

1. Incident Name	2. Operational Period (Date / Time) From: _____ To: _____	3. Check-in Location <input type="checkbox"/> Command Post <input type="checkbox"/> Other <input type="checkbox"/> Staging Area _____	CHECK-IN LIST (Equipment) ICS 211e-OS
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Equipment Check-in Information					9. Initial Incident Check-In?	10. Time	
4. Equipment Description	5. Equipment Identifier	6. Supplier/Owner	7. Assignment	8. Contact Information	(X)	In	Out
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11. Prepared by: _____	12. Date / Time Sent to Resource Unit
Date / Time	

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CHECK-IN LIST Equipment (ICS FORM 211e-OS)

Special Note. This form is used for equipment check-in only.

Purpose. Equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

Preparation. The Check-In List is initiated at a number of incident locations including staging areas, base, camps, helibases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

Distribution. Check-In Lists are provided to both the Resources Unit and the Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Check-in Location	Check the box for the location where the equipment was checked in.
4.	Equipment Description	Enter a description of the equipment (e.g., 36" open water boom, skimmer, vac truck, etc.).
5.	Equipment Identifier	Enter the Identifier for the equipment (e.g., radio call-sign, vessel name, vendor name, license plate, etc.).
6.	Supplier/Owner	Enter the supplier/owner of the equipment.
7.	Assignment	Work assignment, if known. Arriving equipment may not have an assignment at time of check-in.
8.	Contact Information	Enter the contact information for the person operating equipment.
9.	Initial Incident Check-in?	Check if this is the first time the equipment has been checked in.
10.	Time In/Out	Enter the time the equipment is checked in and/or out (24-hour clock).
11.	Prepared By Date/Time	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).
12.	Date/Time Sent to Resources Unit	Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resources Unit.