

REPORT OF SCREENING FOR PERSONNEL ASSIGNED ARMS, AMMUNITION AND EXPLOSIVES (AA&E) SECURITY RELATED DUTIES

Per OPNAVINST 5530.13, before persons are assigned AA&E security related duties, whether full time or collateral, they will be screened to ensure they have maturity, good judgment, trustworthiness, and positive attitudes toward the DON and national security. Such screening will include Ordnance personnel and personnel authorized unescorted entry to AA&E spaces. A designated Officer will examine service records of those personnel being screened and discuss the duties to be assigned with the person or person's supervisor.

NAME OF INDIVIDUAL BEING SCREENED	RATE	XXX-XX- SSN (Enter last four digits of SSN)
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NAME OF OFFICER PERFORMING SCREENING	RATE	XXX-XX- SSN (Enter last four digits of SSN)
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I HAVE BEEN BRIEFED ON MY DUTIES AND RESPONSIBILITIES FOR THE SECURITY OF ARMS, AMMUNITION AND EXPLOSIVES (AA&E). "I UNDERSTAND THAT MY BEHAVIOR ON DUTY AS WELL AS OFF DUTY IS EXPECTED TO REFLECT MATURE STABLE JUDGMENT AND THAT I MAY BE REMOVED FROM MY DUTIES INVOLVING CONTROL OF ARMS, AMMUNITION, AND/OR EXPLOSIVES, OR OTHER ADMINISTRATIVE ACTION TAKEN IF MY BEHAVIOR DOES NOT REFLECT HIGH STANDARDS. I FURTHER UNDERSTAND THAT SERIOUS HARM CAN COME FROM MY FAILURE TO PROPERLY CARRY OUT MY DUTIES. I AM AWARE THAT MY IMPROPER ACTIONS OR FAILURE TO CARRY OUT MY DUTIES MAY RESULT IN CRIMINAL PROSECUTION, FINES, AND IMPRISONMENT. I UNDERSTAND AND ACCEPT THE RESPONSIBILITY TO SAFEGUARD ARMS, AMMUNITION, AND/OR EXPLOSIVES".

SIGNATURE OF MEMBER BEING SCREENED	DATE
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SIGNATURE OF SCREENING OFFICER	DATE
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ACKNOWLEDGMENT OF ANNUAL RESCREENING

SIGNATURE OF MEMBER BEING SCREENED	DATE
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SIGNATURE OF SCREENING OFFICER	DATE
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SIGNATURE OF MEMBER BEING SCREENED	DATE
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SIGNATURE OF SCREENING OFFICER	DATE
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17 Dec 10

NAME

RATE

SSN (Last Four)

FRANK CABLE AA&E SCREENING CHECKLIST

Per OPNAVINST 5530.13C, all personnel assigned duties whose responsibilities entail control of or unescorted access to Arms, Ammunition, and Explosives (AA&E), will be thoroughly screened to ensure that they are mature, stable, and have shown a willingness and capability to perform assigned tasks independently.

This checklist is intended to assist the AA&E Accountability Officer, Weapons Repair Officer, AA&E Screening Officer and other members of the Chain of Command who are responsible for conducting AA&E screenings, in determining the service members suitability for assignment to duties involving access to and work with AA&E.

This information, once revealed, is of a sensitive nature, and disclosure will be limited only to those personnel assigned to screen AA&E members.

Note

This checklist should be utilized for initial screening and annual re-screening only and shall be destroyed after the completion of the screening process due to the privacy act.

1. Has the member ever been charged with any crime i.e. domestic violence other than minor motor vehicle infractions?

Yes/No (Circle One)

2. If "Yes" to question #1, list the circumstances regarding the charge, whether or not he/she were convicted, and any punishment assessed. (Use the back of this form, if necessary.)

3. Has the member ever illegally used drugs? Yes/No (Circle One)

4. If "Yes" to question #3, list the circumstances regarding the drug use, including what types of drugs were used (Use the back of this form, if necessary.)

5. Has member ever been convicted at Non-Judicial Punishment, Court Martial and or in the process of going to DRB, XO1, and CO's mast? Yes/No (Circle One)

Enclosure (3)

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6. If "Yes" to question #5, list the circumstances regarding the conviction, including the command when the action took place, and charges brought against the member. (Use the back of this form, if necessary.)

7. Has member ever been involved in an alcohol-related incident, accident, or episode?

Yes/No (Circle One)

8. Has member ever been charged with Driving Under the Influence and/or Driving While Intoxicated?

Yes/No (Circle One)

9. Has member ever been diagnosed as either an alcohol abuser or as alcohol dependent?

Yes/No (Circle One)

10. To your knowledge, are there any other circumstances, other than those set forth in the above checklist, that may affect the member screening for AA&E duties?

Yes/No (Circle One)

"Yes" to questions 11 through 13 require Medical and Dental record reviews by a Medical Screening Officer:

11. Has member ever been diagnosed with any type of mental illness?

Yes/No (Circle One)

12. Has member ever been under the care of a psychiatrist or other mental health professional?

Yes/No (Circle One)

13. Have you ever taken psychotropic medications?

Yes/No (Circle One)

Destroy after the completion of the screening process due to the privacy act.

Enclosure (3)