|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name:** | | **2. Operational Period:** **(Date / Time)** | | **3. Demobilization No.:** | | **DEMOBILIZATION CHECK-OUT**  **ICS 221 - EPA** | |
|  | | From:  To: | |  | |  | |
| **4. Unit/Personnel Released** | |  | | **Contact No:** | | |  |
|  | |  | | **Estimated Time of Departure/Arrival:** | | |  |
| **5. Transportation Method** | |  | | **6. Actual Release Date/Time:** | | |  |
| **8. Destination:** | | | | **7. Manifest:** | **Yes, Number:**   **No** | | |
|  | | | | **9. Notified:** | **Agency**  **Region**  **Area**  **Dispatch**  **Name:**  **Date:** | | |
| **10. Unit Leader Responsible for Collecting Performance Rating:** | | | |  | | | |
| **11. Unit/Personnel:** | | | | | | | |
| ***Demobilization Unit Leader check the appropriate box:*** | | | | | | | |
| **Logistics Section** | **Supply Unit** | | | | | | |
|  | **Communications Unit** | | | | | | |
|  | **Facilities Unit** | | | | | | |
|  | **Ground Support Unit Leader** | | | | | | |
|  |  | | | | | | |
| **Finance Section** | **Time Unit** | | | | | | |
| **Planning Section** | **Documentation Unit** | | | | | | |
| **Other** |  | | | | | | |
|  |  | | | | | | |
| **12. Remarks:** | | | | | | | |
|  | | | | | | | |
| **5. Prepared by:** | | | | | | | **( Date / Time )** |
| **Name/Position:** | | | **Signature:** | | | |  |
| **DEMOBILIZATION CHECK-OUT ICS 221 – EPA *(Rev 02/10)*** | | | | | | | |