

# EQUIPMENT CHECK-IN SHEET

INCIDENT NAME/NUMBER: \_\_\_\_\_

CHECK-IN DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

<i>IMT USE ONLY</i>
Request Number Assigned: E- _____
Optional Support Vehicle: E - _____

## RESOURCE INFORMATION

EQUIPMENT TYPE: \_\_\_\_\_

CALL SIGN: \_\_\_\_\_ LICENSE: \_\_\_\_\_

DEPARTMENT/AGENCY NAME:  
\_\_\_\_\_

DEPARTMENT/AGENCY PHONE NUMBER (24hr):  
\_\_\_\_\_

Chief of Party Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

SUPPORT VEHICLE MAKE/MODEL:  
\_\_\_\_\_

VEHICLE LICENSE: \_\_\_\_\_

## CREW MEMBERS:

(Last Name, First Name)

.02) \_\_\_\_\_

.03) \_\_\_\_\_

.04) \_\_\_\_\_

.05) \_\_\_\_\_

.06) \_\_\_\_\_

.07) \_\_\_\_\_

## REMARKS:

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PREPARED BY: \_\_\_\_\_