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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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| **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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