

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:	<input type="checkbox"/> Yes, Number: ____	<input type="checkbox"/> No	
	9. Notified:	<input type="checkbox"/> Agency	<input type="checkbox"/> Region	<input type="checkbox"/> Area
		<input type="checkbox"/> Dispatch	Name:	Date:
10. Unit Leader Responsible for Collecting Performance Rating:				
11. Unit/Personnel:				
<i>Demobilization Unit Leader check the appropriate box:</i>				
Logistics Section	<input type="checkbox"/> Supply Unit			
	<input type="checkbox"/> Communications Unit			
	<input type="checkbox"/> Facilities Unit			
	<input type="checkbox"/> Ground Support Unit Leader			
	<input type="checkbox"/>			
Finance Section	<input type="checkbox"/> Time Unit			
Planning Section	<input type="checkbox"/> Documentation Unit			
Other	<input type="checkbox"/>			
	<input type="checkbox"/>			
12. Remarks:				
5. Prepared by:			(Date / Time)	
Name/Position:		Signature:		
DEMOBILIZATION CHECK-OUT			ICS 221 – EPA (Rev 05/18)	