



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									Signature								
					Name																	
															PAGE				OF			