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| --- | --- | --- | --- |
| **1. Incident Name** | **2. Operational Period (Date / Time)**  From:       To: | | **DEMOB. CHECK-OUT**  **ICS 221-CG** |
| **3. Unit / Personnel Released** | | **4. Release Date / Time** | |
| **5. Unit / Personnel**  You and your resources have been released, subject to signoff from the following:  (Demob. Unit Leader “X” appropriate box(es))  Logistics Section  Supply Unit  Communications Unit  Facilities Unit  Ground Unit  Planning Section  Documentation Unit  Finance / Admin. Section  Time Unit  Other | | | |
| **6. Remarks** | | | |
| **7. Prepared by**: **Date / Time** | | | |
| DEMOB. CHECK-OUT ICS 221-CG (Rev.07/04) | | | |

**DEMOB. CHECK-OUT (ICS 221-CG)**

**Purpose**. This form provides the Planning Section information on resource releases from the incident.

**Preparation**. The Demobilization Unit Leader or the Planning Section initiates this form. The Demobilization Unit Leader completes the top portion of the form after the resource supervisor has given written notification that the resource is no longer needed.

**Distribution**. The individual resource will have the unit leader initial the appropriate box(es) in item 5 prior to release from the incident. After completion, the form is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms MUST be given to the Documentation Unit.

Item # Item Title Instructions

1. Incident Name Enter the name assigned to the incident.

2. Operational Period Enter the time interval for which the form applies.

3. Strike Team / Unit / Enter name of Strike Team, Unit or personnel being released.

Personnel Released

4. Release Date/Time Enter date (month, day, year) and time (24-hour clock) of anticipated release.

5. Strike Team / Unit / Demobilization Unit Leader will enter an "X" in the box to the left of those

Personnel units requiring check-out. Identified Unit Leaders are to initial to the right to indicate release. NOTE: Blank boxes are provided for any additional unit requirements as needed, (e.g., Safety Officer, Agency Rep., etc.)

6. Remarks Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.).

7. Prepared By Enter name and title of the person preparing the form.

Date/Time Enter date (month, day, year) and time prepared (24-hour clock).