Demobilization Checkout (ICS 221)

1. INCIDENT NAME/NUMBER		2. DATE/TIME		3. DEMOB. NUMBER	
4. UNIT/PERSONNEL RELEASED					
5. TRANSPORATION TYPE/NUMBER					
6. ACTUAL RELEASE DATE/TIME				7. MANIFEST COMPLETED ☐ YES ☐ NO	
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

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