

INCIDENT CHECK-IN LIST (ICS 211)

1. Incident Name:	2. Incident Number:	3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other					4. Start Date/Time: Date: _____ Time: _____
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Check-In Information (use reverse of form for remarks or comments)

5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:								6. Order Request #	7. Date/Time Check-In	8. Leader's Name	9. Total Number of Personnel	10. Incident Contact Information	11. Home Unit or Agency	12. Departure Point, Date and Time	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Data Provided to Resources Unit
State	Agency	Category	Kind	Type	Resource Name or Identifier	ST or TF												

ICS 211	17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____
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