



Demobilization Checkout (ICS 221)

1. INCIDENT NAME/NUMBER		2. DATE/TIME		3. DEMOB. NUMBER			
4. UNIT/PERSONNEL RELEASED							
5. TRANSPORTATION TYPE/NUMBER							
6. ACTUAL RELEASE DATE/TIME				7. MANIFEST COMPLETED			
8. DESTINATION		9. Notify	HQ	Agency	Region	Area	Dispatch
		Name					
		Date					
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING							
11. UNIT/PERSONNEL							
You and your resources have been released subject to Sign-Off from the following: Demobilization Unit Leader - Check the appropriate box							
LOGISTICS SECTION							
Supply Unit							
Communication Unit							
Facilities Unit							
Ground Support Unit Leader							
PLANNING SECTION							
Documentation Unit							
FINANCE SECTION							
Time Unit							
OTHER							
REMARKS							
Page		of		13. PREPARED BY (Name and Position)		SIGNATURE	