Check In (ICS 211)

1. INCIDENT NAME	INCIDENT NUMBER	2. CHECK-IN LOCATION	3. DATE/TIME
		☐ Base ☐ Camp ☐ Staging Area ☐ ICP Res. Unit ☐ Helibase	

CHECK-IN INFORMATION

4. LIST PERSONNEL (overhead) BY AGENCY & NAME - OR - LIST EQUIPMENT BY THE FOLLOWING FORMAT:					5. ORDER/ REQUEST NUMBER	6. DATE/ TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. HOME BASE	10. DEPARTURE POINT	11. METHOD OF TRAVEL	12. INCIDENT ASSIGNMENT	13. OTHER QUALIFICATIONS	14. SENT TO RESOURCE UNIT
Agency	Single	Kind	Type	I.D. No/Name										

REMARKS or COMMENTS

Page		of		17. PREPARED BY (Name and Position)