



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	YES NO
8. DESTINATION		9. NOTIFY	HQ	Agency	Region
		Name		Area	Dispatch
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					
12. REMARKS					
13. PREPARED BY		Position		Signature	
		Name			