

ICS-211 INCIDENT CHECK-IN - CHICAGO POLICE DEPARTMENT

Incident Name:		Operational Period:		Incident Commander:		Date Prepared:	Time Prepared:
Platoon Leader Name/Rank:		Platoon No.:	Squad No.:	Type of Squad: <input type="checkbox"/> Foot <input type="checkbox"/> Other: <input type="checkbox"/> Bicycle <input type="checkbox"/> Field Force		Squad Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Other: Foot <input type="checkbox"/> Bicycle <input type="checkbox"/> Car/Van	
Location of Assigned Mission/Deployment:			Time Period:	Location of Assigned Mission/Deployment			Time Period:
Name (Last First M I)	Star #	Employee #	Unit	Time-In	Time Out	Post/Location/Misc	Equipment Available
1.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
2.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
3.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
4.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
5.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
6.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
7.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
8.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
9.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
10.							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
Assigned Squad Supervisor Name/Rank:							<input type="checkbox"/> Radio <input type="checkbox"/> BWC <input type="checkbox"/> Helmet <input type="checkbox"/> Shield <input type="checkbox"/> Riot Control Gear
Prepared by (Squad Supervisor Name/Rank):				Signature:			Star No: