

**DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
INCIDENT CHECK-IN LIST (ICS 211-CG)**

PRIVACY ACT STATEMENT

AUTHORITY: USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.

PURPOSE: USCG collects the information to document check-ins of personnel and equipment arriving at various incident locations.

ROUTINE USES: USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

1. Incident Name:	2. Incident Location:	3. Operational Period (Date/Time): From: _____ To: _____
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CHECK-IN INFORMATION (use reverse of form for remarks or comments)

4. Date/Time Check-in	5. List Single Resource or Personnel by Agency; Name / Resources are to be listed by following format					6. Order Request Number	7. Leader's Name	8. Total # of Personnel	9. Incident Contact Information	10. Home (Base) Unit or Agency	11. Departure Point Date/Time	12. Method of Travel	13. Incident Assignment (Location)	14. Other Qualifications	15. Data sent to RESL
	State and Agency	CAT	K i n d	T y p e	Resource Name or Identifier										

16. Prepared By:			
Name:	Position Title:	Signature:	Date/Time:

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GENERAL INSTRUCTIONS

Purpose. The Incident Check-in List (ICS 211-CG) is used to document personnel and equipment arriving at the incident that can check-in at various incident locations. The ICS 211-CG: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked-in.

Preparation. The ICS 211-CG is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, or (3) a recorder from the Resources Unit during check-in to the ICP. The ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) color; this can aid in the process of completing a large volume of ICS 219s. The ICS 219 colors are:

<ul style="list-style-type: none"> • 219-1: Header Card – Gray (used only as label cards for T-Card racks) • 219-2: Crew/Team Card – Green • 219-3: Engine Card – Rose 	<ul style="list-style-type: none"> • 219-4: Helicopter Card – Blue • 219-5: Personnel Card – White • 219-6: Fixed-Wing Card – Orange 	<ul style="list-style-type: none"> • 219-7: Equipment Card – Yellow • 219-8: Miscellaneous Equipment/Task Force Card – Tan • 219-10: Generic Card – Light Purple
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Distribution. The ICS 211-CG, which is completed by personnel at the various check-in locations, is provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Operational Period	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
4.	Date/Time Check-in	Enter dates (month/day/year) and time of check-in (24-hr clock) to the incident.
5.	List resource by format	Enter the following information for resources:
	State and Agency	If applicable, list the home state for the resource and list agency name (or designator), e.g., USCG, NYPD, etc.
	Category	List resource category based on NIMS, discipline or jurisdiction guidance (e.g., FF = Firefighting, SK = Skimmer, AM = Ambulance, LE = Law Enforcement, VT = Vacuum Truck, CB = Crew boat, DB = Deck Barge, OWB = Oil Work Boat, SAR = Search and Rescue, TV = Tank Vessel, HAZ = Hazmat, SCAT = Shoreline Cleanup Assessment Team, SERT = Salvage Engineering Response Team).
	Kind	List the resource kind based on NIMS, discipline or jurisdiction guidance (e.g., O = Overhead personnel, C=Crew, A=Aircraft , H=Helicopter, VL =vessel, VH = vehicle, EQ=Equipment, E = Engine, S=Supplies).
	Type	List the resource type based on NIMS, discipline or jurisdiction guidance (Not typically used by the USCG).
	Resource Name or Identifier	Enter the resource name or unique identifier. If it is Strike Team or Task Force, list the unique identifier (if used) on a single line with the Strike Team or Task Force component resources listed on the following lines.
	ST / TF	Use to indicate whether the resource is part of a Strike Team or Task Force.
6.	Order Request Number	Enter Order Request Number assigned by the agency
7.	Leader's Name	For equipment – enter operator's name. For ST or TF – enter Leader's name. Leave blank for single resource personnel (overhead).
8.	Total # of Personnel	Enter total number of personnel assigned to the resource; include leaders.
9.	Incident Contact Information	Enter available contact information (e.g. radio frequency, cell phone number, etc.) for the incident.
10.	Home (Base) Unit or Agency	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
11.	Departure Point Date/Time	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
12.	Method of Travel	Enter the means of travel the individual used to travel to the incident (e.g., bus, truck, engine, plane, personal vehicle, etc.)
13.	Incident Assignment (Location)	Enter the incident assignment at time of dispatch.
14.	Other Qualifications	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.
15.	Data sent to RESL	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit (RESL), and the initials of the person who transmitted the information.
16.	Prepared By	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).