

NWCG Incident Check-In Form (ICS 211 WF)

INCIDENT INFORMATION

Geographic Area:		Incident Name:	
		Incident Number:	

RESOURCE INFORMATION

IROC Request#:		Trainee:	YES NO
Resource Name:		Contractor:	YES NO
Incident Assignment:		Contract Type:	
Total Personnel Assigned:		Contract Agreement#:	
Cell Phone Number:		AD Employee(s):	YES NO
E-mail Address:		Name(s)/ECI#:	
State:			
Agency:		Home Unit/Company Name:	
Unit ID#:		Emergency Contact No#:	

MOBILIZATION/TRANSPORTATION INFORMATION

Mobilization Start Date:		Is This a Reassignment:	YES NO
Start Date*:		Previous Incident Name:	
Method of Travel:		GACC:	
Mobilization Jetport:		Strike Team/Task Force:	YES NO
Demob City:		Identifier:	
State:			
Vehicle Description(s):		UTV/ATV:	YES NO
Vehicle ID(s):		UTV/ATV Approved:	YES NO
Rental Vehicle(s):	YES NO		
Are Rental(s) NERV Vehicles:	YES NO	Return Location:	

*Reference agency policy, including the *Interagency Standards for Fire and Fire Aviation Operations* (Red Book).

CONTRACTED/OTHER EQUIPMENT

Is this an Engine/Equipment:	YES NO		
Resource Type/Kind:		Transport/Lowboy:	
Double Shift Ordered:	YES NO	Transport to Stay at Incident:	YES NO
Double Shift Capable:	YES NO	Transport/Lowboy E#:	
Name of Operator(s):		Transport Vehicle ID:	

CREW/MODULE INFORMATION

Is This a Crew/Module:	YES NO	Crew Bus:	YES NO
Leader Name:		Bus to Stay at Incident:	YES NO
Assistant Name:		Bus E#:	
Assistant Contact Phone:		Crew Training Needs:	
Medical Qualifications:		UAS:	YES NO
Medical Equipment:		UAS Carded Pilot:	YES NO

Check-In Documentation Reviewed by Resource Unit _____
(Documentation can include Red Card, Resource Order, Contract Documentation, etc.)

Signature: _____ Position: _____ Date: _____