

DEMOBILIZATION CHECK-OUT (ICS 221), Adapted for FDA

1. Incident Name: _____		2. Incident (EON) Number: _____	
3. Planned Release Date/Time: Date: _____ Time: _____	4. Resource or Personnel Released: _____	5. Order Request Number: _____	
6. Resource or Personnel: <input type="checkbox"/> IMT <input type="checkbox"/> IMG 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).			
OPERATIONS SECTION			
	Division/Group Supervisor	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
PLANNING SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>	Situation Leader		
<input type="checkbox"/>	Documentation Leader		
<input type="checkbox"/>	Demobilization Leader		
<input type="checkbox"/>			
LOGISTICS SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
FINANCE/ADMINISTRATION SECTION			
	Unit/Leader	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
OTHER SECTION/STAFF			
	Unit/Other	Remarks	Name Signature
<input type="checkbox"/>			
<input type="checkbox"/>			
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: _____	
Departure Location: _____		Contact Information While Traveling: _____	
Reservation, Flight, or Train Number: _____		Office/Center/Region/District Notified: _____	
9. Reassignment Information: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Incident Name: _____		Incident (EON) 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. Please review the Resource Request (ICS 213 RR) forms to ensure that all resources are accounted for during the demobilization process.

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 (EON) Number	Enter the EON number assigned to the incident, if applicable.
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 	Enter an "X" in the box next to IMT if you are part of an Incident Management Team or enter an "X" in the box next to IMG if you are part of an Incident Management Group. 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.).
	Operations Section	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"/> Situation Leader <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.

Block Number	Block Title	Instructions
	Logistics Section <input type="checkbox"/> Supply Unit <input type="checkbox"/> Communications Unit <input type="checkbox"/> Food Unit <input type="checkbox"/> Ground Support Unit <input type="checkbox"/> Facilities Unit <input type="checkbox"/> Medical Unit	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	Finance/Administration Section <input type="checkbox"/> Compensation/Claims Unit <input type="checkbox"/> Procurement Unit <input type="checkbox"/> Cost Unit <input type="checkbox"/> Time Unit	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
	Other Section/Staff <input type="checkbox"/>	<p>The Demobilization Unit Leader will enter an "X" in the box to the left of those Units requiring the resource to check out.</p> <p>Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.</p>
7	Remarks	<p>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.</p>
8	Travel Information Room Overnight Estimated Time of Departure Actual Release Date/Time Destination Estimated Time of Arrival Travel Method Contact Information While Traveling Departure Location: Office/Center/Region/District Notified Reservation, Flight, or Train Number	<p>Enter the following travel information:</p> <p>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.</p> <p>Use this section to enter the resource's or personnel's estimated time of departure (using the 24-hour clock).</p> <p>Use this section to enter the resource's or personnel's actual release date (month/day/year) and time (using the 24-hour clock).</p> <p>Use this section to enter the resource's or personnel's destination.</p> <p>Use this section to enter the resource's or personnel's estimated time of arrival (using the 24-hour clock) at the destination.</p> <p>Use this section to enter the resource's or personnel's travel method (e.g., POV, air, etc.).</p> <p>Use this section to enter the resource's or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).</p> <p>Use this section to enter your departure location.</p> <p>Use this section to enter the office, center, region, district 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.</p> <p>Use this section to enter your reservation, flight, or train number.</p>
9	Reassignment Information <input type="checkbox"/> Yes <input type="checkbox"/> No Incident Name Incident (EON) Number	<p>Enter whether or not the resource or personnel was reassigned to another incident. If the resource or personnel was reassigned, complete the section below.</p> <p>Use this section to enter the name of the new incident to which the resource was reassigned.</p> <p>Use this section to enter the EON number of the new incident to which the resource was reassigned.</p>

Block Number	Block Title	Instructions
	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.
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).