

Naval Support Activity Naples, Italy

Emergency & Non-Combatant Evacuation Operations (NEO)

Preparation Guide

Important Numbers

NSA Naples Local Dispatch Center

From On-Base Phone (DSN) 9-1-1

From Off-Base/Mobile Phone: +39 081-568-4911

NSA Naples Quarterdeck

From On-Base Phone (DSN) 314-626-5547

From Off-Base/Mobile Phone: +39 081-568-5547

Italian Emergency Phone Numbers

Medical/Ambulance: 118

Fire: 115

Police: 113

U.S. Consulate Naples

+39-081-583-8111

Emergency Management Division

From On-Base Phone (DSN) 314-626-5240/5057/3585

From Off-Base/Mobile Phone: +39 081-568-5240/5057/3585

nsanapleemergencymanagement@us.navy.mil

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I. INTRODUCTION

Napoli, the Campania Region and Italy offer many opportunities to each of us that others can only dream of. While we make the most of the experience, we need to understand and accept the potential for emergency situations such as earthquakes here. Over the past several years we have participated in various earthquake and other types of drills, and will continue to do so in the future. These events have provided us with opportunities to educate ourselves and one another about the likelihood of an earthquake and other events here, and the importance of preparing ourselves to get through them. Consider the “what if’s & when’s” associated with an emergency, and what you need to do to prepare your emergency plan and build your kit. For additional information, please contact your Command’s emergency management staff.

Please visit the NSA Naples Emergency Management website at:

<https://cnreurafcenr.cnic.navy.mil/Installations/NSA-Naples/Operations-and-Management/Emergency-Management/>

You may also contact the NSA Naples Emergency Management Division at:

DSN: 314-626-5240/5057/3585

Commercial: + 39 081-568-5240/5057/3585

nsanaplesemergencymanagment@us.navy.mil



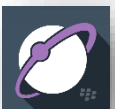
S.M. Quinn
Emergency Management Officer
NSA Naples, Italy

II. PREPARING FOR EMERGENCIES



- **BE INFORMED**

- Through briefings & discussions facilitated by NSA Naples Emergency Management Team
- AFN Naples Radio (97.3 FM)
- AFN 360 Internet Radio (<https://afngo.net/afneurope/Naples/radio/Naples>)
- DOD First ALERT Application:
<https://www.applocker.navy.mil/#!/apps/EFC77CF5-4E37-4AF0-84D0-BF3904430774>
- AFN Smartphone App (AFN Go/AFN Now)
- Wide Area Alert Network (WAAN) – Public Address/Mass Notification System
 - Giant Voice (GV) Outdoor Speakers
 - Interior Voice (IV) Interior Speakers or Sirens
 - AtHoc
 - Computer Desktop Notification System (CDNS)
 - Automated Telephone Network System (ATNS) - AtHoc
 - Text
 - Phone
 - AtHoc Mobile App
- DoS Smart Traveler Enrollment Program (STEP) (<https://mytravel.state.gov/s/step>)
- Through your assigned Command/Agency
- Through you Command’s Ombudsman



- **MAKE A PLAN** (<https://www.ready.gov/plan>)

One of the most important tools every individual and family can have to protect themselves in possible emergencies is a family emergency preparedness plan, complete with a list of contacts during an emergency. As you plan ahead about what to do during an emergency, be sure to take into account any members of your family with special needs, specific preparations for children, and what you will do with your pets. As part of your planning, you should make copies of and safeguard specific personal and financial records. Also, take any actions necessary to prepare your property. Everyone in the family should understand what to do, where to go, and what to take in the event of an emergency. To assist you with this, the following Individual and family Emergency Preparedness Self-Assessment Checklist is provided for your consideration:

Being Informed		YES	NO	UNK
1	Does my command/organization have all of my current contact information, and that of my family members?			
2	Have I provided my physical residential address, and GPS coordinates to my command/organization?			
3	Have I registered for the ATHOC email, phone & text message notification system, and are all of the contact numbers current? (see enclosed CDNS Registration Sheet)			
4	Is my personnel and family accountability information current in the accountability system used by my command/organization (Navy & Marine Corps NFAAS, Army-ADPAAS, Air Force-AFPAAS, Coast Guard-CGPAAS)			
5	Has my command/organization identified me as emergency essential (EE), and assigned me to a personnel Category 1 or 5 designation? (If the command has been tasked with being a mission essential function (MEF), select individuals are identified as Category 1. If assigned as an emergency responder (Fire, Security, Medical and/or a member of a crisis action team (CAT), the Regional Operations Center (ROC) or Installation Emergency Operations Center (EOC), you are/should be designated as Category 5)s			
6	Have I provided my command/organization with the name(s) of my family member(s) for identification as personnel Category 2 for non-combatant evacuation operations (NEO) & and shelter planning (Safe Haven)?			
7	If my command/organization is identified as a MEF, have I been provided with the following?			
	- Specific expectation/instructions regarding my responsibility to remain in-place during, and following an emergency?			
	- Specifically what my reporting instructions are during an emergency, to include situations where normal communications systems are not operational?			
	Do I have the means to receive emergency notifications & instructions through the media (AFN radio (97.3 FM), AFN TV (Emergency Channel 48 & NSA Naples Channel 47), AFN 360 Internet Radio (AFNEUROPE.net), AFN			

	Smartphone Application (AFNEUROPE)?			
	In addition to communicating with my command/organization, do I know if & where fellow command/organization personnel reside near me, and have we established a communication plan to stay in contact with one another during an emergency?			
0	Have I provided information to my family members on how they are to receive and provide information to my command/organization, in my absence?			
11	If I am not able to contact my command/organization, have I been instructed what to do, and who to report to in the event of an emergency?			
12	Have I posted all necessary emergency contact numbers somewhere for my family to have immediate access to?			
My/Our Emergency Plan		YES	NO	UNK
1	Do I have a plan for where my family and I would go in the event of an emergency, including:			
	- A fire evacuation plan for my family and me to evacuate our residence in the event of a fire? Where would we meet/gather to make sure we have accounted for everyone?			
	- If we are directed by NSA Naples Command to evacuate our residence and relocate to the Support Site for sheltering/Safe Haven, have I/we established at least two routes from our residence to the Support Site?			
	- If we are directed by local Italian authorities to evacuate our residence and report to the evacuation meeting point, do we know how to get to the one closest to our residence, and have we identified an alternate point? Please use this link to determine the closest evacuation meeting point: https://rischi.protezionecivile.it/en/			
2	Have I/we planned for our children's safety and care while they are in school when an emergency occurs? Consider the following:			
	- If you have children attending the Naples Elementary and/or Middle High School, and the staff is directed to dismiss the students in the event of an emergency, do you know the process for picking them up if you are directed to relocate to the Support Site for shelter/Safe Haven?			
	- If you are not available to pick-up your child/children immediately, do you have a designated emergency contact person identified to the school and who lives near the Support Site that can pick them up?			
	- If neither you nor your designated emergency contact person are able to immediately pick up your child/children, have you discussed the school's plan to safeguard and care for them until you can be reunited?			
	- Do you have a child or children who attend school in the local community? If so, please go through steps 2 through 4 above.			
3	Have I considered and planned for our family's pet(s) in the event of an emergency?			

4	If I have family members who require specific medical or other support needs, have I included them in our plan?			
5	Does our plan include how to, and who will turn off utilities, such as gas for the residence?			
6	Have I/we included how we will communicate with one another if our family is physically separated in an emergency?			
7	Have we created a sheet or card that each family member has with all the phone numbers and information each of us need to have with us, and have we included this in our plan?			
8	Do all of us know how to text message one another if cell phone service is not working as it normally would?			
9	Do we have a cellphone, coins or prepaid phone cards in order to communicate with each other?			
10	Do we know how to use an Italian, and other European pay phones?			
11	Have I/we provided our emergency contact information with our command's/organization's Ombudsman, and the command/organization?			
12	Do we have a schedule or create opportunities to practice our emergency plan?			
13	Do each of us know what to do, and where to go in the event of an emergency?			
14	Do we update our plan as things change in our lives, and when we PCS?			
15	Does everyone know where our family's emergency kit is?			
16	What is our schedule for checking our residence's smoke alarms, and carbon monoxide alarms?			
17	Have we had discussions as a family to make sure everyone knows what to do, and how each of us has a responsibility to make our family's emergency plan great?			
18	How can I/we include and involve our child/children in our family's emergency preparedness? Please consider the following:			
	- Have I/we talked our child/children about what types of emergencies that may might happen where we live?			
	- Have I/we made sure our child/children know exactly where our family's meeting place is			
	- Have I/we talked about what to do if they are at school and there is an emergency?			
	- Do our children know exactly who we specified as the person(s) to pick them up from school if there is an emergency, and we're not able to?			
4	Does the Command/Organization have an emergency notification and communication procedure established?			
	- Does the Command/Organization has an internal notification system established within the EAP to be used in the event of a wide-area notification system failure (Giant Voice or other load speaker delivery)?			
	- Has a communications outage plan been established, including Command/Organization expectation(s) of assigned personnel in the			

	event there is a communications outage during off-duty hours affecting communication between assigned personnel and the Command/Organization?			
My/Our Family Emergency Kit		YES	NO	UNK
1	Do I/we know what to have on-hand for our kit & have we built it?			
2	Is there sufficient supplies in our kit to sustain me/us for at least 3 days, and do we have a plan to expand our kit to cover us for up to 14 days? (Because of the unique features and potential hazards in this region of Italy, it is recommended you plan for 14 days of consumables (food, water, batteries, etc.), in addition to the other (non-consumables) items in the kit.)			
2	Is my/our kit stored in a place where it is easily accessible if needed & do I/we have a plan to take it with us if I/we must leave my/our residence?			
3	Have I/we established a schedule to inventory my/our kit routinely to ensure everything we need is available, and that items with a shelf-life have not expired (food, batteries, medications, etc.)?			
4	Do I/we have a kit to accompany us when we travel by car, and does it have items I/we may have an immediate need for? (should contain at a minimum: food, water, flashlights and extra batteries, first aid kit and necessary medications, signal flares, repair tools, portable AM/FM radio, seasonal items (coat, rain gear, engine fluids, shovel, ice scraper, warm clothes, and gloves), comfortable/sturdy shoes, and blankets or sleeping bags. Also consider: cell phone and phone charger, reflective triangle, and baby formula and diapers if you have a small child/children)			
5	Do I/we have kits built to have at work if needed to sustain me/us for 24-hours (kit should include, at a minimum, food, water, and a first-aid kit)?			
6	<p>Have I/we included our pet(s) in our plan & in my/our emergency kit? Do I/we have these on-hand for each pet?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rigid (not soft) airline carrier large enough for them to stand up, turn around and lay down in. Pets cannot be combined into one carrier. <input type="checkbox"/> 2 Copies of valid rabies certificate DD2208 (rabies needs to be boosted annually while you are stationed in Italy) <input type="checkbox"/> 2 Prefilled out Veterinary Health Certificates DD2209 (see enclosure. Leave veterinary signature and date blocks blank. Any pet leaving Italy will require a veterinarian to sign and date the health certificates before departure.) <input type="checkbox"/> 2 Copies of prefilled out Pet Evacuation Registration Cards. <input type="checkbox"/> At least 14 days of food supply and medications in waterproof containers or Ziploc bags. <input type="checkbox"/> Well-fitting collar/harness with ID tag and a good leash <input type="checkbox"/> A front and profile pictures of individual pet with owner <input type="checkbox"/> Sufficient medications for 2 weeks with dosing instructions. <input type="checkbox"/> Spill resistant food and water bowls that can be placed in kennel (label with pet and sponsor's name) <input type="checkbox"/> Small plastic bags for feces disposal (dogs) and litter scoop (cats). Cat owners need a 10-day supply of litter and a small compact container with lid for litter storage that can fit in the cat kennel to prevent spillage when not in use by the pet in the carrier <input type="checkbox"/> Muzzle (if needed) 			

	<input type="checkbox"/> EU Pet Passport if owned; FAVN for non-US travel if required (contact the Veterinary Clinic at 081-811-7913/629-7913 for additional information regarding registration of your pet(s) with the Italian authority)			
7	<p>Do I/we have all of my/our important documents together & available if I/we need to access them, and do I/we have a plan to gather/store them for immediate access if I/we must leave my/our residence? The documents I/we should have on-hand and ready are:</p> <input type="checkbox"/> ID Card <input type="checkbox"/> US Passports <input type="checkbox"/> Personal Records (birth certificate, medical and immunization records, etc.) <input type="checkbox"/> For my/our pets: <ul style="list-style-type: none"> <input type="checkbox"/> Veterinary Health Certificate <input type="checkbox"/> Rabies Vaccination Certificate <input type="checkbox"/> Sojourner's Permits <input type="checkbox"/> Housing Documents (inventory, housing contract, etc.) <input type="checkbox"/> Copy of Vehicle Registration (Replaced vehicle control form) <input type="checkbox"/> Other Legal Documents (insurance policies, powers-of-attorneys, etc.) <input type="checkbox"/> Traveler's Checks or Other Forms of Currency			
RECOMMEND THIS CHECKLIST & YOUR INDIVIDUAL & FAMILY EMERGENCY PREPAREDNESS BE REVIEWED AT LEAST EVERY SIX MONTHS, OR AS YOU AND/OR YOUR FAMILY'S SITUATION CHANGES (ADDITIONAL CHILDREN, PETS, RESIDENTIAL SITUATION, ETC.)				

○ **Evacuation Plan**

- As a family, discuss where you will go in the event on an emergency.
- Discuss where your children will go if they are in school or daycare at the time of the emergency, and make sure they understand where you intend to be.
- Your plan should also address the needs and care of pets, family members with special need, and safely shutting off utilities.

○ **Family Communications Plan**

- Create a comprehensive plan as a family for communicating in the event that you are separated during an emergency.
- Create a sheet or card with all the phone numbers and information every individual in the family may need, and make sure every member of the family has a copy of the communications plan.
- Be aware that in the event of an emergency, phone lines and cellphone towers may be overloaded or out. You can try using text messaging if normal communication options are not available. It would be good to have a contingency plan for reaching each other.
- Ensure every member of your family has a cellphone, coins, or a prepaid phone card in order to connect with your emergency contact during emergencies.
- Establish an out-of-state, in-case-of-emergency (ICE) name and number that

everyone in your family has a copy of.

- Save the ICE information in everyone's cellphone.
- File a copy of emergency contact information with the command ombudsman and the command. Place this form in a sealed envelope with your signature across the seal. This will be opened only in case of emergency.

○ **Practice Your Plan**

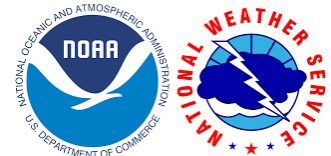
- Set up practice evacuations or shelter-in-place drills at least twice a year for your family to ensure everyone knows what to do and where to go in the event of an emergency.
- Update your plan according to any issues that arise.
- Keep your emergency kit up to date, replacing water and perishables periodically. Make sure everyone knows where it is and to take it when sheltering or evacuating.
- Check your smoke alarms regularly.

○ **Preparing your Kids (<https://www.ready.gov/kids>)**

As you plan ahead for an emergency, it is important that you discuss potential hazards with your children. Make sure they understand what might happen and what their job is during an emergency. Disasters can frighten children; including them in the planning process helps to ease their fears. By talking about emergencies with your children beforehand, they may better understand what to do if there is an emergency, be better equipped to react, and stay much calmer throughout the emergency.

- Help Kids Be Informed About What Might Happen
 - Talk to your kids about what types of emergencies might happen in your area.
 - Make sure your kids know exactly where your family meeting place is.
 - Talk about what might happen if they are in school.
 - Discuss the differences in what they need to do depending on the different emergencies.
- Involving Your Kids in Making the Plan
 - Make your evacuation plan as a family so your children understand where you are going and why.
 - Make a communications plan as a family by writing down all the phone numbers you and your kids would need, as well as how to get in touch with each other if you are separated.

- Let your kids be involved in every process of planning.
- Practicing the Plan with Your Kids
 - Practice what you might do as a family in different emergency situations.
 - Let your kids ask questions and give their opinions regarding your plan's effectiveness.
 - The more they talk about it, the more likely they will be ready when something happens.
- Involve Your Kids in Building the Emergency Supply Kit
 - Build your emergency kits together as a family.
 - Give the kids a list so they can help gather supplies for the kit.
 - Discuss why it is important to have each item in the kit.
- **Additional Information Resources**
 - Make a Plan Video (<https://www.youtube.com/watch?v=TybjwGLHA88>)
 - Ready Navy: (<https://www.ready.navy.mil>)
 - Department of Homeland Security (Ready.gov) & FEMA: <https://www.ready.gov>
 - FEMA - <https://www.fema.gov/emergency-managers/individuals-communities/preparedness-activities-research-webinars>
 - National Fire Protection Association: <https://sparky.org>
 - National Weather Service: <https://www.weather.gov/education/outreach>



- **BUILD AN EMERGENCY SUPPLY KIT** (<https://www.ready.gov/kit>)

All of the sources suggest building a kit that should sustain you and your family for at least 3 days. Because of the unique features and potential hazards in this region of Italy, it is recommended you plan for 14 days of consumables (food, water, batteries, etc.), in addition to the other (non-consumables) items in the kit. This will help with you and your family's immediate needs being met with minimal reliance on others. This point is very important because the severity of an emergency event may be significant, and resources may be extremely limited and not immediately available to us.

Because emergencies can happen with little to no advance notice, you may need to evacuate quickly and may not have time to gather or shop for supplies. It is recommended that you not only have kits at home, but portable versions that you can maintain in your car or at work. These kits will enable you and your family to respond to an emergency quickly and will be useful whether you have to shelter in place or evacuate.

- **What to Put in Your Home Emergency Supply Kit**

At a minimum, recommend your emergency kit have the following supplies. Plan for and monitor expiration dates & shelf-life of all kit contents.

- Water** (one (1) gallon / 4 Liters per person, per day stored in easy to carry containers (bottled water)) (Recommend rotating/replacing every 6 months)
- Food** (Non-perishable, easy to prepare items)
- Baby/Infant Supplies**
 - Diapers
 - Wipes
 - Bottles
 - Food
 - Formula
 - Pacifiers
 - Clothing
 - Blanket(s)
- Flashlight**
- Radio** (Battery or hand-crank powered)(Make sure the radio can receive AFN broadcasts)
- Extra Batteries** (flashlights, radio, other battery powered kit items)
- First Aid Kit** (The American Red Cross suggests the following for a family of four)
 - 2 absorbent compress dressings (5 x 9 inches)
 - 25 adhesive bandages (assorted sizes)
 - 1 adhesive cloth tape (10 yards x 1 inch)



- 5 antibiotic ointment packets (approximately 1 gram)
- 5 antiseptic wipe packets
- 2 packets of aspirin (81 mg each)
- 1 blanket (space blanket)
- 1 breathing barrier (with one-way valve)
- 1 instant cold compress
- 2 pair of non-latex gloves (size: large)
- 2 hydrocortisone ointment packets (approximately 1 gram each)
- Scissors
- 1 roller bandage (3 inches wide)
- 1 roller bandage (4 inches wide)
- 5 sterile gauze pads (3 x 3 inches)
- 5 sterile gauze pads (4 x 4 inches)
- Oral thermometer (non-mercury/non-glass)
- 2 triangular bandages
- Tweezers
- First aid instruction booklet
- Insect Repellant
- Sun Block
- Medications** (at least 14 day supply)
- Medical Supplies** (Glasses, Contact Lenses, syringes, specialty batteries, etc.)
- Multi-Purpose Tool** (or small hand tools)
- Sanitation & Personal Hygiene Items**
 - Cloth face covering or mask (at least 2 for each member of the household)
 - Hand Sanitizer
- Copies/Originals of Personal Documents**
 - Medication List
 - Important Medical Information
 - Passports
 - Birth Certificates
 - Immunization Record
 - Sojourner's Permit
 - Housing Documents (Inventory, Housing Contract, etc.)
 - Automobile Papers (Bill of Sale(s), Registration, etc.)
 - Insurance Policies
 - Powers of Attorneys
- Cell Phone(s) with Chargers**
- Family & Emergency Contact Information**
- Emergency Blanket(s) or Sleeping Bag(s)**

- A weather-appropriate change of clothes for each person**
 - Map of the Area**
 - Manual Can Opener**
 - Paper plates, paper cups, plastic utensils, paper towels**
 - Disinfectant**
 - Matches in a waterproof container**
 - Whistle to signal for help**
 - Sturdy shoes**
 - Hats and gloves**

 - Pet Supplies (<https://www.ready.gov/pets>)**
 - Food
 - Water
 - Medicine
 - Pet First Aid Kit
 - Collar with ID Tag
 - Harness or Leash
 - Travel Bag and Crate (Transport)
 - Grooming Items
 - Sanitation Needs
 - Documents (original rabies certificate)
 - Picture of you and your pet together
 - Familiar Items (favorite toys, bedding)
-
- **What to Put in Your Workplace Emergency Kit**
 - This kit should be portable enough to be maintained at your workplace; you may have to evacuate from work or shelter up to 24 hours.
 - Make sure you include comfortable walking shoes in case you have to walk long distances.
 - This kit should include, at a minimum, food, water, and a first-aid kit.
 - Make sure you include your family's communications plan.

 - **What to Put in Your Vehicle Emergency Kit**
 - In the event that you are stranded while driving, keep this kit in your vehicle at all times.
 - This kit should contain at a minimum: food, water, flashlights and extra batteries, first aid kit and necessary medications, signal flares, repair tools, portable AM/FM radio, seasonal items (coat, rain gear, engine fluids, shovel, ice scraper, warm clothes, and gloves), comfortable/sturdy shoes, and blankets or sleeping bags. Also consider: cell phone and phone charger, reflective triangle, and baby formula and diapers if you have a small child.



- Make sure you include your family's communications plan.
- Additional Information Resources

Department of Homeland Security (Ready.gov) & FEMA
<https://www.ready.gov/kit>
<https://www.ready.gov/collection/emergency-supply-kit-checklist>



III. LOCAL HAZARDS/THREATS & PROTECTIVE ACTIONS

- **EARTHQUAKE**

- **How to Prepare**

- Although earthquakes can occur anywhere, the greatest risks of earthquakes in the Naples area are in the areas referred to as the Red Zone and Yellow Zone, as shown on page 24. If you live in these areas, your awareness and preparations for an earthquake are very important for you and your family. Please consider the time of day, as well as you and your family's location if an earthquake occurs. During the day you and your family will very likely be separated and away from home in different locations (work, school, etc.).
- Be informed, and know earthquake terminology:
 - Aftershock: An earthquake of similar or lesser intensity that follows the main earthquake.
 - Earthquake: A sudden slipping or movement of a portion of the earth's crust, accompanied and followed by a series of vibrations.
 - Epicenter: The place on the earth's surface directly above the point on the fault where the earthquake rupture began. Once fault slippage begins, it expands along the fault during the earthquake and can extend hundreds of miles before stopping.
 - Fault: The fracture across which displacement has occurred during an earthquake. The slippage may range from less than an inch to more than 10 yards in a severe earthquake.
 - Magnitude: The amount of energy released during an earthquake, which is computed from the amplitude of the seismic waves. A magnitude of 7.0 on the Richter scale indicates an extremely strong earthquake. Each whole number on the scale represents an increase of about 30 times more energy released than the previous whole number represents. Therefore, an earthquake measuring 6.0 is about 30 times more powerful than one measuring 5.0.
 - Seismic Waves: Vibrations that travel outward from the earthquake fault at speeds of several miles per second. Although fault slippage directly

under a structure can cause considerable damage, the vibrations of seismic waves cause most of the destruction during earthquakes.

(Terminology provided by FEMA)

- Minimize home hazards by bolting or strapping shelves, bookcases, china cabinets, other tall furniture, and the water heater to studs in the walls and by placing large, heavy, or breakable objects on lower shelves.
 - Identify a safe place in every room of your home where nothing can fall on you, such as under a table, or against an inside wall.
 - Make an evacuation plan as a family.
 - Make an emergency communication plan in case family members are separated during an earthquake.
 - Practice earthquake drills as a family so everyone knows what to do, especially “Drop, Cover, and Hold On!”
 - Build an emergency kit.
- **What to do if there is an Earthquake**



- **WHEN INDOORS**
 - ✓ Stay where you are until the shaking stops. Do not run outside. Do not stand in a doorway as it does not provide protection from falling or flying objects, and you may not be able to remain standing.
 - ✓ Drop to the ground onto your hands and knees so the earthquake doesn't knock you down.
 - ✓ Cover your head and neck with your arms to protect yourself from falling debris.
 - ✓ If you are in danger from falling objects, and you can move safely, crawl for additional cover under a sturdy desk or table.
 - ✓ If there is low furniture or an interior wall or corner nearby, and the path is clear, these may also provide some additional cover.
 - ✓ Stay away from glass, windows, outside doors and walls, and anything that could fall, such as light fixtures or furniture.
 - ✓ Hold on to any sturdy covering so you can move with it until the shaking stops. Stay where you are until the shaking stops.

- **WHEN OUTDOORS**
 - ✓ If you are outdoors when the shaking starts, move away from buildings, streetlights, and utility wires. Once in the open,
 - ✓ Stay there until the shaking stops
- This might not be possible in a city, so you may need to duck inside a building to avoid falling debris.

- **IF YOU'RE IN A MOVING CAR**
 - ✓ Stop as soon as you can, away from buildings, overpasses, utility wires, or anything that could fall.
 - ✓ Stay in the vehicle.
 - ✓ Proceed very slowly once shaking stops.
 - ✓ Avoid roads, bridges, or ramps that might have been damaged by the earthquake, and anticipate traffic light outages.

- **AFTER THE EARTHQUAKE**
 - When the shaking stops, look around. If there is a clear path to safety, leave the building and go to an open space away from damaged areas
 - If you are trapped, do not move around or kick up dust
 - If you have a cell phone with you, use it to call or text for help
 - Tap on a pipe or wall or use a whistle, if you have one, so that rescuers can locate you
 - Be prepared to “Drop, Cover, and Hold on” in the likely event of aftershocks

- **PANDEMIC INFLUENZA**

- Follow Instructions provided by USNH Naples for mitigating the spread of influenza
 - Vaccinations
 - Medications
- Follow all directions issued by Commanding Officer, NSA Naples regarding social distancing measures
- Personal preventative actions
 - Staying home when you are sick
 - Staying home if you have been exposed to a family or household member who is sick
 - Covering coughs and sneezes with a tissue
 - Washing hands or using hand sanitizer
 - Covering your nose and mouth with a mask or cloth if you are sick and around people

● HAZARDOUS SUBSTANCE SPILL OR RELEASE (HAZMAT)

- Follow Instructions provided by NSA Naples Emergency Response Personnel.
 - If told to evacuate:
 - ✓ Do so immediately
 - ✓ Follow the routes directed by the Emergency Responders
 - ✓ If you have time, close all windows and turn off air conditioning/heating
 - ✓ Take your emergency kit
 - If you are outside:
 - ✓ Stay upstream, uphill and up wind in general
 - ✓ Move as far away from the accident scene as possible
 - ✓ Do not walk into or touch any spilled liquids, airborne mists.
 - ✓ Try not to inhale gases, fumes and smoke. If possible cover mouth with a cloth while leaving the area
 - If you are in a car
 - ✓ Seek shelter in a building
 - *If you must remain in the car*
 - Keep car windows and vents closed
 - ✓ Shut off air conditioner and heater
 - If you are directed to **SHELTER IN-PLACE**, stay indoors and:
 - ✓ Close and lock all exterior doors and windows
 - ✓ Turn off air conditioners and heating ventilation systems
 - ✓ Have a battery power AM/FM radio with you to receive updates and directions from emergency response personnel
 - ✓ Seal gaps under doorway and windows with wet towels or plastic sheeting and duct tape

- **ACTIVE ASSAILANT (SHOOTER)/THREAT & LOCKDOWN**

An Active Assailant is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active assailant use firearms and there is no pattern or method to their selection of victims. Often, they have no regard for their own safety or capture. Active Assailants pose an immediate risk of death or serious injury to anyone in the vicinity. They are often on the move and will accept random victims of opportunity while searching for intended victims or until stopped by law enforcement, suicide, or other intervention. Common motives include anger, revenge, ideology, and untreated mental illness. Active Assailant situations are unpredictable and evolve quickly.

Responding Navy Security Force Law Enforcement personnel will act swiftly with a primary duty to protect innocent life by focusing their efforts on finding and neutralizing the active shooter(s). However, because most incidents last only 10 to 15 minutes, individuals at the scene must be prepared to deal with the situation until law enforcement personnel arrive.

During some emergencies, such as an Active Assailant situation it may become necessary to “Lockdown” a building or buildings on an Installation to protect lives and minimize the overall exposure to danger.

A Lockdown is a temporary sheltering technique utilized to limit exposure to a threat, usually an Anti-Terrorism Force Protection (ATFP) incident, i.e. an Active Assailant (Shooter) incident. It is the immediate movement or removal of all personnel from the outside to inside structures. When alerted, occupants of any building within the subject area will lock all doors and windows, barring entry or exit to anyone until the “all clear” has been sounded. This procedure converts any building into a large “Safe Room.” A Lockdown can last from a few minutes to several hours, depending on the situation.

- When you hear the following announcement and/or receive a message on your computer desktop, **“LOCKDOWN, LOCKDOWN, LOCKDOWN – ACTIVE SHOOTER ON STATION – LOCKDOWN, LOCKDOWN, LOCKDOWN,”** or hear loud voices alerting others of the threat, take the following actions:
 - ✓ Immediately run away from the threat and take shelter inside the nearest room/building if available.
 - ✓ Relocate as many people from the hallways/common areas in a room which can be locked.
 - ✓ Lock all doors, windows and turn off lights. Barricade doors if items are available. Take cover under desks, crouch down on the floor or use available cover. Ensure you stay away from doors and windows.
 - ✓ If possible call 9-1-1 (from an on-base DSN phone), or +39 081-569-4911 and stay on the phone to answer and answer all dispatcher questions. Do not hang

- up until told to by the dispatcher.
- ✓ Follow directions given by Security or by the Giant Voice system. (Evacuation may be directed by building or one room at a time).
- ✓ Immediately raise hands and spread fingers.
- ✓ Keep hands visible at all times.
- ✓ Avoid making quick movements.
- ✓ Avoid pointing, screaming, or yelling
- ✓ Stay in locked room until instructed by Security personnel or Giant Voice System to evacuate.
- ✓ Disregard fire alarms unless instructed to evacuate by Mass Notification Systems or Law Enforcement personnel. The exception is if you determine there is a real fire threat – seeing smoke or actual flames.

- **BOMB THREAT (less than 20 lb Charge & Explosions)**

Explosive devices are the most common terrorist weapons because their materials and technology are more readily available than those of biological, chemical, nuclear, or radiological weapons. Of course, explosions also may be involved with or used to disperse these and other threat agents.

Terrorists can use either manufactured or improvised explosive devices in public places and against a wide variety of vessels, buildings, and institutions. Such devices can be hidden, delivered by humans, transported in vehicles, and even mailed or shipped. They may be detonated directly or remotely by timing, tampering, or impact.

- **If you receive a telephoned bomb threat:**
 - ✓ Try to keep the caller on the line and note everything said.
 - ✓ Get as much information as possible about the bomb and the caller—When will the bomb explode? Where is it right now? What does it look like? What will cause it to explode? What kind is it? Did you place it? Why? What is your name? What is your address?
 - ✓ **USE THE NSA NAPLES BOMB THREAT CHECKLIST**
 - ✓ Notify the Emergency Dispatch Center immediately

- **If you are indoors when there is an explosion:**
 - ✓ Get under a sturdy table or desk until things stop falling around you.
 - ✓ Leave the building as soon as possible. Do not slow down to make phone calls or retrieve anything other than an emergency supply kit.
 - ✓ Don't use elevators.
 - ✓ Watch for weakened floors and stairways, falling debris, fire, and other hazards.

- **If there is a fire:**
 - ✓ If there is smoke, crawl low.
 - ✓ If possible, use a wet cloth to cover your nose and mouth.
 - ✓ Use the back of your hand to feel up and down closed doors. If the door is hot, do not open it—look for another way out. If the door is not hot, brace yourself against it and open slowly.
 - ✓ If you catch fire, do not run. **STOP, DROP & ROLL** to put out the fire.

- **If you are trapped in debris:**
 - ✓ To keep dust down, avoid unnecessary movement.
 - ✓ Cover your nose and mouth with anything that will filter the air.
 - ✓ Signal your location to help rescuers find you—use a flashlight and whistle, if available. Tap on a pipe, wall, or any hard surface.
 - ✓ Shout only as a last resort—it may increase inhalation of dangerous dust.

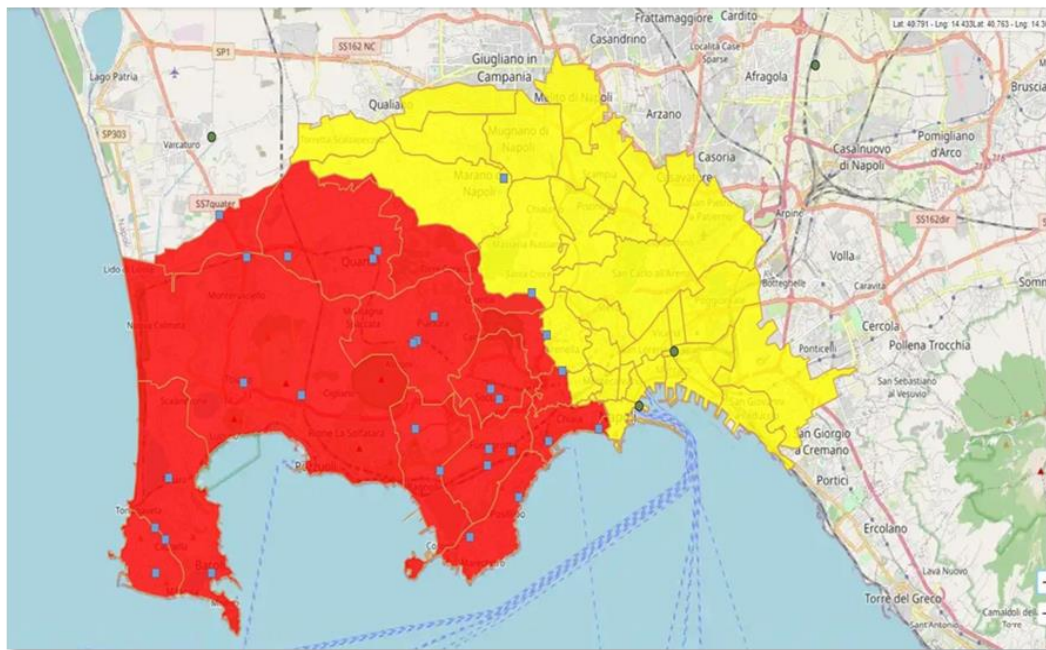
- **Once you are out and clear of the debris:**
 - Move away from windows, glass doors, or other potential hazards.
 - Make sure the fire department has been alerted.
 - Move off of sidewalks and streets to make way for emergency responders or others still exiting.
 - Follow your **family emergency plan** for assembly and communication—account for your family members, and carefully supervise small children.

● **VOLCANIC ERUPTION**

When volcanoes erupt, molten lava, poisonous gases, and flying rocks can travel many miles away. Volcanic ash and acid rain can fall hundreds of miles downwind. Volcanoes can be incredibly destructive to your home and dangerous to your family. In addition to the direct hazards, an eruption can be accompanied by landslides, mudflows, flash floods, earthquakes, and tsunamis. If you live near an active or dormant volcano, you should be prepared to evacuate at a moment's notice as eruptions are not always predictable. The danger area around a volcano covers approximately a 20-mile radius; however, some danger may exist 100 miles or more from a volcano.



Naples Area Volcanos Campi Flegrei & Mount Vesuvius



Campi Flegrei Risk Zones

- Italian National Volcano Emergency Planning Risk Zones for Campi Flegrei:
 - The map shows the red and yellow zones defined in the National Emergency Planning for Volcanic Risk in the Campi Flegrei/Phlegraean area.

For current planning purposes, these zones are used for seismic/earthquake event consequence management in the same area.

- The **RED ZONE** is an area at high risk for pyroclastic flows, which are extremely dangerous due to their high temperatures and speed
- The **YELLOW ZONE** is the area exposed to significant volcanic ash fallout in case of eruption.

LEVEL OF ALERT	SITUATION OF VULCANO	PROBABILITY OF ERUPTION	EXPECTED TIME LAPSE TO ERUPTION	COURSE OF ACTION	COMMUNICATIONS & ANTICIPATED ACTIONS
Basic	No significant variation in parameters observed	Very low	Indefinite, but no less than several months	Monitoring activity as planned	The Vesuvius Observatory produces reports every six months on the volcano's activity and communicates information to the National Authority, through the Italian Regional Command Center to NSA Naples
Attention	Significant variations in parameters observed	Low	Indefinite, but no less than some months	Technical and scientific state of alert and increased monitoring systems	The Vesuvius Observatory produces a daily report and communicates information on the National Authority, through the Italian Regional Command Center to NSA Naples
Pre-Alarm	Further variations in parameters observed	Medium	Indefinite, but no less than some weeks	Monitoring continues; simulation of possible eruptive phenomena	- The Vesuvius Observatory produces a daily report and communicates information on the National Authority, through the Italian Regional Command Center to NSA Naples - Italian National Authority may direct a voluntary evacuation of the danger areas in and around Naples - NSA Naples may offer Local Safe Haven to personnel residing in the danger areas
Red Alert	Appearance of phenomena and/or parameters monitored indicating a pre-eruptive dynamic	High	From days to months	Monitoring using remote controlled systems	-The Vesuvius Observatory communicates continuous information on the state of the volcano to the National Authority, through the Italian Regional Command Center to NSA Naples - Italian National Authority may direct a mandatory evacuation of the danger areas in and around Naples - NSA Naples will offer Local Safe Haven to personnel residing in the danger areas, and/or US Authorities may direct an evacuation of non-essential NSA Naples personnel & dependents

○ **Before an eruption occurs:**

✓ Be informed.

- Know the informational sources for the municipality you are living in, which will very likely only be available in the Italian language, which will require you to use a translation tool (google translate, etc.). The links to the municipalities within the Red & Yellow Risk Zones for Campi Flegrei are as follows:

RED ZONE:

COMUNE DI NAPOLI MUNICIPALITA' 1 - Chiaia, Posillipo, S. Ferdinando

https://www.comune.napoli.it/municipalita-1?fbclid=IwZXh0bgNhZWQCMTEAAAR0Az3-bG12HDYj1tr-fwvGpnlym47Tod2uwHzc4xSJAT5osfZMydmDbX48_aem_3ku7h16TNjWd4I1AVOfBQ
<https://www.facebook.com/Comunedinapoli.Municipalita1#>
https://www.instagram.com/municipalita1_comune_di_napoli/?utm_medium=copy_link

COMUNE DI NAPOLI MUNICIPALITA' 9 -Soccavo – Pianura

<https://www.comune.napoli.it/municipalita-9>

COMUNE DI NAPOLI MUNICIPALITA' 10 Bagnoli – Fuorigrotta – Agnano

<https://www.comune.napoli.it/municipalita-10>

COMUNE DI POZZUOLI - Arcofelice – Monteruscello - Cuma – Monte di Cuma

<https://comune.pozzuoli.na.it/>

<https://www.facebook.com/comunedipozzuoli/>

COMUNE DI BACOLI – Torregaveta – Miseno

<https://comune.bacoli.na.it/>

<https://www.facebook.com/Comunedibacoli>

COMUNE DI MONTE DI PROCIDA

<https://www.comune.montediprocida.na.it/it>

<https://www.facebook.com/comunedimontediprocida/>

COMUNE DI QUARTO

[https://www.comune.quarto.na.it/it/.](https://www.comune.quarto.na.it/it/)

<https://www.facebook.com/comunediquarto>

YELLOW ZONE:

COMUNE DI NAPOLI MUNICIPALITA' 2 - Avvocata – Montecalvario – Mercato – Port area- S. Giuseppe

<https://www.comune.napoli.it/municipalita-2>

COMUNE DI NAPOLI MUNICIPALITA' 3 - Stella - S. Carlo all'Arena

<https://www.comune.napoli.it/municipalita-3>

COMUNE DI NAPOLI MUNICIPALITA' 4 - S. Lorenzo, Vicaria, Poggioreale, Zona Industriale

<https://www.comune.napoli.it/municipalita-4>

COMUNE DI NAPOLI MUNICIPALITA' 5 - Arenella - Vomero

<https://www.comune.napoli.it/municipalita-5>

COMUNE DI NAPOLI MUNICIPALITA' 6 – San Giovanni a Teduccio – Barra - Ponticelli

<https://www.comune.napoli.it/municipalita-6>

COMUNE DI NAPOLI MUNICIPALITA' 7 - Miano, Secondigliano, S. Pietro a Patierno

<https://www.comune.napoli.it/municipalita-7>

COMUNE DI NAPOLI MUNICIPALITA' 8 - Chiaiano, Marianella, Piscinola, Scampia

<https://www.comune.napoli.it/municipalita-8>

<https://www.facebook.com/profile.php?id=61556955830646>

https://www.instagram.com/municipalita8.napoli/?igsh=MnUxbnVONmxqc3Bn&utm_source=qr

COMUNE DI MUGNANO DI NAPOLI

<https://www.comune.mugnano.na.it/>

COMUNE DI MELITO DI NAPOLI

<https://comune.melito.na.it/>

<https://www.facebook.com/melitodinapoliofficial>

- Know the status of volcano activity in the area.
- Be knowledgeable of the extent of possible evacuation zones established by local host-nation authorities.

- ✓ Make a written family evacuation plan.
 - ✓ Make a written emergency communication plan in case family members are separated.
 - ✓ Stay away from volcano sites that show signs of activity.
 - ✓ Be prepared for other hazards that may accompany a volcanic eruption.
 - ✓ Include goggles and breathing masks in your emergency kit.
- **During an eruption:**

- ✓ Stay tuned to radio or TV for information and instructions.
- ✓ **If you are told to evacuate:**
 - Do not wait. Leave immediately.
 - Turn off gas, electricity, and water if time allows.
 - Take your emergency kit.
 - Follow designated evacuation routes.
- ✓ **If you are NOT told to evacuate:**
 - Continue to listen to radio and TV. An evacuation may still be issued.
 - Close and lock all windows and outside doors.
 - Turn off all heating and air conditioning systems and fans.
 - Gather your emergency supplies.
 - Go into an interior room with no windows above the ground level.
- ✓ Temporary housing resources & reimbursement process:

IMPORTANT NOTE: If a tenant leaves their residence without an order or undisputable evidence of structural/safety risk, the tenant is assuming the financial risk.

- Active Duty Emergency Temporary Lodging Allowance (TLA):
 - Emergency Temporary Lodging Allowance (TLA) requests may be authorized when a residence is declared uninhabitable due to earthquake or similar conditions.
 - If a tenant leaves their residence without an order or undisputable evidence of structural/safety risk, the tenant is assuming the financial risk
 - If the residence is found to be uninhabitable during a subsequent inspection, Emergency TLA may be authorized for the period prior to the inspection.
 - Please make your request through the Housing Office by email (naples_housing@us.navy.mil), they will provide assistance in submitting the request.
- U.S. Civilian Employees:
 - During Duty Hours (0800-1600): DSN: 314-626-5409 or COMM: 011-39-081-568-5409. No after duty hours phone number available

- Employees should gather supporting documentation from an Italian authority and / or landlord indicating the property is inhabitable.
 - Employees should avoid moving into temporary housing prior to receiving approval from OCHR, except in rare circumstances where they were directed to move out of the property by an appropriate authority.
 - U.S. Contractor's: Contact your individual companies to determine what their policy and procedures are for you to request and process lodging expenses for reimbursement.
- ✓ **If you are trapped outdoors:**
- Seek shelter immediately.
 - If you are caught in a rock fall, curl up in a tight ball to protect yourself.
 - Be aware of mudflows and flooding if you are near a stream.
 - Protect yourself from hazardous falling ash:
 - Stay away from areas downwind of the volcano.
 - Wear long-sleeved shirts and pants.
 - Wear goggles to protect eyes.
 - Wear a mask or use a damp cloth face covering to minimize inhaling ash.
 - Keep car engines off and avoid driving.
 - Stay inside if possible.
 - Once you are in a safe place, muster with your command if you are military or civilian personnel.
 - Be prepared for other hazards that may accompany a volcanic eruption.
- ✓ **After an Eruption**
- Continue to listen to radio or TV for information and instructions.
 - Stay away from affected areas until otherwise instructed.
 - Be careful when entering damaged buildings.

IV. PERSONNEL ACCOUNTABILITY

- Make certain your contact information and status is continuously updated in the following systems:
 - ✓ U.S. Navy & U.S. Marine Corps (NFAAS)
Navy & Marine Corps Family Accountability & Assessment System (<https://navyfamily.navy.mil>)
 - ✓ U.S. Army (ADPAAS)
Army Disaster Personnel Accountability & Assessment System (<https://adpaas.army.mil>)
 - ✓ U.S. Air Force and U.S. Space Force (AFPAAS)
Air & Space Force Personnel Accountability and Assessment System (<https://afpaas.af.mil>)

- ✓ U.S. Coast Guard (CGPAAS)
Coast Guard Personnel Accountability and Assessment System (<https://cgpaas.uscg.mil>)
- Follow your Command/Organization's personnel accountability and reporting procedures

V. COMMUNICATIONS OUTAGE

- Make certain your Command/Organization knows how to locate you in the event of a disaster or communication outage
 - ✓ If you reside on-base at Support Site, provide the following:
 - Your Building & Apartment Number
 - Your personal email address(es)
 - ✓ If you reside off-base, provide the following:
 - Physical Address or your Home or Apartment
 - GPS Coordinates
 - Personal email address(es)
- Determine what actions you are to take if you and your Command/Organization are not able to communicate with one another

VI. PREPARING FOR NON-COMBATANT EVACUATION OPERATIONS (NEO)

Noncombatant Evacuation Operations (NEO) are the ordered (mandatory) or authorized (voluntary) departure of civilian noncombatants and nonessential military personnel from danger in an overseas country to a designated safe haven, typically within the continental United States. Overseas evacuations could occur under a variety of circumstances, including civil unrest, military uprisings, environmental concerns, and natural disasters. The Department of State (DOS) recommends an evacuation, and the Department of the Army—as the Department of Defense (DOD) Executive Agent for repatriation planning and operations—coordinates the execution of NEO.

Upon evacuation order, all noncombatant evacuees should proceed directly to the embarkation points (as designated by Department of State and local Command authority) with their Neo Kits (see below), and Individual/Family Emergency Kit (3 day supply of consumables). If unable to do so, proceed to the nearest assembly points (as designated by NSA Naples Emergency Management Officer). Assembly points serve only as gathering areas for further transportation to embarkation points.

- **Those Eligible to Evacuate**
 - ✓ DoD Military family members
 - ✓ Non-Essential Military personnel
 - ✓ DoD Civilians & family members
 - ✓ DoD Contractors (US citizens)
 - ✓ Non U.S. citizens employed by the U.S. government (as authorized/directed by Department of State (DoS))
 - ✓ Allied, and coalition personnel

- **Non-Combatant Evacuation Order Kit (NEO Kit)**

A NEO Kit is a set of records, documents, etc. you must maintain in your residence in case of emergencies and should include the following important documents. There is no directive that mandates the following documents be centrally located in a file or folder. However, their location must be known and readily accessible to you as you depart for processing (* Denotes required documents/items).

 - *ID Cards (military or US Government)
 - *US Passports for all travelers (important)
 - Personal Records (birth certificate, medical and immunization records, etc.)
 - Sojourner's Permits
 - Housing Documents (inventory, housing contract, etc.)
 - Copy of Vehicle Registration (Replaced vehicle control form)
 - Other Legal Documents (insurance policies, powers-of-attorneys, etc.)
 - Traveler's Checks or Other Forms of Currency
 - Copy of NEO Instructions and Local Map
 - Completed Noncombatant Information Card
 - Instructions to Dependents Upon Return to the U.S. (based on your Individual/Family Emergency Plan)
 - *NEO Registration (NEO Census Form)
 - *Authorization/Designation for Emergency Pay & Allowances, DD Form 1337 (for military)
 - *Authorization for Emergency Evacuation Advance & Allotment Payments for DOD Civilian Employees, DD Form 2461 (See Page 39)
 - *Inventory of Household Goods, DD Form 1701
 - *Repatriation Processing Center Processing Sheet, DD Form 2585
 - *Personal Property Record, DA Form 4986

- **Individual / Family Emergency Kit For NEO Evacuation**

At a minimum, recommend your emergency kit have the following supplies to see you through 3 days of NEO processing and movement. Also, plan for and monitor expiration & shelf-life of all kit contents.

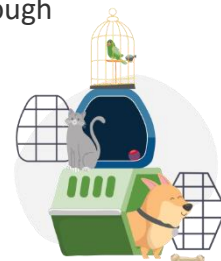
 - Water (one (1) gallon / 4 Liters per person, per day stored in easy to carry containers (bottled water)) (Recommend rotating/replacing every 6 months)
 - Food (Non-perishable, easy to prepare items)

- Baby/Infant Supplies
 - Diapers
 - Wipes
 - Bottles
 - Food
 - Formula
 - Pacifiers
 - Clothing
 - Blanket(s)
- Flashlight
- Radio (Battery or hand-crank powered)(Make sure the radio can receive AFN broadcasts)
- Extra Batteries (flashlights, radio, other battery powered kit items)
- First Aid Kit (The American Red Cross suggests the following for a family of four)
 - 2 absorbent compress dressings (5 x 9 inches)
 - 25 adhesive bandages (assorted sizes)
 - 1 adhesive cloth tape (10 yards x 1 inch)
 - 5 antibiotic ointment packets (approximately 1 gram)
 - 5 antiseptic wipe packets
 - 2 packets of aspirin (81 mg each)
 - 1 blanket (space blanket)
 - 1 breathing barrier (with one-way valve)
 - 1 instant cold compress
 - 2 pair of non-latex gloves (size: large)
 - 2 hydrocortisone ointment packets (approximately 1 gram each)
 - Scissors
 - 1 roller bandage (3 inches wide)
 - 1 roller bandage (4 inches wide)
 - 5 sterile gauze pads (3 x 3 inches)
 - 5 sterile gauze pads (4 x 4 inches)
 - Oral thermometer (non-mercury/non-glass)
 - 2 triangular bandages
 - Tweezers
 - First aid instruction booklet
- Medications (7 day supply)
- Medical Supplies (Glasses, Contact Lenses, syringes, specialty batteries, etc.)
- Sanitation & Personal Hygiene Items
- Cell Phone(s) with Chargers
- Family & Emergency Contact Information
- Blanket(s) or Sleeping Bag(s)
- A weather-appropriate change of clothes for each person
- Manual Can Opener
- Paper plates, paper cups, plastic utensils, paper towels
- Disinfectant/Hand Sanitizer
- Cloth face covering or mask (at least 2 for each member of the household)
- Map of the Area (routes from your home to designated assembly areas)

○ PET EVACUATION

A. Requirements during NEO

- Each pet must have its own rigid (not soft) airline carrier that is large enough for them to stand up, turn around and lay down in. Pets cannot be combined into one carrier.
- 2 Copies of valid rabies certificate DD Form 2208 will be maintained in your NEO folder. Rabies needs to be boosted annually while you are stationed in Italy.
- 2 Prefilled out Veterinary Health Certificates DD Form 2209 will be maintained in your NEO folder. Leave veterinary signature and date blocks blank. Any pet leaving Italy will require a veterinarian to sign and date the health certificates before departure.
- 2 Copies of prefilled out Pet Evacuation Registration Cards.
- Prepare at least 14 days of food supply and medications in waterproof containers or Ziploc bags.
- Have well-fitting collar/harness with ID tag and a good leash.
- Have front and profile pictures of individual pet with owner.
- Sufficient medications for 2 weeks with dosing instructions.
- Spill resistant food and water bowls that can be placed in kennel (label with pet and sponsor's name).
- Small plastic bags for feces disposal (dogs) and litter scoop (cats). Cat owners need a 10-day supply of litter and a small compact container with lid for litter storage that can fit in the cat kennel to prevent spillage when not in use by the pet in the carrier.
- Muzzle (if needed)
- Updated NEO folder with all required documents and photos listed above
- EU Pet Passport if owned; FAVN for non-US travel if required



B. Actions to take during NEO

- Keep control of your pet at all times!** Owners/Guardians will implement appropriate measures to prevent their pet from becoming a nuisance/aggressive to people or other animals by preventing their pet from running at large while being exercised. Dogs will not be walked by children that are not capable of preventing escape. Owners are required to provide all care to their pets during all phases of NEO (walking, feeding, clean up etc.).
- Do not feed pet 2-4 hours before travel but continue to give water.
- Keep 1 copy of Rabies, Health Certificate, and Animal NEO Evacuation card in waterproof bag attached to kennel and one copy with your other carry-on documents.

C. Helpful preparations for your pet

- Train your dog. Obedience may save its life during an emergency and help make it a welcome guest.
 - Familiarize your pet with its transport crate before a crisis.
 - Familiarize your pet with being transported. You can practice drills with your pet by getting it used to riding with you in the car. That way it will not be unduly alarmed if it has to evacuate in a disaster.
 - Cats can be very difficult to catch when they are stressed or afraid. Practice catching and transporting your cat in a crate and carrying it around the house. This will allow your pet to become familiar with the transport box.
 - Review the Preparing Makes Sense for Pet Owners video:
https://youtu.be/aUbSF_S20bE
- **NEO FORMS**
- NEO Census Input Form
 - DD Form 1337, Authorization/Designation for Emergency Pay & Allowances
 - DD Form 2461, Authorization for Emergency Evacuation Advance & Allotment Payments for DOD Civilian Employees
 - Inventory of Household Goods
 - DD Form 2585, Repatriation Processing Center Processing Sheet
 - DA Form 4986/AE Form 420, Personal Property Record
 - Pet Evacuation Registration Card
 - DD Form 2208, Rabies Vaccination Certificate
 - DD Form 2209, Veterinary Health Certificates

VII. COMMAND READINESS

It is important that you remain in contact with your Command during all emergency events. In addition to Making a Plan, Building a Kit, and Being Informed, it is important that from the beginning to end of an event, that you remain in contact with your Command and follow your Command's established procedures. Each Command has their own Emergency Action Plan that is unique to their mission and support and will they will guide you through the process.

VIII. POST EVENT

- There are many post-event resources available to those affected by an emergency event. Starting with the Family Accountability and Assessment System (FAAS), it provides a standardized method across each service, to account, manage, and monitor the recovery process for personnel and their families affected and/or displaced by a wide-spread catastrophic event. FAAS provides valuable information to all levels of the Chain of Commands to make strategic decisions which facilitate a return to stability. If you or your family has been affected by a declared emergency and you need assistance, log into your related service's FAAS and report your needs FAAS allows personnel to do the following:
 - Report Accountability Status

- Update Contact/Location Information
 - Review Reference Information
 - Complete a Need Assessment Survey
- Follow these steps to ensure you receive proper recovery assistance from your respected Command:
- Account, Update, and Verify:
 - ✓ After mustering, verify that your contact information in FAAS is correct and current.
 - ✓ Fill out the Needs Assessment Survey.
 - ✓ Indicate what type of assistance you are seeking (e.g. housing, finance, legal).
 - Manage Recovery Process:
 - ✓ A Fleet and Family Support Center representative will contact you to help determine the appropriate response or assistance needed for your recovery efforts.
- Additional Resources
- American Red Cross: (<https://www.redcross.org>)
 - Navy & Marine Corps Relief Society: (<https://www.nmcrcs.org>)

IX. ENCLOSURES (Forms)

- NEO Census Input Form
- DD Form 1337, Authorization/Designation for Emergency Pay & Allowances
- DD Form 2461, Authorization for Emergency Evacuation Advance & Allotment Payments for DOD Civilian Employees
- Inventory of Household Goods
- DD Form 2585, Repatriation Processing Center Processing Sheet
- DA Form 4986/AE Form 420, Personal Property Record
- Pet Evacuation Registration Card
- DD Form 2208, Rabies Vaccination Certificate
- DD Form 2209, Veterinary Health Certificate
- Bomb Threat Procedures
- Emergency Contact / Notification Card (English & Italian)
- READY NAVY Contact Cards
- AtHoc / CDNS Self-Registration & Mobile App Information Sheet
- CDNS Registration Information Sheet

NEO CENSUS INPUT FORM

PRIVACY ACT STATEMENT:

Authority: 10 U.S. code 133

Purpose: Used by command to determine noncombatant evacuation requirements (NEO), regulatory compliance, base infrastructure needs, safety, and DoDDs requirements.

Routine use: Used by appropriate authority to evaluate base facilities requirements.

Disclosure: Failure to complete this form or falsification of information may result in administrative and/or disciplinary action.

SPONSOR INFORMATION:

1. SSN (000-00-0000)	2. Rank/Grade	3. Name (Last, First, Middle)	4. Date of Birth (mm/dd/yyyy)	5. Dual Military? Yes No
6. Command NSA	7. (circle one) AFLOAT ASHORE		8. Do you reside... (circle one) OFFBASE ONBASE	9. Service (circle one) N M A AF C
10. PRD (mm/dd/yyyy)	11. EAOs (mm/dd/yyyy)		13. Home phone #	
12. Quarters Address				

14. PERSONS RESIDING IN HOUSEHOLD:

Name (Last, First, Middle)	SSN (000-00-0000)	Date of Birth (mm/dd/yyyy)	Relationship W, s, d, m, f, etc	Passport Number	Passport Country	Passport Exp. Date	DFAS Approved	Sponsored CMD
							Y N	Y N
							Y N	Y N
							Y N	Y N
							Y N	Y N
							Y N	Y N

15. Vehicle:

License plate#	Make

16. Pets:

# of Dog	# of Cat

I understand that I am required to report any changes to the information contained in this census within FIVE days to my Commander/Commanding Officer through NEO Coordinator. I also understand that any misrepresentation in completing this form or failure to comply with this order may constitute a violation of Article 90 of the Uniform Code of Military Justice and may subject me to disciplinary action.

Signature _____ Date _____
PLEASE PUT YOUR SPOUSE NAME FIRST ON BLOCK 14

AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

(Read Privacy Act Statement on back before completing form)

1. MEMBER (Last Name, First Name, Middle Initial)	2. GRADE, RATE OR RANK	3. DoD ID NUMBER
---	------------------------	------------------

4. MEMBER'S STATION OR ORGANIZATION

5.A. PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name)	B. RELATIONSHIP
---	-----------------

6. DEPENDENTS OTHER THAN PRIMARY

A. NAME <i>(Last Name, First Name, Middle Initial)</i>	B. DATE OF BIRTH <i>(YYYYMMDD)</i>	C. RELATIONSHIP	A. NAME <i>(Last Name, First Name, Middle Initial)</i>	B. DATE OF BIRTH <i>(YYYYMMDD)</i>	C. RELATIONSHIP
(1) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	(5) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(2) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	(6) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(3) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	(7) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
(4) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	(8) <input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

7. PAYMENT DESIGNATION

A. ADVANCE OF PAY - MAXIMUM AMOUNT
 I hereby authorize an advance of basic pay, as indicated above, to be paid to my above named dependent or representative, in the event of an emergency declared by proper authority. I understand that any amount of my basic pay paid to my dependent or representative will be deducted from pay and allowances due me.

B. EVACUATION ALLOWANCE *(Designated dependent or representative)*

C. EVACUATION DISLOCATION ALLOWANCE *(Designated dependent or representative)*
 I hereby designate the above named individual to receive the payment checked in the event of an evacuation ordered or approved by competent authority.

D. DATE <i>(YYYYMMDD)</i>	E. SIGNATURE OF MEMBER
------------------------------	------------------------

F. SIGNATURE OF PRIMARY DEPENDENT *(or designated representative for minor dependent)*

G. DATE <i>(YYYYMMDD)</i>	H. NAME OF AUTHENTICATING OFFICIAL(S)	I. TITLE OF AUTHENTICATING OFFICIAL(S)
	J. SIGNATURE OF AUTHENTICATING OFFICIAL(S)	

8. RECORD OF PAYMENTS

A. DATE <i>(YYYYMMDD)</i>	B. DISBURSING OFFICER	C. SYMBOL NUMBER	D. PAYROLL NO. OR VOUCHER NO.	E. TYPE OF PAYMENT <i>(Advance of Pay - Dislocation Allowance - Evacuation Allowance)</i>	F. AMOUNT PAID

PRIVACY ACT STATEMENT

AUTHORITY: Title 37 U.S.C. Section 1006(c), Advance Payments; P.L. 102-484, Section 602, Title VI, Advance payments in connection with evacuations of personnel; DoDFMR 7000.14-R, Vol 7A, Under Secretary of Defense (Comptroller); Joint Travel Regulation, Chap 6, Evacuation Travel.

PRINCIPAL PURPOSE(S): To provide a record of the member's authorization/non-authorization to provide an advance of the member's pay to his or her dependents or designated representative for minor dependents. The dependents must be located in an overseas area and may receive the advance in the event of an emergency evacuation.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: To the member's dependents to make the advance payment, and inform the dependents of the evacuation arrangements made for them. SORN T7340, Defense Joint Military Pay System - Active Component (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570191/t7340/>); T7344, Defense Joint Military Pay System - Reserve Component (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570195/t7344/>); M01040-3, Marine Corps-Manpower Management Information Systems Records (<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570625/m01040-3/>)

DISCLOSURE: Voluntary. However, if the information is not provided, payments could be delayed, possibly causing hardship on dependents.

INSTRUCTIONS TO DESIGNATED DEPENDENT OR REPRESENTATIVE FOR USE OF DD FORM 1337 (AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES)

1. The Authorization/Designation For Emergency Pay and Allowances is a means of providing funds direct to you in the event of an emergency evacuation. It is an important document and should be kept at all times with your passport and other important papers.

2. To obtain payment of any of the evacuation allowances on this DD Form 1337, present it, together with proper identification, to any military disbursing officer, either overseas or in the United States.

3. Payment of the amount of base pay (if any) authorized in DD Form 1337 as an advance of pay, may be obtained in installments (normally not more than two) or in one lump sum, as you request. The total amount of this base pay cannot exceed the amount designated by your sponsoring member. The advance of pay is not a gratuity and will be deducted in full from the sponsoring member's pay unless the Secretary of the Service concerned waives recovery of up to one month's portion when the recovery of the full amount would work a hardship, would be against equity and good conscience, or against the public interest. If the sponsor wishes to request a waiver of recovery of one month's basic pay he should consult his commanding officer. If the sponsor does not wish to authorize an advance of basic pay he will insert "NONE" in the space provided for the amount -

"\$ _____"

4. If you have been receiving a military allotment of pay, and your evacuation is temporary to a safe haven location, your allotment checks will be forwarded to you at the safe haven area. If you have been evacuated to a designated place, as specified by your sponsor, at a location in the United States (including Alaska and Hawaii) or a territory or possession of the United States, it is YOUR RESPONSIBILITY to forward your new address immediately to the office which issues your allotment checks.

5. If DD Form 1337 is lost prior to evacuation, you or your sponsor must report the loss, theft or destruction immediately to the commander or personnel officer, and a new DD Form 1337 will be issued to you.

6. If you lose the DD Form 1337 during evacuation, report the loss, theft or destruction to the military disbursing officer from whom you request payment. Be prepared to state the circumstances of the loss, the amount of advance pay authorized in the DD Form 1337 and the amount of any previous payments you have received of each type.

**THIS IS AN IMPORTANT DOCUMENT.
KEEP IT WITH YOUR PASSPORT.**

**AUTHORIZATION FOR EMERGENCY EVACUATION ADVANCE AND ALLOTMENT PAYMENTS
FOR DOD CIVILIAN EMPLOYEES**

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5521-5527; E.O. 9397; E.O. 10982; E.O. 12107; and E.O. 12748.

PRINCIPAL PURPOSE(S): Information is collected to facilitate the issuance of emergency evacuation advance and allotment payments to a DoD civilian employee.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in delay in approval of the authorization.

1. SPONSORING CIVILIAN EMPLOYEE		2. SOCIAL SECURITY NO.	3. GRADE OR LEVEL	4. STEP OR RATE	
a. NAME (First, Middle Initial, Last)		5. POSITION TITLE			
b. ADDRESS (Street, City, State and Zip Code)					
8. EVACUATED INSTALLATION		6. EMPLOYING DEPARTMENT		7. APPROPRIATION	
		9. EVACUATION ORDER NO.	10. DATE OF ORDER (YYYYMMDD)	11. DATE EVACUATED (YYYYMMDD)	
12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)			13. RELATIONSHIP		
14. OTHER DEPENDENTS (If additional space is needed, use back.)					
a. NAME		b. DATE OF BIRTH (YYYYMMDD)	a. NAME		b. DATE OF BIRTH (YYYYMMDD)
15. I hereby authorize payment of \$ _____ per pay period and/or advance of pay of \$ _____ to dependent named above or designated representative. I understand that funds paid will be charged against any items of pay or allowances due or to become due me after date of payment.					
16. I hereby authorize dependent named above or designated representative to receive payments indicated:					
a. EVACUATION SUBSISTENCE ALLOWANCE: \$		b. EVACUATION TRAVEL AND TRANSPORTATION: \$			
17. EMPLOYEE					
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)		
18. DEPENDENT OR DESIGNATED REPRESENTATIVE					
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)		
19. AUTHORIZED OFFICIAL					
a. TYPED NAME		b. TITLE			
c. SIGNATURE			d. DATE SIGNED (YYYYMMDD)		
20. I request the amount of \$ _____ per pay period as an allotment or assignment of monies due dependent named above (to be completed only when, because of emergency conditions, certification by employee is not available). I (dependent or designated representative named above) certify that the above information is complete and accurate to the best of my knowledge and belief.					
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)		
21. PAYMENT RECORD (If additional space is needed, use back.)					
a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT	

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INVENTORY OF HOUSEHOLD GOODS

PROPERTY OF	HOME PHONE NUMBER	DUTY PHONE NUMBER	DATE
FROM	TO (Destination)		

ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.	ARTICLE	CU FT. PER PC.	NO OF PCS	CU FT.
LIVING ROOM				CHILDRENS ROOM (Con't)				PROFESSIONAL ITEMS (Con't)			
Bench, fireside or piano	5			Chest	12			Reference material	0		
Bookcase	20			Chest, Toy	5			Tools	0		
Bookshelves, sectional	5			Crib, baby	10			Books	0		
Cabinet	10			Play pen	10			Papers	0		
Cartons, books	2			Table, child's	5			Equipment	0		
Chair, arm	10										
Chair, occasional	15			KITCHEN							
Chair, overstuffed	25			Boxes, pots/pans	5						
Chair, rocker	12			Cabinet, kitchen	30			MISCELLANEOUS			
Chair, straight	5			Cabinet, utility	10			Ash or trash can	7		
Clock, grandfather/grandmother	20			Chairs, breakfast	5			Auto tires	2		
Credenza	35			Ironing board	2			Basket, clothes	5		
Davenport, 2, 3, 4 cushions	35			Rotisserie	5			Bicycle	5		
Day bed	30			Stool	3			Bird cage and stand	5		
Desk, small or Winthrop	22			Table	5			Brooms and mops bundle	2		
Desk, secretary	35			Table, breakfast	10			Cabinet, filing	20		
Footstool, hassock, ottoman	0			Vegetable bin	3			Carnage, baby	20		
Hideabed	50							Carnage, doll or folding	5		
Lamp, floor, table	3			APPLIANCES (Large)				Chairs, folding	2		
Magazine rack	2			Air conditioner, window	30			Clothes hamper	5		
Organ, electric	60			Dehumidifier	10			Cot, folding	3		
Piano, baby grand or upright	70			Dishwasher	20			Golf bag	2		
Parlor grand	80			Dryer, electric or gas	25			Golf cart/go cart	3		
Spinnet	60			Freezer: (Cubic capacity)	0			Fan	5		
Radio, table or phonograph	2			10 or less	30			Femery or plant stand	0		
Sectional, 2, 3, 4 piece	50			11 to 15	45			Foot locker	0		
Stereo, Hi Fi	10			16 and over	60			Heater, gar or electric	5		
Studio couch	50			Mangle	12			Incinerator	10		
Tables, drop leaf or occasional	12			Range, electric	30			Linens, cartons	5		
Tables, coffee, end or nest	5			Refrigerator (cubic cap.)	0			Mirrors	0		
Table, library	20			6 cu. ft. or less	30			Pictures	0		
Telephone stand and chair	5			7 to 10 cu. ft.	45			Power tools	0		
Television combination/color	25			11 cu. ft. and over	60			Rollaway bed	20		
Television, table model/color	10			Vacuum cleaner	0			Rugs, large roll or pad	0		
				Washing machine	0			Rugs, small roll or pad	0		
DINING ROOM				Washer/dryer combination	0			Sewing cabinet	2		
Barrel, dishes	15							Sewing machine	10		
Buffet	30			PORCH, OUTDOOR				Shop smith	0		
Chair, arm	8			FURNITURE & EQUIPMENT				Sled	2		
Chair, straight	5			bar	15			Table, card	1		
China closet	25			Bar stools	3			Tricycle	5		
Server	15			Bird bath	5			Trunk, steamer	10		
Table, dinette	15			Chair, porch	10			Trunk, wardrobe	15		
Table, extension	30			Chair, lawn	5			TV trays	2		
				Fireplace equipment	5			Typewriter	2		
				Garden hose	5						
BEDROOM				Glider	20			OTHER ITEMS			
Bed, include. spring and mattress	0			Grill, barbecue, portable	10				0		
Double	60			Gym, outdoor child's	20				0		
Single or Hollywood	40			Ladder, extension	10				0		
Bunk (set of 2)	70			Lawn mower (hand)	5				0		
King size/Queen size	70			Mower, power	15				0		
Cartons, clothes	10			Picnic table	20				0		
Chair, boudoir	10			Picnic bench	5				0		
Chair, straight or rocker	5			Rack, outdoor dryer	5				0		
Chaise lounge	25			Rocker, swing	15				0		
Chest, cedar	15			Sandbox	10			CONTAINERS PREPACKED			
Dresser, bureau, chest of drawers, chiffr. or chifnr.	25			Settee	20			BY OWNER, e.g.,			
Dresser bench	3			Slide, outdoors, child's	10			Footlockers or Trunks	0		
Dresser, double, triple	50			Swings, outdoor porch	30				0		
Lamps, floor, table	3			Table	10				0		
Table, night	5			TV antenna	5				0		
Wardrobe, small	20			Tool chest	10				0		
Wardrobe, large	40			Umbrella	5				0		
Wardrobe, carton	10			Wheelbarrow	3				0		
CHILDRENS ROOM								Subtotal Column 3	180		
Bathinette	5										
Bed, youth	30			PROFESSIONAL ITEMS				TOTAL Column 1	1460		
cartons, clothes	10			Clothing, specialized	0			TOTAL Column 2	793		
Chair, child's	3			Instruments	0			TOTAL Column 3	180		
Chair, high	5			MARS equipment	0						
Chair, rocker	3							GRAND TOTAL	2433		
Subtotal Column 1	1460			Subtotal Column 2	793			Summary 0 cu. ft. @ 7 lbs. per cu. ft.			0 lbs.
								Estimated Total Weight			0 lbs.

PRINT

RESET

**REPATRIATION PROCESSING CENTER
PROCESSING SHEET**

OMB No. 0704-0334
OMB approval expires
Sep 30, 2017

The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, Alexandria, VA 22350-3100 (0704-0334). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE REPATRIATION PROCESSING CENTER OR STATE DEPARTMENT EMBASSY PERSONNEL IF SAFEHAVENING IN A FOREIGN COUNTRY.

PRIVACY ACT STATEMENT

AUTHORITY: E.O. 12656, and E.O. 9397.

PRINCIPAL PURPOSE(S): To document the movement of an evacuee from a foreign country to an announced safe haven. Information will be used, as needed, to assist the evacuee in the process of repatriation. This information is covered under DMDC 04, Emergency Evacuation and Repatriation (<http://dpclo.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/6695/dmdc-04.aspx>).

ROUTINE USE(S): To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse, location and final destination will be released; to the Department of State for evacuation management and planning purposes; to the American Red Cross for communication of evacuation information about spouse/family member(s) to service member still in foreign country; to the U.S. Citizenship and Immigration Services (USCIS) for tracking and contacting foreign nationals evacuated to the U.S.; to the Department of Health and Human Services to facilitate delivery of personal and financial services and to recoup costs of financial services and to identify individuals who might arrive with an illness requiring quarantine; to state and local health departments, to further implement the quarantine of an ill individual. The DoD "Blanket Routine Uses" found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> also apply to this system.

DISCLOSURE: Voluntary; however, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members. Social Security Number (SSN) is used in the documentation of payments and loans provided in the process of evacuation and may be provided to the IRS if payment is not received. The Social Security Number (SSN) may also be used in the process of verifying an individual's identity and citizenship.

**INSTRUCTIONS FOR COMPLETION OF DD FORM 2585,
REPATRIATION PROCESSING CENTER PROCESSING SHEET**

(Read before completing this form.)

GENERAL INSTRUCTIONS

1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. 1313, and Executive Order 9397.

Providing the information requested on this form, including Social Security Number, is voluntary; however, failure to complete the form may hinder receipt of needed services and impede passage of information about current whereabouts to family members.

2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A on the line or check the boxes in Sections III, IV, and VI.

3. You may be asked to have available any or all of the following documentation:

a. For official government personnel and dependents, you should have available as applicable:

- (1) Official travel orders for Safehaven Status (DD Form 1610).
- (2) Permanent Change of Station (PCS) Orders.
- (3) Passport, Visa and International Immigration (shot) record.
- (4) Military/DoD Civilian/Dependent Identification Card.
- (5) Travel documents (Transportation Request, transportation travel information or tickets, i.e., airline, train, bus, etc.).

b. Private American citizens or foreign nationals should have:

- (1) Passport and Visa (as applicable).
- (2) Travel documents (travel information, tickets, etc.).

4. The Repatriation Processing Packet is provided to the "responsible person" either upon arrival in an overseas country, upon evacuation from the overseas country for completion enroute, or, upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.

5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DoD Civilian, Military or DoD Civilian Dependent, Federal employee or Federal dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. **THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I - III, PAGES 5 - 8.**

6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.

7. FOR PROCESSING CENTER USE ONLY. Pages 9 and 10, Items 28 - 47 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the "responsible person."

SPECIFIC INSTRUCTIONS

SECTION I - ESCORTS OF UNACCOMPANIED MINOR CHILDREN (Page 5)

This section and Section III (Pages 5 through 8) will be completed by the "responsible person."

SECTION II - PROCESSING CENTER

Item 1. Airline and Flight Number. Enter the airline and flight number arrived on.

Item 2. Date of Arrival. Enter the date arrived in the United States at this processing center. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1998, MM=08 (August), DD=20 (20th).

Item 3. Repatriation Center. Enter the location of the Repatriation Center by airport, city, and state, or by military base. Example: Raleigh/Durham Airport, Raleigh, NC or Charleston AFB, South Carolina.

Item 4. Processing Date. Enter the date (by year, month and day) that processing through the Repatriation Center began. In most cases it will be the same date as shown in Item 2 above.

Item 5. Processing Time. Enter the time processing began for this person or family. Use military time (24 hour clock). Example: 2:00 a.m.=0200, 3:00 p.m.=1500.

SECTION III - EVACUEE IDENTIFYING INFORMATION

Item 6. Name. Enter principal evacuee's last name (family name, such as "Smith"), first name ("Mary"), and middle initial ("C"). If there is no middle initial, enter NMI.

If the evacuee is an unescorted child and there is more than one child in the family, enter information for only the eldest child in Items 6 - 20. Escort information will be provided in Item 22.

Item 7. Country Evacuated From. Enter the original country from which you departed enroute to the United States.

Item 8. Date of Birth. Enter date of birth by year, month and day. Do this by entering the year first, then the month of the year, then the day of the month. Example: YYYY=1963, MM=08 (August), DD=20 (20th).

Item 9. Place of Birth. Enter the city, state and country in which born. Example: Baltimore, Maryland, USA or Frankfurt, Germany.

Item 10. Country of Citizenship. Enter the country of citizenship. (Example: USA, Canada, England, France, Germany, etc.) If you are a U.S. citizen and a citizen of one or more other countries, please write USA. If you are not a U.S. citizen, and you are a citizen of more than one country, please write the country that issued the passport you are using for travel.

Item 11. Gender. Place an "X" in the appropriate block to indicate whether male or female.

Item 12. Social Security Number (SSN). Enter the evacuee's SSN, if applicable. If there is no SSN, enter N/A.

Item 13. Marital Status. Place an "X" in the block that indicates marital status, if applicable.

Item 14. Passport Number and Country of Issue. Enter passport number, if applicable. The number can generally be found on the first page of the passport. Also, enter the name of the country that issued the passport. If you are a U.S. citizen and a citizen of one or more other countries, please use your U.S. passport information. If you are not a U.S. citizen, and you are a citizen of more than one country, please use the information on the passport you are using for travel.

Item 15. Alien Number and Country of Issue. Enter Alien Number, if applicable. If not applicable, enter N/A. If applicable, enter the name of the country that issued the Alien Number.

Item 16. Classification Number(s) and Agency Code(s). Enter the number that best identifies the evacuee's status from the classification number list (Table 1 on Page 6), and if applicable, the appropriate agency code (Table 2).

NOTE: Any individual can fall into more than one category, i.e., a DoD Dependent can also be a government employee. If that is the case, show all appropriate classification numbers and/or agency codes. This applies to all individuals shown on the processing form.

Item 17. Number of Family Members With You. Enter the appropriate number of family members in the family group.

NOTE: If you are escorting unaccompanied minor children, in addition to your own children, DO NOT include them in your family group.

Item 18. Number of Animals With You. This space is only for use by DoD employees and their family members, and private U.S. citizens with service animals. Enter in the appropriate space, next to the type of animal, the number of animals you are bringing with you back to the U.S. You must ensure that you have all the necessary paperwork, and shot records to expedite the processing of your animals through Public Health Inspection.

FOR ITEMS 19 AND 20: If the form is being completed by an escort for (an) unaccompanied minor child(ren), the emergency contact and final destination should be those for the child(ren).

Item 19. Emergency Contact in U.S.

- a. Name. Enter the name of an individual who will know how to get in touch with the evacuee should the need arise.
- b. Address. Enter the "Emergency Contact's" street, city, state and/or country, and ZIP Code.
- c. Home Telephone Number. Enter the "Emergency Contact's" home telephone number (if known or applicable), to include the area code.
- d. Work Telephone Number. Enter the "Emergency Contact's" work telephone number (if known or applicable), to include the area code.
- e. Cell Telephone Number. Enter the "Emergency Contact's" cell telephone number (if known or applicable), to include the area code.

SPECIFIC INSTRUCTIONS (Continued)

Item 20. Final Destination. If the evacuee's final destination will be the same residence as the "Emergency Contact" shown in Item 19 above, write "SAME." If the evacuee's final destination is going to be different than the "Emergency Contact," enter the name of the person with whom the evacuee will be staying, their telephone numbers, and complete address to include "Country," if the Safehaven location is outside the U.S.

NOTE: If the evacuee will be living by him/herself, enter "SELF" in the Name block, and then the address.

Item 21. If U.S. Department of Defense Military and Civilian Employee Dependent. This item is to be completed when the evacuee is a military or DoD civilian dependent whose sponsor remains behind. If this item is not applicable, enter N/A on the Sponsor Name line and go on to the next block. For escorted unaccompanied minor children, enter the sponsor's (parent or guardian) information to the best of your ability.

a. Branch of Service/DoD Agency. Place an "X" in the block next to the branch of Service/DoD Agency to which the sponsor belongs.

b. Name of Sponsor. Enter the name of the sponsor of the family, remaining in country, by last name, first name, and middle initial. If no middle initial, enter NMI.

c. Social Security Number. Enter the sponsor's SSN.

d. Rank/Grade. Enter the sponsor's rank (i.e., SGT, LT, etc.) and grade (i.e. E4, O3, etc.). For civilians, enter grade (i.e. GS12, WG10, etc.).

e. Organization/Address and Major Command. Enter the sponsor's organization, address, and major command, to include APO or FPO number, if applicable.

Item 22. Final Destination and Name of Escort for Unaccompanied Minor Child(ren).

If this form is being completed by the escort for unaccompanied minor child(ren), enter the following information about the escort.

a. Name. Enter the last name, first name, and middle initial of the escort. If no middle initial, enter NMI.

b. Address. Enter the street, city, state and/or country, and ZIP Code where the escort will be living.

c. Home Telephone Number. Enter the home telephone number where the escort can be contacted (if known or applicable), to include the area code.

d. Work Telephone Number. Enter the work telephone number where the escort can be contacted (if known or applicable), to include the area code.

e. Cell Telephone Number. Enter the cell telephone number where the escort can be contacted (if known or applicable), to include the area code.

Item 23.a. through d. Accompanying Evacuees (Page 7).

The data on this page pertains to each person accompanying the principal evacuee. This may be a child, spouse, sibling, or parent of the "responsible person" or an escorted unaccompanied minor child of another family.

Item 23 (Continued).

Complete one block of information for each person other than the principal evacuee who is listed on Pages 5 and 6. If there are more than four accompanying persons, use additional copies of Page 7.

(1) Name. Enter accompanying evacuee's last name, first name, and middle initial. If no middle initial, enter NMI.

(2) SSN. Enter the accompanying evacuee's Social Security Number, if known.

(3) Date of Birth. Enter the accompanying evacuee's date of birth by year, month and day.

(4) Gender. Place an "X" in the appropriate block indicating whether the accompanying evacuee is male or female.

(5) Relationship to Person Completing Form. Place an "X" in the appropriate block indicating whether the accompanying evacuee is the "responsible person's" spouse, child, parent, or other.

(6) Place of Birth. Enter the city, state, and country in which the accompanying evacuee was born.

(7) Country of Citizenship. Enter the country of which the accompanying evacuee is a citizen. Example: USA, Canada, England, France, Germany, etc.

(8) Passport Number and Country of Issue. Enter the accompanying evacuee's passport number and the country in which it was issued.

(9) Alien Number and Country of Issue. Enter the accompanying evacuee's alien number, if applicable, and the country which issued the number. If not applicable, enter N/A.

(10) Classification Number(s) and Agency Code(s). Enter all classification numbers (from Table 1) and agency codes (from Table 2) that apply to the accompanying evacuee.

NOTE: Any individual can fall into more than one category, i.e., a DoD dependent as well as a government employee.

SECTION III (Continued) - SERVICES (Page 8)

This section is provided for the "responsible person" to identify to the processing team any assistance the family group may require upon arrival in the U.S.

Item 24. If No Services are Needed. Upon reviewing the list in this section, if the family does not require any additional help, place an "X" in this block.

Item 25. Services Needed. If assistance is required, place an "X" in the block next to each service required.

Item 26. Additional Remarks. This item is provided if the "responsible person" has any questions, needs additional assistance, or has any comments to make.

NOTE: SECTION III IS THE LAST PART OF THE FORM THAT THE EVACUEE MUST COMPLETE. THE FOLLOWING SECTIONS WILL BE COMPLETED BY THE REPATRIATION TEAM AT THE PROCESSING CENTER.

SPECIFIC INSTRUCTIONS (Continued)

SECTION IV - REPATRIATION PROCESSING CENTER DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)

This section is applicable to all evacuees other than Federal personnel and their families, i.e. private American citizens, and their families.

Item 27. If No Services Are Required/Were Provided. If the evacuee required no assistance upon arrival, place an "X" in this block. This block may also be marked by the "responsible person."

Item 28. Services Provided by DHHS.

a. Cash Assistance.

b. Onward Transportation. If funds were required to obtain airline, bus, train tickets, etc., this item must be completed. Under the cost heading in the first (Persons) block, enter the number of tickets. Enter the cost of each ticket in the next (Dollars) block. Multiply the number of tickets by the cost and enter the total to the right of the equal sign. Example: Onward transportation 4 X \$150.00 = \$600.00.

NOTE: It is possible for family members to go to different locations; therefore, an additional line was provided to cover those exceptions. If no onward transportation support was provided, enter a zero in the "Total" block.

c. Temporary Lodging and Per Diem. If funds were required to provide lodging accommodations, this item must be completed. Enter the number of persons times the number of days they are staying at the hotel/motel, etc., times the per diem rate per day and enter the total cost to the right of the equal sign. Example: 4 people X 2 days X \$50.00 per day per diem = \$400.00.

NOTE: If no lodging or per diem was provided, enter a zero in the "Total" block.

d. Miscellaneous. For any other assistance required, itemize the assistance provided in the space shown, and enter their associated costs to the right of the equal sign.

Item 29. Total DHHS Costs. Add up all the costs shown in this column for transportation, lodging, per diem, miscellaneous and enter that figure in the space provided.

Item 30. Has Emergency Medical Assistance Been Provided Off-Site. Place an "X" in either the "Yes" or the "No" block provided. If Yes, enter the name of the hospital or medical facility, if known, in the space provided for Additional Remarks (Item 31.)

Item 31. Additional Remarks. Enter any additional information regarding services provided, if necessary.

SECTION V - CLOSING QUESTIONS (DHHS)

Processing officials should complete and sign this prior to the individual(s) departing the Repatriation Center.

Items 32 through 36. Questions. A processing official/interviewer will complete these questions by placing an "X" in the appropriate "Yes" or "No" block.

Item 37. Name of Interviewer. The processing official/interviewer will sign in this space and print his or her name below.

Item 38. Telephone Number. The processing official/interviewer will enter the telephone number where he or she can be reached should the need arise.

SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL

This section should be completed by Military Support Processing Team.

Item 39. If No Services Were Provided. If the military individual, Federal employee and/or family members do not require any assistance, place an "X" in this block.

Item 40. Services Provided. If the military individual, Federal employee and/or family members require any of the services, place an "X" in the block next to the service provided.

NOTE: For Item b., specify for what purpose financial assistance is required. For Item e., specify what medical care is required.

Item 41. Costs. For each item in which funds were provided, enter the amount on the line next to the service provided. In Item b., enter the voucher number assigned for per diem payments.

Item 42. Total Costs. Add up all financial assistance provided to the military individual, Federal employee and/or family member and enter the total in the space provided.

SECTION VII - PROCESSING INFORMATION

This section should be completed by the Processing Team Officials prior to the evacuee(s) departing the Repatriation Center.

Item 43. Exit From Processing Center Date. Enter the date by year, month and day that the evacuees have completed their processing and are departing the Repatriation Center.

Item 44. Exit From Processing Center Time. Enter the time, using military (24 hour) clock.

Item 45. Destination. Enter the destination by city, state, and/or country that the evacuees are going to.

Item 46. Transportation Carrier(s). Enter the name of the airline, bus or train company that will be taking the evacuees to their final destination.

Item 47. ETA and Date of Arrival at Destination. Enter the estimated time and date the evacuees are expected to arrive at their final destination. Enter this by military time and by year, month and day.

Item 48. Additional Remarks. Enter any additional information regarding exit processing, if necessary.

SECTION I - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

ARE YOU ESCORTING UNACCOMPANIED MINOR CHILD(REN)? (*X one*) **YES** **NO**

The designated escort is responsible for completing (to the best of their ability) a separate form for each family group they are escorting. If there is more than one child from the same family group, enter the information in Items 6 through 20 for the eldest child being escorted. Then, complete the family group information for each younger child in Items 23(a) through (d), as applicable.

ADDITIONALLY, ESCORTS WILL FILL OUT A SEPARATE FORM FOR THEIR OWN FAMILY GROUP.

SECTION II - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

1. AIRLINE AND FLIGHT NUMBER	2. DATE OF ARRIVAL (YYYYMMDD)
3. REPATRIATION CENTER	
4. PROCESSING DATE (YYYYMMDD)	5. PROCESSING TIME (Military)

SECTION III - EVACUEE IDENTIFYING INFORMATION - TO BE COMPLETED BY THE "RESPONSIBLE PERSON"

6. NAME OF EVACUEE (<i>Last, First, Middle Initial</i>)	
7. COUNTRY EVACUATED FROM	
8. DATE OF BIRTH (YYYYMMDD)	9. PLACE OF BIRTH (<i>City, State, and Country</i>)
10. COUNTRY OF CITIZENSHIP	
11. GENDER (<i>X one</i>)	12. SOCIAL SECURITY NUMBER
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
13. MARITAL STATUS (<i>X one</i>)	
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED	
14.a. PASSPORT NUMBER	b. COUNTRY OF ISSUE
15.a. ALIEN NUMBER	b. COUNTRY OF ISSUE

SECTION III - EVACUEE IDENTIFYING INFORMATION (Continued) (Read before completing Items 16 and 23)

(Use these tables to complete Item 16 and Item 23 (Page 7.) Choose all that apply.)

TABLE 1a - U.S. CITIZEN	TABLE 1b - FOREIGN NATIONAL	TABLE 2
CLASSIFICATION NUMBER	CLASSIFICATION NUMBER	AGENCY CODE
1a DoD: Service Member	8 Adult Dependent of Repatriated U.S. Citizen (Foreign spouse or other adult dependent; not U.S. citizen)	A Army
b DoD: Service Member Dependent and/or Family Member (Command Sponsored Dependent)	9 Minor Dependent of Repatriated U.S. Citizen (Child born in foreign country, not U.S. citizen to date)	N Navy
c DoD: Service Member Dependent and/or Family Member (Non-Command Sponsored Dependent)	10 Non-Dependent of Repatriated U.S. Citizen (Extended family member, i.e. mother-in-law, cousin, etc.)	F Air Force
2a DoD: Civilian Employee WITH Transportation Agreement	11 Non-U.S. Civilian Employee (Works for U.S. Government)	M Marine Corps
b DoD: Dependent of Civilian Employee WITH Transportation Agreement	12 Citizen of Country Other Than U.S.	G Coast Guard
c DoD: Civilian Employee WITHOUT Transportation Agreement	13 Other, None of the Above (Specify)	D DoD Agency
d DoD: Dependent of Civilian Employee WITHOUT Transportation Agreement		O Other U.S. Government Agency
3a Non-DoD U.S. Government (USG): Employee		X Not Applicable
b Non-DoD USG: Employee Dependent and/or Family Member		
4 Citizen Residing Abroad (Child, Student, Private Business)		
5 Tourist		
6 Citizen on Business-Related Travel		
7 U.S. Government Contractor		

16. CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) (Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 that are applicable to the person named in Item 6.)		17. NUMBER OF FAMILY MEMBERS WITH YOU	
a. CLASSIFICATION NUMBER	b. AGENCY CODE	<input type="text"/> ADULTS (Include yourself)	<input type="text"/> CHILDREN (Include all children)
c. CLASSIFICATION NUMBER	d. AGENCY CODE	18. NUMBER OF ANIMALS WITH YOU (If applicable) DoD and SERVICE ANIMALS ONLY	
e. CLASSIFICATION NUMBER	f. AGENCY CODE	<input type="text"/> DOGS	<input type="text"/> CATS
		<input type="text"/> BIRDS	<input type="text"/> OTHER

19. EMERGENCY CONTACT IN U.S.
(For person named in Item 6 above)

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

20. FINAL DESTINATION AND NAME OF POINT OF CONTACT (If applicable)
(If same as Item 19, enter "SAME")

a. NAME (Last, First, Middle Initial)			b. ADDRESS (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Include Area Code)	d. WORK TELEPHONE NO. (Include Area Code)	e. CELL TELEPHONE NO. (Include Area Code)			

21. IF U.S. DEPARTMENT OF DEFENSE MILITARY AND CIVILIAN EMPLOYEE DEPENDENTS
(For escorted unaccompanied minor children enter the sponsor's (parent/guardian) information to the best of your ability.)

a. BRANCH OF SERVICE/DOD AGENCY (X one)					
<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> DOD AGENCY
b. NAME OF SPONSOR (Remaining in Country) (Last, First, Middle Initial)			c. SSN	d. RANK/GRADE	
e. ORGANIZATION/ADDRESS AND MAJOR COMMAND (Include APO#/FPO#)					

22. FINAL DESTINATION AND NAME OF ESCORT FOR UNACCOMPANIED MINOR CHILD(REN)
(Complete if applicable)

a. NAME OF ESCORT (Last, First, Middle Initial)			b. ADDRESS (Final Destination of Escort) (Street, City, State/Country, ZIP Code)		
c. HOME TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	d. WORK TELEPHONE NO. (Final Destination of Escort) (Include Area Code)	e. CELL TELEPHONE NO. (Final Destination of Escort) (Include Area Code)			

SECTION III - EVACUEE IDENTIFYING INFORMATION *(Continued)*

23. ACCOMPANYING EVACUEES

(Fill out for each accompanying person.)

a.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item a.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE


b.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item b.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

c.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item c.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

d.(1) NAME <i>(Last, First, Middle Initial)</i>		(2) SSN	(3) DATE OF BIRTH <i>(YYYYMMDD)</i>
(4) GENDER <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(5) RELATIONSHIP TO PERSON COMPLETING FORM <i>(X one)</i> <input type="checkbox"/> SPOUSE <input type="checkbox"/> SON/DAUGHTER <input type="checkbox"/> PARENT <input type="checkbox"/> OTHER	
(6) PLACE OF BIRTH <i>(City, State, and Country)</i>		(10) CLASSIFICATION NUMBER(S) AND AGENCY CODE(S) <i>(Enter all appropriate classification numbers and agency codes from Table 1 and Table 2 (shown on Page 6) that are applicable to the person named in Item d.(1).)</i>	
(7) COUNTRY OF CITIZENSHIP		(a) CLASSIFICATION NUMBER	(b) AGENCY CODE
(8) PASSPORT NUMBER	COUNTRY OF ISSUE	(c) CLASSIFICATION NUMBER	(d) AGENCY CODE
(9) ALIEN NUMBER	COUNTRY OF ISSUE	(e) CLASSIFICATION NUMBER	(f) AGENCY CODE

NOTE: If there are more than 4 accompanying family members, use additional copies of Page 7.

SECTION III - EVACUEE IDENTIFYING INFORMATION (SERVICES) (Continued)

24. IF NO SERVICES ARE NEEDED, X THIS BLOCK 

25. SERVICES NEEDED *(X all that apply)*

CLOTHING			
HOUSING		PERMANENT	TEMPORARY
MEDICAL			
DOD INFORMATION			
DOD LEGAL SERVICES			
CHILD CARE			
FEDERAL CIVILIAN PERSONNEL ASSISTANCE			
LOCATOR ASSISTANCE FOR OTHER FAMILY MEMBERS			
TRANSPORTATION TO ONWARD DESTINATION			
FINANCIAL ASSISTANCE			
MENTAL HEALTH			
GENERAL INFORMATION			
CHAPLAIN ASSISTANCE			
FUNERAL ASSISTANCE			
DOD RELOCATION INFORMATION			
TRANSLATOR <i>(Indicate language)</i>			
OTHER <i>(Specify)</i>			

26. ADDITIONAL REMARKS

STOP HERE.

**SECTION IV (ITEMS 27 - 36) - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

27. IF NO SERVICES ARE REQUIRED/WERE PROVIDED, X THIS BLOCK **—————>**

28. SERVICES PROVIDED BY DHHS

(1) SERVICES	(2) COSTS		(3) TOTAL
a. CASH ASSISTANCE	PERSONS	DOLLARS	
	X	=	0.00
b. ONWARD TRANSPORTATION	PERSONS	DOLLARS	
	X	=	0.00
c. TEMPORARY LODGING AND PER DIEM	PERSONS	DOLLARS	
	X	=	0.00
d. MISCELLANEOUS <i>(Specify)</i>	PERSONS	DOLLARS	
	X	=	
29. TOTAL COSTS			0.00

30. HAS EMERGENCY MEDICAL ASSISTANCE BEEN PROVIDED OFF-SITE? *(X one)* **—————>** YES NO

31. ADDITIONAL REMARKS


**SECTION V - CLOSING QUESTIONS - TO BE COMPLETED BY REPATRIATION PROCESSING CENTER
DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) STAFF**

	<i>(X one)</i>	
	YES	NO
32. HAS REPATRIATE BEEN GIVEN A HEALTH AND HUMAN SERVICES WELCOME BROCHURE?		
33. DOES THIS PERSON/FAMILY NEED A LOAN FOR TEMPORARY ASSISTANCE BECAUSE HE/SHE/THEY ARE WITHOUT RESOURCES IMMEDIATELY ACCESSIBLE TO MEET HIS/HER/THEIR NEEDS?		
34. HAVE YOU EXPLAINED TO THE REPATRIATE THAT THE INFORMATION OBTAINED IS PROTECTED UNDER THE PRIVACY ACT AND WILL BE USED SOLELY FOR THE PURPOSE OF ESTABLISHING ELIGIBILITY FOR AND ADMINISTERING THE U.S. REPATRIATION PROGRAM?		
35. HAS THE REPATRIATE SIGNED THE HHS REPAYMENT-LOAN AGREEMENT? <i>(Agreement must be attached to file.)</i>		
36. HAS THE REPATRIATE BEEN GIVEN INFORMATION/REFERRAL FOR ASSISTANCE AT THE FINAL DESTINATION?		

37. NAME OF INTERVIEWER *(Last, First, Middle Initial)*

38. TELEPHONE NUMBER *(Include Area Code)*

**SECTION VI - ASSISTANCE PROVIDED DOD PERSONNEL -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

39. IF NO SERVICES WERE PROVIDED, X THIS BLOCK 

40. SERVICES PROVIDED (*X as applicable*)

41. COSTS

a. TRANSPORTATION	a. TRANSPORTATION	
b. FINANCIAL (<i>Advance per diem</i>)	b. FINANCIAL (<i>Amount paid</i>) VOUCHER NUMBER (<i>for per diem</i>)	
c. AMERICAN RED CROSS (ARC)	c. AMERICAN RED CROSS (ARC)	
d. HOUSING	42. TOTAL COST	0.00
e. MEDICAL/OTHER		
f. LEGAL SERVICES		
g. CHAPLAIN ASSISTANCE		
h. FAMILY CENTER ASSISTANCE		

**SECTION VII - EXIT INFORMATION -
TO BE COMPLETED BY REPATRIATION PROCESSING CENTER**

43. EXIT FROM PROCESSING CENTER DATE (YYYYMMDD)	44. EXIT FROM PROCESSING CENTER TIME (<i>Military</i>)	45. DESTINATION (<i>City, State, Country</i>)	
46. TRANSPORTATION CARRIER(S)		47.a. ETA AT DESTINATION (<i>Military Time</i>)	b. DATE OF ARRIVAL AT DESTINATION (YYYYMMDD)

48. ADDITIONAL REMARKS

PET EVACUATION REGISTRATION CARD

Owner/ Caretaker (Last, First):		Date:				
Address:						
City:		State:		Zip:		
Phone: Home:						
Work:						
Cell:						
Do you have a phone with you? Y / N				Which?		
Emergency Contact (*Not in Safe Haven*):				Phone: (Home)		(Cell)
Person In Charge of Animal Care and Welfare:						
Other Person(s) that may care for/ have contact with the pet(s):						
Pet(s) Information						
Pet Name	Description / Medical Problems	Chip #	Breed	M/F	Age	Cage
Safe Haven Location:			Date of Check in:			
Check In						
Owner Signature and Date:			Staff Signature and Date:			
Check Out						
Owner Signature and Date:			Staff Signature and Date:			
For Office Use Only						
Assigned Area:						
Additional Comments:						

RABIES VACCINATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's rabies vaccination status.

ROUTINE USE(S): Used by veterinarians and other health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal cannot be maintained on any military installation and comprehensive health care may not be possible.

1. OWNER'S NAME (Last, First, Middle Initial)		2. TELEPHONE NUMBER (Include Area Code)	
3. ADDRESS (Number, Street, City, State, ZIP Code)			
4. ANIMAL			
a. NAME		b. MICROCHIP NUMBER(S)	c. SPECIES
d. SEX	e. AGE	f. WEIGHT	g. PREDOMINANT BREED
h. COLOR(S)			
5. VACCINE			
a. PRODUCER (First 3 letters)	b. LOT NUMBER	c. EXPIRATION DATE	d. VIRUS TYPE
e. ADMINISTRATION SITE			
6. VACCINATION		7. VETERINARIAN	
a. RABIES TAG NUMBER	b. DATE VACCINATED	a. NAME	b. LICENSE NUMBER
c. VACCINATION DURATION	d. VACCINATION DUE	c. SIGNATURE	
8. FACILITY ADDRESS (Street, City, State, ZIP Code)			

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
 - a. **NAME.** Self-explanatory.
 - b. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
 - c. **SPECIES.** Self-explanatory.
 - d. **SEX.** Self-explanatory.
 - e. **AGE.** Self-explanatory.
 - f. **WEIGHT.** Self-explanatory.
 - g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
 - h. **COLOR(S).** Self-explanatory.
5. **VACCINE.**
 - a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
 - b. **LOT NUMBER.** Production lot number of the vaccine used.
 - c. **EXPIRATION DATE.** Expiration date of the vaccine used.
 - d. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - e. **ADMINISTRATION SITE.** Location and method of administration of the vaccine used (e.g., SQRS - subcutaneous over right shoulder).
6. **VACCINATION.**
 - a. **RABIES TAG NUMBER.** Self-explanatory.
 - b. **DATE VACCINATED.** Self-explanatory.
 - c. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
 - d. **VACCINATION DUE.** Date that next rabies vaccination is due.
7. **VETERINARIAN.**
 - a. **NAME.** Name of the veterinarian responsible for the vaccination.
 - b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. **SIGNATURE.** Self-explanatory.
8. **FACILITY ADDRESS.** Self-explanatory.

VETERINARY HEALTH CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Section 3013, Secretary of the Army; 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 8013, Secretary of the Air Force; DoD Directive 6400.4, DoD Veterinary Services Program; AR 40-905, SECNAVIST 6401.1B, AFI 48-131, Veterinary Health Services; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): The personal information will facilitate and document your animal's general health and rabies vaccination status to permit interstate and international movement.

ROUTINE USE(S): Used by state, Federal, and international health authorities to request and record the ownership, identity, and vaccination status of the described animal. The information may also be used to aid in Federal, state, and local preventive health and communicable disease control programs; compile statistical data; conduct research; teach; and assist in law enforcement; to include investigations and litigation.

DISCLOSURE: Voluntary; however, if the requested information is not furnished, the animal may not be allowed interstate or international movement.

1. OWNER'S NAME <i>(Last, First, Middle Initial)</i>	2. TELEPHONE NUMBER <i>(Include Area Code)</i>
---	---

3. ADDRESS <i>(Number, Street, City, State, ZIP Code)</i>
--

4. ANIMAL				
a. NAME	b. SPECIES	c. SEX	d. AGE	e. WEIGHT
f. MICROCHIP NUMBER(S)	g. PREDOMINANT BREED	h. COLOR(S)		

5. RABIES IMMUNIZATION DATA				
a. PRODUCER <i>(First 3 letters)</i>	b. LOT NUMBER	c. VIRUS TYPE	d. DATE VACCINATED	e. VACCINATION DURATION

This is to certify that the above described animal has been examined by me on the date below and was found to be free of any apparent communicable disease. This animal appears healthy for transport, but needs to be maintained at a temperature within its thermal neutral zone. It is recommended that the ambient temperature of this animal's environment be maintained within the specifications of USDA Regulation 9 CFR. 3.18. To the best of my knowledge this animal has not been exposed to rabies and did not originate from a rabies quarantine area.

6. FACILITY ADDRESS <i>(Street, City, State, ZIP Code)</i>	7. VETERINARIAN	
	a. NAME	b. LICENSE NUMBER
	c. SIGNATURE	d. DATE <i>(YYYYMMDD)</i>

INSTRUCTIONS

1. **OWNER'S NAME.** Self-explanatory.
2. **TELEPHONE NUMBER.** Self-explanatory.
3. **ADDRESS.** Self-explanatory.
4. **ANIMAL.**
 - a. **NAME.** Self-explanatory.
 - b. **SPECIES.** Self-explanatory.
 - c. **SEX.** Self-explanatory; indicate if spayed or neutered.
 - d. **AGE.** Self-explanatory.
 - e. **WEIGHT.** Self-explanatory.
 - f. **MICROCHIP NUMBER(S).** List all scannable microchips implanted in this animal.
 - g. **PREDOMINANT BREED.** List only the predominant breed. If not purebred, followed by the word "mix".
 - h. **COLOR(S).** Self-explanatory.
5. **RABIES IMMUNIZATION DATA.** Information derived from valid Rabies Vaccination Certificate for described animal.
 - a. **PRODUCER.** The first three letters of the company name of the company that produced the vaccine.
 - b. **LOT NUMBER.** Production lot number of the vaccine used.
 - c. **VIRUS TYPE.** Virus type of the vaccine used (e.g., killed, modified live, recombinant).
 - d. **DATE VACCINATED.** Self-explanatory.
 - e. **VACCINATION DURATION.** Length of time in years that the vaccination is valid for.
6. **FACILITY ADDRESS.** Self-explanatory.
7. **VETERINARIAN.**
 - a. **NAME.** Name of the veterinarian performing the examination and verifying the rabies vaccination information.
 - b. **LICENSE NUMBER.** Veterinary medical license number, to include two letter state of issuance, of the responsible veterinarian.
 - c. **SIGNATURE.** Self-explanatory.
 - d. **DATE.** Self-explanatory.

BOMB THREAT PROCEDURES

This quick reference checklist is designed to help employees and decision makers of commercial facilities, schools, etc. respond to a bomb threat in an orderly and controlled manner with the first responders and other stakeholders.

Most bomb threats are received by phone. Bomb threats are serious until proven otherwise. Act quickly, but remain calm and obtain information with the checklist on the reverse of this card.

If a bomb threat is received by phone:

1. Remain calm. Keep the caller on the line for as long as possible. DO NOT HANG UP, even if the caller does.
2. Listen carefully. Be polite and show interest.
3. Try to keep the caller talking to learn more information.
4. If possible, write a note to a colleague to call the authorities or, as soon as the caller hangs up, immediately notify them yourself.
5. If your phone has a display, copy the number and/or letters on the window display.
6. Complete the Bomb Threat Checklist immediately. Write down as much detail as you can remember. Try to get exact words.
7. Immediately upon termination of call, DO NOT HANG UP, but from a different phone, contact authorities immediately with information and await instructions.

If a bomb threat is received by handwritten note:

- Call **911 or +39-081-568-4911**
- Handle note as minimally as possible.

If a bomb threat is received by e-mail:

- Call **911 or +39-081-568-4911**
- Do not delete the message.

Signs of a suspicious package:

- No return address
- Excessive postage
- Stains
- Strange odor
- Strange sounds
- Unexpected delivery
- Poorly handwritten
- Misspelled words
- Incorrect titles
- Foreign postage
- Restrictive notes

* Refer to your local bomb threat emergency response plan for evacuation criteria

DO NOT:

- Use two-way radios or cellular phone. Radio signals have the potential to detonate a bomb.
- Touch or move a suspicious package.

CONTACT: EMERGENCY DISPATCH - LDC/ECC

- **911 (From An On-Base Phone)**
- **+39 081-568-4911 (From Mobile or Off-Base Phones)**

NSA Naples, Italy Emergency Management



nsanaplesemergency@us.navy.mil
nsanaplesdispatch@us.navy.mil

V2

BOMB THREAT CHECKLIST

DATE:

TIME:

TIME CALLER
HUNG UP:

PHONE NUMBER WHERE
CALL RECEIVED:

Ask Caller:

- Where is the bomb located?
(building, floor, room, etc.)

- When will it go off?

- What does it look like?

- What kind of bomb is it?

- What will make it explode?

- Did you place the bomb? Yes No

- Why?

- What is your name?

Exact Words of Threat:

Information About Caller:

- Where is the caller located?
(background/level of noise)

- Estimated age:

- Is voice familiar? If so, who does it sound like?

- Other points:

Caller's Voice	Background Sounds	Threat Language
<input type="checkbox"/> Female	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Male	<input type="checkbox"/> House noises	<input type="checkbox"/> Message read
<input type="checkbox"/> Accent	<input type="checkbox"/> Kitchen noises	<input type="checkbox"/> Taped message
<input type="checkbox"/> Angry	<input type="checkbox"/> Street noises	<input type="checkbox"/> Irrational
<input type="checkbox"/> Calm	<input type="checkbox"/> Booth	<input type="checkbox"/> Profane
<input type="checkbox"/> Clearing throat	<input type="checkbox"/> PA system	<input type="checkbox"/> Well-spoken
<input type="checkbox"/> Coughing	<input type="checkbox"/> Conversation	
<input type="checkbox"/> Cracking Voice	<input type="checkbox"/> Music	
<input type="checkbox"/> Crying	<input type="checkbox"/> Motor	
<input type="checkbox"/> Deep	<input type="checkbox"/> Clear	
<input type="checkbox"/> Deep breathing	<input type="checkbox"/> Static	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Office machinery	
<input type="checkbox"/> Distinct	<input type="checkbox"/> Factory machinery	
<input type="checkbox"/> Excited	<input type="checkbox"/> Local	
<input type="checkbox"/> Laughter	<input type="checkbox"/> Long distance	
<input type="checkbox"/> Lisp		
<input type="checkbox"/> Loud		
<input type="checkbox"/> Nasal		
<input type="checkbox"/> Normal		
<input type="checkbox"/> Ragged		
<input type="checkbox"/> Rapid		
<input type="checkbox"/> Raspy		
<input type="checkbox"/> Slow		
<input type="checkbox"/> Slurred		
<input type="checkbox"/> Soft		
<input type="checkbox"/> Stutter		

Other information:

Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency. Use this card for any additional information needed to supplement the primary and alternate command points of contact provided on Navy-issued wallet cards.


WWW.READY.NAVY.MIL

Additional Important Phone Numbers & Information:

WWW.READY.NAVY.MIL

Additional Important Phone Numbers & Information:

< FOLD HERE >

Family Emergency Plan 


Emergency Contact Name: _____
 Telephone: _____

Out-Of-Town Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Telephone: _____

Out of Neighborhood Meeting Place: _____
 Telephone: _____

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER

Family Emergency Plan 

Emergency Contact Name: _____
 Telephone: _____

Out-Of-Town Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Telephone: _____

Out of Neighborhood Meeting Place: _____
 Telephone: _____

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER


WWW.READY.NAVY.MIL

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Family Emergency Plan 

Emergency Contact Name: _____
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Out-Of-Town Contact Name: _____
 Telephone: _____

Neighborhood Meeting Place: _____
 Telephone: _____

Out of Neighborhood Meeting Place: _____
 Telephone: _____

DIAL 911 OR YOUR LOCAL EMERGENCY NUMBER



AtHoc – Registration / Updating Your Profile



NSA Naples assigned personnel and tenant commands (military, federal civil service, and contractor) who possess a ONE-Net account will be automatically enrolled in the AtHoc/CDNS notification system upon their initial login to a ONE-Net computer. During this initial registration, AtHoc will only generate the username. It is crucial to update your profile and include your contact details to guarantee reception of alert notifications. The steps outlined below delineate the process for updating your profile.

If the sponsoring command is not utilizing ONE-Net as its operational network, individuals are required to obtain the AtHoc/CDNS Registration Form from the NSA Naples Emergency Management Public Site and submit it to the NSA Naples Emergency Management Division via email at (nsanaplesemcdnsregistration@us.navy.mil). Furthermore, any updates to personnel contact details should be communicated with the NSA Naples Emergency Management Division.

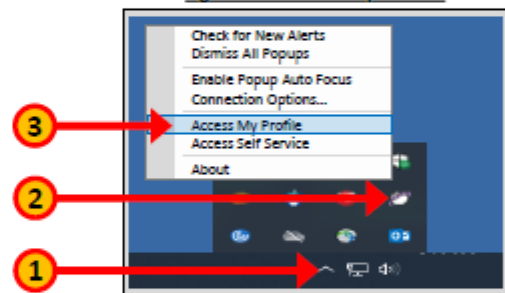
To access your profile on a ONE-Net computer, follow the steps below.

1. Right-click on the white & purple globe icon positioned at the bottom right corner of your computer screen.

NOTE: The icon might be located within the hidden icons section (refer to 1 and 2 of figure 1).

2. Select "Access My Profile" (refer to 3 of figure 1).
3. When prompted by the Windows Security pop-up, confirm your CAC certificate.
4. Acknowledge the disclaimer pop-up to proceed and log into your account.

Figure 1: White & Purple Globe



5. On your account page, navigate to the "My Profile" tab (refer to 4 of figure 2).
6. Click on the "Edit" button to modify your profile information.
7. Update your basic information as necessary (refer to figure 3).
8. If any details are missing, contact the NSA Naples Emergency Management Division at (nsanaplesemcdnsregistration@us.navy.mil) for assistance.

Figure 2: Access to your Profile

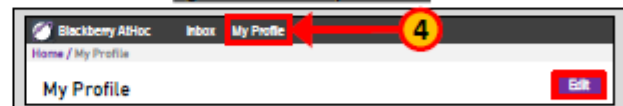


Figure 3: Updating Your Profile

My Profile		Cancel	Save
Basic Information			
First Name	<input type="text"/>	First Name	
Last Name	<input type="text"/>	Last Name	
Display Name	<input type="text"/>	First, Last Name	
Mapping ID	<input type="text"/>	eri y Mapping ID is your DO	
in	<input type="text"/>	DID#	▼
Work UIC	<input type="text"/>	Leave Blank	▼
User ID	<input type="text"/>	Update your Command UIC	▼
	<input type="text"/>	Not Needed	<input type="checkbox"/>



AtHoc – Updating Your Profile



- All assigned military personnel (Active Duty and Reserve), federal civil service, and contractors must register their work email address and duty phone number, at a minimum, into the AtHoc system (refer to 5 of figure 3).

IMPORTANT NOTE:

Enter your phone numbers in the format you would use when making local calls or sending text messages.

Examples: (Area Code + Phone #)

Italy: xxx-xxx-xxxx,

U.S.: 800-xxx-xxxx

DO NOT add the country code (Italy: 39) ,(U.S.: 1) or the DSN prefixed number on any phone or text messaging application. Just select the proper country from the drop-down.

- It is highly recommended that you register your personal and dependent contact information to receive alerts on personal devices and emails.
- The AtHoc App is available for download on your Mobile Devices, providing instant crisis notifications. See the following page for support with AtHoc App registration. The Blackberry AtHoc Apps section at the bottom of your profile will display the total number of registered AtHoc App enrollments linked to your account (refer to 6 of figure 3).

- Once finished, click on the "Save" button.

Figure 3: Personal Contact Information

Required Information Per NAVADMIN 261/6

Phone - Work* ext

Email - Work - Primary*

Numbers

one ome ext

Phone - Mobile ext

one mergen y ext

Text Messaging

Phone - Dependent 1 ext

Text (SMS) Dependent 1

Phone - Dependent 2 ext

Text (SMS) Dependent 2

Online addresses

Email - Home

Email - Work - Secondary

Email - Dependent 1

Email - Dependent 2

Physical addresses

No addresses provided

BlackBerry AtHoc Apps

Desktop App Active

Mobile App Active (1)

Save

Notify the NSA Naples Emergency Management Department with any inquiries via the following:

EMAIL: nsanaplesemcdnsregistration@us.navy.mil
PHONE: (DSN) 314-626-5240/5057 / (Commercial) +39 081-568-5240/5057



AtHoc – Configuring the Blackberry AtHoc App



Set-up for the Blackberry AtHoc Application for NSA Naples is an easy five-step process:

To add the AtHoc Application on your mobile devices, follow the steps below.

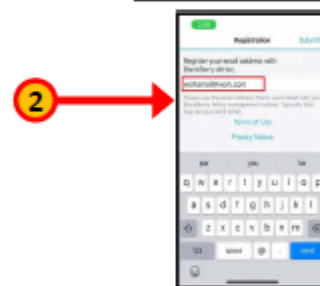
1. Download the Blackberry AtHoc App from the Apple Store, Google Play, or Blackberry World on your Smart device. Please note: Before downloading the App, you must complete your AtHoc account set-up as indicated above.

Figure 1: White & Purple Globe



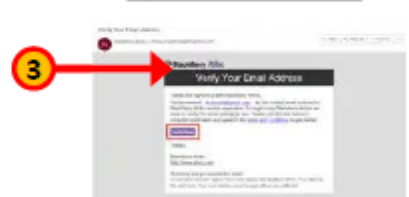
2. Once the download is complete, open the App, it will prompt you for your email address for verification. Typically, this is your work email however, you must enter an address that is associated with your AtHoc account. Best practice is to use your personal email in your profile to verify the Mobile App.

Figure 2: E-Mail Activation



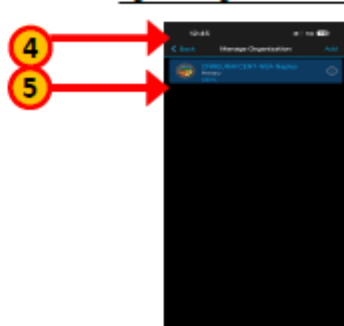
3. A welcome e-mail will then arrive at that email address with a link to activate the Mobile App account. Verify the account by clicking on the Verify Now link in the welcome email.

Figure 3: E-Mail Verification



4. Return to the Blackberry AtHoc Mobile App to continue your registration. On the "Add Organization screen, enter EUNA

Figure 4: Organization Screen



5. That is it! This completes the App installation. You will now receive emergency alerts on your Smart devices.

CDNS REGISTRATION INFORMATION SHEET

User Information

AUTHORITY: DODINST 6055.17, OPNAVINST 3440.17, CNICINST 3440.17, UFC 4-021-01, SORN 1754-4. PRINCIPAL PURPOSE(S): Computer Desktop Notification System (CDNS) serves as part of the Navy Region and Installation Mass Notification System (MNS). CDNS provides pop-up messages to the workstations attached to DoD Networks. In addition, CDNS has the capability to notify members in the database, via electronic mail and telephone, of real-world and exercise threat conditions. ROUTINE USE(S): The system utilizes primarily workstation pop-up messages for emergency alert notification but can utilize additional communications mediums based on the event severity. This can include telephonic alert message to the work, home, mobile phones and text based messages via electronic mail address and Short Message Service (SMS). Additionally, a report can be printed to document confirmation that an alert message was received by the person(s). DISCLOSURE: Disclosure is required for military and key-civilians and voluntary for non-key civilians. Failure to disclose information would result in not being notified of mission or natural disaster alert notifications.

1. Name (Last, First MI): _____

2. Are you a family member?

YES

NO

If yes, what is your Sponsor's full name?

3. Assigned Command/Agency: _____, UIC: _____

4. Duty Location:

- CAPODICHINO
- SUPPORT SITE
- JFC/LAGO PATRIA
- GAETA
- ROME
- NAPLES (Other US Government Agency)
- OTHER (Specify): _____

5. Scheduled Rotation/Departure Date: _____

REGISTRATION OF MEANS OF NOTIFICATION

Self Service Devices

AUTHORITY: DODINST 6055.17, OPNAVINST 3440.17, CNICINST 3440.17, UFC 4-021-01, SORN 1754-4. PRINCIPAL PURPOSE(S): Computer Desktop Notification System (CDNS) serves as part of the Navy Region and Installation Mass Notification System (MNS). CDNS provides pop-up messages to the workstations attached to DoD Networks. In addition, CDNS has the capability to notify members in the database, via electronic mail and telephone, of real-world and exercise threat conditions. ROUTINE USE(S): The system utilizes primarily workstation pop-up messages for emergency alert notification but can utilize additional communications mediums based on the event severity. This can include telephonic alert message to the work, home, mobile phones and text based messages via electronic mail address and Short Message Service (SMS). Additionally, a report can be printed to document confirmation that an alert message was received by the person(s). DISCLOSURE: Disclosure is required for military and key-civilians and voluntary for non-key civilians. Failure to disclose information would result in not being notified of mission or natural disaster alert notifications.

6. LIST ALL (Duty & Personal) EMAIL ADDRESSES YOU WOULD LIKE TO RECEIVE NOTIFICATIONS

7. LIST ALL LANDLINE PHONE NUMBERS YOU WOULD LIKE TO RECEIVE NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 01-Country Code-City Code-Local Number (Italy: 39, Example: +39 XXX-XXX-XXXX) (USA: 01, Example: +01 XXX-XXX-XXXX))

8. LIST ALL MOBILE/CELL PHONE NUMBERS YOU WOULD LIKE TO RECEIVE VOICE AND TEXT (SMS) NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (Italy: 39, Example: +39 XXX-XXX-XXXX) (USA: 01, Example: +01 XXX-XXX-XXXX))

PLEASE RETURN THE COMPLETED FORM TO THE NSA NAPLES EMERGENCY MANAGEMENT DIVISION VIA EMAIL:

nsanaplesemcdnsregistration@us.navy.mil

FOR ANY QUESTIONS, PLEASE CONTACT US AT DSN 314-626-5240/5057, COMM +39 081-568-5240/5057