CHECK-IN LIST ICS-211	1. INCIDENT NAME	2. CHECK-IN LOCATION																3. DATE/TIME
5-94				BASE		CAMP				STAGING AREA								
				ICP RESOURCE UNIT						HELIBASE								

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY & NAME -OR- LIST EQUIPMENT BY THE FOLLOWING FORMAT					5.	6.	7.	8.	9. MANIFEST		10.	11.	12.	13.	14.	15.	16.
AGENCY	SINGLE T/F S/T	KIND	TYPE	I.D. NO./NAME	ORDER/ REQUEST NUMBER	DATE/TIME CHECK-IN	LEADER'S NAME	TOTAL NO. PERSONNEL	YES	NO	CREW WEIGHT OR INDIVIDUALS WEIGHT	HOME BASE	DEPARTURE POINT	METHOD OF TRAVEL	INCIDENT ASSIGNMENT	OTHER QUALIFICATIONS	SENT TO RESTAT TIME/INT.
17. Page of				18. Prepared by (Name and Position) Use back for remarks or comments													