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| CADRE_logo_color.jpg | **DAILY LOG****STAFF CHECK-IN**(ICS 211B – Staff) | 1. DATE | 2. INCIDENT NUMBER/NAME | 3. CHECK-IN LOCATION ***& ACTIVITY BEING PERFORMED*** |
|   **NAME & ASSIGNMENT** (*PLEASE PRINT CLEARLY AND SIGN*)  | TIMEIN | TIME OUT | **INITIALS FOR OUT** | REG HOURS | OVERTIMEHOURS | CELLPHONE #, EMAIL OR OTHER CONTACT INFO | ADDITIONAL INFORMATION, SKILLS, LANGUAGES, ETC.  |
| **Name** |  |  |  |  |  |  |  |
| **Signature** |
| **Assignment** |
| **Name** |  |  |  |  |  |  |  |
| **Signature** |
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| **Name** | ­­­ |  |  |  |  |  |  |
| **Signature** |
| **Assignment** |

Manager Name: Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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