



**Division 10** **Logistics and Supply**

**Chapter 02- Alteration, Replacement and Turn-In of Work  
Uniforms**

January 2009

**POLICY**

This General Order shall ensure that a professional appearance is maintained, and the return and/or replacement of uniforms are conducted in an economically efficient manner.

Only approved uniforms may be worn by career personnel.

**DEFINITIONS**

**One-for-one** – exact item replacement for items being turned in

**PPE** – Personal Protective Equipment

**PROCEDURES**

**1. Alterations**

Any alterations to uniforms, for example, hemming of pants or sewing of a shoulder emblem, are to be completed at the cost of the employee or member, unless previously approved by the Logistics Manager.

**2. Uniform Replacement**

All issued uniforms are property of the Prince George's County Government. Lost or stolen uniforms, whether entire or portions thereof, must be reported, in writing, to Logistics and Supply and a Loss and Damage Report Form #556 shall be completed and turned in to Logistics and Supply.

Personnel in need of replacement uniforms shall complete Clothing Request (P.G.C. Form #1362), the Station Officer shall verify the need for the replacement before approving the request.

The approved Clothing Request will be forwarded to the Battalion Chief for approval and documentation. The original and other attached copies are returned to the employee. The employee then presents the approved form, along with the items to be exchanged on a one-for-one basis to Logistics and Supply. Battalion Chiefs and Station Officers shall ensure that uniforms will be examined and replaced as necessary.

All replaced items shall come under the scrutiny of the Logistics Manager for final approval of the exchange. If the employee does not have a one-for-one exchange they may be denied the ability to obtain uniforms through Logistics and Supply.

Clothing that is no longer usable shall be returned to Logistics and Supply. Personnel leaving the Fire/EMS Department must return all issued uniforms.

**REFERENCES**

N/A

**FORMS/ATTACHMENTS**

Clothing Request (PGC Form 1362)

Notice of Loss and Damage Report (PGC Form 556)

# CLOTHING REQUEST

Full Name/Rank \_\_\_\_\_ Date \_\_\_\_\_

I.D.# \_\_\_\_\_ Station \_\_\_\_\_ Authorized \_\_\_\_\_

## A. Turn-Out Gear

Size

Quantity

- |                      |       |       |
|----------------------|-------|-------|
| 1. Coat, Bunker      | _____ | _____ |
| 2. Boots, 1/2 length | _____ | _____ |
| 3. Helmet            | _____ | _____ |
| 4. Goggles/Liner     | _____ | _____ |
| 5. Gloves            | _____ | _____ |
| 6. Pants, Bunker     | _____ | _____ |
| 7. Suspenders        | _____ | _____ |
| 8. Nomex Hood        | _____ | _____ |

## B. Uniform, Work

- |                            |       |       |
|----------------------------|-------|-------|
| 1. Pants, Work             | _____ | _____ |
| 2. Shirts, S. S. Dark Blue | _____ | _____ |
| 3. Shirts, L. S. Dark Blue | _____ | _____ |
| 4. Belt/Buckle             | _____ | _____ |
| 5. Parka, Winter Coat      | _____ | _____ |

## C. Uniform, Dress

- |                                   |       |       |
|-----------------------------------|-------|-------|
| 1. Pants, Dress Uniform           | _____ | _____ |
| 2. Pants, Dress (Office Only)     | _____ | _____ |
| 3. Shirts, S. S. Light Blue/White | _____ | _____ |
| 4. Shirts, L. S. Light Blue/White | _____ | _____ |
| 5. Blouse/Blazer (Insp. Only)     | _____ | _____ |
| 6. Hat, Dress/Cover               | _____ | _____ |
| 7. Raincoat                       | _____ | _____ |

## D. Insignia Request

1. Collar Pins \_\_\_\_\_ Badges, Breast \_\_\_\_\_ Cap \_\_\_\_\_ Tie Tac \_\_\_\_\_ PGFD Bar \_\_\_\_\_

2. Name Plates \_\_\_\_\_ Rank \_\_\_\_\_

First Two (2) Initials & Last Name

# PRINCE GEORGE'S COUNTY GOVERNMENT

## NOTICE OF LOSS OR DAMAGE REPORT

DEPARTMENT FIRE	CODE NO.										
DATE OF LOSS OR DAMAGE	<b>DO NOT WRITE IN THIS SPACE</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 60%;">PROPERTY AFFECTED</th> <th style="text-align: left; width: 40%;">ESTIMATE OF LOSS</th> </tr> <tr> <td>BUILDING OR STRUCTURE</td> <td><input type="checkbox"/> \$</td> </tr> <tr> <td>MOTOR VEHICLE</td> <td><input type="checkbox"/> \$</td> </tr> <tr> <td>OTHER PROPERTY</td> <td><input type="checkbox"/> \$</td> </tr> </table>	PROPERTY AFFECTED	ESTIMATE OF LOSS	BUILDING OR STRUCTURE	<input type="checkbox"/> \$	MOTOR VEHICLE	<input type="checkbox"/> \$	OTHER PROPERTY	<input type="checkbox"/> \$	FILE NO.		
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BUILDING OR STRUCTURE	<input type="checkbox"/> \$										
MOTOR VEHICLE	<input type="checkbox"/> \$										
OTHER PROPERTY	<input type="checkbox"/> \$										
DATE RECORDED											
COVERAGE PERIOD											
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TYPE OF LOSS											
FIRE, WINDSTORM, OR OTHER	<input type="checkbox"/>										
ACCIDENT OR COLLISION	<input type="checkbox"/>										
THEFT	<input type="checkbox"/>										
CAUSE OF LOSS OR DAMAGE (Attach Supporting Information)											
DATE 8-3-05	SIGNED _____ TITLE Fire Lieutenant										
<b>DO NOT WRITE – INFORMATION NOTES</b>											
<p style="text-align: center;">FORWARD IN DUPLICATE TO:  <b>SAFETY AND INSURANCE MANAGEMENT DIVISION</b>                      Room 5000, County Administration Building</p>											