

EXPLOSIVE ORDNANCE DISPOSAL (EOD) LATERAL MOVE SCREENING CHECKLIST - EOD PROGRAM (3571)

NAVMC 11361 (1-08) (EF) (Previous editions are obsolete and will not be used)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5041, Headquarters, Marine Corps, and E.O. 9397 (SSN)

PRINCIPAL PURPOSE: Information collected by this form will be used to screen Marines for a lateral move into the EOD program.

RETENTION: The collected information will be maintained in Total Force Retention System (TFRS) with restricted, limited access. Records in this file system will only be retrieved by personal with access to TFRS via PKI/password. The information will be retrieved by SSN. This form will be destroyed when no longer needed or within two years (whichever is earlier).

ROUTINE USES: None other than the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is voluntary. However, failure to provide may result in you not being selected for the EOD program.

This form is used to screen Marines for lateral move into the EOD program. It is a five-part form. Part I is to be completed by the CRS. Part II is to be completed by medical. Part III is to be completed by the Security Manager or the Assistant Security Manager. Part IV will be completed by the Marine's Chain of Command. Part V will be completed by the EOD SNCO and Officer conducting the screening.

PART I

General Information To be completed by the CRS

1. Applicant's Name (Last, First, Middle)		2. Rank	3. MOS	4. SSN
5. Is SNM volunteering for the EOD Program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Marine is not qualified)				
6. DOR	7. AFADBD	8. EAS	9. Age (21 min)	10. Current Proficiency / Conduct /
11. Average Pro / Con in Service /	12. Component <input type="checkbox"/> USMCR <input type="checkbox"/> USMC		13. Applying for EOD in the <input type="checkbox"/> USMCR <input type="checkbox"/> USMC	14. GT Score (110 min)
15. Education Level	16. Reading Comprehension Test (NDRT or TABE) Score/Date: (required score NDRT 11 or TABE 11 overall)		17. PME Complete for grade? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled	18. Rifle Qual / Date
19. Swim Qual / Date	20. PFT (Class / Score / Date)	21. Current Height / Weight / Body Fat (if required)		22. Has SNM ever been assigned to weight control? (If yes # of times) <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Civilian Drivers License Exp Date	24. Govt Drivers License Exp Date <input type="checkbox"/> N/A	25. Govt Vehicles Licensed to Operate <input type="checkbox"/> N/A		26. Explosive Drivers License Exp Date <input type="checkbox"/> N/A
27. List Military Personal Awards:				
28. Signature of Applicant		29. Date	30. Unit:	
31. Rank / Name of CRS		32. Phone Number	33. Signature	34. Date

PART II

Review the Marines health records. To be completed by Medical Officer or IDC

1. Does SNM have/had any prior injuries that are a recurring problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Would any injuries listed in the Marine's Health Record prevent SNM from performing strenuous EOD work? (NAVMED P-117, Change 126, Article 15-107)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does SNM have normal color vision based on a current physical and Pseudo-Isochromatic Plates (PIP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does SNM have any history of claustrophobic tendencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does SNM have any record (to include pre-service) of illegal drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does SNM have any record of alcohol abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does SNM have any factors (physical or mental) that would disqualify him/her from being qualified for explosive drivers license? (NAVMED P-117, Change 126, Article 15-107)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does SNM have any factors that would disqualify him/her from handling Arms, Ammunition, and Explosives (AA&E)? (NAVMC 11386)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Is SNM <u>less</u> than a Class II Dental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Provide details for all yes answers (except for question 3) use additional paper if required.

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10. I have reviewed _____ medical records and the following is provided: <p style="text-align: center;">Applicant's Name</p>			
<input type="checkbox"/> There is no record of any medical condition/disorder that would prohibit the assignment to the Explosive Ordnance Disposal field.			
<input type="checkbox"/> There is a record of medical condition(s) and/or disorder(s) that would prohibit the assignment to the Explosive Ordnance Disposal field. An evaluation is enclosed			
11. Rank / Name of Medical Officer or IDC	12. Phone Number	13. Signature	14. Date

PART III

Security: To be completed by the Security Manager or Assistant Security Manager of SNM's unit.

1. Is _____ a U.S. Citizen? Applicant's Name	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Has SNM ever held citizenship with a country other than the U.S. (including dual-citizenship)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is SNM pending Legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does SNM have any derogatory Page 11 entries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does SNM have any Non Judicial Punishments or Courts Martial?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does SNM have any Civilian Convictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does SNM have any record of illegal drug usage to include pre-service? (Check initial enlistment papers in SRB for pre-service drug use per SECNAVINST 5510.35A.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Has SNM ever had an alcohol related conviction or incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Has SNM ever been convicted of any of the articles under the Smith Amendment? (if Yes SNM will not be granted a clearance and is ineligible for the EOD program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does SNM have a Security Clearance? (If yes go to question 11, if No go to question 13)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. List level of clearance _____ and Eligibility date _____		
12. Is the clearance based on a current SSBI? (If yes attach JPAS printout to screening checklist then go to signature block)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. I understand that I will be required to initiate a Single Scope Back Ground Investigation (SSBI) on SNM via Electronic Questionnaire for Investigation (e-QIP) within 30 days of SNM being issued web orders by MMEA for EOD. When submitting the SSBI list access code as "Top Secret" this will generate the SSBI. Ensure that the SF 87 Finger Print Card is included.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Note: Provide details for all yes answers (except for questions 1, 10, and 12) use additional paper if required.		
14. Rank / Name of Security Manager or Asst Security Manager	15. Phone Number	16. Signature
		17. Date

PART IV

Recommendations from Marine's Chain of Command on suitability for the EOD program.

Applicant's Rank / Name (Last, First, Middle):

SNCOIC / Pit Sgt (Rank / Name)

Phone Number

Date

Comments:

OIC / Pit Cmdr (Rank / Name)

Phone Number

Date

Comments:

1stSgt / SgtMaj (Rank / Name)

Phone Number

Date

Comments:

Commanding Officer (Rank / Name)

Phone Number

Date

Comments:

PART V

EOD SNCO and Officer Screening (To be conducted by USMC EOD only)

1. Has the EOD program been explained to _____ ? Applicant's Name		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the Marine Married?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If yes, has the EOD program been explained to the spouse? <input type="checkbox"/> N/A		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Has the Marine ever been interviewed for the EOD program?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If previously interviewed state the results of the interview to include prior attendance at NAVSCOLEOD and actions taken to correct deficiencies.			
6. Has the Marine been briefed on how to obtain a credit report via www.ftc.gov web site and how the credit report relates to SNMs clearance request?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Has the Marine taken a PFT and scored 1st class during the screening?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Crunches:	b. Pull ups/Flex Armed Hang:	c. Run Time:	d. Total Score:
e. Class:	f. Age:	g. Height:	h. Weight:
		i. Body Fat: (if required)	

Claustrophobic / Bomb Suit Agility Test:

Place the Marine into the Bomb suit for 20 minutes (total time). *During this time, maintain a constant watch on the applicant.* Assign Marine to walk 100 meters with a 25 lb weight (eg. MK 40 disrupter, x-ray equipment, filled ammo can, ect..) kneel down, place the weight / tool, on the deck, and return to simulated safe area 100 meters away. Upon returning to simulated safe area, Marine must lay down in the prone position and then stand up without assistance. Look for signs of claustrophobia or inability to function while wearing the bomb suit.

8. Based on the above test, has the Marine displayed any claustrophobic tendencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Based on the above test, does the Marine have the strength to independently function in the bomb suit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Essay (**Essay will not be forwarded with package**): The applicant must handwrite a 1 page essay explaining why he is interested in the EOD program.

Applicant's Rank / Name (Last, First, Middle):

EOD SNCO conducting the screening. Based on the entire screening process final recommendation to EOD Officer and comments:

RECOMMENDED

NOT RECOMMENDED

Comments:

Rank / Name EOD SNCO conducting screening	Signature	Date
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EOD OFFICER FINAL APPROVAL:

RECOMMENDED

NOT RECOMMENDED

Comments:

Rank / Name EOD Officer	Signature	Date
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