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| **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 | | | | | | | | | | | | | |