

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: _____																																				
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). LOGISTICS SECTION																																						
<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: 25%;">Remarks</th><th style="width: 25%;">Name</th><th style="width: 20%;">Signature</th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Supply Unit</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Communications Unit</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Facilities Unit</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Ground Support Unit</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Security Manager</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td></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/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"/>																																						
FINANCE/ADMINISTRATION SECTION																																						
<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: 25%;">Remarks</th><th style="width: 25%;">Name</th><th style="width: 20%;">Signature</th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Time Unit</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>	Time Unit				<input type="checkbox"/>					<input type="checkbox"/>																			
	Unit/Leader	Remarks	Name	Signature																																		
<input type="checkbox"/>	Time Unit																																					
<input type="checkbox"/>																																						
<input type="checkbox"/>																																						
OTHER SECTION/STAFF																																						
<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: 25%;">Remarks</th><th style="width: 25%;">Name</th><th style="width: 20%;">Signature</th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Unit/Other	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>																								
	Unit/Other	Remarks	Name	Signature																																		
<input type="checkbox"/>																																						
<input type="checkbox"/>																																						
PLANNING SECTION																																						
<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: 25%;">Remarks</th><th style="width: 25%;">Name</th><th style="width: 20%;">Signature</th></tr></thead><tbody><tr><td style="text-align: center;"><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Documentation Leader</td><td></td><td></td><td></td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Demobilization Leader</td><td></td><td></td><td></td></tr></tbody></table>					Unit/Leader	Remarks	Name	Signature	<input type="checkbox"/>					<input type="checkbox"/>	Documentation Leader				<input type="checkbox"/>	Demobilization Leader																		
	Unit/Leader	Remarks	Name	Signature																																		
<input type="checkbox"/>																																						
<input type="checkbox"/>	Documentation Leader																																					
<input type="checkbox"/>	Demobilization Leader																																					
7. Remarks: 																																						
8. Travel Information:																																						
Estimated Time of Departure: _____		Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No																																				
Destination: _____		Actual Release Date/Time: _____																																				
Travel Method: _____		Estimated Time of Arrival: _____																																				
Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No		Contact Information While Traveling: _____																																				
Number: _____		Area/Agency/Region Notified: _____																																				
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No																																						
Incident Name: _____		Incident Number: _____																																				
Location: _____		Order Request Number: _____																																				
10. Prepared by: Name: _____ Position/Title: _____ Signature: _____																																						
ICS 221		Date/Time: _____																																				

ICS 221 Demobilization 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:

- Members are not released until form is complete when all of the items checked in Block 6 have been signed off.
- If additional pages are needed for any form page, use a blank ICS 221 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Planned Release Date/Time	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4	Resource or Personnel Released	Enter name of the individual or resource being released.
5	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
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). <ul style="list-style-type: none"> • Unit/Leader/Manager/Other • Remarks • Name • Signature 	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	Logistics Section <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	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.

Block Number	Block Title	Instructions
6 (continued)	Finance/Administration Section <input type="checkbox"/> Time Unit	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Other Section/Staff <input type="checkbox"/>	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	Planning Section <input type="checkbox"/> Documentation Leader <input type="checkbox"/> Demobilization Leader	The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
7	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed as required by the discipline or jurisdiction.
8	Travel Information	Enter the following travel information:
	Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	Estimated Time of Departure	Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).
	Actual Release Date/Time	Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	Destination	Use this section to enter the resource's or personnel's destination.
	Estimated Time of Arrival	Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	Travel Method	Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).
	Contact Information While Traveling	Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	Manifest <input type="checkbox"/> Yes <input type="checkbox"/> No Number	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
Area/Agency/Region Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) he or she was notified.	
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.
	Incident Name	Use this section to enter the name of the new incident to which the resource was reassigned.
	Incident Number	Use this section to enter the number of the new incident to which the resource was reassigned.
	Location	Use this section to enter the location (city and State) of the new incident to which the resource was reassigned.
	Order Request Number	Use this section to enter the new order request number assigned to the resource or personnel.

Block Number	Block Title	Instructions
10	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (using the 24-hour clock).