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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*) | | TIME  IN | TIME OUT | **INITIALS FOR OUT** | REG HOURS | OVERTIME  HOURS | CELLPHONE #, EMAIL OR OTHER CONTACT INFO | ADDITIONAL INFORMATION, SKILLS, LANGUAGES, ETC. |
| **Name** | |  |  |  |  |  |  |  |
| **Signature** | |
| **Assignment** | |
| **Name** | |  |  |  |  |  |  |  |
| **Signature** | |
| **Assignment** | |
| **Name** | |  |  |  |  |  |  |  |
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| **Name** | | ­­­ |  |  |  |  |  |  |
| **Signature** | |
| **Assignment** | |

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

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