CHECK-IN LIST	1. INCIDENT NAME:	2. CHECK-IN LOCATION:	3. DATE/TIME:

CHECK-IN INFORMATION

4. LIST PERSONNEL (OVERHEAD) BY AGENCY NAME –
OR LIST EQUIPEMENT BY THE FOLLOWING FORMAT:
S=Supplies H=Helicopter
O=Overhead VL=Vessels
E=Equipment C=Crew
A=Aircraft VH=Vehicle

AGENCY	RESOURCE IDENTIFIER	KIND	5. ORDER/ NUMBER	6. DATE/TIME CHECK-IN	7. LEADER'S NAME	8. TOTAL NO. PERSONNEL	9. INCIDENT CONTACT INFORMATION	10. INCIDENT LODGING INFO/CONTACT INFO	11. HOME UNIT	12. METHOD OF TRAVEL	13. INCIDENT ASSIGNMENT	14. SENT TO RESTAT TIME/INT

15.
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16. PREPARED BY (Name and Position) USE BACK FOR REMARKS OR COMMENTS