Check In (ICS 211)

1. INCIDENT NAME	2. INCIDENT NUMBER	3. CHECK-IN LOCATION	4. START DATE/TIME
		☐ Base ☐ Camp ☐ Staging Area ☐ ICP ☐ Helibase ☐ Other _____	Date: Time:

CHECK-IN INFORMATION (use reverse of form for remarks or comments)

5. LIST PERSONNEL (overhead) BY AGENCY & NAME - OR - LIST RESOURCES BY THE FOLLOWING FORMAT:							6. LDW	7. ORDER REQUEST NUMBER	8. DATE/ TIME CHECK-IN	9. LEADER'S NAME	10. TOTAL NUMBER PERSONNEL	11. CONTACT INFORMATION	12. HOME UNIT /BASE	13. DEPARTURE POINT	14. METHOD OF TRAVEL	15. INCIDENT ASSIGNMENT	16. OTHER QUALIFICATIONS	17. SENT TO RESOURCE UNIT
P/T	AGENCY	CAT.	KIND	TYPE	ST/TF	RESOURCE NAME OR I.D. #												

18. REMARKS or COMMENTS

Page		of		19. PREPARED BY (Name and Position)	SIGNATURE