

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT
NAME/NUMBER

2. DATE/TIME

3. DEMOB. NO.

4. UNIT/PERSONNEL RELEASED

5. TRANSPORTATION TYPE/NO.

8. ACTUAL RELEASE DATE/TIME

7. MANIFEST YES NO
NUMBER

8. DESTINATION

9. AGENCY/REGION/AREA NOTIFIED
NAME
DATE

10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING

11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT
TO SIGNOFF FROM THE FOLLOWING:
(DEMOB. UNIT LEADER CHECK APPROPRIATE BOX)

LOGISTICS SECTION SUPPLY UNIT _____ COMMUNICATIONS UNIT _____ FACILITIES UNIT _____ GROUND SUPPORT UNIT LEADER _____PLANNING SECTION DEMOBILIZATION UNIT _____FINANCE SECTION TIME UNIT _____OTHER

- _____

- _____

12. REMARKS