

# Resource Check-in Form

**\*\* Submit completed form to [mtmdc@firenet.gov](mailto:mtmdc@firenet.gov) \*\***

## **Crew & Check-in Information:**

**Crew Members/Manifest:**

**Check-in Call Sign:**

**Crew Leader:**

**Unit or District:**

**Method of Check-in:**

**Crew Cell/Sat Phone #:**

**Check-in Frequency:**

**Once:**

**Twice**

**Other:**

**Check-in Time(s):**

**0800-0830**

**NOON**

**1600-1630**

**Other**

## **Missed Check-in/Emergency Contact Information:**

**Supervisor**

**Alternate  
Contact**

**Line Officer:**

**Contact #:**

**Alternate's  
Contact #:**

**Line Officer  
Contact #:**

**After Hours  
Contact #:**

**After Hours  
Contact #:**

## **Itinerary:**

**Departure Date:**

**Departure Point:**

**Return Date:**

**Return Point:**

**Method of  
Travel:**

**Camp  
Locations:**

## **Project Information:**

**Type of Work:**

**Hazards Associated with the Project:**

## **Evacuation Plan:**

**Identified Helispots, Airstrips, Driving Directions, etc:**

## **Additional Comments:**