

Yakima County Fire District #5 Lost or Damaged Equipment Form (Employee complete front – Staff contacted fill out back)



Name of employee:		District ID #	Today's Date:
Date of Incident:	Did this happen on a incid	lent? <i>Yes</i> □ <i>No</i> □	
Incident location:			Time of incident:
What piece of district pro	operty was involved: (Turnouts,	Pager, Portable)	
Was there any witness's?	? If yes, who:		
Where pictures taken of	damaged equipment?	If yes, were	they attached?
Describe weather conditi	ions at time of incident if applic	able:	
Did you notify a district s	taff member? If ye	es, who?	
Did this occur on a: Emer	rgency call□ Training □		
Describe how equipment	t got damaged in detail (If more	paper needed, please	e attach)
Describe conditions that	might have contributed to incid	dent or damage to equ	uipment:
Have you lost or damage	d similar equipment before, if y	es please describe:	
•	incident or damaged equipmen		
Recommendations to pre	event similar incidents or dama	ge to equipment:	
	<u> </u>		
Employee Cianature:		Data	
Employee Signature:		Date:	

(Staff contacted fills this section out)

Name:			District ID#	Today's Date:	
Were pictures taken,	if yes did the	y get attached	to paperwork?	vos what is police numbo	r:
If item had a serial nu					r
What do you believe	the cause of	the damaged e	quipment was?		
Recommendations to	nrevent furt	her damage to	equinment:		
Staff officer Signature				Dato	
Staff officer Signature	٠			Date	
		Chief	Officer Cor	nments	
180:			183:		
Date:	Date:	Date:	Date:	Date:	