

CHECK-IN LIST		TASK #	TASK NAME:	FOR OPERATIONAL PERIOD #	DATE PREPARED: TIME PREPARED:				
TEAM/UNIT NAME:			CHECK-IN LOCATION:						
#	PRINT NAME	VOLUNTEER ADDRESS & PHONE #	TIME IN	TIME OUT	MUST BE OUT BY	INITIALS IN	INITIALS OUT	HOURS	Km/Mi
PAGE ___ OF ___		PREPARED BY (LOGISTICS):			ICS 211	PAGE TOTALS			