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Command Policy

WESTOVER SENTRY PROGRAM

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OPR: 439 AW/CP

Certified by: 439 AW/CP
(Major Jonathan J. Beale)

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Pages: 17

This instruction implements Department of the Air Force Policy Directive (DAFPD) 90-1, *Policy, Publications and DoD Issuance Management*, 15 July 2020. It establishes procedures for agencies not assigned to Westover Air Reserve Base (WARB) to obtain wing commander's approval for the use of base facilities. The program is called the Westover Sentry Program and this instruction assigns responsibilities to specific base agencies to support it. The program requires the solicitor to complete a *Base Use Request Sheet, Attachment 2*. This instruction applies to all base organizations involved in event support. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with (IAW) Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, 23 March 2020 and disposed of IAW the Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS). Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the Air Force (AF) Form 847, *Recommendation for Change of Publication*, 22 September 2009; route AF Form 847 from the field through the appropriate functional's chain of command.

1. Overview. The Sentry Program describes the process by which agencies not assigned to WARB can request use of installation facilities/property for a single event. Requests for long-term presence of agencies not assigned to WARB, will not be addressed in this instruction as they must be approved by AFCEC/CI, through HQ AFRC/A8PB, IAW AFI 10-503, *Strategic Basing*, 14 October 2020. Sentry Events should have an expected outcome for their request - i.e. camp out, exercise, training, conference, nature etc. Use of on base services is mandatory (i.e. Catering,

Entertainment and Services/Equipment provided by Morale, Welfare and Recreation (MWR), at standard rates) to the point of exhaustion before off base services may be utilized. Off base catering services must be coordinated through to ensure an approved source is used and a Department of Defense (DD) Form 2975, *Temporary Food Event Coordinator's Application*, November 2013, is completed if necessary. Fund Raising and membership drive events will not be addressed under this instruction unless specifically approved by the Wing Commander. Those events will follow guidance in AFI 36-3101, *Fundraising*, 9 October 2018, and AFI 34-223, *Private Organizations Program*, 13 December 2018. All requests/events must not conflict with guidance prescribed in this instruction or Department of Defense Instruction (DoDI) O-2000.16V1_AFI10-245-O, *DoD Antiterrorism (AT) Program Implementation: DoD AT Standards*, 26 May 2020.

2. Approval Priority.

2.1. Military Events and Mission Requirements: Top priority.

2.1.1. WARB events may displace a pre-approved/coordinated event. The AW/SE will be notified immediately in writing.

2.2. Federal, state and local agencies: Favorable considerations.

2.3. Law Enforcement: Favorable considerations.

2.4. Outside agencies (non-profit, non-commercial): Considered on a case-by-case basis.

3. Requirements and Responsibility.

3.1. Requestor/Event Point of Contact (POC) will:

3.1.1. Represent an off-base federal/state/local agency or recognized organization.

3.1.2. Provide a Base Use Request Sheet with all information required, no later than (NLT) 30 days prior to the event start date via e-mail.

3.1.3. If approved:

3.1.3.1. Provide the following NLT two weeks prior to the event start date. Failure to provide required documentation and/or information will result in a revoked approval.

3.1.3.2. Proof of Limited Liability Insurance. Unless requester is a local federal/state/local government agency. ([Attachment 2](#))

3.1.3.3. Hold Harmless Waiver. ([Attachment 3](#))

3.1.3.4. Entry Access List (EAL) and Standard Form (SF) 2 identifying full name, social security number, driver's license number and date of birth for all non-military participants. An EAL is not needed for personnel that possess valid government credentials per DoDM 5200.08v3 AFMAN 31-101v3, Physical Security Program: Access to DoD Installations, 2 January 2019. (i.e. DoD Identifications (ID) Cards, Retiree ID, Department of Justice (DoJ) ID). (Attachments [4](#) and [5](#))

3.1.3.5. Provide Bioenvironmental Engineering/Public Health Services (439 MSG/SGPB) with a completed DD Form 2975, *Temporary Food Event Coordinator's Application*, 1 November 2013 if necessary for the specific event.

3.2. Sentry Program Manager (SPM) will:

- 3.2.1. Serve as the initial POC for all event requests.
- 3.2.2. Perform initial screening to ensure all requirements are met and request is compliant with all applicable regulations. Confirm the event does not conflict with other approved/scheduled events. Will not exceed supporting agency limitations and complies with legal, fiscal and operational requirements.
- 3.2.3. Coordinate pre-approval via e-mail with approval functions. The following functional areas are required, at a minimum, to provide pre-approval for every event. Functional POCs must respond within 3 days following notification or the event will be considered approved.
 - 3.2.3.1. Security Forces (439 SFS/S5L)
 - 3.2.3.2. Antiterrorism Office (439 SFS/S5X)
 - 3.2.3.3. Fire Protection (439 CE/CEF)
 - 3.2.3.4. Environmental (439 CE/CEV)
 - 3.2.3.5. Public Affairs (439 AW/PA)
 - 3.2.3.6. 439 MSG/SGPB
 - 3.2.3.7. Safety (439 AW/SE)
 - 3.2.3.8. Staff Judge Advocate (439 AW/SJA)
 - 3.2.3.9. Responsible Functional Area.
- 3.2.4. If pre-approved by approval functions.
 - 3.2.4.1. Recommend the responsible functional area most involved with the event (See [Table 1](#)).
 - 3.2.4.2. Staff a snowflake to 439 MSG/CC for approval of Functional Area Event Manager (EM) and 439 AW/CC approval of event.
 - 3.2.4.3. Notify Functional Area EM of approval. At this point the Functional Area EM is now responsible to provide guidance, oversight and support to the requesting agency up to the termination of the event.
 - 3.2.4.4. Notify requesting agency of approval/disapproval. If approved, inform them of Functional Area EM info; then, instruct them to carry out further planning.
- 3.3. Responsible Functional Areas will:
 - 3.3.1. Designate an EM when requested by SPM.
 - 3.3.2. Coordinate events pertaining to their areas with the requesting agency.
 - 3.3.3. Notify the SPM NLT 30 days prior of dates. Details of requests from 439 AW tenant and/or resident units (Young Marines, Civil Air Patrol (CAP), etc.) will be coordinated directly with them.
 - 3.3.4. Develop and maintain a guideline package and checklist for their areas specifying the following:

- 3.3.4.1. Identify what requesting agencies must do to arrange for services (i.e. porta-potties, trash disposal, security notification, etc.)
- 3.3.4.2. Identify rules for the requesting agencies to operate in their area (i.e. where not to go, what not to do, etc.)
- 3.3.4.3. Provide maps of the area and applicable contact information.
- 3.3.4.4. Provide information on emergency notification and evacuation procedures.
- 3.3.4.5. Provide any agreements for reimbursable expense.
- 3.3.5. If authorized and agreed, functional areas may provide personnel to assist with event set up and operation.
- 3.3.6. Inspect their areas after event to ensure proper clean up.
- 3.3.7. Notify the SPM of tenant unit facility usage to include event and date for inclusion in the monthly Host/Tenant meeting calendar.
- 3.4. Once the event is approved, the EM will:
 - 3.4.1. Act as sole POC for the requesting agency. EM is responsible to provide guidance, oversight and support to the requesting agency up to the termination of the event.
 - 3.4.2. Ensure the SPM is kept informed of all issues that may arise after an event is approved.
 - 3.4.3. Provide applicable guidelines packages to requesting agency.
 - 3.4.4. Ensure the requesting agency contacts and establishes agreements for support with all functional areas concerned prior to the event is to take place. Outside agencies do not have the authority to modify WARB facilities.
 - 3.4.4.1. Particular areas of concern for all events:
 - 3.4.4.1.1. Security. Agreement/brief on base requirements.
 - 3.4.4.1.2. Base Operations. Agreement/brief on where not to go if near aircraft ramp, taxiway and/or runway areas.
 - 3.4.4.1.3. Safety. Deliberate Risk Assessment (DRA) brief on safety concerns for event.
 - 3.4.4.1.4. Fire Protection. Agreement/brief on fire safety and emergency medical procedures.
 - 3.4.5. Ensure requesting group signs applicable waivers and legal documents required by 439 AW/SJA NLT two weeks prior to event.
 - 3.4.6. Conduct a planning meeting, if required.
 - 3.4.7. Ensure the requesting agency is met at the gate and escorted to the event area.
 - 3.4.8. Be present to monitor progress of event, if required.
 - 3.4.9. Conduct post-event review meeting, if required.
- 3.5. Recovery of Event Costs.

3.5.1. It is the responsibility of each functional area to develop a measurable method of recovering unit costs attributed to the requesting agency event.

3.5.2. Any agreement for cost reimbursement must be approved by Legal, Finance and Contracting, if applicable.

3.6. The chart below (**Table 1**) will be used to determine Base Event Support Areas of Responsibility.

Table 1. Base Support Areas of Responsibility.

SERVICE PROVIDED / AREA USED AREAS	RESPONSIBLE FUNCTIONAL AREA
Pad 19, Munitions Area	Operations Group/Airfield Management
Lodging Usage	Services (Lodging)
FAM Camp, Pavilion, Ball Fields, Wade Lake, Gym, Ellipse, Running Track/Road,	Services (Recreational)
Approval of outside concessions and vendors, dining contract	Services (Club)
Survival Area	Life Support (OSS)
Dog Patch Training Area	Inspector General, Exercise Office (IGX)
Recreational, Bird, Butterfly, Environmental	Base Civil Engineering (CEV)
Civilian Law Enforcement Training, firing range, Land Nav course	Security Forces (SFS)
Use of Base Hangar/337AS Auditorium	Operation Group (337 AS)
Military Unit Deployment En-Route Support	Logistics Plans (LRS)
Civil Air Patrol Flight Ops	Operation Group (OSS)
Emergency Services/Fire Safety	Fire Protection (CEF)
Tours, Boy Scouts, Girl Scouts, Youth Groups, Public Relations, Public Services	Public Affairs (PA)

NOTES:

1. Real world events may limit, impact or cancel Sentry events with little or no notice.
2. Transient Flight Activity and Drop Zone Use. If not associated with a deployment, does not apply to this AWI. Normal Base Operations procedures apply to these activities.
3. Public Affairs events do not apply to this AWI. Normal Public Affairs procedures apply to these activities.
4. Scheduling of 439 AW Conference Center is coordinated through the Protocol Office (439 AW/CCP) and does not apply to this instruction.
5. With prior coordination/approval of the SPM, requests to use only one of the following (with no other support required) may be excluded from Sentry Program and coordinated directly through 439 FSS/SV: use of the Club, FAM Camp, Pavilion/Ball Fields, Wade Lake Picnic area, Running Track/Road and Bowling Alley. The affiliated member of the event will be responsible for coordinating EAL if needed and the functional area will collect/forward Hold Harmless Waivers, if required.
6. WARB Tenant Units and Resident Units (Young Marines, CAP, etc.), NLT 30 days prior to event, may coordinate requests directly through the functional areas. Functional areas will notify the SPM of dates and approval by functional area to avoid conflicts on Sentry Calendar.

CRAIG C. PETERS, Colonel, USAF
Commander

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DAFPD 90-1, *Policy, Publications and DoD Issuance Management*, 15 July 2020

AFI 33-322, *Records Management and Information Governance Program*, 23 March 2020

AFI 36-3101, *Fundraising*, 9 October 2018

AFI 34-223, *Private Organizations Program*, 13 December 2018

DoDIO-2000.16V1_AFI10-245-O, *DoD Antiterrorism (AT) Program Implementation: DoD AT Standards*, 26 May 2020

DoDM 5200.08v3 AFMAN 31-101v3, *Physical Security Program: Access to DoD Installations*, 2 January 2019

Adopted Forms

AF Form 847, *Recommendation for Change of Publication*, 22 September 2009

DD Form 2975, *Temporary Food Event Coordinator's Application*, November 2013

Abbreviations and Acronyms

AF—Air Force

AFI—Air Force Instruction

AFRIMS—Air Force Records Information Management System

AS—Airlift Squadron

AT—Antiterrorism

AW—Airlift Wing

BCE—Base Civil Engineer

CAP—Civil Air Patrol

CC—Commander

CCP—Protocol Office

CEF—Base Fire Department

CEV—Base Environment Office

DAFD—Department of the Air Force Directive

DD—Department of Defense Form

DoD—Department of Defense

DoDI—Department of Defense Instruction

DoJ—Department of Justice

DRA—Deliberate Risk Assessment
EAL—Entry Access List
EM—Event Manager
FOUO—For Official Use Only
FSS—Force Support Squadron
ID—Identification
IAW—In Accordance With
IGX—Inspector General Exercise
LRS—Logistics Readiness Squadron
MSG—Mission Support Group
NLT—No Later Than
OPR—Office of Primary Responsibility
OSS—Operations Support Squadron
PA—Public Affairs
POC—Point of Contact
RDS—Records Disposition Schedule
SE—Safety
SF—Standard Form
SFS—Security Forces Squadron
SGPB—Bioenvironmental Engineering/Public Health Services
SJA—Staff Judge Advocate
SPM—Sentry Program Manager
SV—Services
WARB—Westover Air Reserve Base

Attachment 2

439TH AIRLIFT WING BASE USE REQUEST SHEET

Figure A2.1. 439th Airlift Wing Base Use Request Sheet.

439th Airlift Wing Base Use Request Sheet Please review the instructions below prior to completing.	
1. Requester Information	
Event Title: <input style="width: 90%;" type="text"/>	Requesting Organization: <input style="width: 90%;" type="text"/>
Base Location Requested: <input style="width: 80%;" type="text"/>	Are you a Westover Tenant? <input type="checkbox"/> <input type="checkbox"/>
Date of Event: <input style="width: 15%;" type="text"/> To: <input style="width: 15%;" type="text"/>	Number of People: <input style="width: 15%;" type="text"/> E-mail: <input style="width: 55%;" type="text"/>
Event POC: <input style="width: 30%;" type="text"/>	Rank: <input style="width: 15%;" type="text"/> Phone/with Area Code: <input style="width: 45%;" type="text"/>
Event Cell/with Area Code (This phone number is required for all events to receive/report notifications/emergencies) <input style="width: 95%;" type="text"/>	
Insurance Provider: Certificate of Liability Insurance is required for all non-DoD, Federal or state agencies <input style="width: 95%;" type="text"/>	
Do all involved have Department of Defense (DoD) Identification (ID) Cards? Individuals without an ID must provide Name, Date of Birth (DOB), Social Security Number (SSN) and State ID# to 439 SFS for background checks and base access. <input style="width: 95%;" type="text"/>	
Detailed Description of Event: <input style="width: 95%; height: 50px;" type="text"/>	
Do any of the following apply to this event?	
<input type="checkbox"/> First Responders/EMTs will be present - can also be trained augmenters.	
<input type="checkbox"/> Food/water will be served/catered . Details/Source needed in above Detailed Description of Event.	
<input type="checkbox"/> Access to Westover's approved drinking water fill-up point is required	
<input type="checkbox"/> Porta-Potties will be needed. Fee for Use.	
<input type="checkbox"/> MWR Services/Equipment will be needed (Table/Chairs/Equipment). Fee for Use.	
<input type="checkbox"/> Event involves live/blank explosive, weapons/ammunition, smoke machines, etc.	
<input type="checkbox"/> Overnight training will be conducted	
<input type="checkbox"/> Lodging is required. Fee for Service	
<input type="checkbox"/> Tents/shelters will be set up/used. Dig Safe permit is mandatory.	
<input type="checkbox"/> Will any ground penetration occur. Includes anchors, stakes and poles.	
<input type="checkbox"/> General Officers and/or Distinguished Visitors will be attending.	
<input type="checkbox"/> Other: <input style="width: 80%;" type="text"/>	
2. Requester Instructions	
a. Submit detailed request NLT 30 days prior to the event start date.	
b. Off-base agencies: Send this request to 439aw.cp@us.af.mil .	
c. On-base agencies (Tenants): Send this request to the functional area POC.	
d. Events over 299 people will require additional coordination with the Antiterrorism Office (439 SFS/S5X).	
e. Members without a DoD ID will be required to provide Name, DOB, SSN and State ID # to 439 SFS during the coordination process for background check and base access.	
f. A Certificate of Liability Insurance is required for ALL non-DoD/Federal/State agencies.	
g. All catering request must be coordinated through the Westover Club. The Club must be given first option of filling any catering request.	
h. Avoid scheduling events on a UTA weekend, Air Force requirements take priority. This could adversely affect, even if already approved and can be canceled with no/little notice.	
i. Additional information and/or documentation may be required after request is reviewed/approved.	
Page 1 of 2	

Figure A2.2. 439th Airlift Wing Base Use Request Sheet (continued).

439th Airlift Wing Base Use Request Sheet (continued)	
3. Request Receiver Instructions:	
a. All submitted requests must be staffed by the receiver to the following 439 th Airlift Wing agencies. b. The following agencies have 72 hours (3-work days) to reply with approval, questions or concerns:	
<input type="checkbox"/> Antiterrorism Office (439 SFS/SSA)	org.box@us.af.mil
<input type="checkbox"/> Security Forces Squadron (439 SFS)	439sfs.s51@us.af.mil
<input type="checkbox"/> Environmental Office (439 MSG/CEV)	org.box@us.af.mil
<input type="checkbox"/> EOD Program (439 CES/CED)	
<input type="checkbox"/> Fire Department (439 MSG/CEF)	org.box@us.af.mil
<input type="checkbox"/> Staff Judge Advocate Office/Legal (439 AW/SJA)	org.box@us.af.mil
<input type="checkbox"/> Public Affairs Office (439 AW/PA)	439aw.pa@us.af.mil
<input type="checkbox"/> Public Health Office (439 MSG/SGPB)	439msg.sgpb@us.af.mil
<input type="checkbox"/> Ground Safety Office (439 AW/SEG)	439aw.seg@us.af.mil
<input type="checkbox"/> Weapons Safety Office (439 SAW/SEW)	439aw.seg@us.af.mil
<input type="checkbox"/> 439 LRS/IDRC	org.box@us.af.mil
<input type="checkbox"/> Protocol (439 AW/CCP) General Officers/DVs	439aw.ccp@us.af.mil
<input type="checkbox"/> Command Post (439 AW/CP)	439aw.cp@us.af.mil
4. Functional Area/Event Manager Instructions: Event Managers will assist requesters with coordinating the following. This list is not inclusive.	
<input type="checkbox"/> Porta-pottie/Hand Washing Stations (439 MSG/CER)	org.box@us.af.mil
<input type="checkbox"/> Work Orders (Mowing/spraying/etc) (439 MSG/CER)	org.box@us.af.mil
<input type="checkbox"/> Environmental Compliance Survey (439 MSG/CEV)	org.box@us.af.mil
<input type="checkbox"/> Dig Safe Permits (439 MSG/CEO)	org.box@us.af.mil
<input type="checkbox"/> Fire Safety Training (439 MSG/CEF)	org.box@us.af.mil
<input type="checkbox"/> Explosives Safety Training (439 CES/EOD)	org.box@us.af.mil
<input type="checkbox"/> Ground Safety Training (439 AW/SEG)	439aw.seg@us.af.mil
<input type="checkbox"/> Weapons Safety Training (439 AW/SEW)	439aw.seg@us.af.mil
<input type="checkbox"/> Bio-Environmental/Public Health (439 MSG/SGPB)	439msg.sgpb@us.af.mil
<input type="checkbox"/> Drinking Water Access (42 APS)	org.box@us.af.mil
<input type="checkbox"/> Catering/Food Service Requests (439 FSS/FSVCA)	org.box@us.af.mil
<input type="checkbox"/> MWR assets (Tables/chairs/tents/etc) (439 FSS/FSVCO)	org.box@us.af.mil
<input type="checkbox"/> Transportation (439 LRS/LGRDD)	org.box@us.af.mil
<input type="checkbox"/> Visitor Access List (439 SFS/VCC)	439sfs.vcc@us.af.mil
<input type="checkbox"/> General Officers/DVs (439 AW/CCP)	439aw.ccp@us.af.mil
5. If you have any questions, please contact the 439th Airlift Wing, Command Post at (413) 557-3571	
Notes:	
THIS SECTION FOR 439 AW/CP ONLY	
Sentry Event # <input style="width: 150px;" type="text"/>	Initialed by: <input style="width: 150px;" type="text"/>
On Date <input style="width: 100px;" type="text"/>	
Page 2 of 2	

Attachment 3

CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY (ADULT)

Figure A3.1. Consent And Hold Harmless Agreement And Release Of Liability (Adult).

CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY (ADULT)

The undersigned hereby requests to participate in the following activities on Westover Air Reserve Base, Chicopee, Massachusetts, which may be in conjunction with other agencies, organizations or sponsors.

Sentry Event #: _____

Event Title: _____

Event Date (s): _____

I understand the nature and scope of these activities.

I agree not to hold the United States Air Force or any other agency, organization or sponsor of these activities or their officers, members, agents or employees responsible for any harm or injury from any cause; which may befall me related to or arising out of participation of these activities or any transportation related to said activities and hereby release said entities and persons from any liability relating thereto. I further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other persons on my behalf, or in their own right, arising out of said participation, activities or transportation. I similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I agree that these conditions and agreements are binding on all my heirs, executors, administrators, representatives, assignees and successors in action.

I have read and understand the above and willingly agree to said terms and conditions.

PRINT FULL NAME (First M. Last): _____

SIGNATURE: _____ DATE: _____

* FULL ADDRESS: _____

** CELL PHONE: (_____) _____ - _____

- * No P.O. Box
- * No Work Address
- ** No Work Phone Number

PRIVACY ACT STATEMENT- Data contained in this communication is for use by authorized personnel and will not be disclosed to any person no other wise authorized to receive this information IAW AFI 37-129, AFI 37-132, and DoD 5400.11R. This communication is designated For Official Use Only (FOUO).

Attachment 4

CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY (MINOR)

Figure A4.1. Consent And Hold Harmless Agreement And Release Of Liability (Minor).

CONSENT AND HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY (MINOR)

The undersigned, parent(s) or legal guardian(s) of _____, a minor child, do(es) hereby consent to the participation of said minor in the following activities on Westover Air Reserve Base, Chicopee, Massachusetts, which may be in conjunction with other agencies, organizations or sponsors.

Sentry Event #: _____

Event Title: _____

Event Date (s): _____

I (We) understand the nature and scope of these activities.

Said minor is to abide by all reasonable rules and requirements of appropriate cooperation and conduct. Upon violation, said minor may be sent home at my (our) expense.

In the event of illness or injury, I (we) hereby consent to whatever emergency medical treatment is deemed necessary by a licensed physician, surgeon or dentist for said minor; and I (we) agree to pay the expenses related thereto.

I (We) agree not to hold the United States Air Force or any other agency, organization or sponsor of these activities or their officers, members, agents or employees responsible for any harm or injury from any cause; which may befall said minor related to or arising out of participation of these activities or any transportation related to said activities and hereby release said entities and persons from any liability relating thereto. I (We) further agree to indemnify and hold said entities and persons harmless from the claims or causes of action asserted by any other persons on said minor, or in their own right, arising out of said participation, activities or transportation. I (We) similarly agree to hold said entities and persons harmless from the claims of other persons arising out of any acts done by me. I (We) agree that these conditions and agreements are binding on all my (our) heirs, executors, administrators, representatives, assignees and successors in action.

I have read and understand the above and willingly agree to said terms and conditions.

PRINT FULL NAME (First M. Last): _____

SIGNATURE: _____ DATE: _____

* FULL ADDRESS: _____

** CELL PHONE: () -

- * No P.O. Box
- * No Work Address
- ** No Work Phone Number

PRIVACY ACT STATEMENT- Data contained in this communication is for use by authorized personnel and will not be disclosed to any person no other wise authorized to receive this information IAW AFI 37-129, AFI 37-132, and DoD 5400.11R. This communication is designated For Official Use Only (FOUO).

Attachment 5

MEMO FOR ENTRY AUTHORIZATION LIST (EAL) FOR EVENT NAME ON DD
MONTH YY

Figure A5.1. Example For 439 SFS MEMO for Entry Authorization List (EAL) for Event Name on DD Month YY.



DEPARTMENT OF THE AIR FORCE
AIR FORCE RESERVE COMMAND

DD Month YYYY

MEMORANDUM FOR 439 SFS

FROM: 439 XXX/XX, Requester's Name

SUBJECT: Entry Authorization List (EAL) for Event Name on DD Month YY

1. A description of the event. With the expected number of affiliated and non-affiliated personnel attending.

a. Date: 22 February 2020

b. Time: 1600-1800

c. Event: MSgt John H. Smith Retirement

d. Location: Base Hanger

e. Affiliated Personnel: 20

f. Nonaffiliated personnel: 4

g. Sponsor's name: SMSgt Jane Q. Doe

h. Sponsor's telephone number: (xxx) xxx-xxxx

2. Attached is the list of nonaffiliated attendees requiring entry to Westover Air Reserve Base on 22 February 2020. The individuals have provided the required information for a background check via 439th Security Forces (439 SFS).

3. This list, if approved, will be forwarded to 439th Security Forces (439 SFS) no later than five working days prior to the event. Events with 25 individuals or more must have this list to 439 SFS, 15 days prior to the event.

4. If you have any questions, please contact me at (xxx) xxx-xxxx.

FIRST M. LAST, SMSgt, USAF
Knowledge Management Specialist

Attachment:
EAL List for Event Name

EAL List for Event Name on DD Month YYYY

Name / Social Security Number

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

//////LAST ITEM//////

This list has been cleared/vetted by 439th Security Forces Squadron.

FIRST M. LAST, SSgt, USAF
Entry Control Specialist

Approved/Disapproved.

FIRST M. LAST, Colonel, USAF
Commander, 439th Mission Support Group

Attachment 6

WESTOVER AIR RESERVE BASE (AFB) CHECK INFORMATION

Figure A6.1. Westover Air Reserve Base (AFB) Check Information.

FOR OFFICIAL USE ONLY

Westover Air Reserve Base (ARB) Check Information

*** Individuals under the age of 18 will not be checked and are not required to submit this form ***
*** Please indicate minors on the Entry Authorization Letter (EAL) ***

I authorize the release and use of my personal information to 439th Security Forces Squadron, Westover ARB, for the purpose of accomplishing a criminal background investigation to determine installation entry eligibility.

Full Name: (Last, Suffix, First, Middle: please include Jr., Sr., Ist, 2nd or any other designation: Dot, Jr., Michael L. JONES)

Driver's License Number or Social Security Number: (One or the other, not both)

State: Date of Birth:

Base Sponsor Information: (Name and Contact Number)

Signature: Date: (YYYY-MM-DD)

Submit completed form to: 439sfs.vcc@us.af.mil

Allow 15 BUSINESS DAYS from date of submission for the check to be completed. Sponsors will be notified when the investigation checks are complete and the EAL has been approved.

Data Required Under the PRIVACY ACT OF 1974 (5 U.S.C. 552a(b)(3))

Purpose: To evaluate individuals' eligibility for access to DoD facilities or installations and implement security standards controlling entry to DoD facilities and installations. This process includes vetting to determine the fitness of an individual requesting or requiring access, issuance of local access credentials for members of the public requesting access to DoD facilities and installations, and managing and providing updated security and credential information on these individuals. To ensure that identity and law enforcement information is considered when determining whether to grant physical access to DoD facilities and installations.

Routine Uses: If a system of records maintained by a DoD Component to carry out its functions indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute or by regulation, rule, or order issued pursuant thereto, the relevant records in the system of records may be referred, as a routine use, to the agency concerned, whether federal, state, local, or foreign, charged with the responsibility of investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order issued pursuant thereto.

Disclosure: A record from a system of records maintained by a DoD Component may be disclosed as a routine use to any component of the Department of Justice for the purpose of representing the Department of Defense, or any officer, employee or member of the Department in pending or potential litigation to which the record is pertinent.

Reference: https://dodid.defense.gov/Privacy/SORN/Index/DOD-wide-SORN-Article-View/Article/570757/dmdc-16-dod/

FOR OFFICIAL USE ONLY

Attachment 7

DELIBERATE RISK ASSESSMENT WORKSHEET

Figure A7.1. Deliberate Risk Assessment Worksheet.

DELIBERATE RISK ASSESSMENT WORKSHEET							
AGENCY DISCLOSURE NOTICE: Voluntary, however, failure to use may have a negative effect on mission effectiveness at all levels and lead to failure of preserving assets and safeguarding health and welfare.							
AUTHORITY: DoDI 6055.01, AFD 90-8 and AFI 90-802. PRINCIPAL PURPOSE: Conduct a formal risk assessment and ensure the assessment is properly documented for future evaluation and reference. ROUTINE USES: Used to develop and enhance awareness and understanding of at-risk activities and behavior of personnel both on- and off-duty. SYSTEM OF RECORDS NOTICE: Not applicable.							
1. EVENT/MISSION/TASK OF RISK ASSESSMENT:							
A. EVENT DESCRIPTION					B. EVENT DATE		
2. PREPARED BY:							
A. LAST NAME, FIRST, MI			B. RANK/GRADE		C. DUTY TITLE/POSITION		
D. WORK EMAIL			E. PHONE DSN/COMM		F. UNIT		
G. UIC/CIN (as required)			H. TRAINING SUPPORT/LESSON PLAN OR OPORD (as required)				
Risk Assessment Matrix Catastrophic (Death, Loss of Asset, Mission Capability or Unit Readiness) Critical (Severe Injury or Damage, Significantly Degraded Mission Capability or Unit Readiness) Moderate (Minor Injury or Damage, Degraded Mission Capability or Unit Readiness) Negligible (Minimal Injury or Damage, Little or No Mission Capability or Unit Readiness)		PROBABILITY Frequency of Occurrence Over Time A. Frequent (Continuously experienced) B. Early (Will occur frequently) C. Occasional (Will occur several times) D. Seldom (Probably, can be expected to occur) E. Rarely (Unlikely, but possible to occur)					
		I	EH	EH	H	H	M
		II	EH	H	H	M	L
		III	H	M	M	L	L
		IV	M	L	L	L	L
RISK MANAGEMENT 							
3. SUB-TASK/SUB-STEP AND RISK ASSESSMENT (Fields expand as needed, Add, Remove and Move Sub-Task/Steps with left side controls)							
#	A. SUB-TASK/SUB-STEP	B. HAZARD	C. INITIAL RISK LEVEL	D. CONTROL	E. HOW TO IMPLEMENT WHO WILL IMPLEMENT	F. RESIDUAL RISK LEVEL	
1							
2							
G. COURSE OF ACTION							
H. OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED				I. PREPARER SIGNATURE			
4. ATTACHMENTS (Once the preparer has signed files can be viewed only)							
ADD ATTACHMENTS (Include supporting files and/or photos to create a complete electronic file) Add File/Photo Remove File/Photo Open File/Photo							
5. RISK ACCEPTANCE AUTHORITY (Once the approver has signed, the form will lock except "Risk Assessment Review" and "Feedback and Lessons Learned")							
A. APPROVAL/DISAPPROVAL OF EVENT/MISSION		B. APPROVER LAST NAME, FIRST, MI			C. RANK/GRADE		
D. ADDITIONAL INFORMATION/APPROVER COMMENTS							
E. DUTY TITLE/POSITION			F. APPROVER SIGNATURE				

6. RISK ASSESSMENT REVIEW (To be conducted when Risk Assessment applies to on-going Operations Activities)			
A. DATE	B. LAST NAME, FIRST, MI	C. RANK/GRADE	D. DUTY TITLE/POSITION
E. REVIEWER COMMENTS			
F. FEEDBACK AND LESSONS LEARNED			