



Check In (ICS 211-WF)

| | | | | | | | | | | | | | | | | | | | | | |
|--|--------|------|------|------|-----------|----------------------|--------------------|-------------------------|----------------------|------------------|----------------------------|-------------------------|--------------------|---------------------|----------------------|-------------------------|--------------------------|--------------------------|--|--|--|
| 1. INCIDENT NAME | | | | | | | 2. INCIDENT NUMBER | | 3. CHECK-IN LOCATION | | | | 4. START DATE/TIME | | | | | | | | |
| | | | | | | | | | | | | | DATE: | | | TIME: | | | | | |
| CHECK-IN INFORMATION | | | | | | | | | | | | | | | | | | | | | |
| 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 ASSINGMENT | 16. OTHER QUALIFICATIONS | 17 SENT TO RESOURCE UNIT | | | |
| P/T | AGENCY | CAT. | KIND | TYPE | ST/TF | RESOURCE NAME OR ID# | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 18. REMARKS | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 19. PREPARED BY | | | | | Position: | | | | | | | | | Name: | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | PAGE | | | | OF | | | |