

ICS-211-CG CHECK-IN LIST		1. INCIDENT NAME:					2. CHECK-IN LOCATION: <input type="checkbox"/> BASE <input type="checkbox"/> CAMP _____ <input type="checkbox"/> STAGING AREA _____ <input type="checkbox"/> ICP <input type="checkbox"/> OTHER _____					3. DATE/TIME:			
CHECK-IN INFORMATION															
4. LIST PERSONNEL (OVERHEAD) BY AGENCY NAME – OR LIST EQUIPMENT BY THE FOLLOWING FORMAT: <small>S=Supplies H=Helicopter O=Overhead VL=Vessels E=Equipment C=Crew A=Aircraft VH=Vehicle</small>					5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
AGENCY	SINGLE ST/ TF	KIND	TYPE	ID NO. /NAME – RESOURCE ID	ORDER/ NUMBER	DATE/TIME CHECK-IN	LEADER'S NAME	TOTAL NO. PERSONNEL	INCIDENT CONTACT INFORMATION	INCIDENT LODGING INFO/CONTACT INFO	HOME UNIT	METHO D OF TRAVEL	INCIDENT ASSIGNMENT	OTHER QUALIFICATION	SENT TO RESTAT TIME/INT
16. ICS 211-CG PAGE _____ of _____					17. PREPARED BY (Name and Position) USE BACK FOR REMARKS OR COMMENTS										

CHECK-IN LIST (ICS 211-CG)

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.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Check-In Location	Enter the name of the check-in location.
3.	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).
4.	Agency	Enter agency name or agency designator (USCG for U.S. Coast Guard)
	Single/ST/TF	Enter whether resource is Single, part of Task Force (TF) or Strike Team(ST).
	Kind	Enter kind of resource using format listed for followed by sub-kind (e.g. workboat would be VL-WB).
	Type	Enter type of resource (1-4).
	Resource Identifier	Enter individual names for all overhead personnel. When listing equipment, use name or designator, indicate if resource is a single resource, task force or strike team;
5.	Order Number	Order number will be assigned by Agency dispatching the resources or personnel to the incident.
6.	Date/Time Check-In	Enter date (month, day, year) and time (24-hour clock) of check-in.
7.	Leader's Name	Self-explanatory.
8.	Total # Personnel	Enter total number of personnel in strike teams, task forces or manning single resources. Include leaders.
9.	Contact Information	Enter contact information while at the incident (e.g. cell phone, pager, radio, etc.)
10.	Lodging/Contact Info	Enter lodging location and phone number/contact info while at the incident.
11.	Home Unit	Location from which resource / individual departed for this incident.
12.	Method of Travel	Means of travel to incident (bus, truck, engine, personal vehicle, etc.)
13.	Incident Assignment	Enter location at which the resource / individual is normally assigned.
14.	Other Qual	Enter Other Qualifications held.
15.	Sent to Restat	Enter initials and time that the info. Pertaining to that entry was sent to the Resources Unit.
16.	Page	Indicate page no. and no. of pages being used for Check-In at this location.
17.	Prepared By	Enter the name of the person completing the form and position held.

Note: Use back for remarks or comments, including Other Qualifications or any other ICS position the individual has been trained to fill.