

<b>1. Incident Name</b>	<b>2. Operational Period (Date / Time)</b> From: _____ To: _____	<b>3. Check-in Location</b> <input type="checkbox"/> Command Post <input type="checkbox"/> Other <input type="checkbox"/> Staging Area _____	<b>CHECK-IN LIST (Personnel) ICS 211p-OS</b>
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Personnel Check-in Information				8. Initial Incident Check-In?		9. Time	
4. Name	5. Company / Agency	6. ICS Section / Assignment / Quals.	7. Contact Information	(X) <input type="checkbox"/>	In	Out	
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<b>10. Prepared by:</b> _____	<b>Date / Time</b> _____	<b>11. Date / Time Sent to Resources Unit</b> _____
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Electronic version: NOAA 1.0 June 1, 2000

## CHECK-IN LIST Personnel (ICS FORM 211p-OS)

**Special Note.** This form is used for personnel check-in only.

**Purpose.** Personnel arriving at the incident can be checked in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

**Preparation.** The Check-In List is initiated at a number of incident locations including staging areas, base, camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

**Distribution.** Check-In Lists are provided to both the Resources Unit and the Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Check-in Location	Check the box for the check-in location.
4.	Name	Enter the name of the person.
5.	Company/Agency	Enter the company or agency with which the individual is associated.
6.	ICS Section / Assignment / Quals.	Enter ICS Section and assignment, if known, and note any other ICS qualifications, if needed.
7.	Contact Information	Enter the contact information for the person.
8.	Initial Incident Check-in?	Check if this is the first time a person has checked in for this incident.
9.	Time In/Out	Enter the time the person checks in and/or out (24-hour clock).
10.	Prepared By Date/Time Prepared	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
11.	Date/Time Sent to Resources Unit	Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resources Unit.