Dix Hills Fire Department

LOST OR MISSING EQUIPMENT REPORT

Date of Report:_____

Member Submitting Report:_____

Alarm Type: _____ Alarm Number: _____

Details of Event:

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Company / Squad Officer's_____ (Signature)

Company Chief's Findings: (Circle Which Applies)

Accidental Corrective Action Disciplinary Action Unknown

Company Chief_____ (Signature)

Chief of Department_____ (Signature)