## I. ORGANIZATION

4. Is this unit organized as shown on UMD? [Yes] [No]

5. Is the attitude of the community favorable towards this organization? [Yes] [No]

## II. PERSONNEL

6. What percentage of assigned officers are federally recognized? \(\%\)

7. How many officers are awaiting federal recognition but are otherwise qualified?

8. Does each assigned member have a personnel record? [Yes] [No] Where filed? [On-hand] Location

9. Does each assigned member have a medical record? [Yes] [No] Where filed? [On-hand] Location

10. Are all personnel physically/medically qualified IAW AFI 48-123? [Yes] [No]

11. Do officers meet eligibility requirements to occupy UMD positions to which assigned IAW AFI 36-2101? [Yes] [No]

12. Do airmen meet eligibility requirements to occupy UMD positions to which assigned IAW AFI 36-2101? [Yes] [No]

13. Has the oath of enlistment been administered to all airmen as required by the DD Form 4? [Yes] [No]

14. Strength: 
   - Officers
   - Enlisted
   - Aggregate

   **UMD Authorized** | **Assigned** | **Minimum # Required**

   - a. Officers
   - b. Enlisted
   - c. Aggregate

## III. FACILITIES

15. The facilities are owned by: [Federal] [State] [County] [City] [Unit] [Private]

16. Are the assigned available facilities adequate for this and other units on base? [Yes] [No] [N/A]

17. Do the facilities provide the minimum security as prescribed by UFC 4-101-01 and AFI 31-101? [Yes] [No] [N/A]

18. Has the Vulnerability Assessment been accomplished IAW AFI 10-245? [Yes] [No] [N/A]

19. Has the facility passed an environmental assessment IAW NEPA? [Yes] [No] [N/A]

20. Are the operating ramps, taxiways, and runways available and adequate for the assigned UE and PAA aircraft? [Yes] [No] [N/A]

21. Are facilities adequate for the storage and protection of United States Property against fire, elements, and pilferage? [Yes] [No] [N/A]

22. Are there proper facilities available for safeguarding classified equipment and materials? [Yes] [No] [N/A]

23. Are the available facilities adequate to house, or provisions made to provide for, the support services necessary to the administration and logistical support of the units located at this facility? [Yes] [No] [N/A]

24. Are accommodations available for personnel desiring or required to remain overnight during weekend training assemblies? [Yes] [No] [N/A]

25. In the event answers #16 through #24 above are "No", explain the impact on training readiness of the unit and any plans to remedy the deficiency in facilities.

## IV. RECOMMENDATIONS BY INSPECTION TEAM/OFFICER

26. Based on the facts as presented and the personal evaluation made by the inspecting team/officer, it is recommended that:

   a. Federal recognition [BE] [NOT BE] granted to this unit. Date of inspection:

   Senior Inspecting Officer Name, Rank, Unit of Assignment: 

   Signature:

## V. MAJOR AIR COMMAND RECOMMENDATION

27. Recommendations by gaining Major Command: [Approved] [Disapproved] Date:

   Headquarters: 

   Signature: