ICS Form 211

	INC	IDEN	ІТ СН	IECK-IN LIS	ST	1. Incident Name					2. Check-In Location (complete all that apply)							3. Date/Tim	3. Date/Time	
				Check one:								Base	☐ Camp	□s	taging Area	☐ ICP Restat	☐ Helibase			
☐ Personnel ☐] Handcrew		Misc.							l I									
☐ Engir	Engines		3																	
☐ Helic	Helicopters Aircraft		t																	
	Check-In Information																			
4. List Pe	List Personnel (overhead) by Agency & Name -OR- ist equipment by the following format:				OR- 5.		6.	7.	8.	9.		10.	11.		12.	13.	14.	16.	16.	
Agency					ame	der/Request Number	Date/ Time Check-In	Leader's Name	Total No. Personnel	Manifest Yes No		Crew or NoIndividual's Weight	Home E	Base	Departure Poir	Method of Travel	Incident Assignment	Other Qualifications	Sent to RESTAT Time/Int	
	Page	e	of	_	17. Prepared	d by (Name	and Position)	Use back for re	emarks or con	nments										