



INCIDENT CHECK-IN LIST

ICS 211





CHECK-IN MANIFEST



Table 1. Summary of the main characteristics of the four groups of patients.

Use additional sheet as necessary

6. TOTAL NUMBER OF EQUIPMENT: _____

Use additional sheet as necessary

7. OTHERS: _____

Use additional sheet as necessary

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