CREW-CHECK-IN SHEET

Request #: C- _____

Checked in by: _____

T-Card completed by: _____

Entered into IRIS by: _____

RED CARD INFO:

☐ Red Card

☐ Certifying Official Name

Check-in Date: _____

Check-in Time: _____

Crew Name: _____

Leader Name: _____

Cell #: _____

Type 1 2 S/T Camp Crew

Number of people: _____

Manifest attached: Y or N

Agency: NPS FS BLM FWS BIA CDF PVT OES Local FD (circle one) Other _____

Home Unit: _____

Demob City/State: _____ Drive time to home base: _____

Vehicle: ☐ AOV# _____

☐ POV # _____

☐ Rental

AIR AND RENTAL INFO:

Airport Name/Pneumonic: _____

Rental Agency: _____

Rental Car Plate #: _____

Rental Return Location: _____

WORK/REST INFO:

What time did you start shift today? _____

Were you assigned from another fire? Y or N

If YES: Original Request #: _____

Name of Incident: _____

What was the first day of your first assignment? _____

14th Day (Last Shift Date): _____

I certify that the information provided is correct: _____