

Civil Air Patrol Subordinate Inspector General Program

Self-assessment Tool

(SUI Preparation Guide)

Introduction

Scope:

- To provide a value added guide to assist a unit commander and staff in conducting self-assessments.
- To provide a value added guide to assist a unit commander and staff in preparing for a subordinate unit inspection (SUI).
- To provide an on-going tool to provide training and position continuity in the CAP unit structure.
- To provide a ready made report format to speed the tedious aspects of an SUI.

Recommendation on usage:

The unit commander or members of his/her staff assemble either a three-ring binder or file folders for each of TAB found in the SUI Guide and this pamphlet.

Using the TABs as a guidepost, gather and insert documents called for in the SUI Guide.

Additionally, specific regulation and manual references can be inserted as well.

Staff members should maintain the folder or binder as a continuity tool for the unit.

Well maintained and regularly updated binders/folders can be used by an SUI team to facilitate an inspection, and provide an on-the-spot preparation for an inspection, even if such an inspection is not called for.

Setting up a Subordinate Unit Inspection Binder/Folder

1. Tab the folder/binder in just the same way as it is arranged in the SUI Guide.
2. Enclose or attach appropriate documentation not deemed cumbersome. (for example, an entire personnel file is un-necessary, but a CAPF-2a appointment to a position may be needed.)
3. Regularly update records when changes dictate, such as when a new person is about to assume or assumes the assignment or when a regulation change profoundly affects the job.
4. Use the binder/folder as a teaching and briefing tool for new staff members entering the position.
5. When units have to double up members in multiple staff positions, the binder/folder can help that heavily taxed member to perform those essential tasks.
6. Make it value added.

TAB A-1: AEROSPACE EDUCATION **CAP MISSION AREA**

NAME OF UNIT AEO: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Document that the AEO is appointed in writing.

Has the AEO passed the AEPSM Test? Yes No **Assistant AEOs?** Yes No

Document CAPF 126s are forwarded to wing upon completion of AEPSM exams.

Number of AEPSM course completions YTD. _____

Number of Seniors not completing AEPSM YTD. _____

AEO and Assistant AEO Specialty track ratings: _____

Document that the annual AE Activity Report is submitted to wing DAE NLT 15 Jan.

Is the report thorough and well documented? Yes No

Is the signed copy sent or presented to the unit commander and group AEO? Yes No

Is the unit participating in the voluntary AEX Award Program? Yes No

Narrate the unit's AEX activities: _____

Date of the last cadet current affairs activity at the unit _____

Who conducted the activity? _____

What topic was discussed? _____

Observe the unit AE bulletin board. How current is it? _____

Brewer Award nominations submitted: _____

Scott Crossfield AE Teacher of the Year Award nominations submitted: _____

Crown Circle Award nominations submitted: _____

Is the AEO utilizing the CAPP 15, Aerospace Education Officer handbook? Yes No

What is the unit doing above and beyond to promote the AE program externally? _____

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 20-1, CAPR 280-2, Para 2,3,4. CAPP 15

Inspecting Officer _____ Date of SUI _____

Subordinate Unit Inspection Checklist For _____

TAB B-1: CADET PROGRAMS

CAP MISSION AREA

NAME OF UNIT CP Director: _____ *RANK:* _____

GROUP: _____ *DATE OF APPOINTMENT:* _____ *CHARTER NUMBER:* _____

Narrate how the elements of the Cadet Program are monitored as called for in CAPR 52-16 Para 1-3

How is the Physical Fitness Program monitored and **where are the records kept?**

Under the Leadership section of CAPR 52-16, Para 1-3c, what are the areas covered in training and **where is that recorded?**

Who monitors the Cadets on the proper wear of the uniform? _____

Who monitors Cadet Protection Policy compliance? _____

Where is this information recorded? _____

Have you had any reportable Cadet Protection incidents? Yes No

If YES, attach documentation on how the incidents have been handled.

Number of Cadets progressing through the program _____

- **Number of Wright Awards?** _____
- **Mitchells?** _____
- **Earharts?** _____
- **Eaker?** _____
- **Spatz?** _____

How are CP milestones awards presented? _____

TAB B-1: CADET PROGRAMS (continued)

Narrate the kinds or activities being made available in the unit? **Include reference to local training encampments, DDR activities, etc.**

Name the current and qualified CAC primary and alternate reps _____

How many cadets received an orientation flight this year? _____

- How many were front seat? _____; back seat? _____; glider? _____
- Are flights conducted on special assigned days or interspersed though out the year? _____

How many cadets applied for National/Regional Cadet Special Activities? _____

How does scholarship information, listed in CAPR 52-16, get out to the cadets? _____

How many applied from this unit? _____

Narrate how cadets are being utilized in all areas of the three missions of CAP.

How many cadets typically participate in ES missions (actual and training)? _____

How is the FCU program promoted? _____

How many new cadets have received a uniform through the FCU program this year? _____

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 39-1, CAPR 52-16, CAPR 280 Para 1c, CAPR 60-3 Para 1-9f, CAPR 67-1 Para 5-11

Inspecting Officer(s) _____

Date of SUI _____

TAB C-1 EMERGENCY SERVICES

CAP MISSION AREA

NAME OF UNIT ESO: _____	RANK: _____
GROUP: _____	DATE OF APPOINTMENT: _____
CHARTER NUMBER: _____	

Manning:

Document that the ESO is appointed in writing.

Is the ESO enrolled in the ES Specialty Track training? Yes No What level has he/she achieved? _____

Planning and Coordination:

Attach the unit SAR Operations Plan developed by the Unit CC and the ESO that shows knowledge and inclusion of the responsibilities of primary and secondary SAR/DR agencies. Does this plan include how contact is established with the primary SAR/DR agencies in the area? (CAPR 60-3 paras 6 and 7)

Alerting Procedures:

Attach documents which shows how you maintain records on ES qualified CAP personnel:

- a) Accomplishing required qualification training and,
- b) Current specialty qualification status and,
- c) Use of the CAPF 114 to maintain emergency services personnel records.

Document how you maintain records containing the status of vehicles, aircraft, radios, and other emergency equipment available for operational missions.

Attach the unit alerting roster and alert procedures.

ES Training:

Review unit records to demonstrate documentation of:

- 1. CAPF 100 w/supporting documents (or local forms as appropriate)
- 2. Renewals, re-qualifications, and transfers from other units IAW NHQ directives
- 3. CAPF 91 evaluations on all mission pilots, both initial and renewal.
- 4. Coordination of training and requirements w/local SAR/DR agencies as well as the wing.

Mission Records:

Do you submit reimbursement requests within the allowed time frame? Yes No

How long does it take to receive reimbursement from wing? _____

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 20-1, CAPR 50-17, CAPR 60-3, CAPR 60-1, CAPR 173-3, CAPP 213

Inspecting Officer(s) _____

Date of SUI _____

TAB C-2: COUNTERDRUG

<i>NAME OF UNIT CD OFFICER:</i> _____	<i>RANK:</i> _____	
<i>GROUP:</i> _____	<i>DATE OF APPOINTMENT:</i> _____	<i>CHARTER NUMBER:</i> _____

Does the unit participate in Counterdrug missions? **Yes** **No**

How and how often are the commander, operations officer, and wing CD Officer kept informed of the unit CD program and activities? _____

Who is designated as a qualified FRO for CD missions for your unit? _____

How does the FRO assure the crew is qualifications for CD missions prior to release? _____

Show completed CAPFs 84 as proof the mission was correctly logged, to include mission objectives, requestors, and results.

- Are requests for reimbursement submitted in a timely fashion? **Yes** **No**
- Are non-CAP personnel flying in CAP aircraft authorized in advance? **Yes** **No**
- Does the unit schedule local CD training missions? **Yes** **No**
 - Are they authorized by Wing? **Yes** **No**

Do CD missions adhere to HQ CAP/DOC guidelines?

- **Prisoners are excluded?** **Yes** **No**
- **Posse comitatus restrictions maintained?** **Yes** **No**
- **How?** _____

How are prospective CD members selected? _____

Who reviews the CAPF 83 for accuracy prior to submittal? _____

Are CD personnel properly screened? **Yes** **No**

Document the tracking of CD members contributing 20 hours annually.

Were CD personnel CAP members for at least 2 years prior to application (or waiver granted)? **Yes** **No**

Narrate how the CD program is monitored for its effectiveness and success. Include how the program is marketed to CD customers and agencies to ensure needs are being met. How are suggestions for program improvement and refinement handled?

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 60-1, CAPR 60-3, CAPR 173-3, CAP-USA/CC letter dated 27 June 2001, CD policy letter dated 1 March 2002

Inspecting Officer(s) _____ Date of SUI _____

TAB C-3: OPERATIONS: ***CRITICAL F-W-A AREA*******

<i>NAME OF UNIT OPS OFFICER:</i> _____	<i>RANK:</i> _____
<i>GROUP:</i> _____	<i>DATE OF APPOINTMENT:</i> _____
<i>CHARTER NUMBER:</i> _____	

Do you have any CAPFs 9 to document authorized passengers on board CAP aircraft? Yes No

FLIGHT RELEASE

Please provide the following documentation: That FROs meet required qualifications.

- FRO appointment letter(s).**
- Quarterly FRO updates to State Director.**
- Verification of FRO training/update training as required.**
- Unit FRO release procedures.**
- Verification the CAPR 60-1 FRO checklist is being followed.**
- Verification all CAPF 99s are properly filled out at the time of release.**
- Copies on any local FRO procedures.**
- Have any flight requests been denied? Yes No.**
- CAPFs 99 are forwarded to the State Director as required.**

STANDARDIZATION AND EVALUATION

Open pilot flight records for examination.

Do they contain all required documentation?

Have the unit's pilots attended a CAP flight clinic? Yes No.

How many qualified glider tow pilots does the unit have? _____

- What % have completed the Soaring Society Safety Foundation tow pilot on line course? _____

How many members of the unit have completed the SSF Wing Runner course? _____

(Items above in **Bold Face Print**, and boldface "no" responses require supporting documentation in the form of attachments.)

References: CAPR 60-1 with attachments, CAPR 50-11

Inspecting Officer(s) _____

Date of SUI _____

TAB C-4: AIRCRAFT MANAGEMENT:

NAME OF UNIT A/C MAINT. OFFICER: _____ RANK: _____	
GROUP: _____	DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

THE MOST RECENT CAPF 71, FEB 00 AND CAPF 37A MUST BE PROVIDED FOR ALL AIRCRAFT ASSIGNED TO THE UNIT

Critical Records and Compliance Activities:

- √ CAPF 37A for each aircraft assigned (to include current listing of all nav/comm. equipment)
- √ A/C Registration
- √ Monthly flight activity report (should present reports for the last 6 months)
- √ Centralized Maintenance Management Supplement
- √ A/C maintenance records
- √ Airworthiness Standards
- √ Proper placards placed in A/C
- √ External appearance-----markings
- √ Paint scheme
- √ Wash schedule
- √ Hanger availability especially during inclement weather

Tracking and Monitoring Activities:

- √ 100 hours inspections
- √ Annual inspections
- √ Corrosion control
- √ Tire changes IAW local directives and needs
- √ Shoulder harnesses
- √ Seat requirements
- √ Fire extinguishers
- √ Comm/Nav upgrades (GPS, WX scopes, etc), Standby Vacuum Systems
- √ Survival kits
- √ Flotation devices
- √ Periodic tie down inspections, replacements as needed
- √ Additional equipment in baggage compartment accounted for on EVERY FLIGHT'S weight and balance

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPRs 60-1, 66-1, AND 67-4, CAPF 71 and CAPF 37A

Inspecting Officer(s) _____

Date of SUI _____

TAB C-5: COMMUNICATIONS:

NAME OF UNIT COMM. OFFICER: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

EFFECTIVENESS

Document compliance with wing communication policies. Narration should include special meetings devoted to communications, advisory activities with Wing DC, publishing unit plans coordinated with the annual wing plan, and training that effectives unit members and/or local operations.

Dates of unit communication exercises: _____, _____, _____, _____.
Use additional paper to complete the list if needed.

Does the unit coordinate these exercises with the Wing Director of Communications? Yes No

RESOURCES

- Communications Equipment Management System (CEMS) is being used: Yes No
- Issuance of non-expendable communication equipment IAW CAP directives: Yes No
- Current assignment of CAP communication resources supports the Wing Comm. Plans: Yes No
- DC assures the return of comm. equipment from transferring or non-renewing members: Yes No
- All non-NTIA compliant equipment (HF and VHF) removed from CAP operations: Yes No

TRAINING

Does the DC maintain a database of those completing basic & advanced user training? Yes No

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: Wing Policy letters, CAPR 100-1 Vol 1, CAPR 100-2, NEC Minutes dated Nov 98, NHQ Memo dated 16 Nov 01

Inspecting Officer(s) _____

Date of SUI _____

TAB C-6:SAFETY *** Critical Compliance Area *******

NAME OF UNIT SAFETY OFFICER: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

-----All items are required to be documented -----

RESPONSIBILITIES

Who monitors, tracks, and actively manages the safety program? _____

Does the unit commander have an accident prevention program? Yes No
(Document through letters, reports, bulletins, directives, operating procedures, etc.).

MANNING

Document that the Safety Officer is appointed in writing.

- Has a copy been sent to the next higher headquarters (group or wing)? Yes No

Has any qualified member applied to become an accident prevention counselor? Yes No

EDUCATION

Document that ground and flying safety information is being briefed monthly.

Provide topical summaries and rosters for unit safety meetings covering the last 12 months.

Document that the NHQ Safety Bulletin is briefed to all personnel monthly at units with pilots.

Demonstrate that a current unit safety bulletin board is posted for easy viewing to all unit members.

IMPROVEMENT/HAZARD REPORTING PROGRAM

Are CAP Forms 26 readily available? Yes No

Do unit personnel know what the forms are and how to use them? Yes No

Are FAA Forms 8740-5, *Safety Improvement Report*, readily available? Yes No

Do unit personnel know what the forms are and how to use them? Yes No

ACCIDENT PREVENTION

Document that local unit accident prevention directives or other forms of guidance are published.

TAB C-6: SAFETY (continued)

**SAFETY SURVEYS;
INSPECTIONS**

Provide a copy of the last internal safety survey.

Is there a unit suspense system for deficiencies, corrections, and the close out of deficiencies?

Are completed surveys forwarded to the next higher headquarters? Yes No

How does the unit commander review the annual safety surveys?

ACCIDENT REPORTING

What are the unit's accident reporting procedures?

DOCUMENTATION---CAPF 78 submitted for all reportable accidents and done within the time limit.

DOCUMENTATION---CAPF 79 submitted for all reportable accidents and done within the time limit.

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 20-1. CAPR 62-1, Wing Policy letters

Inspecting Officer(s) _____

Date of SUI _____

TAB D-1: PROFESSIONAL DEVELOPMENT

NAME OF UNIT PDO: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Is the PDO maintaining a reference library? Yes No Explain: _____

Who is the unit Test Control Officer? _____

Are test materials inventoried every 90 days? Yes No

Are test inventory logs maintained for at least 24 months? Yes No If NO explain: _____

Show the unit's testing materials security procedures.

Show AFIADL (formally ECI) course exams are being routed and controlled IAW CAP and AFIADL policies.

Document CAPFs 45b are updated and maintained.

Explain how Level I and CPPT training is offered to members of the unit. _____

How many active senior members are in the unit?

List all senior members who have not completed either Level I or CPPT Training.

Document the number of unit members who have completed SLS, CLC, RSC, and/or NSC.

Are Professional Development Awards processed correctly and with a sense of urgency?

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: Wing Policy letters, CAPR 10-3 para 1c, CAPR 50-4, CAPR 50-17

Inspecting Officer(s) _____

Date of SUI _____

TAB D-2: CHAPLAIN SERVICE

NAME OF UNIT CHAPLAIN: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

How long have you served as **the Chaplain Moral Leadership Officer** (strike out)? _____

Document the formal education requirements specified for chaplain or MLO **as they apply to you.**

Do you have a private office or space to conduct counseling sessions? Yes No

**Explain the limits and reporting responsibilities of either a chaplain or MLO (as may apply to you).
Include matters of privileged communication, confidentiality and the conduct of religious services.**

Describe your progress in the CAP Chaplain Specialty track. _____

Are you included in the commander's staff meetings? YES NO Explain: _____

Explain how you ensure appropriate religious services are available for CAP activities that last over a weekend.

How often are Moral Leadership Discussions conducted? _____

Document or narrate the topics of discussion conducted in the last 6 months.

Are you qualified as a Mission Chaplain? Yes No If NO, explain: _____

Are you certified in Critical ISM? Yes No If NO, explain: _____

What types of issues have you had to deal with in the past 2 years or while serving as chaplain/MLO?

Subordinate Unit Inspection Checklist For _____

TAB D-2 CHAPLAIN SERVICE (continued)

What suggestions would you like to make to improve the CAP chaplain service (assume you can speak directly to the CAP Chief of Chaplains or Executive Administrator of Chaplain Services)?

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 265-1, CAPR 52-17, CAPR 60-3, CAPR 60-5

Inspecting Officer(s) _____

Date of SUI _____

TAB D-3: FINANCE ******* Critical Compliance Area *******

NAME OF UNIT FINANCE OFFICER: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Provide documentation of the audit of unit funds at the time the current Finance Officer was appointed. Document that Attachment 5 guidelines used in this audit.

Has a finance committee been established? Yes No **If NO, explain:** _____

Attach a list of current finance committee members.

Does the FO present a complete report of all financial transactions for the preceding year to the finance committee? Yes No **If NO, explain:** _____

Date of last report: _____

Is an annual audit of funds forwarded to Wing HQ? Yes No **Is it on time?** Yes No

If NO, explain: _____

Attach a copy of the last report.

Are accounting records maintained IAW CAPR 173-1 attach 1? Yes No **If NO, explain:** _____

Are expenditure and receipt forms totaled monthly? Yes No **If NO, explain:** _____

Is there a petty cash fund? Yes No **If YES, explain how it is managed:** _____

How many checking accounts are maintained? _____ **Savings accounts?** _____

Who has authority to administer funds and sign checks for unit checking accounts? _____

What percentage of the unit's expenditures are made in cash? _____ %

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 20-1, CAPR 173-1

Inspecting Officer(s) _____

Date of SUI _____

TAB D-4: ADMINISTRATION

NAME OF UNIT ADMIN OFFICER: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Where is the official set of CAP pubs kept? _____

Are the pubs posted IAW CAPR 5-4 Para 1g? Yes No If NO, explain: _____

Are the forms and pubs checked semiannually? Yes No If NO, explain: _____

Is a forms inventory made semiannually with re-orders on a CAPF 8? Yes No If NO, explain: _____

What cost saving measures does the unit employ in communicating with higher HQs and other units? _____

Provide document of clear and concise administrative communications.

Provide document of letters written in the proper style?

Attach a copy of unit letterhead to verify correct information and format.

Document the Administrative Communications "Log".

Are records filed properly? Yes No If NO, explain: _____

Are cut-off instructions followed? Yes No If NO, explain: _____

Are records screened for historical significance? Yes No If NO, explain: _____

Document the preparation of administrative authorizations in a proper format.

Document electronic means that are used (files, e-mails, WMU, data disks or CD-RW, etc.) and that they are backed up IAW CAPR 110-1.

Narrate the effectiveness of your administrative program. Include comments regarding notification, reporting, suspense actions and file maintenance.

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 5-4, CAPR 10-1, CAPR 10-2, CAPR 10-3

Inspecting Officer(s) _____

Date of SUI _____

TAB D-5: PERSONNEL

NAME OF UNIT PERSONNEL OFF.: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Is the unit manning and designation meet the requirements of CAPR 20-3? Yes No If NO, explain: _____

Where is the unit Organizational Chart posted? _____

Where is the unit's Charter Certificate? _____

Document that all senior members have been screened.

Document member duty assignments are processed properly.

Document CAPF 60, *Emergency Notification Data*, form is completed prior to any CAP activity away from the local area.

Document storage of inactive member personnel records IAW CAPM 39-2.

Document the successful handling of transfers into and out of the unit.

Document that member promotions are handled properly and in a timely manner IAW CAPR 35-5

How is the proper wear of the uniform monitored at the unit? _____

Document MML and/or CAPWatch listings are reviewed periodically.

Are corrections to the above forwarded to NHQ promptly? Yes No If NO, explain: _____

Explain how the CAP Non-discrimination Policy is adhered to IAW CAPR 39-1 and the National Commander's Policy Letter, dated 1 April 2003. _____

(Items above in Bold Face Print require supporting documentation in the form of attachments.)

References: CAPR 20-1, CAPR 20-1, CAPR 35-1, CAPR 35-5, CAPR 39-1, CAPM 39-1, CAPM 39-2 and National Commander Policy Letter dated 1 Apr 2003

Inspecting Officer(s) _____

Date of SUI _____

TAB D-6: PUBLIC AFFAIRS---continued

Narrate the ways the unit tries to make itself part of the local community.

How do you and the unit interact with local military, government, education, business, aviation, civic, and media groups?

How do you inform these groups of CAP activities in the three mission areas of CAP, including aerospace education.

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 20-1, CAPR 190-1, Wing Policy Directives

Inspecting Officer(s) _____

Date of SUI _____

TAB D-7: SUPPLY

******* Critical Compliance Area *******

NAME OF UNIT SUPPLY OFF.: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

MANAGEMENT

Please provide copies of the following documents:

- Supply Officer appointment (letter, PA, and/or CAPF 2a)
- Transfer of Property Responsibility Statement
- Property recovery procedures for transferred or terminated members
- All Reports of Survey, requested to the Wg/CC, in cases where a failure to recover CAP property occurred since the last assessment.

FILES AND REPORTING

Have the required files been established to account for CAP property? Yes No If NO, explain: _____

Provide copies of the current and previous year's CAPFs 38, *Property Document Register*

Is a new CAPF 38 started each January 1st? Yes No If NO, explain: _____

Please have the following documentation available:

- CAPFs 37 and 111 for receipts, issuances, and disposals.
- Non-expendable property files.
- The TR (Transaction Register)
- The latest certified S-3 Report
- Unit Requirements (Want) list

PROPERTY RECEIPT PROCEDURES---DISPOSAL---OTHER SUPPLY PROCEDURES

Are Commercially procured/donated items ID-ed on the CAPF-37? Yes No If NO, explain: _____

Demonstrate that security and storage procedures ensure safety and prevent deterioration of CAP property.

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 67-1, Wing Policy directives

Inspecting Officer(s) _____

Date of SUI _____

TAB D-8: TRANSPORTATION

NAME OF UNIT TRANSPORTATION OFF.: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

The vehicle folder checklist:

- 1. Title (or Certificate of Origin)
- 2. Copy of registration (Original in vehicle)
- 3. Completed CAPFs 73 for current and previous year.
- 4. Historical record of all maintenance/repairs/expenses
- 5. CAPF 175 (Vehicle Justification Form)
- 6. Copy of the liability insurance card with original in vehicle

Operator and passenger requirements:

- 1. Valid State driving license
- 2. Valid CAPF 75 (CAP-MVOIC)
- 3. Passenger carrying drivers are at least 21 years of age.
- 4. Drivers younger than 21 years old are prohibited from carrying passengers or towing trailers.
- 5. Non-member passengers are approved in writing by the WgCC

Show that maintenance is performed IAW CAPR 77-1 and vehicle owner's manual.

PROFESSIONAL APPEARANCE OF THE VEHICLE (INSPECTION BY IG TEAM)

Are reports and forms submitted IAW CAPR 77-1 and other authorities? Yes No If NO, explain: _____

Were VSI premiums and any claims submitted IAW CAPR 900-7? Yes No If NO, explain: _____

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 77-1, NB minutes of March 2002, CAPR 900-7, Wing Policy letters

Inspecting Officer(s) _____

Date of SUI _____

TAB D-9:REAL PROPERTY

<i>NAME OF UNIT REAL PROPERTY OFF.:</i> _____ <i>RANK:</i> _____
<i>GROUP:</i> _____ <i>DATE OF APPOINTMENT:</i> _____ <i>CHARTER NUMBER:</i> _____

Which of the following documents apply to this unit? (mark all that apply)

Deeds: ____; Leases: ____; Licenses: ____; Letter of Authorization: ____; Other authorizations: ____.

- **Have copies of each marked document been forwarded to Wing HQ? Yes No**

Have Real Property Surveys been completed for all property the unit owns, leases, or uses? Yes No

- **Have copies of all Real Property Surveys been forwarded to Wing HQ? Yes No**

(Items above in **Bold Face Print** require supporting documentation in the form of attachments.)

References: CAPR 87-1 and NHQ Policy Letter December 2002

Inspecting Officer(s) _____

Date of SUI _____

TAB D-10: DRUG DEMAND REDUCTION

NAME OF UNIT DDR OFFICER: _____ RANK: _____	
GROUP: _____	DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

DDR IS A VOLUNTARY PROGRAM. Many CAP units are not within the specified distance of an Air Force Installation to receive DDR funding. Questions 1 through 3 are meant to help determine this unit's eligibility to receive such funding.

Yes No	Are you within 30 miles of an Air Force installation with more than 100 active-duty, Reserve, and/or ANG members?
Yes No	Did the unit request DDR funding for this year?
Yes No	Did the unit receive DDR funding for this year?

Describe any DDR programs and/or activities this unit has conducted in the last 12 months.

(Items above in **Bold Face** Print require supporting documentation in the form of attachments.)

References: CAPP 55, CAPR 52-16

Inspecting Officer(s) _____ Date of SUI _____

TAB E-1: COMMANDER

NAME OF UNIT COMMANDER: _____ RANK: _____
GROUP: _____ DATE OF APPOINTMENT: _____ CHARTER NUMBER: _____

Commander's interview

CAPR 35-1, CAPR 60-3, CAPR 50-17, CAPR 52-16

How do you ensure all essential positions are filled with trained cadet and senior leadership IAW CAPR 20-1, 35-1 and 62-1? _____

Do you have a legal officer? Yes No If Yes, explain his/her qualifications _____

CAPR 35-1, CAPR 60-3, CAPR 50-17, CAPR 52-16

How do you ensure new members receive mandatory training, such as Level I and CPPT? _____

CAPR 52-10 para 1 and 2

What procedures are followed in the event of an allegation of sexual or physical abuse of a cadet? _____

CAPR 173 para 4a and 4b

Was an audit of unit funds completed when you assumed command? Yes No
• Please provide documentation of that audit
• On what date was a copy of this audit forwarded to Wing HQ? _____

CAPR 62-1 para 1 and 2, CAPR 62-2 para 4, CAPR 60-3 Chapter 4

Please provide the inspection team with written documentation of ground and flying safety records for the past 3 years, as applies to this unit.
How do you actively promote safety within the unit? _____

Do you have an established mishap notification procedure? Yes No Explain the procedure _____

TAB E-1: COMMANDER---continued

Document the unit's ORM plans: _____

CAPP 33-1 para 4, CAPR 35-1 para 6b, CAPR 35-3 para 6

Describe the recruiting and retention efforts made over the last 3 years. Include information on parental involvement and participation. _____

Have you had any 2b actions or suspensions since assuming command? Yes No If YES, explain _____

DoDD 5500.11 and 1020.1, AFI 36-2707, CAPR 39-1 para 2a(2), as amended by the National Commander's policy letter dated 1 April 2003

How do you support CAP's Non-discrimination Policy within your unit? _____

Have your members been made aware of this policy and it's implementing directives? Yes No If so, how? _____

What steps should you take if you are made aware of an allegation of discrimination? _____

Has the wing informed you it maintains copies of the above referenced DoD directives for review by any member?

Yes No

CAPR 10-2, CAPR 66-1 para 5, CAPR 67-1 para 1-3j and 4-8, CAPM 67-1 Chapter 2

What is the frequency of staff meetings, commander's calls, Finance Committee, etc.?

1. Document meeting minutes
2. Document budget planning and review

Have you Operating Instructions, SOPs, plans, or written procedures to safeguard CAP material from theft or misuse?

- Document any Reports of Survey, member notifications of investigation or findings.

