

# NSA NAPLES, ITALY



## EMERGENCY & NON-COMBATANT EVACUATION OPERATIONS (NEO) PREPARATION GUIDE

### IMPORTANT PHONE NUMBERS

#### NSA NAPLES EMERGENCY DISPATCH CENTER

FROM ON-BASE PHONE (DSN): 911  
FROM OFF-BASE / CELL PHONE: 081-568-4911

#### NSA NAPLES QUARTERDECK

FROM ON-BASE PHONE (DSN): 626-5547  
FROM OFF-BASE / CELL PHONE: 081-568-5547

#### ITALIAN EMERGENCY PHONE NUMBERS

MEDICAL: 118  
FIRE: 115  
POLICE: 113

#### U.S. CONSULATE NAPLES

081-583-8111

#### EMERGENCY MANAGEMENT DIVISION

FROM ON-BASE PHONE (DSN): 626-5303/5057/3585  
FROM OFF-BASE / CELL PHONE: 081-568-5303/5057/3585

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Version: 20200722  
(Replaces 20160707 Edition)



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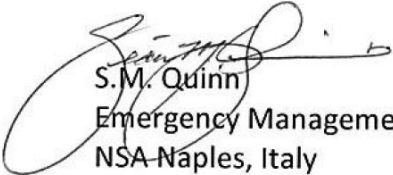


# **I. INTRODUCTION**

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. You may also contact the NSA Naples Emergency Management Division at DSN 626-5303, or Commercial 39-081-568-5303.

Please visit the NSA Naples Emergency Management web site at:

[https://www.cnic.navy.mil/regions/cnreurafcnt/installations/nsa\\_naples/om/emergency\\_management.html](https://www.cnic.navy.mil/regions/cnreurafcnt/installations/nsa_naples/om/emergency_management.html)



S.M. Quinn  
Emergency Management Officer  
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## II. PREPARING FOR EMERGENCIES

- ✓ **Be Informed**
- ✓ **Make a Plan**
- ✓ **Build a Kit**

- **BE INFORMED**

- AFN Radio (106 & 107 FM)
- AFN TV (EMERGENCY Channel 48, NSA Naples Channel 47)
- AFN 360 Internet Radio (AFNEUROPE.NET)
- AFN Smartphone App (AFNEUROPE)
- Giant Voice & Public Address System
- ADHOC (email, phone & text message notification system)
- Through your assigned Command/Agency

- **MAKE A 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.**

- **Evacuation Plan**

- As a family, discuss where you will go in the event of 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**

**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**
  - Department of Homeland Security (Ready.gov) & FEMA—[www.ready.gov/make-a-plan](http://www.ready.gov/make-a-plan)
  - FEMA—[www.fema.gov/plan/prepare/index.shtm](http://www.fema.gov/plan/prepare/index.shtm)
  - Department of Homeland Security (Ready.gov) & FEMA—[www.ready.gov/kids](http://www.ready.gov/kids)
  - National Fire Protection Association: <http://www.sparky.org/index.html>
  - National Weather Service: <http://www.nws.noaa.gov/om/reachout/kidspage.shtml>

- **BUILD AN EMERGENCY SUPPLY 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 Repellent
- 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**
  - Food
  - Water
  - Documents (original rabies certificate)
  - Crate (Transport)
  - Tags & Collar
  - Leash
- **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

<http://www.ready.gov/build-a-kit>

<http://www.ready.gov/maintaining-your-kit>

<http://www.ready.gov/kit-storage-locations>

[http://www.ready.gov/sites/default/files/documents/files/checklist\\_1.pdf](http://www.ready.gov/sites/default/files/documents/files/checklist_1.pdf)

## **IV. LOCAL HAZARDS/THREATS & PROTECTIVE ACTIONS**

- **EARTHQUAKE**

- **How to Prepare**

- **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.

### **DROP, COVER & HOLD ON**

- **WHEN OUTDOORS**
  - ✓ If you are outdoors when the shaking starts, move away from buildings, streetlights, and utility wires. Once in the open,

### **DROP, COVER & HOLD ON**

- ✓ 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 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 SHOOTER & LOCKDOWN**

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters 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 shooters 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 shooter 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 Shooter 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 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 announcement:

**“LOCKDOWN, LOCKDOWN, LOCKDOWN.  
ACTIVE SHOOTER ON STATION.  
LOCKDOWN, LOCKDOWN, LOCKDOWN”**

or receive a message on your computer desktop, 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 911(from an on-base DSN phone), or 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 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.**

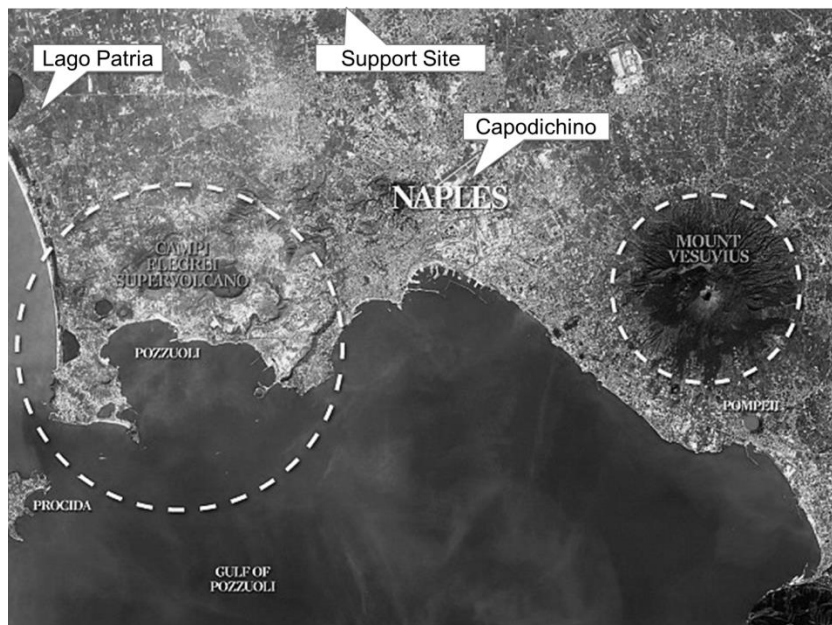
**Terrorists can use either manufactured or improvised explosive devices in public places and against a wide variety of vessels, buildings, and institutions. Such devices can be hidden, delivered by humans, transported in vehicles, and even mailed or shipped. They may be detonated directly or remotely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



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 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.
  - ✓ **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.

## ● **TERRORIST USE OF CBRN**

- As with every other U.S. Military installation in the world, the Naples U.S. Military community, as representatives of the United States of America, we are potential targets for terrorist attack.
- **FOLLOW ALL DIRECTIONS GIVEN BY EMERGENCY RESPONSE AUTHORITIES**
- Types of Attack:
  - ✓ **C**hemical

**Terrorists could deliberately release chemicals that poison people, animals, plants, or the environment. Chemical “agents” can be delivered in various forms—vapors, aerosols, liquids, and solids—and by a wide variety of methods, including sprays and bombs. Some chemicals with potential for terrorism—nerve agents, mustard gases, and choking agents—were developed for use in war. Others are used in industry, and still others can be made from natural or everyday household materials. Some chemical agents are difficult to produce, but the potential for release by terrorist attack exist anywhere hazardous industrial or military chemicals are stored.**

**Chemical agents can produce effects quickly (within a few seconds) or slowly (as much as two days after exposure), and some are odorless and tasteless. It is difficult to deliver chemical agents in lethal concentrations, and—outdoors—agents often dissipate rapidly.**

- If you are caught in or near an area contaminated by chemical attack or see signs of one:
  - Try quickly to define the source or impacted area, and find clean air quickly.
  - If the chemical is inside a building where you are, try to exit the building without passing through the contaminated area. If there is no safe path out, move as far away as possible and **SHELTER IN PLACE**.
  - If you are outside, quickly decide the fastest way to find clean air—move away upwind of the contamination or enter the closest building for shelter.
  - If you decide or are instructed to remain inside (**SHELTER IN PLACE**):
    - Close doors, windows, and vents. Turn off all air-handling equipment. (Conventional building filters and cloth breathing filters

are ineffective against chemical agents.)

- Take a kit, and go to an internal, upper-level room.
- Seal the room with tape and plastic, if possible.
- Monitor radio, TV, or the Internet for official information and instructions.

- **Do not go outdoors until authorities announce it is safe to do so.**

✓ **B**iological

**Terrorists could deliberately release biological substances that harm or kill people, animals, and plants. Bacteria, viruses, and toxins—the main types of potential biological “agents”—occur in nature but can be altered to increase their ease of dispersion, potency, or resistance to medicines.**

**Most biological agents are hard to grow and sustain. Many die when exposed to the environment, but others, like anthrax spores, are hardy. They can be spread by spraying them into the air, contaminating food and water, or infecting animals that carry disease to humans. Many must be inhaled, eaten, or absorbed through a skin cut to make you sick; some cause contagious diseases.**

**Biological agents can be hard to detect, and their effects may be delayed. A biological attack could come without warning, and the danger may not be immediately recognized. The first alert may be from health care workers noting an unusual pattern of illness. Your first warning may likely be an emergency notification of an attack.**

- In the event of a biological attack, it may take a while to determine the nature of the threat, who is at risk and the best steps to take. Watch television, listen to radio, or check the Internet for reliable information about areas in danger, signs and symptoms, and the nature and location of available assistance.
  - Try to stay in an indoor location where the air is filtered.
  - If you notice a suspicious substance, move away, wear a breathing filter, wash with soap, and contact authorities.
  - If you are exposed to a biological agent: Wear a breathing filter. If you do not have a mask, layers of fabric (t-shirt, handkerchief, or towel) or several layers of tissue or paper towels may help.
  - Remove clothes and personal items, bag them, and follow official instructions for disposal.
  - Wash with soap and put on clean clothes.
  - Practice good hygiene.
  - Use common sense. Be alert for symptoms, but don't panic.
  - Seek medical attention. Medical treatments are available for some biological threats. You may be advised to stay away from others.

- In most biological emergencies or epidemics, it is best to stay away from crowds where others may be infected.
- If someone is sick, practice good hygiene: Wash hands with soap frequently.
- Don't share food or utensils.
- Cover the mouth and nose with the crook of your arm when coughing or sneezing.
- **FOLLOW ALL DIRECTIONS GIVEN BY EMERGENCY RESPONSE AUTHORITIES**

✓ **Radiological Dispersion Device (RDD)**

**The radioactive materials used in power generation, industry, medicine, and research are easier for terrorists to obtain than the weapons-grade uranium or plutonium necessary for nuclear bombs. Even without the technology and expertise to create, deliver, and detonate a nuclear bomb, terrorists could still cause fear and disruption by dispersing radioactive materials in a number of ways.**

**Although introducing radioactive material into food or water supplies might produce fear and panic, the extent of contamination and danger would be relatively limited. A more likely method is a radiological dispersion device (RDD), or "dirty bomb," using conventional explosives to spread radioactive material into the surrounding area.**

**As with any explosion, an RDD could cause serious injuries and damage. Contamination from an RDD event could affect a wide area, thus, radiation from an RDD will likely take longer to dissipate due to a potentially larger localized concentration of radioactive material. The extent of the danger would depend on the size and design of the bomb, the amount and type of radioactive material, and weather conditions. The dust spread from the explosion could be dangerous to inhale or eat—a large enough dose would increase the risk of developing cancer later in life.**

- If you are **outside** when there is an explosion or authorities warn of a radiation release nearby:
  - Immediately cover your nose and mouth with some fabric that will filter the air.
  - Don't touch material thrown by the explosion.
  - Quickly find shelter in an undamaged building.
  - If you can't find appropriate shelter right away, move away from and upwind of the explosion as you continue to search.
- If you are **in a car** when there is an explosion or authorities warn of a radiation release nearby:
  - Cover your nose and mouth with some fabric that will filter the air.
  - Close the windows and vents; turn off the heater and air conditioner.



- If you are close to an undamaged building, go there immediately and take shelter.
  - If no appropriate shelter is nearby, find a safe place to park, and turn off the engine.
  - Listen to the radio for instructions, and stay put until you are told it is safe to get back on the road.
- If you are in, or take shelter in, an undamaged building when there is an explosion or authorities warn of a radiation release nearby:
    - Take an emergency kit, if available, and go to an underground or interior room.
    - To keep out radioactive dust, close doors, windows, and vents and turn off ventilation systems. Seal windows and external doors that do fit snugly with duct tape. Plastic sheeting will not provide shielding from radioactivity.
    - Stay put and use radio, TV, or the Internet to get official information and instructions.
  - **After the Explosion** only trained people with special equipment will be able to detect the presence of radiation or assure of its absence. No matter where you are, but particularly in a city or near a likely terrorist target, try to avoid or limit exposure to the dust from an explosion—especially inhaling it.
  - Don't drink water or eat unpackaged food that may have been contaminated by radioactive dust. Packaged food will be safe to eat, but wash the outside of containers before opening. Authorities will monitor food and water quality for safety and keep the public informed.
  - **FOLLOW ALL DIRECTIONS GIVEN BY EMERGENCY RESPONSE AUTHORITIES**

✓ **N**uclear Blast

Depending on how sophisticated the terrorist or terrorist organization is, a nuclear device either can be detonated—resulting in an explosion creating intense heat, light, radiation, pressure, and spread of radioactive material—or, if the attempted detonation is unsuccessful, the conventional high-explosives portion of the nuclear device could still explode—spreading the radioactive nuclear material. Nuclear devices can range from a weapon carried by an intercontinental missile to, theoretically, at least, a bomb small enough to be carried by an individual. A “suitcase bomb” blast, though not as great as that of a military nuclear weapon, still could be very destructive. Experts believe that a large, strategic nuclear attack on the United States is unlikely these days. Other scenarios

also are unlikely—the materials are expensive and the technology is complicated. However, terrorists and rogue states can be resourceful and unpredictable.

A nuclear blast creates a fireball that vaporizes surrounding material and carries it aloft in the familiar “mushroom cloud.” At ground level, it causes widespread destruction and fires. The vapor cloud condenses into radioactive dust (“fallout”) that can travel long distances and contaminate whatever it settles on. The nature and extent of these hazards depend on the characteristics of the bomb, where it detonates, and weather conditions.

A nuclear blast can immediately kill or injure people in range through force, heat, or flying debris. People partially protected by distance or shielding can be blinded or burned. Other effects may be delayed, and their seriousness depends on the type and amount of radiation absorbed by the body (the dose) and the exposure pathway (what organs and tissues receive this dose). The longer the exposure to radioactive materials and radiation, the greater the dose. People close enough to the blast to receive large doses of external radiation could develop radiation sickness and die within days or months. External exposure to lower doses of radiation and internal exposure from breathing air or eating food contaminated with radioactive fallout could lead to an increased risk of developing cancer and other health effects later on.

Fallout from a nuclear detonation remains radioactive for a period of time; however, approximately 99% of the radioactivity is gone in the first two weeks. (Fallout from a radioactive dispersion device—a conventional explosion spreading other types of radioactive material incapable of producing a nuclear detonation—would last longer.) The presence of radioactive material cannot be seen, smelled, or detected by normal senses. It can be detected only by using sensitive monitoring devices. Monitoring can project the arrival of radioactive fallout from a distant blast. Such predictions would be announced through official warning channels, but any increase in the buildup of gritty surface dust and dirt would be reason to take protective measures.

- If a nuclear attack is anticipated, those near likely targets could decide or be advised to evacuate.
- In the event of **evacuation**:
  - Listen to the radio or television for official instructions and information about procedures, routes, and shelters.
  - Take an emergency supply kit.
  - Consider neighbors who may need help.
- If a **nuclear blast occurs** with no warning or too little time to get out of the area:
  - Take cover immediately as far below ground as possible. Any protection is better than none at all. The more distance from the detonation, the

more intervening shielding, and the less time spent in radioactive areas, the better.

- Take your Emergency Supply Kit, if possible.
  - To keep out radioactive dust, close doors, windows, and vents and turn off ventilation systems. These actions are **SHELTERING IN PLACE**.
  - Stay put and use radio, TV, or the Internet to get official information and instructions.
- If you are **caught outside** by a nuclear blast:
- The time it takes the heat and shock waves to arrive depends on your distance from the detonation. Take cover behind anything that might offer protection from the blast, lie flat on the ground, and cover your head and hands. Use any available cloth as a breathing filter.
  - Don't look at the flash or fireball, they can blind you.
  - No matter how far you are from the blast site, take shelter from fallout as soon as you can, upwind if possible.
  - Before entering shelter, dust off, keeping your mouth and nose covered. As soon as possible, shed contaminated clothing and wash your hair and skin.
- **After a nuclear blast**, most fallout would occur in the first 24 hours, near and downwind from the blast. People in most affected areas could be allowed out of shelter within a few days and, if necessary, evacuated to unaffected areas. Those in the areas with highest radiation levels might have to shelter for up to a month. If you must be outside where radioactive fallout is a concern:
- Clean and cover any open wounds on your body.
  - Cover your mouth and nose with a damp towel.
  - Use your Emergency Supply Kit for food and drinking water, not fresh food or open water.

## V. 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 Card
- \*US Passport (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 DD2208 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 DD2209 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.

## ○ NEO FORMS

- NEO Census Input Form (Enclosure 1)
- DD FORM 1337, Authorization/Designation for Emergency Pay & Allowances (Enclosure 2)
- DD FORM 2461, Authorization for Emergency Evacuation Advance & Allotment Payments for DOD Civilian Employees (Enclosure 3)
- Inventory of Household Goods (Enclosure 4)
- DD FORM 2585, Repatriation Processing Center Processing Sheet (Enclosure 5)
- DA FORM 4986, Personal Property Record (Enclosure 6)
- Pet Evacuation Registration Card (Enclosure 7)
- DD Form 2208 Rabies Vaccination Certificate (Enclosure 8)
- DD Form 2209 Veterinary Health Certificates (Enclosure 9)

## VI. PERSONNEL ACCOUNTABILITY

- Make certain your contact information and status is continuously updated in the following systems:
  - ✓ U.S. Navy (NFAAS)  
Navy Family Accountability & Assessment System
  - ✓ U.S. Army (ADPAAS)  
Army Disaster Personnel Accountability & Assessment System
  - ✓ U.S. Air Force (AFPAAS)  
Air Force Personnel Accountability and Assessment System
- Follow your Command/Organization's personnel accountability and reporting procedures

## VII. 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



# ENCLOSURES

<u>FORM</u>	<u>Encl</u>
- NEO Census Input Form	1
- DD FORM 1337, Authorization/Designation for Emergency Pay & Allowances	2
- DD FORM 2461, Authorization for Emergency Evacuation Advance & Allotment Payments for DOD Civilian Employees	3
- Inventory of Household Goods	4
- DD FORM 2585, Repatriation Processing Center Processing Sheet	5
- DA FORM 4986, Personal Property Record	6
- Pet Evacuation Registration Card	7
- DD 2208, Rabies Vaccination Certificate	8
- DD 2209, Veterinary Health Certificate	9
- Emergency Contact / Notification Card (English & Italian)	10
- READY NAVY Contact Cards	11
- CDNS Registration Information Sheet	12

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# 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? No
6. Command		7. (circle one) Ashore	8 Do you reside... (circle one) Offbase	9. Service (circle one) Navy
10. PRD (mm/dd/yyyy)	11. EAOS (mm/dd/yyyy)	12. Quarters Address		13. Home phone #

**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

**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 \_\_\_\_\_

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## 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. SOCIAL SECURITY NUMBER
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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>	a. NAME <i>(Last Name, First Name, Middle Initial)</i>	b. DATE OF BIRTH <i>(YYYYMMDD)</i>
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	

**7. PAYMENT DESIGNATION**

a. ADVANCE OF PAY - MAXIMUM AMOUNT \$ \_\_\_\_\_ *(Not to exceed 2 months basic pay)*  
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	e. SIGNATURE OF MEMBER
---------	------------------------

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

g. DATE	h. NAME, SIGNATURE, AND TITLE 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); P.L. 102-484, Sec. 614; Department of Defense Financial Management Regulation (DoDFMR) 7000.14-R, Vol. 7A; Joint Federal Travel Regulation, Vol. 1, Chapter 6; E.O. 9397 (SSN).

**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. The "Blanket Routine Uses" published at the beginning of the DoD compilation of systems of records notices also apply.

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

<b>1. SPONSORING CIVILIAN EMPLOYEE</b>		<b>2. SOCIAL SECURITY NO.</b>	<b>3. GRADE OR LEVEL</b>	<b>4. STEP OR RATE</b>
a. NAME (First, Middle Initial, Last)		<b>5. POSITION TITLE</b>		
b. ADDRESS (Street, City, State and Zip Code)		<b>6. EMPLOYING DEPARTMENT</b>		<b>7. APPROPRIATION</b>
<b>8. EVACUATED INSTALLATION</b>		<b>9. EVACUATION ORDER NO.</b>	<b>10. DATE OF ORDER (YYYYMMDD)</b>	<b>11. DATE EVACUATED (YYYYMMDD)</b>
<b>12. NAME OF DEPENDENT OR DESIGNATED REPRESENTATIVE (First, Middle Initial, Last)</b>			<b>13. RELATIONSHIP</b>	
<b>14. OTHER DEPENDENTS (If additional space is needed, use back.)</b>				
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: \$ _____		
<b>17. EMPLOYEE</b>				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
<b>18. DEPENDENT OR DESIGNATED REPRESENTATIVE</b>				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
<b>19. AUTHORIZED OFFICIAL</b>				
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)	
<b>21. PAYMENT RECORD (If additional space is needed, use back.)</b>				
a. DATE (YYYYMMDD)	b. PAID BY (ADSN)	c. VOUCHER NO.	d. TYPE OF PAYMENT	e. AMOUNT

DD FORM 2461, MAR 2000

PREVIOUS EDITION IS OBSOLETE.

Reset

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

PRINT
RESET

APPLIANCES TO BE SERVICED		
TYPE (Place "X" in applicable boxes)	MAKE	YEAR
CLOTHES DRYER GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
WASHING MACHINE AUTOMATIC <input type="checkbox"/> NON AUTOMATIC <input type="checkbox"/>		
IRONER <input type="checkbox"/> MANGLE <input type="checkbox"/>		
FREEZER CHEST <input type="checkbox"/> UPRIGHT <input type="checkbox"/>		
REFRIGERATOR GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> SINGLE DOOR <input type="checkbox"/> DOUBLE DOOR <input type="checkbox"/>		
TELEVISION TABLE <input type="checkbox"/> PORTABLE <input type="checkbox"/> CONSOLE <input type="checkbox"/>		
STOVE GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>		
DISHWASHER		
AIR CONDITIONER		
STEREO		
HI-FI RADIO		
RECORD PLAYER		
OTHER ( <i>Specify</i> )		
THE FOLLOWING ITEMS ARE TO BE WITHDRAWN AND PLACED IN NON-TEMPORARY STORAGE IN THE EVENT WEIGHT IS IN EXCESS OF THE ADMINISTRATIVE WEIGHT RESTRICTION:		
1.		
2.		
3.		
4.		
5.		
6.		
Name	Grade	Service Number/SSAN
<small>NOTE: Disconnecting or connecting of appliances to gas, water or electricity will not be performed by the carrier. Arrangements for disconnecting or connecting must be made by the owner. Carriers will not remove or install TV antennas or air conditioners.</small>		
<b>INTERVIEWER'S NOTES</b>		

**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 ( <i>Military</i> )

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

**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.)

a. CLASSIFICATION NUMBER	b. AGENCY CODE
c. CLASSIFICATION NUMBER	d. AGENCY CODE
e. CLASSIFICATION NUMBER	f. AGENCY CODE

**17. NUMBER OF FAMILY MEMBERS WITH YOU**

<input type="text"/> ADULTS (Include yourself)	<input type="text"/> CHILDREN (Include all children)
---	---

**18. NUMBER OF ANIMALS WITH YOU** (If applicable)  
DoD and SERVICE ANIMALS ONLY

<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 X	DOLLARS =	0.00
b. ONWARD TRANSPORTATION	PERSONS X	DOLLARS =	0.00
	PERSONS X	DOLLARS =	0.00
c. TEMPORARY LODGING AND PER DIEM	PERSONS X	DAYS X	DOLLARS =
d. MISCELLANEOUS <i>(Specify)</i>			=
			=
			=
			=

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 ( <i>X as applicable</i> )		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			

PERSONAL PROPERTY RECORD <small>For use of this form, see AR 190-31; the proponent agency is DCSPER.</small>		PAGE NO.	NO. OF PAGES	DATE OF PREPARATION			
 <b>Army Operation Identification</b>	<p>Recording identifying data of your high value property will assist in recovering lost of stolen property, and for claims against the Government and/or private insurance, as appropriate.</p>	<b>AUTHORITY:</b> Title 10, USC 3012 and 5, USC 301 <b>PRINCIPAL PURPOSE:</b> To record identifying data of individual personal property. Upon the reporting of a loss by the individual, information may be used to assist in the recovery and return of the personal property. Information can also assist in adjudication of claims against the Government for loss or damages to personal property. <b>MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:</b> Disclosure of information is voluntary. Failure to provide information will have no adverse effect on the individual. <b>SOCIAL SECURITY NO.</b>	<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b> To record identifying data of individual personal property. Upon the reporting of a loss by the individual, information may be used to assist in the recovery and return of the personal property. Information can also assist in adjudication of claims against the Government for loss or damages to personal property. Disclosure of information is voluntary. Failure to provide information will have no adverse effect on the individual.				
TYPED OR PRINTED NAME OF OWNER (Last - First - Mi)  REMEMBER - 1. When marking your personal property, use the prefix "USA" followed by your Social Security Number. 2. When you have completed marking your property, display DA Label 107, Warning, Army Operation Identification, in a conspicuous location outside your room or building. 3. Keep this record of high value property in a safe place.		SIGNATURE OF OWNER					
ITEM NO.	NAME OF ITEM	QTY	BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION	SERIAL NO. OR MARKING	DATE ACQUIRED <i>(if known)</i>	VALUE	SIGNATURE OF INDIVIDUAL VERIFYING RECORDING OF PROPERTY AND DATE

DA FORM 4986, MAY 81



## 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:						

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

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

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

<b>5. VACCINE</b>				
a. <b>PRODUCER</b> <i>(First 3 letters)</i>	b. <b>LOT NUMBER</b>	c. <b>EXPIRATION DATE</b>	d. <b>VIRUS TYPE</b>	e. <b>ADMINISTRATION SITE</b>

<b>6. VACCINATION</b>		<b>7. VETERINARIAN</b>	
a. <b>RABIES TAG NUMBER</b>	b. <b>DATE VACCINATED</b>	a. <b>NAME</b>	b. <b>LICENSE NUMBER</b>
c. <b>VACCINATION DURATION</b>	d. <b>VACCINATION DUE</b>	c. <b>SIGNATURE</b>	

8. <b>FACILITY ADDRESS</b> <i>(Street, City, State, ZIP Code)</i>
---

### 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.

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

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

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

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

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

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# 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. Assigned Command/Agency: \_\_\_\_\_

3. Duty Location:

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

4. 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.

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

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6. LIST ALL LANDLINE PHONE NUMBERS YOU WOULD LIKE TO RECEIVE NOTIFICATIONS (REQUIRED PHONE NUMBER FORMAT: 011-Country Code-City Code-Local Number (example: Italy: 39), Example: 01139XXXXXXXXXX)

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7. 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 (example: Italy: 39), Example: 01139XXXXXXXXXX)

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

[m-na-nsaopsemdispatch-gs@eu.navy.mil](mailto:m-na-nsaopsemdispatch-gs@eu.navy.mil)

FOR ANY QUESTIONS, PLEASE CONTACT US AT DSN 626-5639/3585, COMM 081-568-5639/3585