

HAND CREW-MANIFEST

CREW NUMBER _____

INCIDENT NAME: _____

REPORTING LOCATION: _____

DATE ___ / ___ / ___ TIME _____ HRS (24 HOUR TIME)

RADIO CALL SIGN _____

MEANS OF TRANSPORT: _____

PERSONNEL:	LEADERSHIP QUALIFCAITONS:	SPECIALTIES/
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____

19. _____

20. _____

ADDITIONAL RESOURCE INFORMATION:

ASSIGNMENT: _____

DEMOBILIZED: TIME: _____ **HRS** **DATE:** ___ / ___ / ___

DEMOBILIZE APPROVAL: _____ **ICS-221 YES() NO()**

IC: () **OPERATIONS:** () **PLANNING:** () **LOGISTICS:** ()