

Equipment Check-In List	1. Incident Number / Name:		2. Operational Period (Date / Time):		3. Check-In Location:	
			From:	To:		
EQUIPMENT INFORMATION						
4. Equipment Description	5. Identifier	6. Supplier/Owner	7. Assignment	8. Contact Information	9. Time In: Out:	
10. Prepared By:			Date:	Time:	11: Sent to Resource Unit:	
					Date:	Time:

CHECK IN LIST Equipment (SCAF 211E)

Special Note: This form is used for equipment check-in only.

Purpose: Equipment arriving at the incident scene can be checked in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

Preparation: The Check-In List is initiated at a number of incident locations including staging areas, base camps, heli-bases and the Incident Command Post. Managers at these locations record the information and give it to the Resource Unit as soon as possible.

Distribution: Check-In Lists are provided to both the Resource Unit and the Finance/Administration Section. The Resource Unit maintains a master list of all equipment and personnel that have reported to the incident.

NOTE: All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Number/Name	Enter the number and/or name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3.	Check-In Location	Enter the location where the equipment was checked in.
4.	Equipment Description	Enter a description of the equipment (e.g., 36" open water boom, skimmer, vac truck, etc.).
5.	Identifier	Enter the identifier for the equipment (e.g. radio call-sign, vessel name, vendor name, license plate, etc.).
6.	Supplier/Owner	Enter the supplier/owner of the equipment.
7.	Assignment	Work assignment, if known. Arriving equipment may not have an assignment at time of check-in.
8.	Contact Information	Enter the contact information for the person operating the equipment.
9.	Time In/Out	Enter the time the equipment is checked in and/or out (24-hour clock).
10.	Prepared By Date/Time	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock)
11.	Date/Time Sent to Resource Unit	Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resource Unit.