

ICS-214 CHECK-IN/CHECK-OUT FORM

1. Incident Name / Number SOCMAT ZRZR 223A US,CA-ATR-130405		2. Operational Period (Date / Time) 2013-04-10 2013-04-10 From: 1900 To: 2100		3. Check-in Location <input type="checkbox"/> EOC <input checked="" type="checkbox"/> Other: <input type="checkbox"/> ICC <input type="checkbox"/> STG <input type="checkbox"/> ICP <input type="checkbox"/> NCS		CHECK-IN LIST (personnel)	
Personal Check-in Information				8. Initial Incident Check-in?		9. Time	
4. Name (Last, First)	5. CALLSIGN (Service)	6. ICS Section / Assignment / Quals	7. Contact Information (or) Organization	X	In	Out	
01 Speelman, Charley	WABRUZ	ZR-11	MVRACES	X	1800	2130	
02 McCook, Bob	K61WA	ZR-5R	"	X	1823	2103	
03 CENTR, JAY	AD6AT	ZRZF	"		1848	2100	
04 MARCOA, BARBARA	KFGRQX		MVRACES		1851	2102	
05 MARCOA Joe	KFGRQW		MV RACES		1851	2102	
06 Gonzales, ED	KJGBGS		MU RACES		1852	2100	
07 Sudberg, Sidney	K6DHT	ZRZF	MU RACES		1908	2101	
08 COUTSROS, George	N6SLV		" 11		1901	2108	
09 Griffith, Dale	W8RRV		" "		1909	2102	
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10. Prepared by:	11. Date / Time: (YYYY-MM-DD-TTTT)	12. Date / Time Sent to Resources Unit	Page: of
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