

INCIDENT CHECK-IN LIST	1. Incident Name	2. Check-In Location (complete all that apply)					3. Date/Time
Check one: <input type="checkbox"/> Personnel <input type="checkbox"/> Handcrew <input type="checkbox"/> All <input type="checkbox"/> Engines <input type="checkbox"/> Dozers <input type="checkbox"/> _____ <input type="checkbox"/> Helicopters <input type="checkbox"/> Aircraft <input type="checkbox"/> _____		<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.	15.	16.
Agency	Single	Kind	Type	I.D. No/Name	Order/Request Number	Date/ Time Check-In	Leader's Name	Total No. Personnel	Manifest Yes No	Crew or Individual's Weight	Home Base	Departure Point	Method of Travel	Incident Assignment	Other Qualifications	Sent to RESTAT Time/Int

Page 1 of	17. Prepared by (Name and Position) Use back for remarks or comments
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