

READINESS AND DEPLOYMENT CHECKLIST

For use of this form, see DA PAM 600-81 and AR 600-8-101; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 USC Section 3013, Secretary of the Army; Army Regulation 600-8-101, Personnel Processing (In, Out, and Mobilization Processing; and EO 9397 (SSN).

PURPOSE: To provide a standardized means to evaluate readiness posture and validate military and non-military personnel for deployment.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary. However, failure to update and confirm information is correct may impede processing time and deployability status.

The Readiness and Deployment Checklist is filed in the Deployment Packet to complete the action. A copy remains at the losing organization.

1. DATE (YYYYMMDD)		2. NAME (Last, First, Middle)		3. SSN				
4. SERVICE AFFILIATION <input type="checkbox"/> USA <input type="checkbox"/> USCG <input type="checkbox"/> USN <input type="checkbox"/> PHS <input type="checkbox"/> USAF <input type="checkbox"/> NOAA <input type="checkbox"/> USMC		5. COMPONENT <input type="checkbox"/> ACTIVE <input type="checkbox"/> GUARD <input type="checkbox"/> RESERVE <input type="checkbox"/> NON-MILITARY		6. STATUS <input type="checkbox"/> TPU <input type="checkbox"/> RET <input type="checkbox"/> IRR <input type="checkbox"/> NG10 <input type="checkbox"/> IMA <input type="checkbox"/> NG32 <input type="checkbox"/> AGR		7. PAY PLAN/GRADE		
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS		10. TRAVEL STATUS <input type="checkbox"/> a. UNIT ORDER <input type="checkbox"/> b. INDIVIDUAL		8. E-MAIL ADDRESS		11. DATE OF BIRTH (YYYYMMDD)		
12. JOB TITLE/MOS			13. ASI			14. CITIZENSHIP COUNTRY		
15. LANGUAGE SPECIALTIES			16. DATE LANGUAGE CERTIFIED (YYYYMMDD)			17. DEPLOYMENT COUNTRY		
18. PARENT UNIT			19. DUIC			20. UNIT DSN PHONE NUMBER		21. DATE OF ARRIVAL IN THEATER (YYYYMMDD)

22. OVERALL STATUS OF EACH SECTION

a. READINESS CERTIFICATION <input type="checkbox"/> NO GO <input type="checkbox"/> GO	b. PERSONNEL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	c. FINANCE <input type="checkbox"/> NO GO <input type="checkbox"/> GO	d. LEGAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	e. SUPPLY & LOGISTICS <input type="checkbox"/> NO GO <input type="checkbox"/> GO
f. TRAINING <input type="checkbox"/> NO GO <input type="checkbox"/> GO	g. SECURITY <input type="checkbox"/> NO GO <input type="checkbox"/> GO	h. MEDICAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	i. DENTAL <input type="checkbox"/> NO GO <input type="checkbox"/> GO	j. VISION <input type="checkbox"/> NO GO <input type="checkbox"/> GO

SECTION I - DEPLOYMENT VALIDATION

Part A - Accuracy Statement: I understand I am certified for deployment and to the best of my knowledge, all information contained in this document is correct and current.

1. SIGNATURE OF SOLDIER		2. RANK		3. TITLE	
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Part B - Commander's Acknowledgment: (Commanders may approve a non-deployable individual for deployment based on the certifying official's recommendation, criticality, and mission needs, unless otherwise indicated.) I acknowledge the SRP Sites findings.

4. PRINTED NAME (CDR or AG)			5. RANK		6. TITLE	
7. SIGNATURE			8. ADDRESS			
9. PHONE NUMBER		10. E-MAIL ADDRESS			11. DSN	12. FAX PHONE NUMBER

Part C - Deployment Validation: All READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL			14. RANK		15. TITLE	
16. SIGNATURE OF DEPLOYMENT OFFICIAL			17. ADDRESS			
18. PHONE NUMBER		19. E-MAIL ADDRESS			20. FAX PHONE NUMBER	21. DATE (YYYYMMDD)

NAME (Last, First Middle)					SSN		
ITEM	DEPLOYMENT VALIDATION				CERTIFIED BY		
	GO	NO GO	NA	DATE (YYYYMMDD)			
SECTION II - PERSONNEL							
1. Emergency Data Record, DD Form 93, review and update (initial and date copy) DP							
2. SGLV Form 8286, and 8286A, FEGLI review and update (initial and date copy)							
3. ID Tags (two TAG sets w/chains)							
4. Common Access Card: DD Form 2 (active/reserve), DD Form 1173, 1173-1 issued/DEERS							
5. ETS/ESA date pending within deployment period							
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)							
7. Single parent or military couple in adoption process (waivable)							
8. Mother of newborn (first 4 months) (waivable)							
9. Conscientious objector status: pending = GO, approved = consider duty restrictions							
10. BT/AIT or equivalent training completed (includes OBC, WOBC)							
11. All previous discharge certificates (DD Forms 214 or 220), if applicable							
12. RC only upon alert: Mobilization Orders							
13. DA CIV only: Deployment information in CIVTRACKS							
14. Passport or Visa requested or in possession, if required (carried by person)							
15. Sole surviving son or daughter (waivable)							
16. Turkish or German citizen deploying through/to that country							
17. Former Peace Corps member (for deployment country only)							
18. Former hostage/POW in deployment area (waivable)							
19. Chaplain: Appointment or visit, if requested							
20. Army Community Service: Family Support Group or ACS info provided							
21. Approved Family Care Plan, DA Form 5305-R, if required							
22. Project PERSTEMPO days and input into the PERSTEMPO web site for all deployments							
23. Emergency Essential Mobility Agreement (civilian only)							
24. Lautenberg Amendment							
25. Age 18 Standard for participation in combat							
26a. SIGNATURE OF CERTIFYING OFFICIAL			26b. RANK/TITLE			26c. DATE (YYYYMMDD)	
SECTION III - LEGAL							
1. Will counseling or Education							
2. Power of Attorney (POA)							
3. Domestic violence investigation pending (weapon prohibition)							
4a. SIGNATURE OF CERTIFYING OFFICIAL			4b. RANK/TITLE			4c. DATE (YYYYMMDD)	
SECTION IV - SUPPLY AND LOGISTICS							
1. Personal military clothing, basic issue or like quantities							
2. Organizational clothing and equipment issued for duty MOS							
3. DD Form 2506, government provided storage of personal items							
4. Weapon issued, if applicable - Serial Number:							
5. Theater specific clothing issued							
6. Theater specific equipment issued							
7a. SIGNATURE OF CERTIFYING OFFICIAL			7b. RANK/TITLE			7c. DATE (YYYYMMDD)	
SECTION V - SECURITY							
1. Security clearance meets requirement for duty position							
2. Security clearance meets requirement for deployment mission							
3a. SIGNATURE OF CERTIFYING OFFICIAL			3b. RANK/TITLE			3c. DATE (YYYYMMDD)	

NAME (Last, First Middle)						SSN	
ITEM	DEPLOYMENT VALIDATION				CERTIFIED BY		
	GO	NO GO	NA	DATE (YYYYMMDD)			
SECTION VI - TRAINING							
1. Weapons qualification, if applicable							
2. Military Drivers License (OF 346) issued, if applicable							
3. Force Protection Training administered							
4. OPSEC/SAEDA Briefing							
5. CTT completed, as required							
6. Deployment Briefing to Family Members (only upon alert)							
7. Safety and Local laws for deployment area briefing							
8. Media Awareness Training							
9. Theater specific training requirements completed							
10. Briefings (UCMJ, Terrorist, Geneva Convention, Law of Land Warfare), as required (Soldiers and Sailors Relief Act, Reemployment rights, ESGR, Civilian or criminal matters impacting							
11a. SIGNATURE OF CERTIFYING OFFICIAL			11b. RANK/TITLE			11c. DATE (YYYYMMDD)	
SECTION VII - MEDICAL							
1. Shot Record, International Certificate of Vaccination, PHS 731							
2. Immunizations current (DD Form 2766)							
3. Current DA Form 7349 on hand (USAR)							
4. Human Immunodeficiency Virus (HIV) Antibody Test current, if required							
5. DNA tissue sample on file AFIP, SF Form 600, if required							
6. Exceptional Family Member							
7. Medical Record Review							
8. Female: Pregnancy Profile		YES	NO				
9. Issue single or triple flange ear plugs							
10. Perform DD Form 2215 as a baseline hearing test							
11. Hearing aid with extra batteries, if required							
12. Physical Profile, temporary or permanent that restricts deployment?							
13. Completion of medical forms DD Form 2795 and 2697							
14. Theater specific immunizations required for deployment area							
15. Prescriptions, sufficient supply; minimum 180-day if OCONUS							
16. Medical Tags on hand or ordered							
17a. SIGNATURE OF CERTIFYING OFFICIAL			17b. RANK/TITLE			17c. DATE (YYYYMMDD)	
SECTION VIII - DENTAL							
1. Dental Record on file							
2. Panographic X-ray							
3. Dental Classification Date							
4. Dental Classification (1 or 2 = GO; 3 or 4 = NO GO)							
5a. SIGNATURE OF CERTIFYING OFFICIAL			5b. RANK/TITLE			5c. DATE (YYYYMMDD)	
SECTION IX - VISION							
1. Best Corrected Binocular Visual Acuity (no worse than 20/40)							
2. Eyeglasses (two pair, one pair may be civilian or frame of choice) if required							
3. Protective Mask Inserts if required							
4. Vision Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)							
5. Eyeglasses (two pair, one pair may be civilian style), if required							
6a. SIGNATURE OF CERTIFYING OFFICIAL			6b. RANK/TITLE			6c. DATE (YYYYMMDD)	
SECTION X - FINANCE							
1. Perform Pay Account Verification with each Soldier							
2. Print or review the Soldier's Master Military Pay Account							
3a. SIGNATURE OF CERTIFYING OFFICIAL			3b. RANK/TITLE			3c. DATE (YYYYMMDD)	