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|---------------------------------------------------------------------------------------------|------------|------|------|----------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------|------------------|------------------------|----------|-----|-----------------------------------------------|--------------|--------------------|---------------------|------------------------|------------------------|-----------------------------------|
| <b>CHECK-IN LIST</b>                                                                        |            |      |      | 1. INCIDENT NAME                                                     |                             | 2. CHECK-IN LOCATION<br>_____<br>— BASE — CAMP — STAGING AREA — ICP RESOURCES — HELIBASE |                  |                        |          |     |                                               |              |                    | 3. DATE/TIME        |                        |                        |                                   |
| <b>CHECK-IN INFORMATION</b>                                                                 |            |      |      |                                                                      |                             |                                                                                          |                  |                        |          |     |                                               |              |                    |                     |                        |                        |                                   |
| 4. LIST PERSONNEL (OVERHEAD) BY AGENCY & NAME - OR- LIST EQUIPMENT BY THE FOLLOWING FORMAT: |            |      |      |                                                                      | 5.                          | 6.                                                                                       | 7.               | 8.                     | 9.       | 10. | 11.                                           | 12.          | 13.                | 14.                 | 15.                    | 16.                    |                                   |
| AGENCY                                                                                      | SINGLE     | KIND | TYPE | ID. NO./NAME                                                         | ORDER/<br>REQUEST<br>NUMBER | DATE/TIME<br>CHECK-IN                                                                    | LEADER'S<br>NAME | TOTAL NO.<br>PERSONNEL | MANIFEST |     | CREW<br>WEIGHT<br>OR<br>INDIVIDUALS<br>WEIGHT | HOME<br>BASE | DEPARTURE<br>POINT | METHOD OF<br>TRAVEL | INCIDENT<br>ASSIGNMENT | OTHER<br>QUALIFICATION | SENT TO<br>RESOURCES<br>TIME/INT. |
|                                                                                             | T/F<br>S/T |      |      |                                                                      |                             |                                                                                          |                  |                        | YES      | NO  |                                               |              |                    |                     |                        |                        |                                   |
|                                                                                             |            |      |      |                                                                      |                             |                                                                                          |                  |                        |          |     |                                               |              |                    |                     |                        |                        |                                   |
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| 17.<br>ICS 211 PAGE ____ of ____                                                            |            |      |      | 18. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS |                             |                                                                                          |                  |                        |          |     |                                               |              |                    |                     |                        |                        |                                   |

## CHECK-IN LIST (ICS FORM 211)

**Purpose.** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information which is recorded on the form.

**Preparation.** The Check-In List is initiated at a number of incident locations including staging areas, base camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

**Distribution.** Check-In Lists are provided to both the Resources Unit and the Finance Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

| Item # | Item Title                                 | Instructions                                                                                                                                                                                                                                                                                                                                                       |
|--------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.     | Incident Name                              | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                           |
| 2.     | Check-in                                   | Enter an "X" in the box indicating where the resource or person checked in.                                                                                                                                                                                                                                                                                        |
| 3.     | Date / Time Prepared                       | Enter the date (e.g., 09/17/1996) and time (e.g., 1530) prepared.                                                                                                                                                                                                                                                                                                  |
| 4.     | List Personnel (Overhead) by Agency & Name | Use this section to list agency three-letter designator and individual names for all overhead personnel. When listing equipment, use three-letter designator, indicate if resource is a single resource, task force or strike team; enter kind of resource (letter for single resource, 1-3 for Strike Team); enter type of resource (1-4), and designated id. no. |
| 5.     | Order / Request Number                     | Order number will be assigned by Agency dispatching the resources or personnel to the incident.                                                                                                                                                                                                                                                                    |
| 6.     | Date / Time Check-In                       | Self explanatory.                                                                                                                                                                                                                                                                                                                                                  |
| 7.     | Leader's Name                              | Self explanatory.                                                                                                                                                                                                                                                                                                                                                  |
| 8.     | Total Number Personnel                     | Enter total number of personnel in strike teams, task forces or manning single resources. Include leaders.                                                                                                                                                                                                                                                         |
| 9.     | Manifest                                   | Indicate if a manifest was prepared by entering "Yes" or "No" in the field.                                                                                                                                                                                                                                                                                        |
| 10.    | Crew Weight or Individual's Weight         | Self explanatory.                                                                                                                                                                                                                                                                                                                                                  |
| 11.    | Home Base                                  | Location at which the resource / individual is normally assigned.                                                                                                                                                                                                                                                                                                  |
| 12.    | Departure Point                            | Location from which resource / individual departed for this incident.                                                                                                                                                                                                                                                                                              |
| 13.    | Method of Travel                           | Means of travel to incident (bus, truck, engine, personal vehicle, etc.)                                                                                                                                                                                                                                                                                           |

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| 14. | Incident Assignment  | Assignment at time of dispatch.                                                                 |
| 15. | Other Qualifications | List any other ICS position the individual has been trained to fill.                            |
| 16. | Sent to              | Enter initials and time that the info. Pertaining to that entry was sent to the Resources Unit. |
| 17. | Page                 | Indicate page no. and no. of pages being used for Check-In at this location.                    |