

CHECK-IN LIST

Mission Number	Location:	Date	Page #	of #
- -	<input type="checkbox"/> Incident Command Post <input type="checkbox"/> Staging Area <input type="checkbox"/> Helibase			

#	N – Name T – Team Name or Affiliation H – Home Base	Non-volunteer	S – Length of Stay C – Cell Phone # A – Amateur Call Sign	Specialized Skills <i>(Explain type)</i>	Other Skills	Privately Owned Vehicle	Check-in Date Time	Check-out Date Time	Total Hours <i>(Nearest hour)</i>
					Field Certified				
1	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
2	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
3	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
4	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
5	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
6	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
7	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			
8	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert.	<input type="checkbox"/>			

Totals for this side only	Total Volunteer Personnel		Total Volunteer Hours	
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CHECK-IN LIST (continued)

Mission Number	Location:				Date	Page #	of #		
- -	<input type="checkbox"/> Incident Command Post <input type="checkbox"/> Staging Area <input type="checkbox"/> Helibase								
#	N – Name T – Team Name or Affiliation H – Home Base	Non-volunteer	S – Length of Stay C – Cell Phone # A – Amateur Call Sign	Specialized Skills (Explain type)	Other Skills Field Certified	Privately Owned Vehicle	Check-in Date Time	Check-out Date Time	Total Hours (Nearest hour)
9	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
10	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
11	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
12	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
13	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
14	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
15	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
16	N _____ T _____ H _____	<input type="checkbox"/>	S _____ Hours C _____ A _____	<input type="checkbox"/> Med _____ <input type="checkbox"/> FC _____ <input type="checkbox"/> SC _____	<input type="checkbox"/> Field Cert	<input type="checkbox"/>			
Totals for both sides		Total Volunteer Personnel			Total Volunteer Hours				
Reviewed by Resource Unit Leader, Planning Section Chief or Incident Commander									