# ICS Form 211
Burbank Fire Corps Program Check-In

| INCIDENT CHECK-IN LIST | 1. Incident Name | 2. Check-In Location (complete all that apply) | | | | | 3. Date/Time |
|---|---|---|---|---|---|---|---|
| *Check one:*<br>☐ Personnel ☐ Handcrew ☐ Misc.<br>☐ Engines ☐ Dozers<br>☐ Helicopters ☐ Aircraft | | ☐ Base | ☐ Camp | ☐ Staging Area | ☐ ICP Restat | ☐ Helibase | |

Check-In Information

| 4. List Personnel (overhead) by Agency & Name -OR- List equipment by the following format: Agency | Single | Kind | Type | I.D. No/Name | | 5. Order/Request Number | 6. Date/ Time Check-In | 7. Leader's Name | 8. Total No. Personnel | 9. Home Base | 10. Departure Point | 11. Method of Travel | 12. Incident Assignment | 13. Other Qualifications | 14. Sent to RESTAT Time/Int |
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15. Prepared by (Name and Position) *Use back for remarks or comments*