

DEMobilIZATION CHECKOUT

1. INCIDENT NAME/NUMBER	2. DATE/TIME	3. DEMOB NO.
4. UNIT/PERSONNEL RELEASED		
5. TRANSPORTATION TYPE/NO.		
6. ACTUAL RELEASE DATE/TIME	7. MANIFEST <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER _____	
8. DESTINATION	9. AREA/AGENCY/REGION NOTIFIED NAME _____ DATE _____	
10. UNIT LEADER RESPONSIBLE FOR COLLECTING PERFORMANCE RATING		
11. UNIT/PERSONNEL YOU AND YOUR RESOURCES HAVE BEEN RELEASED SUBJECT TO SIGNOFF FROM THE FOLLOWING: (DEMOB. UNIT LEADER CHECK <input checked="" type="checkbox"/> THE APPROPRIATE BOX <u>LOGISTICS SECTION</u> <input type="checkbox"/> SUPPLY UNIT _____ <input type="checkbox"/> COMMUNICATIONS UNIT _____ <input type="checkbox"/> FACILITIES UNIT _____ <input type="checkbox"/> GROUND SUPPORT UNIT LEADER _____ <u>PLANNING SECTION</u> <input type="checkbox"/> DOCUMENTATION UNIT _____ <u>FINANCE/ADMINISTRATION SECTION</u> <input type="checkbox"/> TIME UNIT _____ <u>OTHER</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____		
12. REMARKS _____ _____		
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