Req	uest	#	E-			

EQUIPMENT CHECK-IN SHEET Send to Ground Support Before Finance

Cell Phone:____

Plans Information Equipment Name/Type:	Were you reassigned directly from another incident? YES NO				
Contractor Cooperator Agency: (e.g., BLM, FS, STATE, PVT) Check In Date/Time: Date/Time Travel Began: Home Unit/Point of Hire: Primary Operator's Name: If ordered for a double shift, is there a relief operator available? YES NO Relief Operator's Name: Is there another operator available after primary operator reaches the 14-day limit? YES NO	Were you reassigned directly from another incident? YES NO If Yes: Original Request #: Name of Incident: First day of first assignment for calculation of 14-day tour: For Water Tenders & equipment with water tanks: Tank CapGal. For Sawyers: Faller Qualifications: Class A Class B Class C If Operator an AD, Assigned O #:				
Vehicle or Equipment ID: Demob State: (Final Destination) For Heavy Equipment: T1 T2 T3 Is there a lowboy with your equipment? YES NO If YES: E#: Is lowboy staying at the incident? YES NO Does equipment have: lights for night operation? YES NO Four-Wheel Drive? YES NO	Emergency Contact Name: Emergency Contact Phone #: Equipment hired with operator? Yes No Operator's O# Copy of agreement or contract received Pre-inspection completed and attached				
Other special capabilities/specifications of equipment: To Be Completed by Plans					
Red Card Checked Checked-In by:(initials) T-Card Completed Entered into IRSS Shelter Deployment Training Documentation Checked (Contractors) White – Plan Yellow – Fine Pink – Grnd					
Request # E Incident Number: Kind:	ID Badge Authorizations (authorized to receive cache/supply items) Circle One: ALL ONLY SUPERVISORS ICS-211-E ID Badge Restrictions (circle all that apply): Laundry Nomex Commissary Medical Other None (DRAFT)				