

Emergency Medical Task Force

AMBUS Standard Operating Guideline

DSHS Tasked Deployment

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Deployment Operations

Scope

This Standard Operating Guideline (SOG) addresses the Texas Department of State Health Services (DSHS) tasked, multi operational period mission profile of the AMBUS component of the Emergency Medical Task Force (EMTF). Not addressed in this document is the intra-regional, one or two operational period (<24 hours) mission profile or mutual aid response.

Purpose

This SOG is designed to ensure the uniform and orderly deployment of the AMBUS component of the EMTF across the eight EMTF regions of Texas.

Planning Assumptions

In order to ensure consistency and brevity this SOG makes the following assumptions:

1. This document is to be considered a living document which may be updated from time to time as new information becomes available. The most current copy will be maintained by the EMTF Program Management and will be kept by the State Medical Operations Center (SMOC) and will be posted on the TDMS website.
2. The term “region” or “regions” will be utilized throughout this document and refers to the EMTF regions as defined by the state. Instances where this does not apply will be noted as such.
3. The term “AMBUS” should be considered to mean “Ambulance Bus Strike Team”
4. Each AMBUS shall be licensed as a “Specialty Ambulance” by the Department of State Health Services to become a deployable asset and must maintain the license to remain deployable.
5. Each EMTF region will have pre-identified the participating Emergency Medical Service (EMS) agencies and Fire Departments engaged for deployment as part of the EMTF’s AMBUS component.
6. Each EMTF region will have executed appropriate agency and personnel paperwork to allow for a State tasked mission.
7. Each EMTF region will have identified, partnered with, and trained a public safety communications/dispatch center with 24/7 operations to serve as the initial contact number for deployment of the EMTF. The EMTF’s 24 hour contact number should be published to the State’s disaster response entities, including but not limited to: , EMTF Program Manager, DSHS SMOC, SOC, Local DDCs, TDEM Staff, etc. This communications center should have a list regarding that region’s EMTF deployment package.
8. Each EMTF region will have a primary point of contact person available to the communication / dispatch center at all times with a backup list of contacts or processes to follow if unable to contact the primary contact.
9. Each EMTF region will have identified and implemented systems or technologies, previously available or novel, with redundancies, designed to request an AMBUS response from the partnering agency.
10. Each AMBUS sponsor agency will pre-identify the AMBUS Crew Bosses (ACBs), ensuring each has the appropriate training to serve in that role

11. Upon activation, units will deploy units which are fully mission capable and able to be self-sustained for at least 72-hours.
12. Team members are expected to be trained in National Incident Management System (NIMS).
13. Memorandums of Agreement (MOAs) are to be established between responding agencies and the Lead RAC, as appropriate.
14. The FEMA Resource Typing Definitions are acknowledged and referenced as Appendix A. With this in mind, EMTF AMBUS composition minimum requirements have been established and referenced in Appendix B. For the purpose of this document, use of the term “AMBUS” applies to vehicles meeting this minimum requirement.
15. Personnel ratios may vary based upon mission specific objectives and availability.

Mission

The mission of the EMTF AMBUS Component is to provide the capability for mass transportation and/or care to the sick and/or injured as well as responders across a variety of incidents which may threaten health and safety of Texans and others.

AMBUS Crew Composition

AMBUS typing, at the federal level, is still in its infancy. While remaining flexible and forward leaning the EMTF desires to ensure appropriate staffing levels across all foreseeable mission profiles for the AMBUS.

The AMBUS shall be licensed as Specialty Emergency Medical Services Vehicle allowing for variances from the proscribed staffing levels set forth by DSHS for ambulances. At a minimum, the AMBUS should be operated with trained and credentialed staff sufficient to maintain operations as required by Appendix B. This SOG recognizes that in some instances the Incident Commander (IC), based upon the incident, may alter staffing needs in special circumstances.

Pre-Deployment Preparation

It is incumbent upon each EMTF region to ensure that member agencies and deployment personnel are adequately prepared to perform at their highest level under the dynamic and often adverse circumstances faced in disaster medical operations. In order to facilitate this readiness, each EMTF region may utilize their EMTF coordinator to assist in ensuring the highest level of preparedness for the EMTF AMBUS Team Component’s all-hazard response.

While not all inclusive, included in this document are examples of deployment equipment guidelines. These guidelines have been developed through the deployment experience of disaster responders from across the state and may be used as a starting point for each EMTF to ensure their team members have the tools necessary for an efficient and successful completion of their missions. (Appendices B & C)

Homeland Security Presidential Directive-5 (HSPD-5) provides a National Incident Management System (NIMS) through which all incident response agencies and assets are to be integrated and coordinated.

Tasking

When AMBUS support of multiple operational periods exceeds regional capability, the jurisdiction having authority will notify the Disaster District Chair (DDC) via resource requesting processes. This need, having been appropriately identified as valid, will be passed to the State Operations Center (SOC) who will task the assignment to the Texas Department of State Health Services (DSHS) State Medical Operations Center (SMOC). The SMOC will then assign a tasking to the most appropriate EMTF region(s). DSHS tasking will be provided formally through written documentation. (Detailed tasking procedures are identified in the SMOC Operations Manual)

Deployment Time Goals

It is the goal of the EMTF to be an agile, rapid response force dedicated to the public health and safety of the citizens of Texas and others. In the following sections, timely, efficient, modular and prepackaged activations and deployments are the goal of the EMTF.

No contractual obligation or alteration of other contractual documents is implied by the following EMTF deployment time goals.

Incident Component Notification

When the SMOC receives a request for EMTF assistance, the SMOC will consult with EMTF Program Management to determine the most appropriate region and component to respond to the pending request. Initial communications between the SMOC and EMTF Program Management may happen by phone to expedite the process but the call should be followed immediately with a written summary to assure accuracy of the request. This summary of request should be sent to the predefined email address for EMTF Activations. The SMOC may request that an availability check be done by one or more of the EMTF Regions to assist in determining the most appropriate region to respond. Availability or deployment documents as well as other incident information should be sent to the EMTF Region by using the appropriate predefined EMTF Coordination Center Email address. Once taskings are determined, the appropriate EMTF Coordinator(s) will be notified and will initiate the Incident Notification Procedure. Utilizing the technology identified by the region the point of contact will immediately initiate a call-out to relevant agencies. The activation of this system should mark the starting point for the desired four (4) hour deployment window. For planning purposes, the four (4) hour goal is intended to represent that the tasked assets are en-route to at least an intra-regional mustering point.

Incident Component Staffing Pool

Each region should have appropriate relationships with the region's Fire and EMS agencies to not only house but operationalize the AMBUS. Likewise, each EMTF Region will have, as noted in the planning assumptions, developed a system for notification of these stakeholder agencies upon tasking from the State. Following this notification, it will be the responsibility of the stakeholder agencies to activate personnel appropriate to the tasked mission. Stakeholder agencies, upon notification, are to report back to their EMTF Coordinator with their personnel and asset information, current status and estimated time of arrival at their individual mustering point. The EMTF Coordinator will roster the teams in WebEOC so the information is available to the region and the SMOC.

Mustering

Mustering points will be determined by the EMTF Ambulance Group Supervisor or Ambulance Strike Team Leader if joining up with other units. These sites are *not* considered base camps, rather a common meeting area for final deployment tasks to be completed. Geographical diversity is suggested to ensure the site selected by the EMTF Ambulance Group Supervisor is in the direction of the deployment.

Each region may wish to select sites that are lit and allow overnight parking which is secured for cases where team members have arrived in their personal vehicles at the mustering point. This deployment model is, for various reasons, not ideal but may be the best option in some regions.

Once released from the mustering point, the Ambulance Strike Team Leader (ASTL) will be responsible for ensuring his assigned units arrive at the deployment staging area. The AMBUS Crew Boss (ACB) reports to the Ambulance Strike Team Leader (ASTL). The ASTL reports to the Ambulance Group Supervisor (AGS) which has the overall responsibility for the Ambulance Task Force.

Travel

Travel by the AMBUS will be accomplished in convoy style. The make-up of the AMBUS or AST convoy will be at the sole discretion of the EMTF Ambulance Group Supervisor or ASTL. Team members should be aware that they may travel with mobile assets that are not an AMBUS, having different performance profiles, and may need to adjust their driving habits as a result. Remember, the key to safety in convoy is communication. The route to the deployment area will be at the sole discretion of the EMTF Ambulance Group Supervisor, working in cooperation with in theatre and State response assets.

Strike Teams should anticipate efficient travel. Stops for non-mission essential reasons are discouraged and should be at the discretion of the ASTL. Units should travel at the best, safe speed of the slowest unit in the convoy. Road and weather safety should be considered by each ASTL and the AGS.

Operations

It is beyond the scope of this document to address all operational concerns of any single resource deployed as part of EMTF. However, the following general guidelines can be assumed to apply in most deployments.

Operations should be documented on appropriate ICS forms available in Appendix E if unable to utilize WebEOC. A 214 (unit log) should be completed by each unit for each operational period and provided to their ASTL. Each ASTL & the AGS should also complete a 214 (unit log) for each operational period.

AMBUS deployments will follow an appropriate incident command system structure. Each AMBUS will have an "AMBUS Crew Boss" assigned to it. This position serves as a resource and operations expert of the AMBUS itself. The AMBUS Crew Boss will report to an Ambulance Strike Team Leader and the Strike Team Leader in turn reports to the Ambulance Group Supervisor. Intervening levels of command may be inserted as incident scope affects the span of control.

As a part of any deployment, team members on the AMBUS component of EMTF should be prepared to perform a variety of missions, both in and out of the scope of normal daily operations. Concerns related to assigned missions should be forwarded to the ASTL. At all times, it is the intention of the EMTF to "Be

Helpful, Be Nice” in all interactions with the public as well as fellow responders and affected region stakeholders.

It may be necessary at times to “assign” a single resource to the command of either another responding agency or local jurisdiction. This neither relieves the ASTL or EMTF command structure of their responsibility to the unit nor does it remove the resource from the EMTF chain of command. Rather, it is an opportunity for close cooperation between the two entities in order to accomplish locally significant missions.

At all times the AMBUS is subject to recall for higher priority missions.

All other operational concerns and questions should be forwarded to the appropriate person in the EMTF Command structure.

Safety Considerations

All AMBUS staff activities involve variables and unknowns which may have a substantial impact on the health and welfare of staff members. These potential risks require frequent identification, assessment, analysis, and planning to minimize their impact. Risks should be assessed based on the likelihood of occurrence and potential severity.

Request for assistance during Convoy Operations may be submitted to the State Medical Operations Center (SMOC) via the proper channels, who will work with the State Operations Center (SOC) to provide this resource if possible.

Medical Records

Medical records will be recorded using the EMS agencies routine documentation method. Paper copies should be made available to the ASTL, ideally, at the end of each operational period or at last during demobilization, for all patient encounters.

The original patient care records will be maintained by the sponsoring agency or the Lead RAC. A copy of each patient care record is to be submitted to the Department of State Health Services via the reimbursement packet for the incident.

Demobilization

Demobilization will be based upon tasking to the deployment region, though members may wish to be prepared for a longer duration owing to the type of incident. Demobilization may occur at the deployment staging area or regional mustering point according to the EMTF Ambulance Group Supervisor’s discretion. Demobilization should not occur directly from field assignments. Exceptions will be the discretion of the EMTF Ambulance Group Supervisor. The ASTL will ensure that all crew members have a comprehensive demobilization briefing and ensure that all incident specific paperwork and forms have been completed appropriately. Travel from the deployment region during demobilization will be convoy style, along routes prescribed by the EMTF Ambulance Group Supervisor. AMBUS crew should be informed as to whether or not non-essential stops are appropriate or allowed.

Each region shall adopt a Demobilization Checklist (Form ICS 221) for use by the Ambulance Group Supervisor, ASTL and AMBUS crew to ensure that appropriate documentation was completed during and after the deployment. The Demobilization process shall always include a “Hotwash” and findings of this “Hotwash” are to be included in the documentation packet submitted for reimbursement.

Appendices

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Typed Resource Definitions

Emergency Medical Services Resources



FEMA 508-3
(March 2009)

Appendix B – EMTF AMBUS Minimum Requirements

Resource: Ambulance Buses			
Category:		Health & Medical (ESF #8)	
Minimum Capabilities:		Emergency Medical Task Force	
Component	Metric	Minimum Standard	
Vehicle Standard	Basic Info	Roadworthy Vehicle Capable of going longer distances at highway speeds. Capable of systems monitoring (fuel gauge)	
Equipment	Level of Care	ALS Level of Care	
		ACLS capable	
		PALS capable	
Vehicle Systems	Emergency Warning Systems	Emergency Lighting and Audible Warning systems compliant with appropriate specifications.	
	On Board Power Gen	On-board power generation capable of running all on-board equipment and systems.	
	Oxygen Supply System	Capable of providing oxygen to multiple patients.	
	Climate Control System	A/C and Heating System capable of operation en route and on scene.	
	Interior Storage	Integrated Equipment and Supply storage for safe operations and crash safety.	
	Mounting Systems	Hard Mounted Stretcher Support System with organic capability to move patients on/off vehicle and in/out of facilities.	
	Communication System	Redundant Interoperable Communications to include ability to talk when infrastructure is absent.	
	GPS Tracking	GPS Tracking capable (At least wired for State Plan)	
Crew Compliment	Minimum Staffing	(1) Licensed Vehicle Operator (2) Paramedics (2) Additional EMS Providers	
Comments:			

Appendix C – Deployment Equipment Guidelines – Personnel

Item Description	Qty	Bag
Uniform / Tactical Shirts	5	Duffel Bag
Uniform / Tactical Pants	5	Duffel Bag
Undergarments	5	Duffel Bag
Boots (waterproof)	1	Duffel Bag
Socks (pair)	7	Duffel Bag
Sleeping Bag (compression type)	1	Duffel Bag
Mesh Laundry Bag	1	Duffel Bag
Parka / Rain Gear	1-2	Duffel Bag
Sweatshirt	1	Duffel Bag
Keep Dry Bag	1	Duffel Bag
Day Pack (with water capability)	1	Duffel Bag
Towel	1-2	Duffel Bag
Toiletries (keep in portable bag)		Duffel Bag
Ball Caps	1-2	Duffel Bag
T-Shirts	2	Duffel Bag
Cold Weather Gear	as needed	Duffel Bag
Headlamp	1	Duffel Bag
Large Ziplock Bags	Assorted	Duffel Bag
Baby Wipes		Duffel Bag
Hand Sanitizer		Duffel Bag
Woolite		Duffel Bag
Snacks/Drink Mix/MREs		Duffel Bag
Cards/Games		Duffel Bag
Small Fold Up Stool		Duffel Bag
Self-Inflating Sleep Pad w/pillow		Duffel Bag
Flashlight (head lamp and hand held)		Duffel Bag
Batteries		Duffel Bag
Extra pair of glasses or extra contact lenses		Duffel Bag
Sunscreen		Duffel Bag
Lip balm with sunscreen		Duffel Bag
Insect repellent		Duffel Bag
Texas road map and map of deployment area		Duffel Bag
Field guides (NIMS, ICS, public health emergencies, emergency response etc.)		Duffel Bag
Toilet paper or wet wipes		Duffel Bag
Feminine items (tampons, makeup etc.)		Duffel Bag

*****All clothes should have name and/or initials in at least two places.**

NOTE: *This is a list of recommended considerations and is intended to be used as a guide. Mission specific equipment and supplies should be validated prior to deployment.*

Appendix D – Deployment Equipment Guidelines – AMBUS

RESOURCE						Medical Ambulance Bus					
CATEGORY:		Emergency Medical Services (ESF #8); Transportation				KIND:		Vehicle			
MINIMUM CAPABILITIES:		Type I		Type II		Type III		Type IV			
Component	Metric										
Overall Function	Primary Mission	Capable of providing advanced medical transportation services during a large scale disaster		Capable of providing advanced medical transportation services during a large scale disaster		Capable of providing advanced medical transportation services during a large scale disaster		Capable of providing basic medical transportation services during a large scale disaster			
	Alternate Mission	Capable of response to Mass Casualty Incidents utilizing Regional agreements		Capable of response to Mass Casualty Incidents utilizing Regional agreements		Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions					
	Alternate Mission	Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions		Additional capabilities for Incident Rehabilitation, Point of Dispensing and other Appropriate Missions							
Readiness	Dispatch Time*	Response Capable in < 10 minutes.		Response Capable in < 10 minutes.		Response Capable in < 2 hours.		Response Capable in < 6 hours.			
Capacity	Number of Patients	12 Litter Patients or 16 Seated Patients		12 Litter Patients		6 Litter Patients		25 Seated Patients			
	Number of Crew**	(1) Apparatus Operator (1) Command Position*** (4) Care Providers		(1) Apparatus Operator (4) Care Providers		(1) Apparatus Operator (2) Care Providers		(1) Apparatus Operator (2) Care Providers			
	Number of Accompanying Care Givers**	(4) Additional Passengers		(4) Additional Passengers		(4) Additional Passengers		(4) Additional Passengers			

Equipment	Vehicle Production	Custom vehicle with integrated electrical, oxygen and communication systems	Custom vehicle with after market electrical, oxygen and communication systems	Vehicle of opportunity that is augmented with bolt-on equipment and carry-on supplies	Vehicle of opportunity that is augmented with carry-on equipment and supplies
Emergency Warning Systems	Emergency Warning Systems	Lighting and Audible warning system compliant with NFPA and KKK specifications	Lighting and Audible warning system compliant with NFPA and KKK specifications	No lighting or warning systems required.	No lighting or warning systems required.
On-board Power Generation	On-board Power Generation	On-board generator capable of running all on-board equipment.	On-board generator capable of running critical equipment.	12V power system only	12V power system only
Oxygen Supply Systems	Oxygen Supply Systems	Integrated system capable of providing oxygen to all patients, including ventilator patients.	Aftermarket system capable of providing oxygen to all patients.	Portable bottles secured on the unit to provide low-flow oxygen for all occupants.	
Climate Control Systems	Climate Control Systems	A/C and Heat system capable of operation off on-board generator	A/C and Heat system capable of operation off on-board generator	On-Board Heat and A/C system available while unit is running.	On-Board Heat and A/C system available while unit is running.
Interior Storage	Interior Storage	Integrated Equipment and Supply storage units to include refrigerated medications	Aftermarket Equipment and Supply storage units	Portable Equipment and Supply storage, to include hard cases, bags and shelving.	Carry-on Bags containing all patient care equipment and supplies.
Mounting Systems	Mounting Systems	At least two Stretcher Mounts Wheelchair mounting system	No rolling stretcher mounts Wheelchair mounting system	No rolling stretcher or wheelchair mounting systems	No rolling stretcher or wheelchair mounting systems

Comments:

* - Includes time required for vehicle configuration, personnel response, supply/equipment loading and pre-movement inspection

** - Number of Crew and Number of Accompanying Care Givers is based on the number of physical seats with NFPA/KKK compliant restraint systems.

*** - A dedicated seat/workstation for a team leader or communications technician.

RESOURCE		Medical Ambulance Bus			
CATEGORY:		Emergency Medical Services (ESF #8); Transportation		KIND:	Vehicle
MINIMUM CAPABILITIES:		Type I	Type II	Type III	Type IV
Component	Metric				
Equipment	Operational Fuel Load	8 hours of Fuel	8 hours of Fuel	4 hours of Fuel	8 hours of Fuel
	Deployment Duration	24 hour Operation*****	24 hour Operation*****	24 hour Operation*****	12 hour Operation*****
Communications	Radio Systems****	Integrated with Local and Regional EMS and Fire Radio Systems (VHF, UHF, 700, 800 and/or 900)	Integrated with Local and Regional EMS and Fire Radio Systems (VHF, UHF, 700, 800 and/or 900)	Portable Radio on-board capable of integration with local and regional radio systems	Portable Radio on-board capable of integration with local and regional radio systems
	Satellite Systems	Satellite Radio and Telephone System	Satellite Radio and Telephone System	Portable Satellite Radio and Telephone Package, if available.	Portable Satellite Radio and Telephone Package, if available.
	Internet Connectivity	4G/3G Wireless Internet on board with wireless router.	4G/3G Wireless Internet on board with wireless router.	None required.	None required.
	AVL/GPS Tracking	Active AVL and GPS Tracking	Active AVL and GPS Tracking	None required.	None required.
Supplies	Level of Care	Critical Care Transport capable	Mobile Intensive Care capable	Advanced Life Support capable	Basic Life Support capable
	Patient Monitoring	Patient Monitoring (NIBP, SPO2, EKG) for at least (12) patients with Central Monitoring Station.	Patient Monitoring (NIBP, SPO2, EKG) for at least (12) patients with Central Monitoring Station.	Patient Monitoring for at least (2) patients using portable monitors.	(1) Automated external defibrillator on board only
	Medical Equipment Requirements (beyond ambulance)	Monitor/Defibrillator/Pacer (1) Medication Infusion Pumps (8) Transport Ventilator (4)	Monitor/Defibrillator/Pacer (1) Medication Infusion Pumps (8) Transport Ventilator (4)	Immobilization Equipment (4)	None required.

	licensure requirements – consider specialty ambulance variance)	End-Tidal CO2 detector (4) Immobilization Equipment (12) Traction Splints (2) Intubation / Medication Kits (2)	End-Tidal CO2 detector (4) Immobilization Equipment (12) Traction Splints (2) Intubation / Medication Kits (2)		
Safety	Gas Monitoring	Four gas detector for oxygen, carbon monoxide, combustibles (LEL) and hydrogen sulfide.	Four gas detector for oxygen, carbon monoxide, combustibles (LEL) and hydrogen sulfide.	Carbon Monoxide detector minimum.	Monitoring organic to the bus.
	PPE	Protective Equipment Carried on board for Each Crewmember*****	Protective Equipment Carried on board for Each Crewmember*****	Protective Equipment Carried on board for Each Crewmember*****	Protective Equipment Carried on board for Each Crewmember*****
	Vehicle Marking	Reflective Vehicle Markings per NFPA specifications.	Reflective Vehicle Markings per NFPA specifications.	None required.	None required.
	Lighting	Scene lighting on all sides of the vehicle with additional lighting available at the loading/unloading area to the rear of the unit	Scene lighting on all sides of the vehicle with additional lighting available at the loading/unloading area to the rear of the unit	None required.	None required.
Comments: <p>**** - Also to include capability for field programming of radios on Type I and Type II units</p> <p>***** - Based on agency crew rest policies and state commercial drivers licensing regulations</p> <p>***** - To include: ANSI compliant reflective vest, eye protection, ear protection, gloves and other appropriate safety equipment.</p>					

Appendix E – ICS Documentation

ICS Form 201

Incident Briefing	1. Incident Name:	2. Date Prepared:	3. Time Prepared:
4. Map Sketch			
5. Prepared By (Name and Position):			

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ICS Form 211

Incident Check-In List					1. Incident Name/Number			2. Check-In Location (Complete all that apply)					3. Date/Time				
<i>Check One:</i> RN ST AMBUS Misc. MMU Ambulance								Base	Camp	Staging Area	ICP Restat	Heli base					
Check-In Information																	
4. List Personnel (<i>overhead</i>) by Agency & Name –OR – List equipment by the following format:					5. Order/Request Number	6. Date/Time Check-In	7. Leader's Name	8. Total No. Personnel	9. Manifest		10. Crew or Individual's Weight	11. Home Base	12. Departure Point	13. Method of Travel	14. Incident Assignment	15. Other Qualifications	16. Sent to RESTAT Time/Int.
Agency	Single	Kind	Type	I.D. No./ Name					Yes	No							
Prepared By (Name and Position):																	

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ICS Form 221

Demobilization Checkout		
1. Incident Name/Number	2. Date/Time	3. Demobilization Number
4. Unit/Personnel Released		
5. Transportation Type/Number		
6. Actual Release Date/Time	7. Manifest Yes No	Number
8. Destination	Notified	Name
	Agency Region Area Dispatch	Date
10. Unit Leader Responsible for Collecting Performance Rating		
11. Unit/Personnel		
You and your resources have been released subject to sign off from the following: <i>Demobilization Unit Leader check the appropriate box</i>		
Logistics Section	Signatures	
Supply Unit	_____	
Communications Unit	_____	
Facilities Unit	_____	
Ground Support Unit Leader	_____	
Planning Section	Signature	
Documentation Unit	_____	
Finance Section	Signature	
Time Unit	_____	
Other	Signatures	

12. Remarks		

