

CHECK-IN LIST	1. INCIDENT NAME	2. CHECK-IN LOCATION			3. DATE/TIME
		<input type="checkbox"/> BASE <input type="checkbox"/> CAMP ____ <input type="checkbox"/> STAGING AREA <input type="checkbox"/> ICP RESOURCES <input type="checkbox"/> HELIBASE			

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.

17. PAGE ____ OF ____	18. PREPARED BY (NAME AND POSITION) USE BACK FOR REMARKS OR COMMENTS
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