

DEMOBILIZATION PLAN	TASK #	DATE COMPLETED: TIME COMPLETED:
TASK NAME:	PREPARED BY (PLANNING):	APPROVED BY (INCIDENT COMMANDER):

FIELD PERSONNEL			DEMOBILIZATION DECLARED (DATE/TIME):								
#	TEAM NAME	Y RELEASED	LOCATION	METHOD OF TRANSPORT				PICK-UP BY (NAME OF DRIVER/PILOT, OR LEAVE BLANK IF TEAM HAS OWN TRANSPORT)	TIME NOTIFIED	EST. RETURN TIME	Y RETURNED
				Y FOOT	Y ROAD	Y BOAT	Y AIR				
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

SAR TEAMS					
#	MUTUAL AID SAR TEAM	DEPARTURE LOCATION	DATE OUT	TIME OUT	SIGNED OUT BY
1					
2					
3					
4					
5					
6					

RESOURCES					
#	TYPE	DEPARTURE LOCATION	DATE OUT	TIME OUT	SIGNED OUT BY
1					
2					
3					
4					

ICS 221
