CHECK-IN LIST

1. INCIDENT NAME

2. CHECK-IN LOCATION _____ _____
☐ BASE ☐ CAMP_____ ☐ STAGING AREA ☐ ICP RESOURCES ☐ HELIBASE

3. DATE/TIME

CHECK-IN INFORMATION

4. 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 T/F S/T	KIND	TYPE	I.D. NO./NAME	ORDER/ REQUEST NUMBER	DATE/TIME CHECK-IN	LEADER'S NAME	TOTAL NO. PERSONNEL	MANIFEST YES	NO	CREW WEIGHT INDIVIDUAL WEIGHT	HOME BASE	DEPARTURE POINT	METHOD OF TRAVEL	INCIDENT ASSIGNMENT	OTHER QUALIFICATION	SENT TO RESOURCES TIME/INT.

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