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

	Unit/Manager	Remarks	Name	Signature
☐	Supply Unit			
☐	Communications Unit			
☐	Facilities Unit			
☐	Ground Support Unit			
☐	Security Manager			
☐				

FINANCE/ADMINISTRATION SECTION

	Unit/Leader	Remarks	Name	Signature
☐	Time Unit			
☐				
☐				

OTHER SECTION/STAFF

	Unit/Other	Remarks	Name	Signature
☐				
☐				

PLANNING SECTION

	Unit/Leader	Remarks	Name	Signature
☐				
☐	Documentation Leader			
☐	Demobilization Leader			

7. Remarks:

8. Travel Information:　　Room Overnight: ☐ Yes　☐ No

Estimated Time of Departure: _____　　Actual Release Date/Time: _____

Destination: _____　　Estimated Time of Arrival: _____

Travel Method: _____　　Contact Information While Traveling: _____

Manifest: ☐ Yes　☐ No　　Area/Agency/Region Notified: _____
　　　Number: _____

9. Reassignment Information: ☐ Yes　☐ 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). • 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 ☐ Supply Unit ☐ Communications Unit ☐ Facilities Unit ☐ Ground Support Unit ☐ 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** ☐ 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 ☐	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 ☐ Documentation Leader ☐ 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 ☐ Yes ☐ 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** ☐ Yes ☐ 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** • 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).