Demobilization Check-Out (ICS 221)

| **1. Incident Name:** QUAIL | **2. Incident Number:**  |
| --- | --- |
| **3. Planned Release Date/Time:**  | **4. Resource or Personnel Release** | **5. Order Request Number:** |
| Date: Date | Time:  |
| **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).

|  |  |
| --- | --- |
| **Logistics Section** |  |
|  | **Unit/Manager** | **Remarks** | **Name Signature** |
|[ ]  Supply Unit  |   |   |
|[ ]  Ground Support |  |  |

|  |  |
| --- | --- |
| **Finance/Administration Section** |  |
|  | **Unit/Leader** | **Remarks** | **Name Signature** |
|[ ]  Time Unit  | Cal-Fire |   |

|  |  |
| --- | --- |
| **Other Section/STAFF** |  |
|  | **Unit/Other** | **Remarks** | **Name Signature** |
|[ ]    |   |   |
|[ ]    |   |   |

|  |  |
| --- | --- |
| **Planning Section** |  |
|  | **Unit/Leader** | **Remarks** | **Name Signature** |
|[ ]    |   |   |
|[ ]  Documentation Leader |   |   |
|[ ]  Demobilization Leader |   |   |

 |
| **7. Remarks:**  |
| **8. Travel Information:**  | Room Overnight: [ ]  Yes [ ]  No |
| Estimated Time of Departure:  | Actual Release Date/Time:  |
| Destination:  | Estimated Time of Arrival:  |
| Travel Method: Department Vehicle  | Contact Information While Traveling:  |
| Manifest: [ ]  Yes [ ]  No Number:  | Area/Agency/Region Notified: LNU ECC  |
| **9. Reassignment Information:** [ ]  Yes [x]  No |
| Incident Name:  | Incident Number:  |
| Location:  | Order Request Number:  |
| **10. Prepared by:** | Name:  | Position/Title:  | Signature:  |
| **ICS 221** | Date/Time:  |