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| MCAS Yuma Brig Confinement Gear Checklist |
| **Section 1. MINIMUM GEAR REQUIREMENTS FOR CONFINEMENT** |
| **Gear Description** | **Min/Max** | **On Hand** | **Missing** | **Gear Description** | **Min/Max** | **On Hand** | **Missing** |
| SWEAT TOP | 1/1 |  |  | WHITE WASHCLOTH | 2/3 |  |  |
| SWEAT BOTTOMS | 1/1 |  |  | TOOTHBRUSH (NOT ELECTRIC) | 1/2 |  |  |
| SKIVVY SHIRT (NO LOGOS) | 4/8 |  |  | TOOTHBRUSH HOLDER (PLASTIC) | 1/2 |  |  |
| SKIVVY SHORTS (NO SILKIES) | 3/3 |  |  | TOOTHPASTE | 1/2 |  |  |
| WHITE UNDERWEAR | 4/8 |  |  | SOAP BAR | 1/4 |  |  |
| BOOT SOCKS (BROWN/GREEN/BLACK) | 3/6 |  |  | SOAP DISH (PLASTIC) | 1/1 |  |  |
| WHITE SOCKS (NO LOGOS) | 3/6 |  |  | SHAMPOO/CONDITIONER | 0/1 |  |  |
| SERVICE BOOTS (NO STEEL TOE) | 1/2 |  |  | DEODORANT (STICK ONLY)  | 1/2 |  |  |
| RUNNING SHOES | 1/1 |  |  | FIXED HEAD DISPOSABLE RAZORS | 5/15 |  |  |
| SHOWER SHOES | 1/1 |  |  | SHAVING CREAM(NO AEROSOL) | 1/2 |  |  |
| BOOT BANDS (PAIR) | 1/2 |  |  | MILITARY ID (COMMON ACCESS CARD) | 1/1 |  |  |
| WHITE TOWEL | 2/4 |  |  | MEDICAL RECORDS | 1/1 |  |  |
| MESH LAUNDRY BAG | 1/2 |  |  | DENTAL RECORDS | 1/1 |  |  |
| **Section 2. INVENTORY VERIFICATION UPON CONFINEMENT** |
| Duty Brig Supervisor: | Signature: | Date: |
| Command representative: | Signature: | Date: |
| **Section 3. NOTES** |
| * The unit is solely responsible for ensuring all minimum gear requirements are met prior to arrival at the confinement facility.
* Command Representatives shall be turned away if minimum gear requirements are not on hand.
* The unit will ensure new confinements arrive in appropriate military PT uniform (green on green with white underwear).
* Sea Bags are not authorized in the facility; all gear must be in a mesh laundry bag.
* Any gear not listed above will not be accepted into the facility and returned to the Command Representatives.
* For all questions regarding confinement gear requirements, contact (928) 269-2881.
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| **Section 4. ALL GEAR HAS BEEN INVENTORIED AND RETURNED TO PRISONER UPON RELEASE OR TRANSFER.** |
| Duty Brig Supervisor: | Signature: | Date: |
| Command Representative: | Signature: | Point of Contact: | Date: |
| Prisoner: | Prisoner Signature: | Date: |