



# 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 UNIT/AGENCY		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)												SIGNATURE		