

## CHECK-IN LIST INSTRUCTIONS

**Purpose.** The Check-In List is used as a record of all individuals participating in the designated mission. Personnel arriving at the mission may check-in at various locations. The Check-In List is used for recording arrival and departure times for all mission personnel as well as specific information relevant to the Incident Command team. Completion of this form is crucial for liability and insurance purposes.

**Check-in Points.** Check-In Lists can be initiated at a number of locations including:

- Staging areas (Bases and Camps), Helibase, and Incident Command Post (ICP). Staging Area Managers record information at these locations and must provide it to the Resources Unit Leader as soon as possible.
- Communications Unit radio operators upon receipt of a check-in message by radio must forward the information to the Resources Unit (if activated) who will record the information on the Check-In List.
- Check-in at ICP should be assisted when possible by staff from the Resources Unit.

**Distribution.** Check-In Lists should be furnished by the Resources Unit Leader and completed by personnel at the various check-in locations. The Resources Unit Leader shall maintain a master list of the personnel that have reported to the mission.

### Item Title Instructions

**Mission Number.** Enter the assigned SAR mission number.

**Check-in Location.** Enter the name of the location where this Check-In List is being used (use name or number of Staging Area or Helibase if applicable) and check the proper box provided for ICP, Staging Area, or Helibase.

**Date.** Enter the current date (month, day and year as xx/xx/xx).

**Page #.** Enter the page number. **of #.** At the end of the mission, enter the total number of pages submitted.

**Name.** Please print name. Everyone who is associated with this incident must check-in. Incident Command Staff must account for all who checked-in.

**Team Name or Affiliation.** Enter the team or the organization's name. Initials can be used: i.e. GCSAR or USFS.

**Home Base.** Enter the hometown of the resource.

**Non-volunteer.** Check box if resource is personnel from paid emergency response agency or law enforcement.

**Length of Stay.** State in hours the approximate length of time resource is available for this mission. Time is used for planning purposes. The resource will not be held to this number.

**Cell Phone #.** Enter individual resource cell phone number for contact at ICP during and after mission.

**Amateur Call Sign.** Enter individual resource HAM call sign for contact at ICP during and after mission.

### Specialized Skills.

**Med:** Check box if resource is a certified First Responder (FR), EMT, Paramedic (Para), or Physician (MD) and enter qualification next to box.

**FC:** Check box if resource is a certified Field Coordinator and enter type #.

**SC:** Check box if resource is a certified Section Chief and enter kind (Plan/ Ops/ Logs).

**Other Skills.** Enter resources certified specialized skills.

**Field Certification.** Check box if resource is Field Certified.

**Privately Owned Vehicle (POV).** Check box if volunteer resource has used own vehicle to travel to mission location. Carpooling resources should only check POV if driving vehicle.

**Check-in Date/Time.** Enter the date in the top part of the box and the time in the bottom part of the box that resource arrived on-scene. Do not include travel time from home base.

**Check-Out Date/Time.** Enter the date in the top part of the box and the time in the bottom part of the box resource left the scene. Do not include travel time back to home base.

**Total Volunteer Personnel.** Enter the total number of volunteer resources. On the first side, only the total number of volunteers shall be entered 1- 8. On the second side, the total number of volunteers 9 – 16 plus the total from the first side shall be entered.

**Total Volunteer Hours.** Enter the total hours rounded to nearest thirty (30) minutes of volunteer hours only. On the first side, only the total number of volunteer hours shall be entered 1- 8. On the second side, the total number of volunteer hours 9 – 16 plus the total from the first side shall be entered.

**Reviewed by the Resource Unit Leader, the Planning Section Chief or the Incident Commander.** Enter the name of the resource reviewing the Check-in List.