1. Incident Name	2. Operational Period (Date / Time) From: To:	3. Check-in Location ☐ Command Post ☐ Other ☐ Staging Area _____ _____	**CHECK-IN LIST (Equipment)**

Equipment Check-in Information					**9. Initial Incident Check-In?**	**10. Time**	
4. Equipment Description	**5. Equipment Identifier**	**6. Supplier/Owner**	**7. Assignment**	**8. Contact Information**	(X)	In	Out
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11. Prepared by: **Date / Time**	**12. Date / Time Sent to Resources Unit**