

**18 FEB 08 - AMENDED**

**GEORGIA STATE DEFENSE FORCE**  
**72 HOUR DEPLOYMENT PACK LIST 2008**

NOTE: THIS DEPLOYMENT LIST GIVES ONLY THE BASIC GEAR YOU SHOULD DEPLOY WITH IN THE EVENT OF A 72 HOUR CALL UP. WHEN PLACING THIS DEPLOYMENT PACK TOGETHER , WEIGHT WILL BE A FACTOR AND YOU SHOULD UNDERSTAND YOU MAY HAVE TO “WALK IN “ TO AN AREA TO OPERATE. THERE WILL BE OTHER ITEMS YOU MIGHT WISH TO ADD TO YOUR PERSONAL LIST BUT AGAIN WATCH THE WEIGHT FACTOR. DRESS FOR THE WEATHER IN ALL SITUATIONS. TAKE SPECIAL CARE IN CHOOSING TENTS AND SLEEPING BAGS.  
UNIT CDRS WILL NEED TO ADVISE PERSONNEL ON SELECTION OF PACKS / TENTS / SLEEPING BAGS .  
BN LEVEL INSTRUCTION SHOULD BE GIVEN ON PREPARING LIGHT WEIGHT SURVIVAL KITS .

**WORN**

1 SET OF ORDERS –IF ISSUED- WILL BE CARRIED ON YOUR PERSON  
1 SET OF ACU’S WITH ALL CORRECT GSDF PATCHES AND NAMETAPES  
1 ARMY SAND COLORED T-SHIRT ( GREEN / BROWN NOT AUTHORIZED )  
SPECIFIED MILITARY TAN BOOTS  
PAIR OF BLACK OR OD BOOT SOCKS  
1 BLACK ARMY WEB BELT AND BUCKLE / OR BLACK RIGGERS BELT  
GSDF IDENTIFICATION CARD  
(EXTRA CASH FOR EMERGENCIES)  
1 SET OF DOGTAGS  
1 BLACK BERET W/ GSDF FLASH AND NON SUBDUED RANK (OFFICERS) GEORGIA CREST (ENLISTED)  
THE BERET WILL BE WORN WHILE TRAVELING UNLESS SPECIFIED OTHERWISE BY 1 BDE CDR.  
1 ACU PATROL CAP WITH SUBDUED RANK (ALL)  
1 WRIST WATCH  
POCKET NOTEBOOK AND PEN/PENCIL IN A ZIPLOCK BAG  
POCKET KNIFE OR MULTITTOOL  
1 M65 ACU FIELD JACKET W/ LINER ( WINTER WEAR )  
1 KEVLAR HELMET W/ ACU COVER -WHEN SPECIFIED -( INCLUDES LIGHT WEIGHT VERSION)  
\*\*A LIST OF ALL MEDICATIONS WITH DOSE INFORMATION AND ANY OTHER SPECIAL MEDICAL INFORMATION SHOULD BE ATTACHED TO THE PERSONAL MED CARD AND CARRIED WITH YOU AT ALL TIMES WHILE ON DUTY WITH THE GaSDF. THIS INFORMATION WILL BE CARRIED BY ALL GaSDF PERSONNEL IN THE RIGHT BREAST POCKET UNDER YOUR NAME TAPE. A COPY OF THE WORKERS COMP FORM SHOULD BE INCLUDED WITH YOUR MED CARD FOR USE BY THE MEDIC PERSONNEL SHOULD YOU NEED TREATMENT.

**LOAD BEARING EQUIPMENT VEST**

( THE LOADING BEARING VEST IN ACU PATTERN AND “CAMELBAK” ACU PATTERN ARE NOW AUTHORIZED )

ACU LOAD BEARING EQUIPMENT VEST  
ACU CAMELBAK STYLE WATER CARRIER OR TWO CANTEENS ( 1 CUP) WITH ACU COVERS  
1 BOTTLE OF WATER PURIFICATION TABLETS  
1 PLASTIC WHISTLE / OD  
1 ARMY STYLE ANGLEHEAD FLASHLIGHT WITH LENSES (BLUE,RED,WHITE,DIFFUSION)  
(ABOVE FLASHLIGHT CAN BE FOUND IN SMALLER VERSION LED WITH BURN RATE OF 30 HOURS ON THREE AAA CELLS.) OTHER FLASHLIGHTS ACCEPTABLE BUT SHOULD HAVE NIGHT VISION FILTERS OR NIGHT VISION COLOR PROTECTION INCLUDED  
1 COMPASS W/ PROTECTIVE POUCH- EITHER MILSPEC OR CIVILIAN TYPE  
1 SET OF EAR PLUGS IN CARRYING CASE  
1 D-RING  
1 PAIR BLACK LEATHER WORK GLOVES ( WITH WOOL LINERS WINTER WEAR )  
1 SHEATH KNIFE ( FOR FIELD USE) BLADE 6” OR LESS  
1 FIRST AID PACKET  
1 BASIC SURVIVAL KIT ( MAGNESIUM FIRE BAR ETC )  
1 RADIO – ( W/ SPARE BATTERIES ) - TYPE WILL BE DICTATED BY BN CDR / BN COMMO

## PACK

1 PACK – ACU – LARGE ENOUGH TO HANDLE YOUR GEAR.  
3 PAIR OF SPARE SOCKS ( IN A ZIPLOCK BAG )  
3 ARMY SAND COLORED T-SHIRTS – GREEN / BROWN NOT AUTHORIZED (IN A ZIPLOCK BAG)  
3 PAIR OF UNDERWEAR (IN A ZIPLOCK BAG)  
1 SLEEPING PAD ( RESEARCH THIS ITEM )  
1 SHAVING (TOILETRIE) KIT ( SHOULD BE TRAVEL SIZE )  
INCLUDES TOWEL / WASH CLOTH / SOAP / TOOTH BRUSH / TOOTH PASTE ETC.  
FEMALE TROOPS ADJUST YOUR KIT TO YOUR NEEDS.  
\*FOOD ITEMS ( 72 HOURS ) MRES W/ HEATERS ARE SUGGESTED ( LIGHT WEIGHT)  
1 SET EXTRA FLASHLIGHT BATTERIES ( MORE IF YOU CHOOSE.)  
1 EXTRA SET OF LONG JOHNS OR THERMAL UNDERWEAR ( WINTER WEAR)  
1 TENT- (SHOULD BE PICKED WITH CARE) - W / LIGHT WEIGHT GROUND CLOTH  
1 SLEEPING BAG – SHOULD BE RESEARCHED WITH CARE ( SPECIFIC TO WEATHER )  
**1 ROLL OF TOILET PAPER ( MORE IS BETTER)**  
1 SMALL BOTTLE OF HAND SANITIZER  
1 BOTTLE OF INSECT REPELLENT  
2 PLASTIC TRASH BAGS- MEDIUM SIZE  
1 SPARE FLASH LIGHT ( W/ NIGHT VISION FILTERS)  
1 ACU PONCHO OR ACU PARKA TYPE RAIN SUIT  
1 WATCH CAP – FOLIAGE GREEN ONLY- BLACK NOT AUTHORIZED  
\*\* SPARE EYE WEAR FOR THOSE WHO NEED  
\*\* PERSONAL MEDICATIONS FOR THOSE WHO NEED-  
ENSURE YOU CARRY MORE THAN 72 HRS WORTH OF MEDS.

NOTE- \* UNIT CDRS WILL AUTHORIZE THEIR BN S/4 AND / OR UNIT ENGINEER PERSONNEL  
TO ADD ADDITIONAL TOOLS DEPENDING ON THE ASSIGNED MISSION. THESE  
ADDITIONAL KITS SHOULD BE PREARRANGED BY THE UNIT CDR AND BN S/4 . THESE  
KITS MIGHT INCLUDE SHOVELS / HAND AXES / SAWS/ ROPES / REPELLING HARNESS ETC. THE  
MISSION WILL DICTATE SPECIFIC TOOLS / EQUIPMENT TO BE ADDED .  
\* THE USE OF SAFETY VESTS WILL BE AUTHORIZED WHEN NEEDED .

NOTE : THE FIRST AID BASIC LIST BELOW HAS BEEN PREPARED BY 1BDE MEDDET AND  
SHOULD BE YOUR GUIDE WHEN BUILDING OUT YOUR PERSONAL MED KIT.  
THE PERSONAL INFORMATION FORM SHOULD BE CARRIED IN YOUR RIGHT  
ACU JACKET POCKET ( UNDER YOUR NAME STRIP ) AT ALL TIMES WHILE ON SDF DUTY .

### First Aid Kit (Basic Personal)

The Basic Personal First Aid Kit is to be carried at all times and is for you to use in a personal emergency and/or for the Medic to use on you.

Place all First Aid supplies in zip lock bag(s) to keep from becoming contaminated/wet.

- 2 Sets Gloves - Nitrile or vinyl (NOT latex)
- 2 4x4 Gauze Pads
- 3-4 2x2 Gauze Pads
- 1 Abdominal Pad
- 2 Eye patches – or increase qty 2x2 gauze
- 1 Gauze Roll
- Moleskin – at least 4”x4”
- 10 Medium Band-aids
- 5 Large Band-aids
- Adhesive bandage tape roll
- 4” ace elastic bandage
- 10 Alcohol Swabs
- Antiseptic wipes or gel
- Face mask – suggest M-95 or M-99
- 1-2 antibacterial ointment

- 1-2 Blistex Lip Ointment
- 1 Sting Soother
- 1 Pack of headache Meds
- 1 Pack anti-diarrhea Meds
- 1 Pack antacid
- 1 Oragel
- Sunscreen lotion – UVA *and* UVB
- Prescription medications
- Worker's Compensation form
- WC Reporting Instructions
- Incident Notice form

Worker's Compensation Form link:

[http://sbwc.georgia.gov/vgn/images/portal/cit\\_1210/49/35/13139736wc001.pdf](http://sbwc.georgia.gov/vgn/images/portal/cit_1210/49/35/13139736wc001.pdf)

**RED Dog Tag** - Include *entire* SSN, Blood Type, *Allergies*

**Personal medical information** – in breast POCKET under name. This is a *sample* format:

NAME: _____	DATE: _____
UNIT: _____	DOB: _____
	SSN: _____
BLOOD TYPE- _____	
MEDICAL CONDITIONS: _____	
_____	
SPECIAL MEDICAL INFORMATION- _____	
_____	
_____	
ALLERGIES: _____	
Rx (name, dose, frequency): _____	
_____	
NEXT OF KIN (relationship and phone numbers, at least <i>TWO</i> who are <i>NOT</i> in GSDF):	
_____	
_____	

AGAIN- A LIST OF ALL MEDICATIONS WITH DOSE INFORMATION AND ANY OTHER SPECIAL MEDICAL INFORMATION SHOULD BE ATTACHED TO THE PERSONAL MED CARD AND CARRIED WITH YOU AT ALL TIMES WHILE ON DUTY WITH THE GaSDF.

END