

<b>REPORT OF INSPECTION FOR FEDERAL RECOGNITION</b> <b>(ARMY NATIONAL GUARD UNITS) (REF: NGR (AR) 10-1)</b> <b>(Proponent Agency is NGB-ARF)</b>		DATE OF INSPECTION	
		DATE OF ORGN	
UNIT DESIGNATION	UIC	STATION ADDRESS	
		MAILING ADDRESS	
<b>I. ORGANIZATION</b>			
1. IS THIS UNIT ORGANIZED AS PRESCRIBED BY APPROPRIATE MTOE OR TDA? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. IS ATTITUDE OF COMMUNITY FAVORABLE TOWARDS THIS ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO OBSERVATION BASED ON	
<b>II. PERSONNEL</b>			
1. INDIVIDUAL PERSONNEL RECORDS AND MEDICAL RECORDS ON HAND, COMPLETE AND UP TO DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		2. ARE ALL PERSONNEL MEDICALLY QUALIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. ARE ALL ENLISTED PERSONNEL QUALIFIED FOR ENLISTMENT IN ACCORDANCE WITH NGR 600-200? <input type="checkbox"/> YES <input type="checkbox"/> NO		4. HAVE ALL ENLISTED PERSONNEL TAKEN THE OATH REQUIRED BY ITEM 58, DD FORM 4? <input type="checkbox"/> YES <input type="checkbox"/> NO	
5. NUMBER OF OFFICERS FEDERALLY RECOGNIZED?		6. NUMBER OF OFFICERS NOT FEDERALLY RECOGNIZED WHO: A. APPEAR TO BE QUALIFIED B. DO NOT APPEAR TO BE QUALIFIED	
7. STRENGTH	OFFICERS	WARRANT OFFICERS	ENLISTED
a. SRC STRENGTH	_____	_____	_____
b. MINIMUM STRENGTH FOR F/R	_____	_____	_____
c. ASSIGNED STR PRESENT	_____	_____	_____
d. ASSIGNED STR ABSENT	_____	_____	_____
<b>AGGREGATE</b>			
<b>III. FACILITIES</b>			
1. ARE THE FOLLOWING FACILITIES AVAILABLE FOR THE UNIT?			
A. ARMORY			
(1) FACILITIES MEETING AT LEAST 80% OF ALLOWABLE CRITERIA FOR BUILDINGS AND VEHICLE PARKING CONTAINED IN NGR 415-10, CHAPTER 2, AND MINIMUM SECURITY AS PRESCRIBED IN NGR 190-11. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(2) FACILITIES PROVIDING MINIMUM ACCEPTABLE ADMINISTRATION, CLASSROOM, LOCKER-LATRINE, SUPPLY SPACE AND VEHICLE PARKING FOR TEMPORARY OCCUPANCY AND MINIMUM SECURITY PRESCRIBED IN NGR 190-11. <input type="checkbox"/> YES <input type="checkbox"/> NO			
B. OMS			
(1) FACILITIES MEETING AT LEAST 80% OF ALLOWABLE CRITERIA FOR BUILDINGS AND VEHICLE PARKING CRITERIA CONTAINED IN NGR 415-10, CHAPTER 2. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(2) FACILITIES PROVIDING MINIMUM ACCEPTABLE ADMINISTRATION, SUPPLY SPACE, LATRINE, WORK BAY AREA AND VEHICLE PARKING FOR TEMPORARY OCCUPANCY. <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. IN THE EVENT ANSWERS TO A(1) OR B(2) ABOVE ARE "NO", EXPLAIN THE IMPACT ON TRAINING READINESS OF THE UNIT AND ANY PLANS TO REMEDY THE DEFICIENCY IN FACILITIES.			
<b>IV. RECOMMENDATIONS</b>			
RECOMMENDATIONS OF THE INSPECTING OFFICER			
BASED UPON THE RESULTS OF THIS INSPECTION, MY RECOMMENDATIONS ARE AS FOLLOWS:			
<input type="checkbox"/> A. THAT FEDERAL RECOGNITION (BE) (NOT BE) GRANTED THIS UNIT.			
<input type="checkbox"/> B. THAT SENSITIVE ITEMS OF PROPERTY (BE) (NOT BE) GRANTED THIS UNIT.			
_____	_____	_____	
TYPED NAME, GRADE, BRANCH SSN OF INSPECTING OFFICER	SIGNATURE	UNIT OF ASSIGNMENT	