

EOCMT FORM 8 - INDIVIDUAL DEMOBILIZATION CHECKOUT

1. Incident Name/Number		2. Date/Time (Of Release Notification)	3. Arrival Date/Time
4. Name of Released		5. Position of Released	
(Returning via Airline Name & Flight Number, POV...)			
6. Transportation Type			
7. Actual Release Date/Time		8. MRT # (Cal EOC Mission Tasking Number)	
9. Destination (Location Agreed Upon)		10. Notified: Agency { } Region { } Area { } Dispatch { } (check one, list information below) Name:	
11. Cell Phone or Emergency Contact #		Time:	
		Date:	
12. EOC MANAGEMENT TEAM Coordinator Name (Providing Jurisdiction)			
13. Unit/Personnel			
You have been released subject to sign off from the following: (Demobilization Unit Leader check the appropriate box)			
Logistics Section		Comment and Sign Off	
{ } EOC MANAGEMENT TEAM	EOC MANAGEMENT TEAM Form 6 - Voluntary Performance Rating Copy Provided? Y N EOC MANAGEMENT TEAM Form 7 - Exit Survey Provided? Y N		
{ } Supply Unit			
{ } Communications Unit			
{ } Facilities Unit			
{ } Ground Support Unit			
Plans/Intel Section		Comment and Sign Off	
{ } Documentation Unit			
Finance/Admin Section		Comment and Sign Off	
{ } Time Unit			
Other		Comment and Sign Off	
{ }			
{ }			
14. Remarks			
15. Prepared by (include Date and Time)			