

Incident #: _____

ENGINE CHECK-IN SHEET

E# _____

Plans Information

Engine Name: _____ Cell Phone#: _____
(e.g., PNF 617, Iron Horse #2)

Item Code: _____ Home Unit ID: _____
(Listed on Red Card)

Agency: _____
(e.g., NPS, FS, BIA, State, City, Contractor, Cooperator)

Mobilization Date: _____ Check-In Date: _____ Time: _____

DMOB City: _____ DMOB State: _____

Travel Method: _____ Jet Port Code: _____ # Personnel: _____
(In case of Emergency)

1st Full Shift Worked: _____ Available for Reassignment? Y / N (Agency only)

Coming from another Fire? Y / N Fire Name & Start Date: _____

Any ATV's / UTV's? Y / N If yes, E# _____ Obtain ATV/UTV Approval from IC

Does your engine have foam capability? Y / N CAFS? Y / N

Engine Type:
 Type I Type II Type III Type IV Type V Type VI

Vehicle Type/ ID/License No: _____

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

Leader Primary _____ Item Code: _____

Leader Secondary _____ Item Code: _____

Crew Member _____ Item Code: _____

Crew Member _____ Item Code: _____

Crew Member _____ Item Code: _____

Crew Member _____ Item Code: _____

Of crewmembers with Medical Training?
1st Responder _____ EMTB _____ EMT1 _____ EMTP _____

Medical Equipment with crew?: _____

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)

Finance Information

Home Unit Name: _____

Address: _____

Home Unit Phone Number: _____

Home Unit Fax Number: _____

Home Unit Email (time): _____

- Verify Crew Manifest (names) and Employee Status of all crewmembers (Fed/State/AD/Other).
- Verify Position/Pay Rate/ECI (casual hire form) for AD crewmembers

Contractor/Cooperator Name: _____

Contract #: _____

VIN: _____

Point of Hire/DDP: _____

- Complete Copy of Contract or Cooperator Rate Agreement
- Vehicles Inspected through Ground Support
- Copy of Pre-Inspection
- Chainsaw Inspected

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

_____ Time/Finance _____ (Go here 1st to save time)

_____ Supply Unit _____ Training _____

_____ Communications _____ Weed Wash _____

_____ Ground Support _____ DMOB _____ Last Stop!

SCKN: _____ Red Card: _____ Manifest: _____ ISUTTE: _____ DMOB: _____