CHECK IN LIST

1. INCIDENT/EVENT NAME	2. DATE	3. INCIDENT NUMBER	4. CHECK IN LOCATION

T CARD						
A WHEN MADE	PRINT NAME	AGENCY & GROUP	TIME IN	TIME OUT	HOURS	SIGNATURE
	Jim Smith	SLCFD / Rescue	0900	1330	4.5	James Smith

ICS 211B
UTAH TF 1/2

PAGE _____OF_____

5. VERIFIED BY: (Program Office / Planning Team) Print - Signature