



Cal OES Special Ops Equipment Accountability Form
Cal OES SF-S&R Response Teams Type 1 & Type 2 US&R Trailers
California Governors Office of Emergency Services - Fire & Rescue Branch



ASSIGNEE/ EMPLOYEE	AGENCY _____		NAME: _____		
	RESOURCE ID _____		PHONE: _____		
	HOME STATION: (ADDRESS) _____		DATE: _____		
PROBLEM	<input type="checkbox"/> DESTROYED <input type="checkbox"/> STOLEN ** <input type="checkbox"/> LOST <input type="checkbox"/> BROKEN				
	<input type="checkbox"/> OTHER: _____ ** A LAW ENFORCEMENT REPORT MUST ACCOMPANY THIS REPORT.				
ITEM	NAME / ASSET TAG: _____		SERIAL NO.: _____		
	DESCRIPTION: _____				
INCIDENT/ PREPOSITION	NAME: _____		DATE: _____ TIME: _____		
	LOCATION: _____		Incident/Preposition #: _____		
INCIDENT NARRATIVE	DESCRIBE THE INCIDENT: _____				
	ACTIONS TAKEN TO RECOVER: _____				
	HOW TO PREVENT FUTURE OCCURRENCE: _____				
	NAME OF WITNESSES: _____				
	REPLACEMENT NEEDED: (SIZE, NAME, ITEM, ETC.) _____				
SIGNATURES	_____ REPORTING PERSON (PRINT)		_____ SIGNATURE	_____ TITLE	_____ DATE
	_____ SUPERVISOR (PRINT)		_____ SIGNATURE	_____ TITLE	_____ DATE
	_____ OES ASST/DEPUTY CHIEF (PRINT)		_____ SIGNATURE	_____ TITLE	_____ DATE
OES ADMIN	_____ OES ADMIN CHIEF (PRINT)		_____ SIGNATURE	_____ TITLE	_____ DATE
	*VEHICLES, TRAILERS: USE FORM 161		DATE: _____		
CAL OES NEXT STEPS		(Filled by) _____			

(INSTRUCTIONS)

To ensure clarity and completeness when filling out this form, here are instructions for each section:

ASSIGNEE/EMPLOYEE

- **AGENCY:** Enter the agency of the employee responsible for the item.
- **NAME:** Write the full name of the employee responsible for the item.

UNIT/PHONE/STATION/DATE

- **RESOURCE ID:** Specify the Cal OES Assigned Resource I.D. (example: "SF-S&R Team __") and--if applicable--the home agency unit number or designation
- **PHONE:** Provide a contact phone number for the employee or agency.
- **HOME STATION:** Indicate the home station or location code, if applicable.
- **DATE (ADDRESS):** Enter the date of the report and the address of the station or location, if required.

PROBLEM

Check the appropriate box to indicate the nature of the problem (Destroyed, Stolen, Lost, Damaged). If 'Other', specify in the space provided. **Note that for stolen items, a law enforcement report must accompany this form.**

ITEM

- **NAME / ASSET TAG:** Enter the name or asset tag of the item.
- **SERIAL NO.:** Provide the serial number of the item, if available.
- **DESCRIPTION:** Give a brief description of the item.

INCIDENT/PREPOSITION

- **NAME:** Enter the name of the person reporting the incident, damage, or loss.
- **DATE:** Date of the incident, damage, or loss.
- **TIME:** Time when the incident, damage, or loss occurred.
- **LOCATION:** Specific location of the incident, damage, or loss
- **Incident/Preposition #:** If there is a reference number associated with the Incident, Response, or California Fire & Rescue PrePosition, include it here.

INCIDENT NARRATIVE

- **DESCRIBE THE INCIDENT, DAMAGE, OR LOSS:** Provide a detailed account of what happened.

*USE FORM 161 FOR CAL OES VEHICLES OR TRAILERS

- **ACTIONS TAKEN TO RECOVER:** Describe any steps already taken to recover the item.
- **HOW TO PREVENT FUTURE OCCURRENCE:** Suggest measures or changes to prevent similar incidents.
- **NAME OF WITNESSES:** List names of any witnesses to the incident.
- **REPLACEMENT NEEDED:** If a replacement is needed, specify the size, name, and item details.

SIGNATURES

This section is for official use by the reporting person, their supervisor, and the OES Assistant/Deputy Chief and OES Admin Chief. Each should print their name, provide their signature, title, and date to validate the report.

REPORTING PERSON (PRINT)

- **SIGNATURE:** The employee reporting the incident signs here.
- **TITLE:** Job title of the reporting employee.
- **DATE:** The date the form is filled out.

SUPERVISOR (PRINT)

- **SIGNATURE:** Supervisor's signature for acknowledgment.
- **TITLE:** Supervisor's job title.
- **DATE:** Date of supervisor's acknowledgment.

CAL OES SPECIAL OPS & HAZ MAT ASSISTANT OR DEPUTY CHIEF

- **NAME & SIGNATURE:** Assistant or Deputy Chief: Print name, signature after review
- **TITLE:** Their job title.
- **DATE:** Date of their acknowledgment.

CAL OES FLEET ASSISTANT OR DEPUTY CHIEF

- **SIGNATURE:** OES Fleet Deputy Chief signature for approval of repair or replacement
- **TITLE:** Their job title.
- **DATE:** Date of their acknowledgment.

Submit to Cal OES, Fire and Rescue Division, Fleet Analyst at:

Email: Fire.Rescue.Fleet-Repairs@caloes.ca.gov

cc: Jeff Adams, Assistant Chief, jeff.adams@caloes.ca.gov

Jeff Dapper, Assistant Chief, jeff.dapper@caloes.ca.gov

David Norman, Assistant Chief, david.norman@caloes.ca.gov

Phone: (916) 845-8723

Fax: (916) 845-8396

After Hours/Emergency: Fire and Rescue Division (916) 845-8711