ICS-238				1. INCIDENT NAME:								2. DATE/TIME:					•	•	
DEMOBILIZATION																			
TRACKING TABLE CHECK-IN INFORMATION															DEMOB INFORMATION				
 LIST PERSONNEL (OVERHEAD) BY AGENC BY THE FOLLOWING FORMAT: S=Supplies, H= 				=Helicopter, O=Overhead,	5	6		['	8	9	10	11	12	13	16				
VL=Vessels, Eq=Equipment, C=Crew, A=Aircraft					ORDER	CHECK-IN		LEADER'S NAME	TOTAL#	INCIDENT	INCIDENT	HOME UNIT	METHOD	INCIDENT	EXCESS	DATELAST	ETA TO HOME	DATE SENT	DATE ARRIVED
AGENCY	SINGLE ST/TF	KIND	TYPE	ID NO. /NAME – RESOURCE ID	NUMBER	DATE	TIME		PERS	CONTACT INFO	LODGING INFO	HOME UNIT	OF TRAVEL	ASSIGNMENT	EXCESS	SHIFT	(HRS)	HOME	HOME
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