INCIDENT CHECK-IN LIST	1. Incident Name	2. Check-In Location (complete all that apply)					3. Date/Time
Check one: ☐ Personnel ☐ Handcrew ☐ All ☐ Engines ☐ Dozers ☐ _____ ☐ Helicopters ☐ Aircraft ☐ _____		☐ Base	☐ Camp	☐ Staging Area	☐ ICP Restat	☐ 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	Manifest 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*