PREPLAN FOR CRISIS RESPONSE

Check-In/Out Form
JEFFERSON/GILPIN COUNTIES COMMUNITY CRISIS RESPONSE TEAM
STAGING AREA ASSIGNMENT FORM

PRIMARY AGENCY:_____**DATE:**_____

INCIDENT:_____ **REPORTING**

SITE:_____

Team Member	Contact No. or email	Agency	Confidentiality M.H/V.A	Time In	Time Out	Assignment	Debriefed Y/N	Staff Initials
Joe Smith	555-1212	Westminster PD	V/A	9:00	3:00	Crisis intervention-4800 W 92nd	Yes	bl