

INCIDENT CHECK-IN LIST (ARES) ICS 211A-DV

1. Incident Name:	2. Incident Number:	3. Check-In Location				4. Start Date/Time
5. Check-In Information						
Name	Call Sign	Agency	Time In	Time Out	Hours	Assignment / Remarks
6. Prepared by:						
Name	Position/Title	Signature	Date/Time			

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Special Note: This form is used for personnel check-in only.

Purpose: Personnel arriving at the incident for a duty shift can be checked in at various incident locations. Check-in consist of reporting specific information that is recorded on the form. These logs provide the basic reference from which to extract information for inclusion in any after-action report.

Preparation: The Incident Check-In List is initiated at a number of incident locations and in the field. Leaders and Managers at these locations record the personnel sign-in information. The same form is used when personnel sign-out. When all personnel are signed out for the day, the completed form is turned in to the Resources Unit.

Distribution: Incident Check-In List forms are provided to both the Resources Unit and the Finance Section (Time Unit) to track time of incident personnel. All completed original forms MUST be given to the Documentation Unit.

Field #	Field Title	Instructions
1	Incident Name	Enter the name of the event or incident
2	Incident Number	Enter the activation number assigned to the incident
3	Check-In Location	Record location of where personnel are being checked in
4	Start Date/Time	Record the start date and time
5	Check-In Information	For each individual record the appropriate information
6	Prepared by	Information of the Leader or Manager preparing the form