ICS Form 211

	INC	CIDEN	NT CH	ECK-IN L	IST	1. Incident Name					2. C	2. Check-In Location (complete all that apply)							3. Date/Time	
☐ Pers ☐ Engi ☐ Helid		Check one: ☐ Handcrew ☐ Misc. ☐ Dozers ☐ Aircraft			Misc.							Base	☐ Camp		Staging Area	☐ ICP Restat	☐ Helibase			
Check-In Information																				
4. List P List equi	List Personnel (overhead) by Agency & Name -OR- equipment by the following format:					rder/Request	6. Date/ Time	7.	8. Total No.	9. <u>Ma</u> n		10. Crew o	11.		12. Departure Point	13. Method of	14. Incident	16.	16. Sent to	
Agency	Single	Kind	Туре			Number	Check-In	Leader's Name		Yes	No	Individu: Weigh	al's Home	Base	Departire Foint	Travel	Assignment	Other Qualifications	RESTAT	
	Page	e	of		17. Prepare	d by (Name	and Position)	Use back for re	emarks or con	nments										