

Request # C- _____

CREW CHECK-IN SHEET

Cell Phone: _____

Plans Information

Crew Name & Designator: _____
(e.g., Pike IHC, Yampa Valley)

Contract Crew? YES NO Agency: _____
(e.g., NPS, FS, BIA)

Check-In Date/Time: _____ Date/Time Travel Began: _____

Leader Name: _____ # Personnel: _____

Home Unit: _____ 5-letter Designator: _____

Demob City: _____ Demob State: _____
(Final Destination) (Final Destination)

Method of Travel (circle one) AIR AOV POV BUS

If AIR: Jetport/Airport: _____ Jetport Code: _____

If AOV, POV, BUS: Vehicle ID: _____
(e.g., Gov't Veh #, License #, etc.)

Vehicle Description: _____
(e.g. Dodge PU, Chevy Sedan)

If rented, where was vehicle rented: _____

Who is responsible for rented veh: _____ Assigned E#: _____
(e.g., (Name, Buying Team, Dispatch Center)

Crew Type: Hotshot I II (IA) II (Other)

Other Qualifications: _____
(e.g., EMT, FALA, HECM, ENGB)

Were you reassigned directly from another incident? YES NO

If Yes: Original Request #: _____ Name of Incident: _____

Finance Information

Please attach a complete manifest for the crew, including complete names for all crewmembers. The following information needs to be provided to Finance:

Federal/State, Casual (AD/EEF) Employees

Home Unit Name: _____

Home Unit Address: _____

Home Unit Phone: _____

Home Unit Fax #: _____

Dispatch Center 24-hour Emergency Contact #: _____

Contract Crews

Complete Copy of Contract
Company Name & Number for Emergency Contact

To Be Completed by Plans

Red Card Checked
Checked in by: _____ (initials)
T-Card Completed
Entered into IRSS
Shelter Deployment Training Documentation Checked (Contractors)

Demob Information Supplied
Demob Form Printed
Manifest Received

*White - Plans
Yellow - Finance
Pink - Grnd Suppt*

To Be Completed By Finance

Crew Information Received and Complete
Entered into ITS by: _____
(initials)

Request # C- _____ Incident Number: _____

ID Badge Authorizations (authorized to receive cache/supply items)
Circle One: ALL ONLY SUPERVISORS
ID Badge Restrictions (circle all that apply): Laundry Nomex
Commissary Medical Other _____ None

ICS-211-CR
(DRAFT)