AGENCY CHECK IN LIST

USE ONE SHEET PER AGENCY

1. INCIDENT NAME	2. DATE	3. INCIDENT NUMBER	4. CHECK IN LOCATION

5. AGENCY/TEAM	6. LIAISON NAME	7. AGENCY ADDRESS	8. AGENCY PHONE #

T CARD	RESOURCE				MEDICAL					SAR			SPECIALISTS						DOG						TRANS			OTHER QUALIFICATIONS OR SPECIALITIES
√ WHEN MADE	NAME (PERSONNEL) -OR- DESCRIPTION (EQUIPMENT)	TIME IN	TIME OUT	HOURS	MD	RN - LPN	PARAMED	EMT	WFR AFA	SAR - TECH	TRACKER	SWFTWATR	DIVER	CLIMBER	DISPATCH	COMPUTER	ELT	HAMRADIO	OVERHEAD	AREA	TRAILING	AVALANCH	WATER	CADAVER	MOUNTED	DRIVER	HOWMANY?	4WD	

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9. PREPARED BY (RESOURCE UNIT)