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
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
☐				
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
☐				
☐				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
☐	Documentation Leader			
☐	Demobilization Leader			

7. Remarks:

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: _____ Position/Title: _____ Signature: _____

ICS 221 Date/Time: _____