DEMOBILIZATION CHECKOUT

1. Incident Name/Number	2. Date/Time	3. Demob. No.

4. Unit/Personnel Released

5. Transportation Type/No.

6. Actual Release Date/Time	7. Manifest? ☐ Yes ☐ No Number
8. Destination	9. Notified: ☐ 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:
Demob. Unit Leader check the appropriate box

Logistics Section

☐ Supply Unit

☐ Communications Unit

☐ Facilities Unit

☐ Ground Support Unit Leader

Planning Section

☐ Documentation Unit

Finance Section

☐ Time Unit

Other

☐

☐

12. Remarks

13. Prepared by (include Date and Time)

Instructions for completing the Demobilization Checkout (ICS form 221)

Prior to actual Demob Planning Section (Demob Unit) should check with the Command Staff (Liaison Officer) to determine any agency specific needs related to demob and release. If any, add to line Number 11.

Item No.	Item Title	Instructions
1.	Incident Name / No.	Enter Name and / or Number of Incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob. No.	Enter Agency Request Number, Order Number, or Agency Demob Number if applicable.
4.	Unit / Personnel Released	Enter appropriate vehicle or Strike Team / Task Force ID Number(s) and Leader's name or individual overhead or staff personnel being released.
5.	Transportation	Enter Method and vehicle ID number for transportation back to home unit. Enter N / A if own transportation is provided. *Additional specific details should be included in Remarks, block # 12.*
6.	Actual Release Date / Time	To be completed at conclusion of Demob at time of actual release from incident. *Would normally be last item of form to be completed.*
7.	Manifest	Mark appropriate box. If yes, enter manifest number. *Some agencies require a manifest for air travel.*
8.	Destination	Enter the location to which Unit or personnel have been released. *i.e. Area, Region, Home Base, Airport, Mobilization Center, etc.*
9.	Area / Agency / Region Notified	Identify the Area, Agency, or Region notified and enter date and time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. *Not all agencies require these ratings.*
11.	Resource Supervision	Demob Unit Leader will identify with a check in the box to the left of those units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. Blank boxes are provided for any additional check, (unit requirements as needed), i.e. Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release.
13.	Prepared by	Enter the name of the person who prepared this Demobilization Checkout, including the Date and Time.