1. Incident Name	2. Operational Period (Dat	te / Time)	3. Check-in Location		CHECK-IN LIST (Personnel) ICS 211P		
	From:	То:	☐ Command Post [☐ Staging Area				
Personnel Check-in Information			8. Initial Incider In?		nt Check- 9. Time		
4. Name	5. Company/Agency	6a. Callsign	6b. ICS Section / Assignment / Quals	7. Contact Information	on (X)	In Out	9b. Hours
							1
							1
							1
							1
							1
							1
							1
							1
							1
							1
10. Prepared by: Date / Time		11. Date / Time Sent to Resources Unit			Total hours ->		
CHECK-IN LIST (Personnel)						ICS 211P	