

DEMOBILIZATION CHECKOUT

ICS-221

1. INCIDENT NAME / NUMBER	2. DATE / TIME	3. DEMOB. NO.
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4. UNIT / PERSONNEL RELEASED

5. TRANSPORTATION TYPE / NO.

6. ACTUAL RELEASE DATE / TIME _____	7. MANIFEST YES NO NUMBER _____
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8. DESTINATION _____	9. AGENCY / REGION / AREA NOTIFIED NAME _____ DATE _____
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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 _____

PLANNING SECTION

DOCUMENTATION UNIT _____

FINANCE/ADMINISTRATION SECTION

TIME UNIT _____

OTHER

12. REMARKS
