

## **MARDET NAVSCOLEOD STUDENT CHECKLIST**

VERSION 1 (MAY 2018)

1. Purpose. To ensure Marines executing permanent change of station orders to MARDET NAVSOLEOD are fully qualified to start training upon arrival.
2. Information. In order to prevent Marines from being placed on administrative hold upon arrival, it is essential that parent commands ensure their Marines are fully qualified and satisfy the minimum requirements in accordance with MCO 3571.2H.
3. Action. A signed copy of the completed checklist will be hand carried by the Marine upon check-in to MARDET NAVSCOLEOD. If a Marine does not meet all of the prerequisites, contact MARDET NAVSCOLEOD immediately in order to source a solution.

### **MARDET NAVSCOLEOD ORGANIZATIONAL MAILBOX**

**<NAVSCOLEOD\_mardetgysgt.fct@navy.mil>**

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **TIG:** \_\_\_\_\_

**COMMAND:** \_\_\_\_\_ **Detachment Date:** \_\_\_\_\_

#### **1. S-2 (Filled out by S-2 SNCO or Officer at Company/Bn/Squadron Level)**

**a.** SNM has a Non-Disclosure Agreement (NDA) filed in JPAS

Date: \_\_\_\_\_ YES/NO

**b.** SNM has a **SCHEDULED** SSBI/T5 OPM investigation YES/NO

**(SSBI will be initiated upon check-in to an EOD Unit for OJT)**

**The Marine must not transfer to NAVSCOLEOD until a T5 investigation is opened**

**c.** SNM out-processed in JPAS YES/NO

**Security Manager Signature:** \_\_\_\_\_

**Printed rank/name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>a.</b> SNM has received mental health treatment in the last (6) months	YES/NO
<b>b.</b> SNM has received treatment by a non-military provider without referral in last (6) months	YES/NO
<b>c.</b> Completed Explosive Materials Handler Physical	YES/NO
<b>d.</b> Completed and signed Medical Examiner's Cert <u>(OPNAV 8020/6)</u>	YES/NO
<b>e.</b> Has SNM been on light/limited duty in last (6) months	YES/NO
<b>f.</b> Current injury or illness	YES/NO

[illegible]

Printed rank/name: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. EOD Operations/Training Chief

- a. Meets physical fitness standards IAW MCO 1200.17E YES/NO  
1<sup>st</sup> Class PFT within 30 days prior to detaching.

Score: \_\_\_\_\_ Class: \_\_\_\_\_ Date: \_\_\_\_\_

- b. Meets height & weight requirements IAW MCO 6110.3 YES/NO  
(Must be within (30) days of detach date)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ MAX: \_\_\_\_\_ DATE: \_\_\_\_\_

- c. SNM is PME complete for current grade YES/NO  
(Recommended)  
Sgt's Non-resident Course Date: \_\_\_\_\_ YES/NO  
Sgt's Resident Course Date: \_\_\_\_\_ YES/NO
- d. SNM has current promotion picture YES/NO  
(Recommended)
- e. NAVMC 11361 (EOD Screening Checklist) YES/NO  
(Attach copy to checklist)
- f. SNM has required uniforms per MCO P10120.28G YES/NO  
(Will be inspected for serviceability and proper fit)

Ops/Training Chief Signature: \_\_\_\_\_

Printed rank/name: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. EOD Chief/SNCOIC

- a. SNM changed marital status since screening YES/NO  
# of dependents: \_\_\_\_\_
- b. SNM's spouse been briefed by EOD Officer/SNCO YES/NO/NA
- c. Personal or financial issues that would preclude YES/NO  
SNM from starting training within two weeks of  
check-in to NAVSCOLEOD

After observing and screening SNM for a period of \_\_\_\_\_ months,  
I **Do/Do Not** recommend SNM to attend training at NAVSCOLEOD.

**EOD Chief/SNCOIC remarks:**

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**EOD Chief/SNCOIC Signature:** \_\_\_\_\_

**Printed rank/name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**5. CO/OIC:**

This Marine **does/does not** meet the requirements listed in (MCO  
3571.2H Appendix A.) or this checklist. If not, please explain  
below:

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**EOD Officer Signature:** \_\_\_\_\_

**Printed rank/name:** \_\_\_\_\_ **Date:** \_\_\_\_\_