

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