

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name:		2. Incident Number:		
3. Planned Release Date/Time: Date: _____ Time: _____	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: _____		