CHECK-IN LIST

1. Incident Name:	2. Check-In Location: ☐ Base ☐ Staging Area ☐ ICP ☐ Other ____	CHECK-IN LIST ICS 211 - EPA

CHECK-IN INFORMATION

3. List Personnel (Overhead) By Agency Name – Or List Equipment By The Following Format:

S = Supplies, O = Overhead, E = Equipment, A = Aircraft, H = Helicopter, VL = Vessels, C = Crew, VH = Vehicle, P = Personnel

AGENCY	RESOURCE IDENTIFIER	KIND	4. ORDER/ NUMBER	5. DATE/TIME CHECK-IN	6. LEADER'S NAME	7. TOTAL NO. PERSONNEL	8. INCIDENT CONTACT INFORMATION	9. INCIDENT LODGING INFO/CONTACT INFO	10. HOME UNIT	11. METHOD OF TRAVEL	12. INCIDENT ASSIGNMENT

13. ICS 211 – EPA (Use Back For Remarks or Comments)	14. Prepared By:	(Date / Time)
Page _____ of _____	Name/Position:	

ICS 211 – EPA *(Rev 05/18)*