

30TH FIELD ARTILLERY REGIMENT INPROCESSING CHECKLIST

NAME _____ DATE _____ DATE RETURNED _____
 SPONSOR _____ UNIT _____ DEPT _____

	DATE	INT		DATE	INT
1. 30TH REGIMENT PAC			3a. CURRENT POLICIES		
a. CHANGE OF ADDRESS AND DIRECTORY CARD (DA 3955)			a. DRUG/ALCOHOL/URINALYSIS		
b. PERSONNEL REGISTER (DA 647-1)			b. LEAVES/PASSES		
c. MEAL CARD (DA 714)			c. FIREARMS/PHYSICAL SECURITY		
d. DENTAL INSURANCE YES/NO			d. ALCOHOL USE IN BILLETS		
2. ORDERLY ROOM			e. TRAINING(APFT, CTT, SQT, CMDR'S CALL)		
a. WELCOME PACKET			f. CHAIN OF COMMAND/ NCO SUPPORT CHAIN		
b. TRAINING RECORDS			4. REGIMENTAL S-4		
c. PT CARD (DA 705)			5. POV REGISTRATION		
d. LOCATOR CARD (FS 763)			6. MEDICAL CLINIC (BLDG 4300)		
e. BATTERY REENLISTMENT NCO			a. MEDICAL CARDS		
3. BATTERY COMMANDER/ISG INTERVIEW			b. MEDICAL RECORDS TURN-IN		
a. MARRIED ARMY COUPLES PROGRAM			7. DENTAL CLINIC (BLDG 605)		
b. FAMILY CARE PLAN			a. DENTAL SCREENING		
c. BILLETS ASSIGNMENT			b. FAMILY MEMBER DENTAL RECORDS TURN-IN		
d. OVER 40 PT CLEARANCE					

RETURN THIS FORM TO THE ORDERLY ROOM UPON COMPLETION OF INPROCESSING, NOT LATER THAN 10 CALENDAR DAYS