| 1. Incident Name | 2. Operational Period (Date / Time) | DEMOB. CHECK-OUT |
| | From: To: | ICS 221-OS |

| 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   June 2000   ICS 221-OS

DEMOB. CHECK-OUT (ICS FORM 221-OS)

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. Record the start and end date and time.
3.	Strike Team / Unit / Personnel Released	Enter name of Strike Team, Unit or personnel being released.
4.	Release Date/Time	Enter date (month, day, year) and time (24-hour clock) of anticipated release.
5.	Strike Team / Unit / Personnel	Demobilization Unit Leader will enter an "X" in the box to the left of those 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 Date/Time	Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock).