



# INCIDENT CHECK-IN LIST

## ICS 211

1. INCIDENT/EVENT NAME

2. START DATE AND TIME

Date:  
Time:

3. CHECK-IN LOCATION (Please check)

☐ Base ☐ Camp ☐ Staging Area ☐ ICP ☐ Others

### 4. CHECK-IN INFORMATION

Order/ Request No.	Check-In Date and Time	Kind	Type	Resource Identifier			Name of Agency / Office / Home Base	Name of Leader	Contact Details	Total No. of Pers.	Departure Details			With Manifest?		Incident Assignment	Other Qualifications	Data Sent to RESL
				Single Resource	ST	TF					Point of Origin	Date and Time	Method of Travel	Yes	No			

Use additional sheets as needed

Page \_\_\_\_ of \_\_\_\_

5. Prepared by (\_\_\_\_)

Name and Signature:

Date Prepared:

Time Prepared:

<b>1. NAME Of AGENCY / OFFICE / HOME BASE</b>								
<b>2. NAME Of LEADER</b>								
<b>3. CONTACT DETAILS</b>								
<b>4. TOTAL NUMBER OF PERSONNEL:</b> _____								
Name	Age	Gender	Weight (kg)	Contact Details	Capabilities/ Specialization	Others		
<i>Use additional sheet as necessary</i>								
<b>5. TOTAL NUMBER OF VEHICLES:</b> _____ LAND: _____ WATER: _____ AIR: _____								
Name of Operator	Kind	Type	Plate Number	Fuel Type	Weight (kg)	Contact Details	Capabilities/ Specialization	Others


*Use additional sheet as necessary*

**6. TOTAL NUMBER OF EQUIPMENT: \_\_\_\_\_**

[illegible]

*Use additional sheet as necessary*

**7. OTHERS:** \_\_\_\_\_

[illegible]

*Use additional sheet as necessary*

<b>7. Prepared by (____)</b>	Name and Signature:	Date Prepared:	Time Prepared: