INCIDENT CHECK-IN LIST	1. Incident Name	2. Check-In Location (complete all that apply)					3. Date/Time
Check one: ☐ Personnel ☐ Handcrew ☐ Misc. ☐ Engines ☐ Dozers ☐ Helicopters ☐ Aircraft		☐ Base	☐ Camp	☐ Staging Area	☐ ICP Restat	☐ Helibase	

Check-In Information

4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format: Agency	Single	Kind	Type	I.D. No/Name	5. Order/Request Number	6. Date/ Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest Yes	No	10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Init

Page 1 of	17. Prepared by (Name and Position) *Use back for remarks or comments*