DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.

4. UNIT/PERSONNEL RELEASED

5. TRANSPORTATION TYPE/NO.

6. ACTUAL RELEASE DATE/TIME

7. MANIFEST YES NO

NUMBER _____

8. DESTINATION

_____

9. AREA/AGENCY/REGION NOTIFIED

NAME _____

DATE _____

10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING

11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING

(DEMOB. UNIT LEADER MARK [X] APPROPRIATE BOX)

LOGISTICS SECTION

- ☐ SUPPLY UNIT _____
- ☐ COMMUNICATIONS UNIT _____
- ☐ FACILITIES UNIT _____
- ☐ GROUND SUPPORT UNIT LEADER _____

PLANNING SECTION

- ☐ DOCUMENTATION UNIT _____

FINANCE/ADMINISTRATION SECTION

- ☐ TIME UNIT _____

OTHER

- ☐ _____ _____
- ☐ _____ _____

12. REMARKS

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