

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name: _____		2. Incident Number: _____	
3. Planned Release Date/Time: Date: _____ Time: HHMM _____		4. Resource or Personnel Released: _____	
5. Order Request Number: _____			
6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).			
LOGISTICS SECTION			
	Unit/Manager	Remarks	Name Signature
<input type="checkbox"/>	Supply Unit		
<input type="checkbox"/>	Communications Unit		
<input type="checkbox"/>	Facilities Unit		
<input type="checkbox"/>	Ground Support Unit		
<input type="checkbox"/>	Security Manager		
<input type="checkbox"/>			
FINANCE/ADMINISTRATION SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>	Time Unit		
<input type="checkbox"/>			
<input type="checkbox"/>			
OTHER SECTION/STAFF			
	Unit/Other	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
PLANNING SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>	Documentation Leader		
<input type="checkbox"/>	Demobilization Leader		
7. Remarks: 			
8. Travel Information:			
Estimated Time of Departure: _____		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Destination: _____		Actual Release Date/Time: _____	
Travel Method: _____		Estimated Time of Arrival: _____	
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Information While Traveling: _____	
Number: _____		Area/Agency/Region Notified: _____	
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Incident Name: _____		Incident Number: _____	
Location: _____		Order Request Number: _____	
10. Prepared by: Name: _____		Position/Title: _____	
		Signature: _____	
ICS 221		Date/Time: Date _____	