		1. CREW NAME OR NO.		2. ID NO. (FORM of-288, Emerg.
				Firefighter Time Report)
PROPERTY LOSS OF		3. ISSUED TO (Name and Address)		
Fire Supp	Dression		huiress	
4. ISSUING OFFICE OR CAMP				
5. FIRE NAME	6. FIRE NO.	7. TYPE EMPLOYEE (Mark one with "X")		
		Regular Gov't	Casual Firefighter	Other
8. DESCRIPTION OF PROPER	TY LOST OR DAMAGED (Include			QUANTITY
a.				
b.				
с.				
9. Employee report on circumstances	s of loss or damage to property list	ted:		-
10. SIGNATURE				11. DATE
12. Witness report:				
12. Williess report.				
13. SIGNATURE				14. DATE
15. Fire Boss or Property Control Office	cer comments regarding loss or d	amage:		•
16. SIGNATURE		17. TITLE		18. DATE
NSN 7540-01-124-7634		1		OPTIONAL FORM 289 (9-81)
				USDA/USDI

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