POM / PAI CHECKLIST

(Read Privacy Act Statement Below)

NAME _____ RANK _____ SSN _____

SECTION _____ MARITAL STATUS _____ # DEP _____

RESIDENCE ADDRESS _____

_____

Inspection/Check Date(s

VALID ID CARD - EXP DATE _____ ID TAGS _____

PULHES _____ PERM PROFILE? TEMP PROFILE?

Remarks/Limitations

MEDICAL/RED TAGS _____ FOR _____

PANOREX DATE

HIV _____ DATE ___

GLASSES _____ # Pairs NSERTS

WEAPON QUAL ___ DATE

Pending Legal Action _____

TA-50 Inven/Insp (record on file?)

Clothing Inventory _____

DD Form 93 _____

VA Form 29-8266 (SGLI) _____

DA Form 4036-R (Med/Den Prep) _____

DA Form 3955 (mail cards - 2ea)

Family Care Pack (S-1) _____

Personal Prop Inventory (single SM

POA _____

POV Insp / POA _____

4 TAGS w/name, SSN, BASD, unit, UPC

PRIVACY ACT INFORMATION OF 1974

AUTH: 10 USC 3012

PURPOSE: Ensure readiness of soldier in event of unit deployment.

DISCLOSURE: Voluntary

ROUTINE USE: Normal office use. To obtain current info needed in performance of admin operations.

FS Form 205

(IIId ACA) 1 Aug 92