



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:



CHECK-IN MANIFEST

1. NAME OF AGENCY / OFFICE / HOME BASE

2. NAME OF LEADER

3. CONTACT DETAILS

4. TOTAL NUMBER OF PERSONNEL: _____

Name	Age	Gender	Weight (kg)	Contact Details	Capabilities/ Specialization	Others

Use additional sheet as necessary

5. TOTAL NUMBER OF VEHICLES: _____

LAND: _____

WATER: _____

AIR: _____

Name of Operator	Kind	Type	Plate Number	Fuel Type	Weight (kg)	Contact Details	Capabilities/ Specialization	Others

7. Prepared by (____)	Name and Signature:	Date Prepared:	Time Prepared: