|  |  |  |  |
| --- | --- | --- | --- |
| **1. Incident Name** | 2. Operational Period (Date / Time)From:       To:       | 3. Check-in Location[ ]  Command Post [ ]  Other[ ]  Staging Area             | **CHECK-IN LIST (Personnel)****ICS 211P** |
| **Personnel Check-in Information** | **8. Initial Incident Check-In?** |  | **9. Time** |  |
| **4. Name** | **5. Company/Agency** | **6a. Callsign** | **6b.** **ICS Section / Assignment / Quals** | **7. Contact Information** | (X) | In | Out | **9b. Hours** |
|       |       |  |  |       | [ ]  |       |       |  |
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| **10. Prepared by**:       **Date / Time**       | **11. Date / Time Sent to Resources Unit**       | Total hours -> |  |
| CHECK-IN LIST (Personnel) ICS 211P |