

Incident #: \_\_\_\_\_

### CREW CHECK-IN SHEET

C# \_\_\_\_\_

#### Plans Information

Crew Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Item Code: \_\_\_\_\_

Home Unit: \_\_\_\_\_ Agency: \_\_\_\_\_ Mob Date: \_\_\_\_\_  
(Listed on Red Card) (E.g. FS, BIA, City, State, Cooperator)

Check in Date: \_\_\_\_\_ Check in Time: \_\_\_\_\_ Jet Port Code: \_\_\_\_\_

Demob City: \_\_\_\_\_ Demob State: \_\_\_\_\_ # of Personnel: \_\_\_\_\_  
(Final Destination) (Final Destination)

1<sup>st</sup> Full Shift Worked: \_\_\_\_\_

Coming from another fire? Y / N If Yes, Fire Name & 1<sup>st</sup> Day Worked: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Secondary Leader: \_\_\_\_\_

Self Sufficient (with credit card)? Y / N Available for Reassignment Y / N (Agency Only)

Travel Method: AOV Contract-Vehicle AIR RENTAL BUS/E# \_\_\_\_\_ Is bus staying? Y / N

Vehicle Type/ID/License No: \_\_\_\_\_

Any ATV's / UTV's? Y / N If yes, E# \_\_\_\_\_  Obtain ATV/UTV Approval From IC

Any Crew Training Needs: \_\_\_\_\_

# Of Crew members with Medical Training? 1<sup>st</sup> Responder \_\_\_\_\_ EMTB: \_\_\_\_\_ EMTI: \_\_\_\_\_ EMTP: \_\_\_\_\_

Medical Equipment with you? Type: \_\_\_\_\_

Will you be swapping out crewmembers during their assignment or when they reach their 14-day limit? Y / N (Tell them if they are, they need to notify check-in when switching)

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)

#### DMOB Section

DMOB Date/Time (Actual): \_\_\_\_\_ 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

\_\_\_\_\_ Supply Unit \_\_\_\_\_ Time/Finance \_\_\_\_\_ (Go here 1<sup>st</sup> to save time)

\_\_\_\_\_ Training \_\_\_\_\_ Communications \_\_\_\_\_ Weed Wash \_\_\_\_\_

\_\_\_\_\_ Ground Support \_\_\_\_\_ DMOB \_\_\_\_\_ Last Stop! \_\_\_\_\_ Other \_\_\_\_\_

#### Finance Information

##### AGENCY CREW

Home Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Unit Phone: \_\_\_\_\_

Home Unit Fax #: \_\_\_\_\_

Home Unit Email (time) \_\_\_\_\_

- Verify Crew Manifest (names) and Employee Status of all crewmembers (Fed/State/AD/Other).
- Verify ECI for AD crewmembers.
- e-ISuite Employee Common Identifier (**AD only**)
- Cooperator Rate Agreement Required? Y / N
- AD position/pay rate listed on Crew manifest.
- Chainsaw Inspection Completed
- Vehicle Inspection Completed

##### CONTRACT CREW

Company Crew Designator # \_\_\_\_\_

Company Name: \_\_\_\_\_

- Complete Copy of Contract
- Qualifying Travel Receipts (e-ISuite Add)
- Chainsaw Inspection Completed
- Vehicle Inspection Completed

SCKN \_\_\_\_\_ Red Card \_\_\_\_\_ Manifest \_\_\_\_\_ eISUITE \_\_\_\_\_ DMOB \_\_\_\_\_