

ICS Form 211

INCIDENT CHECK-IN LIST					1. Incident Name					2. Check-In Location (complete all that apply)					3. Date/Time		
<p style="text-align: center;"><i>Check one:</i></p> <input type="checkbox"/> Personnel <input type="checkbox"/> Handcrew <input type="checkbox"/> Misc. <input type="checkbox"/> Engines <input type="checkbox"/> Dozers <input type="checkbox"/> Helicopters <input type="checkbox"/> Aircraft										<input type="checkbox"/> Base <input type="checkbox"/> Camp <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP Restat <input type="checkbox"/> Helibase							
Check-In Information																	
4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format:					5.	6.	7.	8.	9.		10.	11.	12.	13.	14.	16.	16.
Agency	Single	Kind	Type	I.D. No/Name	Order/Request Number	Date/ Time Check-In	Leader's Name	Total No. Personnel	Manifest Yes	Manifest No	Crew or Individual's Weight	Home Base	Departure Point	Method of Travel	Incident Assignment	Other Qualifications	Sent to RESTAT Time/Int
Page ____ of ____					17. Prepared by (Name and Position) <i>Use back for remarks or comments</i>												