

RESOURCE CHECK-IN FORM

Submit form to Central Idaho Dispatch

Crew Information

Check-in call sign: _____ Crew or project leader: _____

Ranger District: (The RD for which you work)

Supervisor: _____ Contact Info: _____

Emergency Contact:

*If different from above

Crew members	Agency Employee	Medical Quals	Crew members	Agency Employee	Medical Quals

Itinerary

Departure Date: _____ Return Date: _____

Date & Time of initial check-in: DATE: _____ TIME: _____

*Reminder: Each time you check in with CIC, you must provide the time of your next expected check-in

Method of travel:

Camp locations:

Project Information

General project location:

*please give general lat/long as well

Available repeaters in project area:

Route of travel to project area:

Route of travel from project area:

*if not the reverse from above

Type of work:

Trails/Roads
being worked:

Primary Comm Method: _____ Secondary: _____

SEND device available: _____ Text capable: _____

ID Name:

Additional Comments: