



DEPARTMENT OF FIRE AND RESCUE SERVICES  
MONTGOMERY COUNTY, MD.

**DIRECTIVE**

**NUMBER:** 95-34

**DATE:** December 8, 1995

**TO:** All DFRS Employees  
**FROM:** Chief Jon C. Grover, Director  
**SUBJECT:** Property Section Reporting Requirements  
for Lost, Stolen or Damaged Property

A handwritten signature in black ink, appearing to read "Jon C. Grover", is written over the "FROM:" line of the directive.

Directive 95-32, issued November 28, 1995, discontinued use of the three-part Supervisor's Incident Investigation Report (SIIR). Policy and Procedure #516, "Uniforms," and Policy and Procedure #804, "Protective Clothing," required the completion of the SIIR prior to the publication of this directive.

Thus, the Property Section has designed a new Property Request form (copy attached) that includes space for a statement by the employee for cases involving property that is being reported as lost, stolen or damaged. This statement must be completed for review by the Station Commander or Division Supervisor. Completion of this portion of the form is not necessary for the routine replacement of property due to normal wear and tear.

A stock of the new Property Request forms will be delivered to each station or work site within the next two weeks. Personnel responsible for maintaining station forms are directed to discard all previous editions of the Property Request form. The new form will be stocked at the Property Section for future requisitioning.

For additional information contact: Property Section on 217-7310

Attachment: Copy of new Property Request form (AD90023 9/95)

k:info2:rjf



DEPARTMENT OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MARYLAND

PROPERTY REQUEST

Name: Last First MI I.D. #: Station Shift Bureau Rank

Duty Assignment: Station Shift Bureau Rank

Item Description Sizing Information Quantity

Table with 3 columns: Item Description, Sizing Information, and Quantity. Multiple empty rows for data entry.

Employee Statement (Required) for Lost, Stolen, or Damaged Property:

Blank lines for employee statement.

\*Station Commander Authorization: Signature Date

Comments:

\*\*Division Supervisor: Signature Date

Comments:

\* Required for Bureau of Operations. Not applicable to other Bureaus/Divisions

\*\* Required for all other Bureaus/Divisions