

Hays County CERT ICS Form 211 Incident Check-In List

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

Page ___ of ___

Use back for additional remarks or comments