|  |  |
| --- | --- |
| **1. Incident Name** | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_  TIME: FROM: \_\_\_\_\_ TO: \_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **3. general information** | | |
|  | | |
| **4. responsibilities** | | |
| command staff | | |
|  | | |
| PLanning section chief | | |
|  | | |
| operations section chief | | |
|  | | |
| logistics section chief | | |
|  | | |
| Finance & Administration Section chief | | |
|  | | |
| **5. RELEASE PRIORITIES** | | |
|  | | |
| **6. RELEASE PROCEDURES** | | |
|  | | |
| **7. APPROVAL** | | |
| PREPARED BY: | SIGNATURE | dATE |
|  |  |  |
| reviewed BY: | SIGNATURE | dATE |
|  |  |  |
| reviewed BY: | SIGNATURE | dATE |
|  |  |  |
| reviewed BY: | SIGNATURE | dATE |
|  |  |  |
| approved BY: | SIGNATURE | dATE |
|  |  |  |

**Purpose:** The Demobilization Plan establishes specific responsibilities, release priorities and procedures to return operations, facilities and resources to pre-incident status.

**origination:** The plan is completed by Demobilization Unit Leader or Planning Section Chief, and approved by the Incident Commander.

**copies to:** Delivered to the applicable Command Staff and Section Chief(s) for review and approval then forwarded to the Demobilization Unit or the Planning Section. All completed original forms must be given to the Documentation Unit Leader.

**Notes:** The Demobilization Plan is supported by HICS 221 – Demobilization Checkout which tracks the demobilization status of resources by section and unit. If additional pages are needed, use a blank Demobilization Plan form and repaginate as needed. Additions may be made to the form to meet the organization’s needs.

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| NUMBER | TITLE | INSTRUCTIONS |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **General Information** | Provide overall demobilization guidance for the Hospital Incident Management Team (HIMT) and assigned resources. |
| **4** | **Responsibilities** | List Demobilization management responsibilities for the Hospital Incident Management Team (HIMT). Use HICS 221 – Demobilization Checkout form to list specific tasks. |
| **5** | **Release Priorities** | Enter incident resources in the priority order which they will be released. Consideration include resouce time on scene, return travel, contractual costs and critical key resources. |
| **6** | **Release Procedures** | Enter the procedures and approvals required for the release of incident resources. |
| **7** | **Approval** | Enter the position, name, signature and date of plan review by the Hospital Incident Management Team (HIMT). The plan is approved by the Incident Commander. |