CHECK-IN LIST

1. INCIDENT NAME

2. CHECK-IN LOCATION _____ _____

☐ BASE ☐ CAMP _____ ☐ STAGING AREA ☐ ICP RESOURCES ☐ HELIBASE

3. DATE/TIME

CHECK-IN INFORMATION

4. List Personnel (Overhead) by Agency & Name
- or- List Equipment by the Following Format:

Agency	Single T/F S/T	Kind	Type	I.D. No./Name	5. Order/ Request Number	6. Date/Time Check-in	7. Leader's Name	8. Total No. Personnel	9. Manifest Yes	9. Manifest No	10. Crew Weight or Individual Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualification	16. Sent To Resources Time/Int.

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18. Prepared By (Name and Position) Use back for remarks or comments