

1. Incident Name / Number <b>SOCMAT REFRESHER 264A</b>		2. Operational Period (Date / Time) <b>2013-01-09 2013-01-09</b> From: <b>1900</b> To: <b>2100</b>		3. Check-In Location <input type="checkbox"/> EOC <input checked="" type="checkbox"/> Other: <input type="checkbox"/> ICC <input type="checkbox"/> STG <input type="checkbox"/> ICP <input type="checkbox"/> NCS:		CHECK-IN LIST (Personnel)	
Personnel 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
01 <b>Speelman, Charley</b>		<b>WA6RUZ</b>	<b>ZR-11</b>	<b>MVRACES</b>	<b>X</b>	<b>1743</b>	<b>2125</b>
02 <b>McCord, Bob</b>		<b>K6100A</b>	<b>ZR-52</b>	<b>MVRACES</b>	<b>X</b>	<b>1620</b>	<b>2112</b>
03 <b>CENTER, JAY</b>		<b>AD6AT</b>		<b>MV RACES</b>	<b>X</b>	<b>1843</b>	<b>2103</b>
04 <b>COUSICOS, George</b>		<b>NCSNY</b>		<b>MV RACES</b>	<b>X</b>	<b>1858</b>	<b>2103</b>
05 <b>GRIFFIN, Dale</b>		<b>WBRRV</b>	<b>"</b>	<b>MV RACES</b>	<b>Y</b>	<b>1903</b>	<b>2107</b>
06 <b>Solberg, Sidney</b>		<b>K6DHT</b>		<b>MV RACES</b>	<b>X</b>	<b>1905</b>	<b>2103</b>
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10. Prepared by:		11. Date / Time: (YYYY-MM-DD-TTTT)		12. Date / Time Sent to Resources Unit		Page: of	
CHECK-IN LIST (Personnel)		V-C-N.org,ICS-211.ZR5-08AK-F.F.2011-03.31-0710.doc		(ZR5-08AK-F)		ICS 211.ZR	