FEDERAL EMERGENCY MANAGEMENT AGENCY

Emergency Support Function–9 - Incident Support Team

National Urban Search and Rescue Response System

CHECK-IN LIST	1. INCIDENT NAME	2. CHECK-IN LOCATION _____ _____ ☐ BASE ☐ CAMP _____ ☐ STAGING AREA ☐ ICP RESOURCES ☐ HELIBASE	3. DATE/TIME

CHECK-IN INFORMATION

4. List Personnel (Overhead) by Agency & Name - or- List Equipment by the Following Format:					5.	6.	7.	8.	9.		10.	11.	12.	13.	14.	15.	16.
Agency	Single T/F S/T	Kind	Type	I.D. No./Name	Order/ Request Number	Date/Time Check-in	Leader's Name	Total No. Personnel	Manifest Yes	Manifest No	Crew Weight or Individual Weight	Home Base	Departure Point	Method of Travel	Incident Assignment	Other Qualification	Sent To Resources Time/Int.

17. Page _____ of _____ ICS 211	18. Prepared By (Name and Position) Use back for remarks or comments