DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name: VTTX - HazMat Spill Near Water	2. Incident Number: Module 2	
3. Planned Release Date/Time: Date: 14MAR2021 Time: 1230	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
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
✔	Reserve Personnel	Verify drill completion with supervisor or admin		
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
✔	Exercise Evaluation / Hot Wash	Verify completion and submission of Exercise Evaluation Form		
✔	ICS PQS Verifying Officer	Submit ICS-225 and Training Evaluation Record		

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
✔	Documentation Leader	Submit all completed exercise materials to VO for review		
☐	Demobilization Leader			

7. Remarks: While the ICS-225 is typically completed by a supervisor on an incident - please practice by filling out the form on yourself prior to submitting to your VO for completion. Properly completed ICS-225 forms can and should be used for members permanent records including support documentation for ICS position qualification packages, EER/OER and any Type 2 or Type 1 certification packages. (hint - all 3's with no remarks is not valuable to the member being evaluated)

8. Travel Information:

Room Overnight: ☐ Yes ☐ No

Estimated Time of Departure: _____ Actual Release Date/Time: _____

Destination: _____ Estimated Time of Arrival: _____

Travel Method: _____ Contact Information While Traveling: _____

Manifest: ☐ Yes ☐ No Number: _____ Area/Agency/Region Notified: _____

9. Reassignment Information: ☐ Yes ☐ No

Incident Name: _____ Incident Number: _____

Location: _____ Order Request Number: _____

10. Prepared by: Name: LTJG Danelle Hauther Position/Title: Exercise Support Team Signature: _____

ICS 221 Date/Time: 14MAR2021 / 0600