

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.

Crew members	E M R	E M T	W F R	W F A	CPR/ First Aid	Crew members	E M R	E M T	W F R	W F A	CPR/ First Aid
	<input type="checkbox"/>		<input type="checkbox"/>								
	<input type="checkbox"/>		<input type="checkbox"/>								
	<input type="checkbox"/>		<input type="checkbox"/>								
	<input type="checkbox"/>		<input type="checkbox"/>								
	<input type="checkbox"/>		<input type="checkbox"/>								

****For MCC staff** Home unit location and contact information:

Itinerary

Departure date: _____ Departure point: _____

Date and 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: _____

Return date: _____ Return point: _____

Camp Site 1: _____ Camp Site 2: _____ Camp Site 3: _____

Project Information

General project location: _____

Available repeaters in project area: _____

Ranger District: _____

Driving directions to project area: _____

Type of work: _____

Associated hazards with the project: _____

Known radio or cell phone dead-zones: _____

Evacuation Plan

Identified airstrips, ranches, helicopter landing sites, etc: _____

SPOT available: No Yes – ID Name: _____

Satellite phone number: _____ Text Capable: Yes No

Emergency equipment and supplies with Crew: Basic First Aid Kit Fire Extinguisher

Trauma Kit Litter/Back Board

Other: _____

Additional Comments

In Event of Emergency

Legal description: T R S ¼ and/or Lat X Long

Potential landing site: Lat X Long

*Reference pages 49-51 of Incident Response Pocket Guide for guidance on helispot selection.