

### CHECK-IN LIST (ICS 211 P)

<b>1. Incident Name:</b>	<b>2. Operational Period:</b> Date From: _____ To: _____ Time From: _____ To: _____	<b>3. Check-in Location</b> <input type="checkbox"/> Staging Area <input type="checkbox"/> Command Post <input type="checkbox"/> DOC _____	<b>ICS 211 P CHECK-IN LIST (Personnel)</b>
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4. Name (Last, First)	5. Agency	6. DSW# or ID#	7. Contact Information	8.	
				Time In	Time Out

<b>9. Prepared by:</b>	Name: _____	Position/Title: _____	Signature: _____
<b>ICS 211 P, Page 1</b>			Date/Time: _____

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4. Name (Last, First)	5. Agency	6. DSW# or ID#	7. Contact Information	8.	
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9. Prepared by: Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 211 P, Page 2 Date/Time: \_\_\_\_\_

## CHECK-IN LIST (ICS 211 P)

### ICS 211 P

#### Check-in List (Personnel)

**Purpose:** The Check-in List (ICS 211 P) is used to document responder's arrival and departure from an Incident Command Post, DOC, Staging Area, or other field location (e. g. C-POD, Shelter, etc.).

- Use the **ICS 211 P** form to document personnel check-in in situations where the resources to be tracked are **personnel**. Examples include a DOC, Disaster Service Worker or volunteer staging, shelters, commodity or pharmaceutical points of distribution, or Safety Assessment.
- Use the **ICS 211 E** form if the resources to be tracked are primarily **unstaffed equipment**.
- Use the **ICS 211 S** form if the resources to be tracked are **supplies**.
- Use the **ICS 211** form if the resources to be tracked are primarily **operational resources** such as Strike Teams, Task Forces, or heavy equipment with assigned personnel.

**Preparation:** An ICS 211 P consists of recording specific information, as described in the table of instructions below. The form is initiated by an Incident Commander, Scribe, or Finance and Administration Section personnel assigned to an incident. Arriving responders should be instructed to complete the form, or provide the required information to the person assigned to complete the form. Prepare and complete one form per operational period. Use additional copies as continuation sheets, as needed, indicating the page.

**Distribution:** A copy of the ICS 211 P should be provided to the Planning Section as soon as possible (at this stage, "Time Out" will not be completed). At the end of the Operational Period, the completed original form (including "Time Out") should be sent to the appropriate DOC where it will be recorded by the DOC Finance & Administration Section, and used to track time and labor costs, and for cost reimbursement purpose.

Block Number	Block Title	Instructions
1	<b>Incident Name</b>	Enter the name assigned to the incident
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date</li> <li>• Time</li> </ul>	Enter the time interval for which the form applies. Record the start and end date (month/date/year) and time (24-hour clock).
3	<b>Check-in Location</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Command Post</li> <li><input type="checkbox"/> DOC</li> <li><input type="checkbox"/> Staging Area</li> <li><input type="checkbox"/> Other</li> </ul>	Check the box that corresponds to the check-in location. If "Other", specify. If a DOC, specify which one.
4	<b>Name</b>	Enter the responder's name (last, first).
5	<b>Agency</b>	Enter the responder's agency. If from an outside jurisdiction, specify the agency and jurisdiction. If a volunteer, note "volunteer" and specify the organization with which the volunteer is affiliated, if applicable.
6	<b>DSW or ID#</b>	If the responder is a City employee or DSW Volunteer, enter the DSW number. Otherwise, enter an ID number (e. g. other jurisdiction employee ID#, Badge #, Driver's License#, etc.), if known.
7	<b>Contact Information</b>	Enter contact information, such as a cell phone (preferred), landline, or other communications method.
8	<b>Time In/Time Out</b>	Enter the time (24-hour clock) the responder checks in to the incident and out.
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/date/year) and time prepared (24-hour clock).