

(SEMS 8/95)

CHECK-IN LIST ICS 211

1. INCIDENT NAME

2. CHECK IN LOCATION

BASE CAMP _____ STAGING AREA ICP RESTAT HELIBASE

3. DATE/TIME

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY AND NAME
LIST EQUIPMENT BY THE FOLLOWING FORMAT:

AGENCY	SINGLE T/F S/T	KIND	TYPE	ID. NO/NAME	ORDER/ REQUEST NUMBER	DATE/TIME CHECK-IN	LEADER'S NAME	TOTAL NO. PERSONNEL	9. MANIFEST		10. CREW WEIGHT OR INDIVIDUALS WEIGHT	11 HOME BASE	12. DEPARTURE POINT	13. METHOD OF TRAVEL	14. INCIDENT ASSIGNMENT	15. OTHER QUALIFICATION	16 SENT TO RESTAT- TIME
									YES	NO							

18. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS