



LOST-STOLEN-DAMAGED PROPERTY REVIEW

No. 47244

(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 No.		9. Description				10. Class Code	
11. Tag No.						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.		
Signature of Immediate Supervisor		Date
15. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and action taken. RECOMMENDATIONS:		
Signature of Division Director		Date

REPORT OF REVIEW

16. 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).		
Signature of Department Property Officer		Date
17. 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:		
Signature of Commissioner or Designee		Date
18. 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 be dropped from inventory. RECOMMENDATIONS:		
Signature of State Property Manager		Date

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	