

DEMOBILIZATION CHECK-OUT SHEET

INCIDENT NAME/NUMBER: _____

DATE: _____ TIME (24hr): _____

RESOURCE INFORMATION

EQUIPMENT TYPE / PERSONNEL: _____

CALL SIGN: _____ LICENSE: _____

DEPARTMENT/AGENCY NAME: _____

DEPARTMENT/AGENCY PHONE NUMBER: _____

Notified Home Unit Date/Time (24hr): _____

You and your resources have been released subject to sign off from the following:

LOGISTICS SECTION:

Supply Unit: _____

Communications Unit: _____

Facilities Unit: _____

Ground Support: _____

PLANNING SECTION:

Documentation Unit: _____

FINANCE SECTION:

Time Unit: _____

REMARKS:

IMT USE ONLY

Request Number Assigned:

- _____

Optional Support Vehicle:

E - _____

CHIEF OF PARTY:

Last Name: _____

First Name: _____

Cell Phone Number: _____

CREW MEMBERS:

(Last Name, First Name)

.02) _____

.03) _____

.04) _____

.05) _____

.06) _____

.07) _____

DESTINATION: _____**ACTUAL RELEASE DATE:** _____**ACTUAL RELEASE TIME (24hr):** _____**ETD (24hr):** _____

Estimated time of departure

ETA (24hr): _____

Estimated time of arrival

PREPARED BY: _____