

## 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.

AMT  
APD  
HCU  
Henry

### 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) 20100608	2. NAME (Last, First, Middle) Belkhatir, Khalid	3. SSN 131-88-4949
4. SERVICE AFFILIATION <input checked="" 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 checked="" 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 <input type="checkbox"/> a. UNIT ORDER <input checked="" type="checkbox"/> b. INDIVIDUAL	8b. E-MAIL ADDRESS momen.m.waly@us.army.mil
12. JOB TITLE/MOS (Enlisted) /AOC and/or FA (Officer) O9L/ Interpreter/ Translator	13. ASI	11. DATE OF BIRTH (YYYYMMDD) 19701129
15. LANGUAGE SPECIALTIES Arbic	16. DATE LANGUAGE CERTIFIED (YYYYMMDD)	14. CITIZENSHIP COUNTRY USA
18. UNIT/ORGANIZATION 51st TICo, RSS, 11th ACR Fort Irwin, CA 92310	19. UIC WJTEAA	17. DEPLOYMENT COUNTRY Iraq
		20. UNIT PHONE NUMBER 760-380-6646
		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 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 SPC	3. TITLE O9L/ INTERPRETOR
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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) Zdanczewicz, Chester D	5. RANK CPT	6. TITLE COMPNAV COMMANDER
7. SIGNATURE		8. ADDRESS BLDG 653 Barstow Road, Fort Irwin, CA 92310
9. PHONE NUMBER 760-380-2748	10. E-MAIL ADDRESS chet.zdanczewicz@us.army.mil	11. DSN 470-2748
		12. FAX PHONE NUMBER 760-380-8067

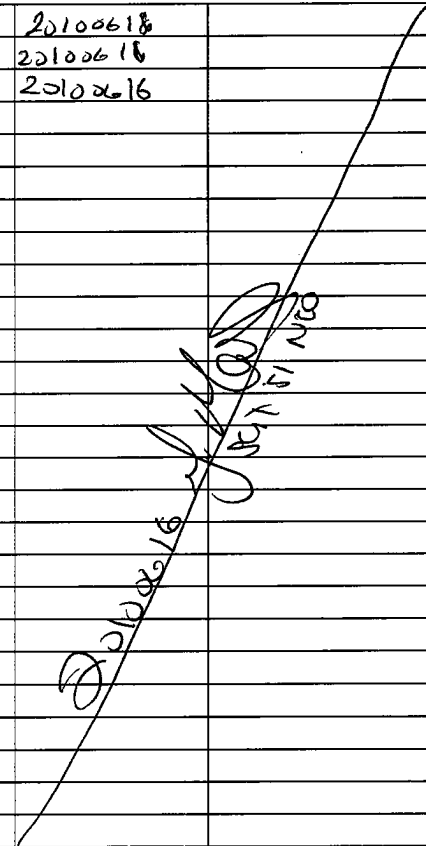
**Part C - Deployment Validation:** All READINESS requirements are updated and all DEPLOYMENT (theater specific) requirements are completed.

13. PRINTED NAME OF VALIDATING DEPLOYMENT OFFICIAL Rose Hurst	14. RANK GS5	15. TITLE Deployment Clerk
16. SIGNATURE OF DEPLOYMENT OFFICIAL		17. ADDRESS BLDG 561, 3rd Street, Fort Irwin, CA 92310
18. PHONE NUMBER 760-380-7642	19. E-MAIL ADDRESS rose.hurst@us.army.mil	20. FAX PHONE NUMBER 760-380-6456
		21. DATE (YYYYMMDD)

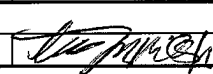
NAME (Last, First Middle) **Belkhatir, Khalid** SSN **131-88-4949**

ITEM	DEPLOYMENT VALIDATION			CERTIFIED BY
	NA	GO	NO GO DATE (YYYYMMDD)	

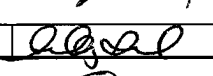
**SECTION II - PERSONNEL**

1. Emergency Data Record, DD Form 93, review and update (initial and date copy)		✓	20100618	
2. SGLV Form 8286, and 8286A, FEGLI review and update (initial and date copy)		✓	20100618	
3. ID Tags (two TAG sets w/chains)		✓	20100618	
4. Common Access Card: DD Form 2 (active/reserve), DD Form 1173, 1173-1 issued/DEERS update				
5. ETS/ESA date pending within deployment period				
6. Permanent Physical Profile 3 or 4 (MMRB pending or complete)				
7. Dual Military or Single Parent 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. Mobilization Orders (RC only upon alert)				
13. Deployment information imputed into the Army Civilian Tracking System (DA Civilian only)				
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. Approved Family Care Plan, DA Form 5305-R, if required				
20. PERSTEMPO imputed as required				
21. DD Form 2365, Emergency Essential Mobility Agreement (DA Civilians only)				
22. Lautenberg Amendment				
23. Age 18 Standard for participation in combat				
24. Civilian Employment Information (CEI)				
25. ACAP Pre-Separation Counseling (AC Only)				
26. eMILPO Transaction completed				

**SECTION III - CHAPLAIN**

1. Appointment or visit, if requested		✓	20100608	
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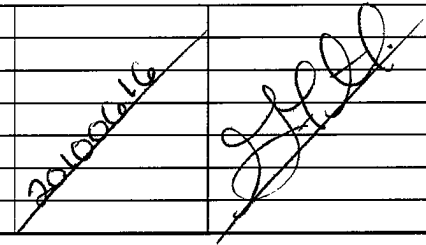
**SECTION IV - ARMY COMMUNITY SERVICE (ACS)**

1. Family Readiness Group or ACS information provided		✓	20100608	
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**SECTION V - LEGAL**

1. Premobilization Legal Briefing		✓	20100618	
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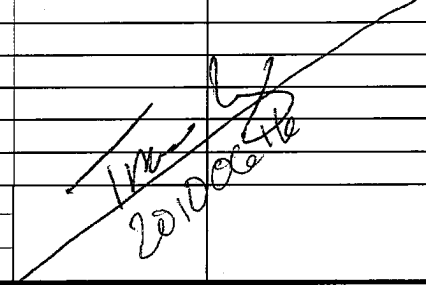
**SECTION VI - SUPPLY AND LOGISTICS**

1. Personal military clothing, basic issue or like quantities				
2. Organization Clothing and Equipment issued for assignment				
3. Personal Protective Equipment on-hand				
4. DD Form 2506, Government provided storage of personal items (Military Only)				
5. Weapon issued, if applicable - Serial Number:				
6. Theater specific clothing issued				
7. Theater specific equipment issued				

**SECTION VII - SECURITY**

1. Security clearance meets requirement for duty position				
2. Security clearance meets requirement for deployment position				

**SECTION VIII - TRAINING**

1. Weapons qualification, if applicable				
2. Military Drivers License (OF 346) issued, if applicable				
3. Force Protection Training administered				
4. Media Awareness Training				
5. Theater specific training completed				
6. Personnel Recovery Education and Training				
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)				

NAME (Last, First Middle)		Belkhatir, Khalid		SSN		131-88-4949	
ITEM	DEPLOYMENT VALIDATION			DATE (YYYYMMDD)	CERTIFIED BY		
	NA	GO	NO GO				
<b>SECTION IX - MEDICAL</b>							
1. Immunizations Current	/	/	/	6/5/10	[Signature]		
2. Current DA Form 7349 on-hand and Soldier found qualified (USAR only)	/	/	/	6/8/10	[Signature]		
3. HIV-1 Antibody Test within 2 years of deployment or sample collected	/	/	/	6/8/10	[Signature]		
4. DNA sample on file or collected and forwarded to AFIP	/	/	/	6/8/10	[Signature]		
5. Exceptional Family Member	/	/	/	6/8/10	[Signature]		
6. Medical Record Review (DD Form 2807-1 and DD Form 2808)	/	/	/	6/8/10	[Signature]		
7. Pregnancy Test within 30 days of deployment	/	/	/	6/8/10	[Signature]		
8. Issue and fit combat arms, triple-flange, or quad-flange earplugs with carrying case	/	/	/	6/16/2010	[Signature]		
9. Hearing aid with extra batteries, if applicable	/	/	/	6/8/10	[Signature]		
10. Physical Profile, DA Form 3349 (Temporary or Permanent profile that restricts deployment)	/	/	/	6/8/10	[Signature]		
11. Prescriptions, sufficient supply (minimum 180-day if OCONUS)	/	/	/	6/8/10	[Signature]		
12. Medical Warning Tags on-hand or ordered	/	/	/	6/8/10	[Signature]		
13. Valid DD Form 2215, Reference Audiogram or DD Form 2216, Periodic Audiogram (within 12 months) on file in HREC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/16/2010	[Signature]		
14. Completion of DD Form 2766 (Audit Preventive and Chronic Flow Sheet)	/	/	/	6/8/10	[Signature]		
15. Completion of DD Form 2795	/	/	/	6/8/10	[Signature]		
16. Tuberculosis Skin Testing (TST) (within 12 months of deployment, if required)	/	/	/	6/8/10	[Signature]		
17. G-6 PD Test, if required	/	/	/	6/8/10	[Signature]		
18. Female - Valid Pap Smear results (within 12 months of deployment)	/	/	/	6/8/10	[Signature]		
<b>SECTION X - DENTAL CLASSIFICATION</b>							
1. Dental Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)	/	/	/	20100608	[Signature]		
<b>SECTION XI - VISION CLASSIFICATION</b>							
1. Vision Readiness Classification (1 or 2 = GO; 3 or 4 = NO GO)	/	/	/	20080608	[Signature]		
<b>SECTION XII - FINANCE</b>							
1. Finance Entitlement and Travel Briefing	/	/	/	100608	[Signature]		
2. Print or review the Soldier's Master Military Pay Account	/	/	/		[Signature]		
3. Perform Pay Account Verification with each Soldier	/	/	/		[Signature]		
4. Complete Finance Mobilization/Demobilization Documentation Requirements Checklist	/	/	/		[Signature]		
5. Prepare Finance Mobilization Packets	/	/	/		[Signature]		