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? ☐ Yes ☐ No Number
8. Destination	9. Notified: ☐ Agency ☐ Region ☐ Area ☐ Dispatch Name: Date:

10. Unit Leader Responsible for Collecting Performance Rating

11. Unit/Personnel

You and your resources have been released subject to sign off from the following:
Demob. Unit Leader check the appropriate box

Logistics Section

☐   Supply Unit

☐   Communications Unit

☐   Facilities Unit

☐   Ground Support Unit Leader

Planning Section

☐   Documentation Unit

Finance Section

☐   Time Unit

Other

☐

☐

12. Remarks

13. Prepared by (include Date and Time)

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