	
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.			
15. Signature of Department Property Officer		Printed Name & Title	
Date		Recommendations:	
I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings.			
16. Signature of Division Director or Designee		Printed Name & Title	
Date		Recommendations:	
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).			
17. Signature of Commissioner or Designee		Printed Name & Title	
Date		Recommendations:	
18. <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		Signature of State Property Manager	
Date		Recommendations:	
Item <input type="checkbox"/> will <input type="checkbox"/> will not be removed from inventory.			

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 Dink Pitt		17. TITLE Incident Commander	18. DATE 7/2/XX

NSN 7540-01-124-7634

OPTIONAL FORM 289 (9-81)
USDA/USDI
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