INCIDENT CHECK-IN LIST

Check one:
☒ Personnel ☐ Handcrew ☐ Misc.
☐ Engines ☐ Dozers
☐ Helicopters ☐ Aircraft

1. Incident Name: Mission Flood Reduction

2. Check-In Location (complete all that apply): ☐ Base ☐ Camp ☐ Staging Area ☒ ICP Restat ☐ Helibase

3. Date/Time: 2-23 0800-2000

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	9. Manifest 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/Int
MC SO	X			Lt. Bob Wilson	P3	2-23/0730	NA	1		X	210	MCSO	MCSO	POV	Operations SC	IC	NA
COE	X			Frank Martin	P2	2-23/1000	NA	1		X	190	Chicago	ORD	CA	Tech Spec- dam engineer	Planning SC	NA

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17. Prepared by (Name and Position) *Use back for remarks or comments*
Karen Wilson, PSC