



DEMOBILISATION CHECK OUT

PURPOSE

The Demobilization Check-Out (ICS 221) ensures that resources checking out of the incident have completed all appropriate incident business, and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that planning.

PREPARATION

The ICS 221 is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box (es) in Block 6 prior to release from the incident.

DISTRIBUTION

After completion, the ICS 221 is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms must be given to the Documentation Unit. Personnel may request to retain a copy of the ICS 221.

NOTES

- If additional pages are needed, use a blank ICS 221 and repaginate as needed.
- Members are not released until form is complete.
- Form is complete when all positions in Section 11 have been signed off.

NO.	TITLE.	INSTRUCTIONS.
1	Incident Name / Number	Enter the name / number assigned to the incident.
2	Date / Time Prepared	Enter the date (day/month/year) and time prepared (Use 24-hour clock).
3	Demob Number	Enter Agency Request Number, Order Number, or Agency Demobilization Number if applicable.
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	Transportation Type / ID Number	Method and vehicle I.D. 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 demobilization 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	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	Unit / Personnel	Demobilization 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 Representative, etc.
12	Remarks	Any additional information pertaining to demobilization or release.
13	Prepared By	Enter the name, position, date and time of the person completing the ICS 209.



DEMOBILIZATION CHECKOUT

ICS 221

1. INCIDENT NAME / NUMBER	

2. DATE / TIME PREPARED			
DATE		TIME	

3. DEMOB NO.	

4. UNIT / PERSONNEL RELEASED			

5. TRANSPORTATION TYPE / IDENTIFYING NUMBER	

6. ACTUAL RELEASE DATE / TIME			
DATE		TIME	

7. MANIFEST YES <input type="checkbox"/> NO <input type="checkbox"/>	
NUMBER	

8. DESTINATION			

9. AREA / AGENCY / REGION NOTIFIED YES <input type="checkbox"/> NO <input type="checkbox"/>	
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	
DOCUMENTATION UNIT	
FINANCE/ADMINISTRATION SECTION	
TIME UNIT	
OTHER	

12. REMARKS	

13. PREPARED BY (INCLUDE POSITION, DATE & TIME)			
NAME		DATE	
		TIME	