INCIDENT CHECK-IN LIST (ICS 211) Marion County Aux Com / CERT / MRC

1. Organization Type *Check one:* ☐ IMT ☐ IMG ☐ _____	2. Incident Name	3. Check-In Location ☐ Base ☐ District ☐ EOC _____	4. Date/Time

Check-In Information

5. Agency/ Group	6. Resource Name If Personnel (Last, First)	7. Call Sign/Med Lvl	8. Mobile Phone #	9. Time In	10. Incident Assignment	Time Out	. Total Hr	Did You Occur an Injury ? Yes / No Signature Required	T

Page ____ of ____	15. Prepared by (Name and Position) Use back for additional remarks or comments

ICS 211
Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated by the Resources Unit at the designated reporting location which could include: Regional/District offices, EOC, Staging Areas, Base, and Incident Command Post (ICP).

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Block Number	Block Title	Instructions
1	Organization Type	Check appropriate organization type or write in as applicable
2	Incident Name	Enter the name assigned to the incident.
3	Check-In Location	Check appropriate box and enter the check-in location for the incident.
4	Start Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.
5	Agency	Enter agency where resource was dispatched from
6	Resource Name	Enter name of personnel, equipment, supplies
7	Date/Time Check-In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	Mobile Phone Number	Enter mobile phone number of personnel resources if applicable
9	Desk Phone Number	Enter desk phone number of personnel resources if applicable
10	Incident Assignment	Enter the incident assignment at time of dispatch.
11	Home Center/Office	Enter the home Center/Office to which the resource or individual is normally assigned (may not be departure location).
12	Method of Travel	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., aircraft, GOV, personal vehicle, etc.).
13	Facility/IT Needs	Enter any additional needs such as parking, badge swipe access etc
14	Other	Other notes as necessary
15	Prepared by	Enter the name, ICS position/title, and signature of the person preparing the form.

Updated by FDA 2/2011