

**DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
DEMOBILIZATION CHECK-OUT (ICS 221-CG)**

PRIVACY NOTICE

AUTHORITY: USCG is authorized to collect the information pursuant to Emergency Management Manual, Volume IV: Incident Management and Crisis Response, COMDTINST M3010.24; Management of Domestic Incidents, Homeland Security Presidential Directive-5 (HSPD-5); National Preparedness, Presidential Policy Directive-8 (PPD-8); U.S. Coast Guard Emergency Management Manual, Volume I: Emergency Management Planning Policy, COMDTINST M3010.11; 40 C.F.R. § 300.125(a)(b); 14 U.S.C. § 504, Commandant; general powers.
PURPOSE: USCG collects the information to document resources in the process of being checked-out and released from an incident.
ROUTINE USES: USCG will use this information to assist the Coast Guard and other agencies in all facets of emergency and incident management to prioritize and gauge the effectiveness of response actions. Information from this form may be disclosed externally pursuant to DHS/USCG/PIA-008 Marine Information for Safety and Law Enforcement (MISLE).
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary. In order to assist with maintaining confidentiality respondents are advised not to disclose any additional personally identifiable information (PII) in their free-form responses.

GENERAL INSTRUCTIONS

Purpose. The Demobilization Check-Out form (ICS 221-CG) ensures that resources checking out of the incident have completed all appropriate incident activities and provides the Planning Section information on resources released from the incident. Demobilization is a planned process and this form assists with that process. Members are not released until the ICS 221-CG is complete and all of the items in Block 6 have been signed off.

Preparation. The ICS 221-CG is initiated by the Planning Section, or a Demobilization Unit Leader if designated. The Demobilization Unit Leader completes the top portion of the form and checks the appropriate boxes in Block 6 that may need attention after the Resources Unit Leader has given written notification that the resource is no longer needed. The individual resource will have the appropriate overhead personnel sign off on any checked box(es) in Block 6 prior to release from the incident.

Distribution. After completion, the ICS 221-CG is returned to the Demobilization Unit Leader or the Planning Section. All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Description
1.	Incident Name	Enter the name assigned to the incident.
2.	Incident Location	Enter the location of the incident / City and State or Country if applicable.
3.	Planned Release	Enter the date (month/day/year) and time (using the 24-hour clock) of the planned release from the incident.
4.	Resource/Personnel Released	Enter name of the individual or resource being released.
5.	Order Request Number	Enter order request number (or agency demobilization number) of the individual or resource being released.
6.	Release of Resource or Personnel	Resources are not released until the checked boxes below have been signed off by the appropriate overhead. Blank boxes are provided for any additional unit requirements as needed (e.g., Safety Officer, Agency Representative, etc.).
	• Logistics (Section)	The Demobilization Unit Leader will check the box to the left of those Units requiring the resource to check out. Identified Unit Leaders or other overhead are to sign the appropriate line to indicate release.
	• Finance (Finance / Admin Section)	
	• Other Staff	
• Planning (Section)		
7.	Remarks	Enter any additional information pertaining to demobilization or release (e.g., transportation needed, destination, etc.). This section may also be used to indicate if a performance rating has been completed.
8.	Travel Information	Enter the following travel information:
	• Room Overnight	Use this section to enter whether or not the resource or personnel will be staying in a hotel overnight prior to returning home base and/or unit.
	• Estimated Time of Departure	Use this section to enter the resource or personnel's estimated time of departure (using the 24-hour clock).
	• Actual Release Date/Time	Use this section to enter the resource or personnel's actual release date (month/day/year) and time (using the 24-hour clock).
	• Destination	Use this section to enter the resource or personnel's destination.
	• Estimated Time of Arrival	Use this section to enter the resource or personnel's estimated time of arrival (using the 24-hour clock) at the destination.
	• Travel Method	Use this section to enter the resource or personnel's travel method.
	• Contact Information while Traveling	Use this section to enter the resource or personnel's contact information while traveling (e.g., cell phone, radio frequency, etc.).
	• Manifest	Use this section to enter whether or not the resource or personnel has a manifest. If they do, indicate the manifest number.
• Unit/Agency Notified	Use this section to enter the area, agency, and/or region that was notified of the resource's travel. List the name (first initial and last name) of the individual notified and the date (month/day/year) of the notification.	
9.	Prepared by:	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

DEMOBILIZATION CHECK-OUT (ICS 221-CG)

1. Incident Name:	2. Incident Location:	3. Planned Release Date: Date: _____ Time: _____
-------------------	-----------------------	---

4. Resource / Personnel Released:	5. Order Request Number:
-----------------------------------	--------------------------

6. Release of Resource or Personnel:

You and your resources are in the process of being released. Resources are not released from the incident until the checked boxes below have been signed off by the appropriate overhead personnel and the Demobilization Unit Leader (or Planning Section representative).

		Unit / Manager	Remarks	Name	Signature
Logistics	<input type="checkbox"/>	Supply Unit			
	<input type="checkbox"/>	Communications Unit			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Finance	<input type="checkbox"/>	Time Unit			
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Other Staff	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
Planning	<input type="checkbox"/>				
	<input type="checkbox"/>	Documentation Unit			
	<input type="checkbox"/>	Demobilization Unit			

7. Remarks:

8. Travel Information: Estimated Time of Departure: _____ Destination: _____ Travel Method: _____ Manifest: <input type="checkbox"/> Yes <input type="checkbox"/> No # _____	Room Overnight: <input type="checkbox"/> Yes <input type="checkbox"/> No Actual Release Date/Time: _____ Estimated Time of Arrival: _____ Contact Information While Traveling: _____ Unit/Agency Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
--	---

9. Prepared by:

Name:	Position Title:	Signature:	Date/Time:
-------	-----------------	------------	------------