

1. Incident Name:	2. Operational Period: (Date / Time)	3. Demobilization No.:	<b>DEMOBILIZATION CHECK-OUT ICS 221 - EPA</b>	
	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:				
Demobilization Unit Leader check the appropriate box:				
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)	