

1. Incident Name:		2. Incident Number:			3. Check-In Location (complete all that apply): <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Other			4. Start Date/Time: Date: _____ Time: _____	
Check-In Information (use reverse of form for remarks or comments)									
5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:				6. Date/Time Check-In	7. Leader's Name	8. Total Number of Personnel	9. Leaders Contact number in the field	10. Check out Date and Time	11. Data Provided to Resources Unit
Agency	Type	Resource Name or Identifier							
ICS 211		17. Prepared by: Name: _____ Position/Title: _____ Signature: _____ Date/Time: _____							

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