

**11D PAM 1-201
COMMAND INSPECTION CHECKLIST**

FUNCTIONAL AREA: Training	CHAPTER: 9 SECTION: O	DATE OF REVISION: 1 SEP 02
PROPONENT/PHONE NO: G3 Training Museum 350-7337	PROGRAM/ACTIVITY/TOPIC (PAT) Unit Historical Program	UNIT INSPECTED/DATE:

ITEM	GO	NO-GO
<p>A. Discussion: The intent of this program is to build esprit and unit pride by teaching soldiers their unit's history and to provide current unit histories to higher headquarters for study, orientation, and reference. Also to account and maintain historical property at the unit level.</p> <p>B. References:</p> <ol style="list-style-type: none"> 1. AR 870-5, 12 Jul 93, Military History, Responsibilities, Policies, and Procedures. 2. AR 870-20, 26 Jan 99, Army Museums, Historical Artifacts and Art. <p>C. Specific Questions:</p> <ol style="list-style-type: none"> 1. Does the unit observe "Unit Day" or Organization Day? (AR 870-5) 2. Does the initial orientation for new soldiers include unit history? (AR 870-5) 4. Is a unit historian appointed on orders and is a copy of orders forwarded to the Division historian? (AR 870-5) 5. Is a unit organizational historical file maintained in Ops File (Marks) 870-5a? 6. Was a historical summary for the last calendar year submitted? (AR 870-5) 8. Does the unit maintain historical artifacts, weapons and or associated items (excluding trophies or plaques)? (AR 870-20) 9. Is an ARO (Accountable Responsible Officer) appointed on orders by the Unit Commander and submitted to the Chief of Military History? (AR 870-20). 10. Are historical artifacts registered with the Chief of Military History? (AR 870-20) 		

Rating standard (Functional Area: Unit Historical Program)

- Commendable –90 % are rated Go including 8, 9, 10
- Satisfactory - 75% to 89% are rated GO including the following items 8, 9, 10.
- Needs Improvement – 75% or less or NO-GO rating on the following items, 6, 7 or 8.

Inspector's Comments Mandatory for all NO GO items. (Attach additional sheets if necessary.)

NOTES:

VERIFICATION

X _____
Unit POC's Signature, Name Rank, Date

X _____
Inspector's Signature, Name Rank, Date