ST/Unit:	Name:	Position/Title:

Front

Date/Time Checked In:

Name:

Primary Contact Information:

Manifest: ☐ Yes ☐ No	Total Weight:

Method of Travel to Incident:
☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other

Home Base:

Departure Point:

ETD:	ETA:

Transportation Needs at Incident:
☐ Vehicle ☐ Bus ☐ Air ☐ Other

Date/Time Ordered:

Remarks:

Prepared by:

Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ST/Unit:	Name:	Position/Title:

Back

Incident Location:	Time:

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Incident Location:	Time:

Status:
☐ Assigned ☐ O/S Rest ☐ O/S Pers
☐ Available ☐ O/S Mech ☐ ETR: _____

Notes:

Prepared by:

Date/Time:

ICS 219-5 PERSONNEL (WHITE CARD)

ICS 219-5: Personnel Card

Block Title	Instructions
ST/Unit	Enter the State and or unit identifier (3–5 letters) used by the authority having jurisdiction.
Name	Enter the individual's first initial and last name.
Position/Title	Enter the individual's ICS position/title.
Date/Time Checked In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
Name	Enter the individual's full name.
Primary Contact Information	Enter the primary contact information (e.g., cell phone number, radio, etc.) for the leader.
	If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).
	Phone and pager numbers should include the area code and any satellite phone specifics.
Manifest ☐ Yes ☐ No	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Total Weight	Enter the total weight for the crew. This information is necessary when the crew are transported by charter air.
Method of Travel to Incident ☐ AOV ☐ POV ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of travel the individual used to bring himself/herself to the incident. AOV is "agency-owned vehicle." POV is "privately owned vehicle."
Home Base	Enter the home base to which the resource or individual is normally assigned (may not be departure location).
Departure Point	Enter the location from which the resource or individual departed for this incident.
ETD	Use this section to enter the crew's estimated time of departure (using the 24-hour clock) from their home base.
ETA	Use this section to enter the crew's estimated time of arrival (using the 24-hour clock) at the incident.
Transportation Needs at Incident ☐ Vehicle ☐ Bus ☐ Air ☐ Other	Check the box(es) for the appropriate method(s) of transportation at the incident.
Date/Time Ordered	Enter date (month/day/year) and time (24-hour clock) the crew was ordered to the incident.
Remarks	Enter any additional information pertaining to the crew.
BACK OF FORM	
Incident Location	Enter the location of the crew.
Time	Enter the time (24-hour clock) the crew reported to this location.

Block Title	Instructions
Status ☐ Assigned ☐ O/S Rest ☐ O/S Pers ☐ Available ☐ O/S Mech ☐ ETR: _____	Enter the crew's current status: • Assigned – Assigned to the incident • O/S Rest – Out-of-service for rest/recuperation purposes/guidelines, or due to operating time limits/policies for pilots, operators, drivers, equipment, or aircraft • O/S Pers – Out-of-service for personnel reasons • Available – Available to be assigned to the incident • O/S Mech – Out-of-service for mechanical reasons • ETR – Estimated time of return
Notes	Enter any additional information pertaining to the crew's current location or status.
Prepared by **Date/Time**	Enter the name of the person preparing the form. Enter the date (month/day/year) and time prepared (using the 24-hour clock).