

**Appendix 2 – NMDOH-221 Demobilization Checkout**

|   |                                   |                         |
|---|-----------------------------------|-------------------------|
| <b>NMDOH-221<br/>Demobilization<br/>Checkout</b>  | (1) Incident Name                 | (2) Incident Number     |
|   | (3) Operational Period: date/time | (4) Prepared: date/time |
| (5) Demobilization Number   |                                   |                         |
| (6) Unit/Personnel Released   |                                   |                         |
| (7) Transportation Type/Number  |                                   |                         |
| (8) Actual Release Date/Time  |                                   |                         |
| (9) Manifest ( Yes) ( No) Number  |                                   |                         |
|   |                                   |                         |
| (10) Destination  |                                   |                         |
|   |                                   |                         |
| (11) Agency/Region/Area Notified  | Name                              | Date/Time               |
|   |                                   |                         |
| (12) Unit Leader Responsible for Collecting Performance Rating  |                                   |                         |
| (13) Unit/Personnel Signoff You and your resources have been released subject to signoff from the following |                                   |                         |
| <b>Demobilization Unit Leader checks the appropriate boxes.</b>   |                                   |                         |
| Logistics Section   |                                   |                         |
| ( ) Supply Unit   |                                   |                         |
| ( ) Communications Unit   |                                   |                         |
| ( ) Facilities Unit   |                                   |                         |
| ( ) Ground Support Unit Leader  |                                   |                         |
| Planning Section  |                                   |                         |
| ( ) Documentation Unit  |                                   |                         |
| Finance/Administration Section  |                                   |                         |
| ( ) Time Unit   |                                   |                         |
| Other   |                                   |                         |
| ( )   | ( )                               |                         |
| ( )   | ( )                               |                         |
| (14) Remarks  |                                   |                         |
|   |                                   |                         |
|   |                                   |                         |
| (15) Prepared By:   |                                   | Date/Time               |
| NMDOH/2003 Note: All boxes must be completed either with information or with NA, not applicable.            |                                   |                         |