ICS 211p-SW CHECK-IN LIST (NET COMMUNICATIONS)	1. INCIDENT NAME:	2. INCIDENT DATE:	3. INCIDENT TIME:	4. NET TYPE: ❑ Scheduled ❑ Activated

PERSONNEL NAME	CALL SIGN	SPOTTER No.	TIME IN:	TIME OUT:	LOCATION:	NOTES:

ICS 211p-SW SECTOR 1 SKYWARN	5. NUMBER OF PAGES: Page: _____ of _____	6. PREPARED BY:	6. PREPARED DATE/TIME: