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| **CHECK-IN FORM** | | | | **Incident/Event Name:** | | **Check-In Location:** | | **Time:** | **Date:** |
| **Check**  **Appropriate**  **Category** | **INFORMATION (cache work, team training and/or meetings): Lead Manager and/or Instructor give brief description of the task/cache work/training and/or activity below:** | | | | | | | | |
|  |  | **Cache Work Credit:** | |  | | | | |
|  |  | **Training Credit:** | |  | | | | |
|  |  | **Meeting/Other Credit:** | |  | | | | |
| **Print Name and Sign:**  *(Lead or PO Staff)* | | | **Name:** | | | | **Signature:** | | |

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| UT-TF1 ICS 211 10-1-2012 Page 1 version 1 | |  |  |  | |  |  | |  | |  |  |  |
| **CHECK-IN FORM** | **Incident/Event Name:** | | | | **Check-In Location:** | | | **Time:** | | **Date:** | | | | |

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| **NAME** | **Last 4 SSN#** | **AGENCY** | **PRIMARY POSITION** | **CHECK-IN TIME** | **CHECK-OUT TIME** | **MEMBERS SIGNATURE** | **ON DUTY** | **OFF DUTY** | **INSTR** |
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