1. Incident Name	2. Operational Period (Date / Time) From: To:	3. Check-in Location ( ) Command Post ( ) Staging Area ( ) Other _____	**Check-In List (Equipment)** **ICS 211e**

Equipment Check-In Information

4. Equipment Description (Make/Model)	5. Equipment Identifier (Serial #)	6. Supplier/Owner	7. Assignment (Name and Agency)	8. Contact Information (Phone # and DL)	9. Initial Incident Check In? (x)	10. Time / Date	
						In	Out

11. Prepared by: Date / Time	12. Date / Time Sent to Resource Unit

Check-In List (Equipment)   ICS-211e