

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

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	
9. NON-MILITARY STATUS <input type="checkbox"/> DOD <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> DAC <input type="checkbox"/> RED CROSS		10. TRAVEL STATUS a. UNIT ORDER b. INDIVIDUAL		7. PAY PLAN/GRADE	
12. JOB TITLE/MOS (Enlisted) /AOC and/or FA (Officer)		13. ASI		8a. MAILING ADDRESS	
15. LANGUAGE SPECIALTIES		16. DATE LANGUAGE CERTIFIED (YYYYMMDD)		8b. E-MAIL ADDRESS	
18. UNIT/ORGANIZATION		19. UIC		11. DATE OF BIRTH (YYYYMMDD)	
				14. CITIZENSHIP COUNTRY	
				17. DEPLOYMENT COUNTRY	
				20. UNIT PHONE NUMBER	
				21. DATE OF ARRIVAL IN THEATER (YYYYMMDD)	

22. OVERALL STATUS OF EACH SECTION

a. READINESS CERTIFICATION <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	b. PERSONNEL <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	c. CHAPLAIN <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	d. ARMY COMMUNITY SERVICE <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO
e. LEGAL <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	f. SUPPLY AND LOGISTICS <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	g. SECURITY <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	h. TRAINING <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO
i. MEDICAL <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	j. DENTAL <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	k. VISION <input type="checkbox"/> NO GO <input checked="" type="checkbox"/> GO	l. FINANCE <input type="checkbox"/> NO GO <input checked="" 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 DEPLOYEE	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) Keith J. Frye		5. RANK GS-13	6. TITLE UDC Manager
7. SIGNATURE		8. ADDRESS 201 Prince Frederick Drive, Winchester VA 22602	
9. PHONE NUMBER 540-665-4106	10. E-MAIL ADDRESS keith.j.frye@usace.army.mil	11. DSN 265-4106	12. FAX PHONE NUMBER 540-665-4053

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

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL Thomas R. Jankiewicz		14. RANK GS-14	15. TITLE Chief, Plans and Operations
16. SIGNATURE OF DEPLOYMENT OFFICIAL		17. ADDRESS 201 Prince Frederick Drive, Winchester VA 22602	
18. PHONE NUMBER 540-665-4093	19. E-MAIL ADDRESS thomas.r.jankiewicz@usace.army.mil	20. FAX PHONE NUMBER 540-665-4053	21. DATE (YYYYMMDD)

NAME (Last, First Middle)		SSN			
ITEM	DEPLOYMENT VALIDATION			DATE (YYYYMMDD)	CERTIFIED BY
	NA	GO	NO GO		
SECTION II - PERSONNEL					
1. Emergency Data Record, DD Form 93, review and update (initial and date copy)			X		
2. SGLV Form 8286, and 8286A, FEGLI review and update (initial and date copy)			X		
3. ID Tags (two TAG sets w/chains)			X		
4. Common Access Card: DD Form 2 (active/reserve), DD Form 1173, 1173-1 issued/DEERS update			X		
5. ETS/ESA date pending within deployment period			X		
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)			X		
7. Dual Military or Single Parent in adoption process (waivable)			X		
8. Mother of newborn (first 4 months) (waivable)			X		
9. Conscientious objector status: pending = GO, approved = consider duty restrictions	X				
10. BT/AIT or equivalent training completed (includes OBC, WOBC)			X		
11. All previous discharge certificates (DD Forms 214 or 220), if applicable			X		
12. Mobilization Orders (RC only upon alert)			X		
13. Deployment information imputed into the Army Civilian Tracking System (DA Civilian only)	X				
14. Passport or Visa requested or in possession, if required (carried by person)			X		
15. Sole surviving son or daughter (waivable)			X		
16. Turkish or German citizen deploying through/to that country	X				
17. Former Peace Corps member (for deployment country only)	X				
18. Former hostage/POW in deployment area (waivable)	X				
19. Approved Family Care Plan, DA Form 5305-R, if required			X		
20. PERSTEMPO imputed as required			X		
21. DD Form 2365, Emergency Essential Mobility Agreement (DA Civilians only)	X				
22. Lautenberg Amendment	X				
23. Age 18 Standard for participation in combat			X		
24. Civilian Employment Information (CEI)	X				
25. ACAP Pre-Separation Counseling (AC Only)			X		
26. eMILPO Transaction completed			X		
SECTION III - CHAPLAIN					
1. Appointment or visit, if requested			X		
SECTION IV - ARMY COMMUNITY SERVICE (ACS)					
1. Family Readiness Group or ACS information provided			X		
SECTION V - LEGAL					
1. Premobilization Legal Briefing			X		
SECTION VI - SUPPLY AND LOGISTICS					
1. Personal military clothing, basic issue or like quantities			X		
2. Organization Clothing and Equipment issued for assignment			X		
3. Personal Protective Equipment on-hand			X		
4. DD Form 2506, Government provided storage of personal items (Military Only)			X		
5. Weapon issued, if applicable - Serial Number:			X		
6. Theater specific clothing issued			X		
7. Theater specific equipment issued			X		
SECTION VII - SECURITY					
1. Security clearance meets requirement for duty position			X		
2. Security clearance meets requirement for deployment position			X		
SECTION VIII - TRAINING					
1. Weapons qualification, if applicable			X		
2. Military Drivers License (OF 346) issued, if applicable			X		
3. Force Protection Training administered			X		
4. Media Awareness Training			X		
5. Theater specific training completed			X		
6. Personnel Recovery Education and Training			X		
7. Briefings (UCMJ/MEJA, Terrorist, Geneva Conventions, Law of Land Warfare, Service Member's Civil Relief Act, The Uniformed Services Employment & Re-employment Act, ESGR, Medical Threat, OPSEC/SAEDA, Safety and Local Laws)			X		

NAME (Last, First Middle)		SSN			
ITEM	DEPLOYMENT VALIDATION			DATE (YYYYMMDD)	CERTIFIED BY
	NA	GO	NO GO		
SECTION IX - MEDICAL					
1. Immunizations Current		X			
2. Current DA Form 7349 on-hand and Soldier found qualified (USAR only)		X			
3. HIV-1 Antibody Test within 2 years of deployment or sample collected		X			
4. DNA sample on file or collected and forwarded to AFIP		X			
5. Exceptional Family Member		X			
6. Medical Record Review (DD Form 2807-1 and DD Form 2808)		X			
7. Pregnancy Test within 30 days of deployment		X			
8. Issue and fit combat arms, triple-flange, or quad-flange earplugs with carrying case		X			
9. Hearing aid with extra batteries, if applicable		X			
10. Physical Profile, DA Form 3349 (Temporary or Permanent profile that restricts deployment)		X			
11. Prescriptions, sufficient supply (minimum 180-day if OCONUS)		X			
12. Medical Warning Tags on-hand or ordered		X			
13. Valid DD Form 2215, Reference Audiogram or DD Form 2216, Periodic Audiogram (within 12 months) on file in HREC		X			
14. Completion of DD Form 2766 (Audit Preventive and Chronic Flow Sheet)		X			
15. Completion of DD Form 2795		X			
16. Tuberculosis Skin Testing (TST) (within 12 months of deployment, if required)					
17. G-6 PD Test, if required		X			
18. Female - Valid Pap Smear results (within 12 months of deployment)		X			
SECTION X - DENTAL CLASSIFICATION					
1. Dental Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)		X			
SECTION XI - VISION CLASSIFICATION					
1. Vision Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)		X			
SECTION XII - FINANCE					
1. Finance Entitlement and Travel Briefing		X			
2. Print or review the Soldier's Master Military Pay Account		X			
3. Perform Pay Account Verification with each Soldier		X			
4. Complete Finance Mobilization/Demobilization Documentation Requirements Checklist		X			
5. Prepare Finance Mobilization Packets		X			