

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 Number	Item Title	Instructions
1.	Incident Name/ No.	Print Name and/ or Number of incident.
2.	Date & Time	Enter Date and Time prepared.
3.	Demob No. Number if applicable.	Enter Agency Request Number, Order Number, or Agency Demob
4.	Unit/ Personnel Released	Enter appropriate vehicle or Strike Team/ Task Force I.D. Number(s) and Leader's name or individual overhead or staff personnel being released.
5. unit.	Transportation	Method and vehicle I.D. Number for transportation back to home 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. agencies	Manifest	Mark appropriate box. If yes, enter manifest number. Some require a manifest for air travel.
8.	Destination	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 Area, Agency, or Region notified and enter date & time of notification.
10.	Unit Leader Responsible for Collecting Performance Ratings	Self-explanatory. Note, 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.
requirements		Blank boxes are provided for any additional check, (unit as needed), i.e., Safety Officer, Agency Rep., etc.
12.	Remarks	Any additional information pertaining to demob or release

DEMOBILIZATION CHECKOUT**ICS-221**

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. 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 <input checked="" type="checkbox"/> APPROPRIATE BOX)		
<u>LOGISTICS SECTION</u>		
<input type="checkbox"/> SUPPLY UNIT _____		
<input type="checkbox"/> COMMUNICATIONS UNIT _____		
<input type="checkbox"/> FACILITIES UNIT _____		
<input type="checkbox"/> GROUND SUPPORT UNIT _____		
<u>PLANNING SECTION</u>		
<input type="checkbox"/> DOCUMENTATION UNIT _____		
<u>FINANCE/ADMINISTRATION SECTION</u>		
<input type="checkbox"/> TIME UNIT _____		
<u>OTHER</u>		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
12. REMARKS		

