

ENGINES – CHECK-IN SHEET

Request #: E- _____
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: _____

Engine Name & Designator: _____

Leader Name: _____

Cell Phone #: _____

Kind: _____ Type 1 2 3 4 5 6 Configuration: S S/T T/F

Number of people: _____ S/T – T/F manifest attached: Y or N

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

Home Unit: _____ (5 letter designator)

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

Vehicle ID: _____

4X4: Y or N # EMT's: _____ Does your engine have foam capability? Y or N

Single Engine Manifest

	Name
Captain	
Crew	
Crew	
Crew	
Crew	

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: _____