

# Extended Deployment (72 hour) Equipment Checklist

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|---|---|--|
| <input type="checkbox"/> 3 day change of clothes                    | <input type="checkbox"/> Additional radios, packet gear                 | <input type="checkbox"/> Message forms |
| <input type="checkbox"/> Foul weather gear                          | <input type="checkbox"/> Power supplies, chargers                       |  |
| <input type="checkbox"/> Toilet articles                            | <input type="checkbox"/> Microphones                                    |  |
| <input type="checkbox"/> Shelter (tent and sleeping bag)            | <input type="checkbox"/> Headphones                                     |  |
| <input type="checkbox"/> Portable stove; mess kit with cleaning kit | <input type="checkbox"/> Patch cords                                    |  |
| <input type="checkbox"/> Waterproof matches                         | <input type="checkbox"/> Antennas with mounts                           |  |
| <input type="checkbox"/> Flashlight                                 | <input type="checkbox"/> SWR bridge (VHF and HF)                        |  |
| <input type="checkbox"/> Candles                                    | <input type="checkbox"/> Extra coax                                     |  |
| <input type="checkbox"/> Alarm clock                                | <input type="checkbox"/> RF connectors and adapters                     |  |
| <input type="checkbox"/> 3 day supply of water and Food             | <input type="checkbox"/> Power, audio and other connectors and adapters |  |
| <input type="checkbox"/> Snacks                                     | <input type="checkbox"/> Batteries                                      |  |
| <input type="checkbox"/> Liquid refreshments                        | <input type="checkbox"/> Toolbox  |  |
| <input type="checkbox"/> First aid kit                              | <input type="checkbox"/> Soldering iron and solder                      |  |
| <input type="checkbox"/> Throat lozenges                            | <input type="checkbox"/> VOM  |  |
| <input type="checkbox"/> Prescriptions                              | <input type="checkbox"/> Electrical and duct tape                       |  |
| <input type="checkbox"/> Aspirin or other pain reliever             | <input type="checkbox"/> Safety glasses                                 |  |
|   | <input type="checkbox"/> Log books                                      |  |