

ICS-211 CHECK-IN/CHECK-OUT FORM

1. Incident Name / Number		2. Operational Period (Date / Time) From: _____ To: _____		3. Check-in Location <input type="checkbox"/> EOC <input type="checkbox"/> Other: <input type="checkbox"/> ICC <input type="checkbox"/> STG <input type="checkbox"/> ICP <input type="checkbox"/> NCS		CHECK-IN LIST (personnel)	
Personal Check-in Information				8. Initial Incident Check-in?		9. Time	
4. Name (Last, First)	5. CALLSIGN (Service)	6. ICS Section / Assignment / Quals	7. Contact Information (or) Organization	X		In	Out
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10. Prepared by: _____	11. Date / Time: (YYYY-MM-DD-TTTT) _____	12. Date / Time Sent to Resources Unit _____	Page: _____ of _____
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