

Incident #: _____

AIRCRAFT CHECK-IN SHEET

A# _____

Helicopter Name and Tail # and call sign _____
(Resource name example Helicopter T2S- 205HQ))

Crew Leader Name: _____ Cell Phone #: _____ Item Code: _____

Home Unit ID: _____ Agency: _____ Mob Date: _____ Check-in Date: _____ Time: _____
(e.g., ID-STF; Listed on red Card) (e.g., NPS, FS, BIA, State, City, Contractor, Cooperator)

Demob City _____ Demob State _____ Method of Travel: AOV POV Rental AIR Other _____ # of Personnel: _____
(Final Destination)

1st Full Shift Worked: _____ Coming from another incident? YES NO If yes, Fire Name & 1st Day Worked: _____

Vehicle Types & IDs: _____

Will you be swapping out crew when they reach their 14-day limit? YES NO

Do you have any ATV's or UTV's? YES NO If yes, E# _____ Obtain ATV/UTV Approval from IC

I understand that it is my responsibility to let Ops/Supervisor know the status of my work/rest ratio when I check in with them _____ (initial)

ROSTER RESOURCE (leader, crew): If they provide a manifest just attach and don't fill out this section. Confirm manifest is correct

Leader Primary Name _____ Item Code _____ Leader Secondary Name _____ Item Code: _____

Crew Member _____ Item Code: _____ Crew Member _____ Item Code: _____

Crew Member _____ Item Code: _____ Crew Member _____ Item Code: _____

Crew Member _____ Item Code: _____ Crew Member _____ Item Code: _____

Finance Information

See Helicopter Module Information form for government crew member information.

Cost Tracking

Type of Contract: AMD / FS / State / CWN Daily Availability Applies? YES / NO Exclusive Use Contract Expires: _____

If AOBD approved Lodging and M&IE? Type 1 or Type 2 Restricted HEMG Travel Method: AOV / REN / AIR / AIR+REN

Verify Aircraft Agency Identification Number List: _____ (e.g. H407, HT411)

DMOB Section

DMOB Date/Time (Actual): _____ ETD from camp: _____

Destination: _____ ETA Home: _____

RON Location(s) /Dates & Times: _____ If Reassigned, Fire Name & ETA: _____

Expanded Dispatch Notified of DMOB/Travel Y / N Date/Time: _____

DMOB SIGN-OFF LIST

_____ Communications _____ Time/Finance _____ (Go here 1st to save time) _____ DMOB _____ Last Stop!
_____ Weed Wash _____ Supply Unit _____ _____ Training _____
_____ Ground Support _____ Other _____

SCKN: _____ Red Card: _____ Manifest: _____ eISUTTE: _____ DMOB: _____