

Commander Checklist for Indoor Unit PT Activity

1. _____ Members:
 - a. _____ Individuals with a positive fitness screening questionnaire (AFI 10-248, atch 4) have been identified and appropriate modifications made
 - b. _____ Individuals with profiles have been identified and appropriate modifications made
 - c. _____ Newly assigned individuals have had fitness status/exercise habits reviewed and previous environmental conditions taken into account
 - d. _____ Trained PTL has been assigned to lead unit exercise
 - e. _____ Exercise session has been approved by base Fitness Program Manager (FPM)

2. _____ Facility/Equipment:
 - a. _____ If using the Fitness Center (FC), FC staff has been contacted to reserve exercise space
 - b. _____ Equipment use has been approved by host facility
 - c. _____ Any non-equipment items such as whistles, music boxes, towels, etc. are provided by unit/individuals
 - d. _____ Floor surface is clean and appropriate for designated activity.

3. _____ Emergency Procedures:
 - a. _____ Cell phones are available
 - b. _____ CPR trained members are present
 - c. _____ AED location/s have been identified
 - d. _____ First aid kit is available

4. _____ Fluids/hydration:
 - a. _____ Drinking fountains are located within the exercise area vicinity and/or
 - b. _____ Individuals have personal water bottles

5. _____ Members are wearing appropriate clothing/shoes for the activity/indoor location.

