

ALL PURPOSE CHECKLIST

TITLE/SUBJECT/ACTIVITY/FUNCTIONAL AREA

Deployment/Mobilization Checklist *This checklist covers the items that are required to be completed prior to your departure to ensure you receive all required benefits

OPR
RIO/IRR

DATE

NO.	ITEM <i>(Assign a paragraph number to each item. Draw a horizontal line between each major paragraph.)</i>	Yes	No	N/A
1	IMA Name: _____ Grade: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UDM Name: _____ UDM Phone (DSN): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	(VOL) SOU/49 sent to RIO/IRPR _____ CMSgt Alonso (Juliet.Alonso@us.af.mil) Signature__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(MOB) Mobilization wksht sent to RIO/IRPR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date AROWS-R Orders Received: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Projected Departure to AOR Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	These Items need to be completed prior to deployment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) ID Card Verification Date completed: _____ Legal Affairs Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b)*SGLI Date completed: _____ VRed address check Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Weapon (s) Type# _____ Weapon (s) Serial # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Chaplain Date completed: _____ Medical Review:Date completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Fitness Assessment Expiration Date : _____ SABC Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Mission Brief Date completed _____ Supply Pick-up Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Sanctuary Briefing Date _____ Sanctuary Paperwork sent to RIO: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) CATM appt _____ Re-qualification date if required _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i) Weapons Pick-up Date completed: _____ Travel Itinerary Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j) CBRNE tng Date completed: _____ Final Review Date completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*****SEND TO RIO/IRPR *****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	IMA COMPLETES UPON RETURN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	These Items need to be completed upon your return from the deployment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	a) Post Deployment health Assessment: Date completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Request DD214 via VPC-GR Date Completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) In-process with AD Unit: Date Completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) File Travel Voucher w/IMA Travel (within 5 days upon return): Date filed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Transitional Assistance Program: Date completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Yellow Ribbon Program (YRP) (complete w/in 6 mo of return): Date completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UDM COMPLETES UPON IMA RETURN:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member's Actual Departure Date to AOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Member's Return Date from AOR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date IMA checklist sent to RIO/IPR to update DCAPEs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UDM Signature _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CMSgt Alonso Signature(Juliet.Alonso@us.af.mil) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	*****RETURN THIS CHECKLIST TO RIO/DETACHMENT UPON COMPLETION*****	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DETACHMENT COMPLETES:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date IMA deployment checklist to RIO/IRPR: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date PDMRA worksheet sent to RIO/IRPR _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date PDMRA message received _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	* If member declined or has less than maximum SGLI coverage at present time the member is eligible for full coverage to cover the deployment/mobilization time period free of charge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

