ICS 211B CHECK-IN LIST Rev 210314			1. INCIDENT NAME		2. DATE		3. INCIDENT NUMBER		4. CHECKIN LOCATION
PPE	N DE:	IAME (PERSONNEL) OR SCRIPTION (EQUIPMENT)		GENCY / TEAM LUNTEER / DSW	TIME IN	TIME OUT	HOURS		ADDITIONAL INFORMATION
ICS211B		PAGE OF		5. PREPARED BY (RESOURCE UNIT) Signature:			Entered in Presidential Service Awards		

ICS 211B Check In List Form Instructions

1. Incident Name: See the EOC for name

2. Date: MM/DD/YY

3. Incident Number: See the EOC for name

4. Check in Location: Location where check-ins will be taken

Check in form fields. This includes:

Name: Name of person or equipment being available for service Agency/Team: Name of the Agency or Team from which this resource belongs

Time in: The time when this resource was checked in, HH:MM
Time out: The time when this resource was checked out, HH:MM
Hours: The number of hours this resource was checked in, HH:MM
Add'l Information: Any additional notes or comments on this resource

5. Prepared by. Name and signature of author

6. Entered in Presidential Service Awards Date of entry