

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

No.

Page of

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	<input type="checkbox"/> Destroyed
7. Police Notified	<input type="checkbox"/> Yes (attach report)	<input type="checkbox"/> No	8. Witnesses
		<input type="checkbox"/> Yes, explain in 13	<input type="checkbox"/> No
9. Property Description:			
10. Serial #	11. Tag #	12. Value	
13. Circumstances:			
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, disciplinary action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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.	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:	

<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			
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