CH	IECK	(-IN	LIS	T	1. INCIDEN	Г NAME		4	CK-IN LOCAT				TAGIN	GAREA 🗍	ICP RESOU	RCES HE	3. DAT	E/TIME
CHECK-IN INFORMATION																		
4. PERSONNEL (OVERHEAD) BY AGENCY & NAME -OR- LIST EQUIPMENT BY THE FOLLOWING FORMAT A SINGLE KIND TYPE I.D. NO./NAME					DATE/TIME	7. LEADER'S	8. TOTAL NO.	9. MANI	EST	10. CREW		DEPARTURE	METHOD	14.	15. OTHER	16. SENT TO		
4GENCY	T/F S/T					REQUEST NUMBER	CHECK-IN	NAME	PERSONNEL	YES	NO	WEIGHT INDIVIDUAL WEIGHT	BASE	POINT	OF TRAVEL	ASSIGNMENT	QUALIFICATION	RESOURCES TIME/INT.
		 	 															
		 	 															
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		 	 			:												
17. PA	17. PAGE OF 18. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS																	

1. Incident Name	2. Operational Period (Date	e / Time)	3. Check-in Location	heck-in Location						
	From:	То:	☐ Command Post☐ Staging Area	Other	CHECK-IN LIST (Personnel)					
Personnel Check-in Information	1			8. Initial Incident	Check-In?	9. 1	Гіте			
4. Name	5. Company/Agency	6. ICS Section / Ass	signment / Quals.	7. Contact Informatio	n (X)	In	Out			
10. Prepared by:	Date / Tim	ie	11. Date / Time S	ent to Resources Unit	·					