## INCIDENT CHECK-IN LIST

1. Incident Name

2. Check-In Location (complete all that apply)
   - □ Base
   - □ Camp
   - □ Staging Area
   - □ ICP Restat
   - □ Helibase

3. Date/Time

### Check-In Information

4. List Personnel (overhead) by Agency & Name - OR - List equipment by the following format:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Single</th>
<th>Kind</th>
<th>Type</th>
<th>I.D. No/Name</th>
<th>Order/Request Number</th>
<th>Date/Time Check-in</th>
<th>Leader’s Name</th>
<th>Total No. Personnel</th>
<th>Manifest Yes</th>
<th>No</th>
<th>Crew or Individual’s Weight</th>
<th>Home Base</th>
<th>Departure Point</th>
<th>Method of Travel</th>
<th>Incident Assignment</th>
<th>Other Qualifications</th>
<th>Sent to RESTAT Time/Int</th>
</tr>
</thead>
</table>

5. □ Personnel
6. □ Handcrew
7. □ Misc.
8. □ Engines
9. □ Dozers
10. □ Helicopters
11. □ Aircraft
12. □ Base
13. □ Camp
14. □ Staging Area
15. □ ICP Restat
16. □ Helibase

### Check-In Information

- □ Personnel
- □ Handcrew
- □ Misc.
- □ Engines
- □ Dozers
- □ Helicopters
- □ Aircraft

- □ Base
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- □ Helibase

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17. Prepared by (Name and Position) Use back for remarks or comments