

CHECK-IN LIST		Incident Name/Number		CHECK-IN LOCATION				Date:	
	Single or Team (S/T)	Name (Print)	Date/Time Check-In	Team Name Leader's Name	Home Duty Office	Method Of Travel	Availability & Other Qualifications	Date/Time Check-out	Total Hrs (Nearest) 30 mins
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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