AGENCY CHECK IN LIST

1. INCIDENT NAME	2. DATE	3. INCIDENT NUMBER	4. CHECK IN LOCATION

5. AGENCY/TEAM	6. LIAISON NAME	7. AGENCY ADDRESS	8. AGENCY PHONE #

T CARD	RESOURCE				MEDICAL				SAR				SPECIALISTS					DOG					TRANS			OTHER QUALIFICATIONS OR SPECIALITIES
√ WHEN MADE	NAME (PERSONNEL) -OR- DESCRIPTION (EQUIPMENT)	TIME IN	TIME OUT	HOURS	MEDICAL PARAMEDIC	EMT	EMR	MEDICAL SAR	SAR TECHNICIAN	SAR TECHNICIAN EMT	SAR TECHNICIAN EMR	SAR TECHNICIAN MEDICAL	DISASTER SPECIALIST	COMPUTER SPECIALIST	HAZARDOUS MATERIALS SPECIALIST	EQUIPMENT SPECIALIST	HEAVY EQUIPMENT SPECIALIST	DOG HANDLER	DOG HANDLER EMT	DOG HANDLER EMR	DOG HANDLER MEDICAL	DOG HANDLER SAR	TRANS DRIVER	TRANS DRIVER EMT	TRANS DRIVER EMR	

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5. PREPARED BY (RESOURCE UNIT)