

DEMOBILIZATION CHECK-OUT (ICS 221)

1. Incident Name: _____		2. Incident Number: _____																																																																																											
3. Planned Release Date/Time: Date: _____ Time: _____	4. Resource or Personnel Released: _____		5. Order Request Number: _____																																																																																										
<p>6. Resource or Personnel: You and your resources are in the process of being released. Resources are not released until the checked boxes below have been signed off by the appropriate overhead and the Demobilization Unit Leader (or Planning Section representative).</p> <p>LOGISTICS SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Manager</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Supply Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Communications Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Facilities Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Ground Support Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Security Manager</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>FINANCE/ADMINISTRATION SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Time Unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>OTHER SECTION/STAFF</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Other</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>PLANNING SECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Unit/Leader</th> <th style="width: 30%;">Remarks</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Signature</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Documentation Leader</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Demobilization Leader</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Unit/Manager	Remarks	Name	Signature	<input type="checkbox"/>	Supply Unit				<input type="checkbox"/>	Communications Unit				<input type="checkbox"/>	Facilities Unit				<input type="checkbox"/>	Ground Support Unit				<input type="checkbox"/>	Security Manager				<input type="checkbox"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>	Time Unit				<input type="checkbox"/>					<input type="checkbox"/>						Unit/Other	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>						Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>	Documentation Leader				<input type="checkbox"/>	Demobilization Leader			
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<p>8. Travel Information:</p> Estimated Time of Departure: _____ Actual Release Date/Time: _____ Destination: _____ Estimated Time of Arrival: _____ Travel Method: _____ Contact Information While Traveling: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No Area/Agency/Region Notified: _____ Number: _____																																																																																													
<p>9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> Incident Name: _____ Incident Number: _____ Location: _____ Order Request Number: _____																																																																																													
<p>10. Prepared by: Name: _____ Position/Title: _____ Signature: _____</p>																																																																																													
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