1. Incident Name	2. Operational Period (Date / Time) From:	3. Check-in Location ☐ Command Post ☐ Other ☐ Staging Area ___	**CHECK-IN LIST (Personnel)** **ICS 211p-OS**

Personnel Check-in Information				8. Initial Incident Check-In?	9. Time	
4. Name	5. Company / Agency	6. ICS Section / Assignment / Quals.	7. Contact Information	(X)	In	Out
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10. Prepared by: Date / Time	11. Date / Time Sent to Resources Unit

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