CHECK-IN LIST - COMMUNICATIONS PERSONNEL (ICS-211A)

1. INCIDENT/EVENT NAME:	2. INCIDENT NUMBER:	3. CHECK IN LOCATION ☐ Staging Area ☐ ICP ☐ Base ☐ Other _____	4. DATE/TIME:

INFORMATION

5. AGENCY	6. CALL SIGN	7. NAME	8. KIND	9. TIME IN	10. TIME OUT	11. REMARKS

ICS 211A **12. Prepared by: Name:** _____ **Position/Title:** _____ **Signature:** _____ Date/Time: _____

Staging/Intake Administrator/Manager or assistant fills in all blocks. This Form modified for Amateur Radio use. 02/2014