

Hays County CERT ICS Form 211
 Incident Check-In List

<i>Incident Type: Check all that apply</i> <input type="radio"/> Rehab <input type="radio"/> Training <input type="radio"/> SAR <input type="radio"/> Other		Incident Name: _____			Check-In Location (check all that apply) <input type="radio"/> Mtn. City <input type="radio"/> Staging Area <input type="radio"/> Other <input type="radio"/> Fire Station <input type="radio"/> EOC			Date/Time: _____	
Check-In Information									
Name	Check-In Time	Check-Out Time	Trailer Towing		SAR Technician	Equipment Brought?	CPR Qualified?	First Aid Qualified?	Comments
			Yes	No					

Page ___ of ___
 Use back for additional remarks or comments