



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	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									
12. REMARKS									
13. PREPARED BY		Position			Signature				
		Name							