

**Army Regulation 40–13**

**Medical Services**

# **Radiological Advisory Medical Teams**

**Headquarters  
Department of the Army  
Washington, DC  
15 July 2019**

**UNCLASSIFIED**

# ***SUMMARY of CHANGE***

AR 40-13

Radiological Advisory Medical Teams

This major revision, dated 15 July 2019-

- o Changes the appointment responsibilities for the radiological advisory medical teams (paras 1-4a(5) and 1-4a(6)).
- o Redesignates the responsibilities for the establishment and deployment or employment of the continental United States radiological advisory medical team from the U.S. Regional Medical Command Atlantic to the U.S. Regional Health Command-Atlantic to the U. S. Army Public Health Center (para 1-4c).
- o Adds internal control evaluation to validate the readiness of the radiological advisory medical teams (app B).

Medical Services  
Radiological Advisory Medical Teams

By Order of the Secretary of the Army:

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Guard/Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated.

**Proponent and exception authority.**

The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions or waivers to this regulation that are consistent with controlling law and regulations. The proponent may delegate this approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

**Army internal control process.** This regulation contains internal control provisions and identifies key internal controls that must be evaluated (see appendix B).

**Supplementation.** Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from The Surgeon General (DASG–HCO–RP), 7700 Arlington Boulevard, Suite 5143, Falls Church, VA 22042–5143.

**Suggested improvements.** Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to The Surgeon General (MCPH–PHD–RP), 7700 Arlington Boulevard, Suite 5143, Falls Church, VA 22042–5143.

**Distribution.** The regulation is available in electronic media only and is intended for the Regular Army, the Army National Guard/Army National Guard of the United States, and the U.S. Army Reserve.

**History.** This publication is a major revision.

**Summary.** This regulation prescribes medical support requirements for nuclear and radiological events and nuclear surety. This revision updates the policies governing the establishment, organization, and use of radiological advisory medical teams.

**Applicability.** This regulation applies to the Regular Army, the Army National

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\*This regulation supersedes AR 40–13, dated 1 October 2012.

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### **Glossary**

## Chapter 1 Introduction

### 1–1. Purpose

This regulation prescribes the mission and capabilities of the U.S. Army radiological advisory medical team (RAMT). It also establishes policies, procedures, and responsibilities for the RAMT.

### 1–2. References and forms

See appendix A.

### 1–3. Explanation of abbreviations and terms

See the glossary.

### 1–4. Responsibilities

In accordance with DODD 3150.08, the Army will organize, train, and equip one RAMT in the continental United States (CONUS) and one RAMT outside the continental United States (OCONUS) to provide medical advice and assistance for nuclear and radiological incidents. To more effectively meet and respond to this mission, an additional OCONUS team will be established.

*a. The Surgeon General.* TSG will—

(1) Establish medical policies and procedures implementing DODD 3150.08 in support of DODM 3150.8–M and AR 50–5.

(2) Establish programs for training and sustaining of RAMT assets.

(3) Coordinate with combatant commands (CCMDs), Federal and/or international agencies for RAMT support to contingency and operations plans.

(4) Provide Department of the Army oversight of the RAMT Program.

(5) Provide personnel as indicated in paragraph 2–4 from geographical areas appropriate to support CONUS and OCONUS incidents (see para 2–4*a*).

(6) Designate on orders the OCONUS RAMT leaders.

*b. Commanding General, U.S. Army Medical Command.* The CG, MEDCOM will—

(1) Establish RAMTs in support of CCMDs and the National Response Framework at the following locations:

*(a)* U.S. Army Public Health Center (APHC) with primary responsibility in the U. S. Northern Command area of operation.

*(b)* European CCMD area of operation, with primary responsibility throughout the European and Central CCMD areas of operation.

*(c)* Pacific CCMD area of operation, with primary responsibility throughout the OCONUS Pacific CCMD area of responsibility.

(2) Coordinate with CCMDs or Army service component commands for RAMT support to contingency and operations plans.

(3) Coordinate with the Defense Threat Reduction Agency as stipulated in DODD 3150.08.

(4) Develop plans, policies, and procedures for organizing, equipping, and deploying the RAMTs.

(5) Provide annual readiness sustainment, training, and modernization funding for the RAMT to meet legacy missions and emerging threat response requirements.

(6) Provide annual funding for deployment of the RAMT in support of national and international nuclear and radiological exercises.

(7) Ensure properly cleared RAMT leaders have access to top secret/sensitive compartmented information (TS/SCI).

(8) Establish contracts, memoranda of agreement, or memoranda of understanding for specialized laboratory services in support of the RAMT as needed.

(9) Provide for MEDCOM headquarters staff oversight of RAMT operations.

(10) Ensure internal control evaluation is conducted once every 3 years using the checklist in appendix B.

*c. Director, Army Public Health Command.* The Director, APHC will—

(1) Employ the RAMT upon request.

(2) Provide funding and appropriate orders.

(3) Designate on orders the primary RAMT leader.

(4) Ensure RAMT readiness to meet emerging threat response requirements.

- (5) Submit DD Form 2325 (Radiological Response Capability Report) (see para 2–9b).
- (6) Conduct internal control evaluation once every 3 years using the checklist in appendix B.
- (7) Synchronize and coordinate between RAMT CONUS and OCONUS leaders to facilitate standardization, best practices, and lesson learned sharing.
  - d. Incident commander or on-scene commander.* Per the incident command system, the incident commander is described as the on-scene commander (OSC). The OSC will—
    - (1) Exercise operational control over the RAMT during onsite operations to include release authority.
    - (2) Identify ongoing mission requirements for hand off to follow-on medical units or radiological personnel.
  - e. Primary radiological advisory medical team leader.* The primary RAMT leader will—
    - (1) Submit annual budget requests to MEDCOM for funding.
    - (2) Ensure team readiness.
    - (3) Plan, coordinate, and conduct an annual exercise of the RAMT.
    - (4) Ensure calibration of equipment.
    - (5) Ensure required training of team members is completed.
    - (6) Synchronize with OCONUS RAMT leaders to standardize tactics, techniques, equipment, and procedures.
    - (7) Coordinate the travel for RAMT members to attend exercises and training.

### **1–5. Records management (recordkeeping) requirements**

The records management requirement for all record numbers, associated forms, and reports required by this regulation are addressed in the Records Retention Schedule-Army (RRS–A). Detailed information for all related record numbers, forms, and reports are located in ARIMS/RRS–A at <https://www.arims.army.mil>. If any record numbers, forms, and reports are not current, addressed, and/or published correctly in ARIMS/RRS–A, see DA Pam 25–403 for guidance.

## **Chapter 2 Team Capabilities and Requirements**

### **2–1. Mission**

The RAMTs provide direct comprehensive radiological health, medical guidance, and specialized services to the CCMD commander, the OSC, and local medical officials responding to a radiological or nuclear event.

### **2–2. Training**

- a. Required training.* All team members must complete the Medical Effects of Ionizing Radiation course hosted by the Armed Forces Radiobiology Research Institute within 60 days of being appointed by orders to the team. Team members will also meet all training requirements according to CCMD’s requirements.
- b. Required training for physicians.* Combat Casualty Care Course, training required by DODM 3150.08 and additional training as appropriate.
- c. Recommended additional training.* RAMT members should continue to receive formal training while serving in this capacity. Although not an exhaustive list, additional training includes the Radiological Hazards Operator Course; courses at the Oak Ridge Institute for Science and Education in Oak Ridge, TN; Health Risk Communication at the Army Public Health Center at Aberdeen Proving Ground; and the Defense Nuclear Weapons School Nuclear Weapons Incident Command and Control courses at Kirtland Air Force Base in Albuquerque, NM.

### **2–3. Capabilities**

The RAMT will be capable of—

- a.* Assembling within 48 hours of notification, deploying within 48 hours of assembling, and operating anywhere in the world within 96 hours of notification when transportation is available.
- b.* Conducting sustained operations for up to 72 hours post-deployment.
- c.* Conducting operations in a National Defense Area (NDA), a National Security Area, classified areas, contaminated areas, or other restricted access areas.
- d.* Conducting operations in a U.S. CCMD upon approval by the CCMD commander.

### **2–4. Organization**

- a.* The RAMT is staffed by military individuals qualified in the evaluation of radiological health hazards and in the management of radiation casualties. Civilian experts may be added to the team at the discretion of the RAMT leader.
- b.* The RAMT is composed of—

(1) A minimum of one O5/O6 with the area of concentration 72A, or the most senior available nuclear medical science officer (72A), who will serve as the primary RAMT leader and the lead for the CONUS team; and an O4 with the area of concentration 72A or the most senior 72A available, who will each serve as the RAMT lead for the OCONUS teams located in Europe and the Pacific (one RAMT leader for each location).

(2) Designated RAMT physicians qualified in one of the following clinical specialties, or areas of concentration: nuclear medicine officer (60B), medical oncologist/hematologist (61B), therapeutic radiologist (61Q), diagnostic radiologist (61R), or an emergency physician (62A). Other specialties can be considered if the individual has additional training including the training in radiation casualty and mass casualty management as stated in paragraph 2–2. It may be necessary to have more than one physician trained and prepared to deploy based on projected mission requirements and availability of clinical staff.

(3) A minimum of one health physics specialist (military occupational specialty 68SN4).

(4) Additional personnel with other training and experience as determined by the RAMT leader.

(5) Once an individual is fully trained and serves as an active member of any RAMT, efforts should be made to ensure the individual and his expertise is utilized in future RAMT assignments, if possible, regardless of their unit of assignment. Coordination between RAMT leadership and the individual's chain of command should be established to facilitate the experienced individual's participation in RAMT events.

*Note.* The team leader is responsible for providing recommendations to the TSG and Commander on team composition, to include civilian participation in training events and deployments.

## **2–5. Policies**

*a.* The RAMT is a national level, rapid deployment asset that is part of the National Response Framework.

*b.* At a minimum, RAMT members will possess an active, secret-level security clearance and critical nuclear weapons design information (CNWDI) access. The RAMT leaders require a TS/SCI clearance and CNWDI access. A new RAMT leader may serve in this capacity while going through the process of obtaining a TS/SCI clearance with CNWDI access.

*c.* Release of information concerning a nuclear or radiological event will be in accordance with appropriate directives (see AR 50–5 and AR 360–1).

## **2–6. Use of laboratory facilities**

Use of field laboratory services, to include limited capabilities of the RAMT itself, will be conducted through liaison with other specialized deployed teams and with the approval of the RAMT leader.

## **2–7. Deployment**

*a.* The RAMT will normally be activated and deployed at the direction of the National Military Command Center, the Office of the Joint Director of Military Support, the Joint Nuclear Accident Coordinating Center, the CCMDs, or the Army Operations Center.

*b.* The CG, MEDCOM, may deploy a RAMT as required to assist other RAMTs. Authority for redeployment of the RAMT rests with the OSC.

## **2–8. Employment**

*a.* At the scene of a radiological or nuclear emergency, the RAMT provides guidance to the OSC regarding the following technical matters:

(1) Potential health hazards to personnel from radiological contamination or exposure by ionizing radiation.

(2) Decontamination procedures.

(3) Medical treatment.

(4) Medical surveillance procedures (such as initial and follow-up bioassay).

(5) Radiation exposure control.

*b.* The RAMT provides the following services to the military treatment facility receiving casualties:

(1) Recommendations for medical treatment related to radiological events (for example, high external exposures or significant internal exposures).

(2) Advice on initial and follow-up bioassay and biodosimetry procedures.

(3) Guidance concerning potential health hazards to personnel from radiological contamination resulting from the incident including protecting medical staff members.

*c.* The RAMT follows appropriate radiation exposure standards, dosimetry requirements, and accident reporting instructions established in AR 385–10 or guidance of higher level command of the response.

## **2–9. Reports**

*a.* Copies of all radiological survey and sampling data, as well as reports generated as a result of RAMT exercises and deployments, will be recorded and maintained in The Defense Occupational and Environmental Health Readiness System. This system complies with Privacy Act requirements.

*b.* The DD Form 2325 is prepared annually or when there is significant change in the organization, equipment, or team capabilities. The DD Form 2325 is sent to Operations Center, Defense Threat Reduction Agency, 8725 John J. Kingman Road, Fort Belvoir, VA 22060–5264, or electronically to [dtra.belvoir.pi.mbx.joint-ops-center@mail.mil](mailto:dtra.belvoir.pi.mbx.joint-ops-center@mail.mil).



## **Appendix A**

### **References**

#### **Section I**

##### **Required Publications**

**AR 50–5**

Nuclear Surety (Cited in para 1–4*a*(1).)

**AR 360–1**

The Army Public Affairs Program (Cited in para 2–5*c*.)

**AR 385–10**

The Army Safety Program (Cited in para 2–8*c*.)

**DA Pam 25–403**

Guide to Recordkeeping in the Army (Cited in para 1–5.)

**DODD 3150.08**

DoD Response to Nuclear and Radiological Incidents (Cited in para 1–4.)

**DODM 3150.8–M**

Nuclear Weapon Accident Response Procedures (NARP) (Cited in para 1–4*a*(1).)

**National Response Framework**

The National Response Framework (Cited in para 1–4*b*(1).)

#### **Section II**

##### **Related Publications**

A related publication is a source of additional information. The user does not have to read it to understand this publication. Unless otherwise stated, all publications are available online from the Army Publishing Directorate Website at <https://armypubs.army.mil>. DODDs and manuals are available online from <http://www.esd.whs.mil/directives>. National Council on Radiation Protection and Measurement (NCRP) Reports are available at <http://www.ncrppublications.org/reports/>.

**AR 10–16**

U.S. Army Nuclear and Combating Weapons of Mass Destruction Agency

**AR 11–2**

Managers' Internal Control Program

**AR 25–30**

Army Publishing Program

**AR 40–5**

Preventive Medicine

**AR 50–6**

Chemical Surety

**AR 525–13**

Antiterrorism

**AR 700–48**

Management of Equipment Contaminated with Depleted Uranium or Radioactive Commodities

**ATP 3–11.32/MCWP 3–37.2/NTTP 3–11.37**

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Passive Defense

**ATP 3–11.41/MCRP 3–37.2C/NTTP 3–11.24/AFTTP 3–2.37**

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Consequence Management Operations

**ATP 3–28.1/MCWP 3–36.2/NTTP 3–57.2/AFTTP 3–2.67**

Multiservice Tactics, Techniques, and Procedures for Defense Support of Civil Authorities (DSCA)

**ATP 4–02.83/MCRP 4–11.1B/NTRP 4–02.21/AFMAN 44–161**

Multiservice Tactics, Techniques, and Procedures for Treatment of Nuclear and Radiological Casualties

**ATTP 3–11.36/MCRP 3–37B/NTTP 3–11.34/AFTTP(I) 3–20.70**

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Aspects of Command and Control

**CJCSI 3125.01B**

Defense Support of Civil Authorities (DSCA) For Domestic Consequence Management (CM) Operations in Response to a Chemical, Biological, Radiological, Nuclear, or High-Yield Explosive Incident.

**DA Pam 50–5**

Nuclear Accident or Incident Response and Assistance (NAIRA) Operations

**DA Pam 385–40**

Army Accident Investigations and Reporting

**DODD 3025.18**

Defense Support of Civil Authorities (DSCA)

**DODD 5230.16**

Nuclear Accident and Incident Public Affairs (PA) Guidance

**FM 3–11/MCRP 3–37/NWP 3–11/AFTTP 3–2.42**

Multiservice Tactics, Techniques, and Procedures for Chemical, Biological, Radiological, and Nuclear Operations

**International Atomic Energy Agency Safety Series No. 120**

Radiation Protection and the Safety of Radiation Sources: A Safety Fundamental (Available at IAEA Safety Series, <http://www-pub.iaea.org/mtcd/publications/seriesmain.asp/>)

**International Commission on Radiological Protection Publication 60**

1990 Recommendations of the International Commission on Radiological Protection (Available at <http://www.icrp.org/publications.asp/>)

**NCRP Commentary No. 19**

Key Elements of Preparing Emergency Responders for Nuclear and Radiological Terrorism

**NCRP Report No. 042**

Radiological Factors Affecting Decision-Making in a Nuclear Attack

**NCRP Report No. 111**

Developing Radiation Emergency Plans for Academic, Medical or Industrial Facilities

**NCRP Report No. 115**

Risk Estimates for Radiation Protection

**NCRP Report No. 116**

Limitation of Exposure to Ionizing Radiation

**NCRP Report No. 125**

Deposition, Retention and Dosimetry of Inhaled Radioactive Substances

**NCRP Report No. 128**

Radionuclide Exposure of the Embryo/Fetus

**NCRP Report No. 130**

Biological Effects and Exposure Limits for “Hot Particles”

**NCRP Report No. 138**

Management of Terrorist Events Involving Radioactive Material

**NCRP Report No. 156**

Development of a Biokinetic Model for Radionuclide-Contaminated Wounds for Their Assessment, Dosimetry and Treatment

**NCRP Report No. 161(1)**

Management of Persons Contaminated with Radionuclides: Handbook

**NCRP Report No. 164**

Uncertainties in Internal Radiation Dose Assessment

**NCRP Report No. 165**

Responding to a Radiological or Nuclear Terrorism Incident: A Guide for Decision Makers

**NCRP Report No. 166**

Population Monitoring and Radionuclide Decorporation Following a Radiological or Nuclear Incident

**NCRP Report No. 173**

Investigation of Radiological Incidents

**NCRP Report No. 175**

Decision Making for Late-Phase Recovery from Major Nuclear or Radiological Incidents

**NCRP Report No. 179**

Guidance for Emergency Response Dosimetry

**STANAG 2596, Ed: 1**

Allied Joint Medical Doctrine for Support to Chemical Biological, Radiological, and Nuclear (CBRN) Defensive Operations

**Section III**

**Prescribed Forms**

This section contains no entries.

**Section IV**

**Referenced Forms**

Unless otherwise indicated, DA forms are available on the Army Publishing Directorate (APD) website (<https://armypubs.army.mil>) and DD forms are available on the Office of the Secretary of Defense (OSD) website (<https://www.esd.whs.mil/directives/forms>).

**DA Form 11–2**

Internal Control Evaluation Certification

**DA Form 2028**

Recommended Changes to Publications and Blank Forms

**DD Form 2325**

Radiological Response Capability Report

## Appendix B

### Internal Control Evaluation

#### B–1. Function

The function covered by this evaluation is RAMT readiness.

#### B–2. Purpose

The purpose of this evaluation is to assist the Office of The Surgeon General and MEDCOM in evaluating the key internal controls listed below. It is not intended to assess all controls.

#### B–3. Instructions

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, simulation, and other controls). Answers that indicate deficiencies must be explained, and corrective action must be documented. These internal controls must be evaluated at least once every 3 years. Certification that this evaluation has been conducted must be accomplished on DA Form 11–2 (Internal Control Evaluation Certification).

#### B–4. Checklist questions

- a.* Has MEDCOM established RAMTs in support of CCMDs and the National Response Framework?
- b.* Has MEDCOM coordinated with CCMDs for RAMT support to contingency and operations plans?
- c.* Has MEDCOM coordinated with the Defense Threat Reduction Agency according to DODD 3150.08?
- d.* Has MEDCOM developed plans, policies, and procedures for organizing, equipping, and deploying the RAMTs?
- e.* Does MEDCOM provide annual readiness sustainment, training, and modernization funding for the RAMT to meet legacy missions and emerging threat response requirements?
- f.* Does MEDCOM provide annual funding for deployment of RAMT in support of national and international nuclear and radiological exercises?
- g.* Do RAMT leaders have TS/SCI clearances?
- h.* Do RAMT members have secret clearances?
- i.* Do RAMT members have CNWDI access?
- j.* Has MEDCOM established contracts, memoranda of agreement/understanding for specialized laboratory services in support of RAMT?
- k.* Does MEDCOM provide for headquarters staff oversight of RAMT operations?
- l.* Have RAMT personnel completed the required training?
- m.* Have RAMT personnel participated in a relevant training exercise?

#### B–5. Supersession

This evaluation supersedes the internal control evaluation previously published in AR 40–13, 2 October 2012.

#### B–6. Comments

Help make this a better tool for evaluating internal controls. Submit comments to TSG (MCPH–PHD–RP), 7700 Arlington Boulevard, Suite 5143, Falls Church, VA 22042–5143.

## **Glossary**

### **Section I**

#### **Abbreviations**

**APHC**

U.S. Army Public Health Center

**AR**

Army regulation

**ATP**

Army Techniques Publication

**ATTP**

Army Tactics, Techniques, and Procedures

**CCMD**

combatant command

**CG**

commanding general

**CJCSI**

Chairman of the Joint Chiefs of Staff Instruction

**CNWDI**

critical nuclear weapons design information

**CONUS**

continental United States

**DA Pam**

Department of the Army pamphlet

**DOD**

Department of Defense

**DODD**

Department of Defense directive

**DOE**

Department of Energy

**MEDCOM**

U.S. Army Medical Command

**NCRP**

National Council on Radiation Protection and Measurements

**NDA**

National Defense Area

**OCONUS**

outside the continental United States

**OSC**

on-scene commander

**RAMT**

radiological advisory medical team

**TS/SCI**

top secret/sensitive compartmented information

**TSG**

The Surgeon General

## **Section II**

### **Terms**

#### **Bioassay**

The determination of kinds, quantities, or concentrations, and, in some cases, the locations of radioactive material in the human body, whether by direct measurement (in vivo counting) or by analysis and evaluation of materials excreted or removed from the human body (in vitro analysis).

#### **Deployment**

The movement of forces into and out of an operational area.

#### **Incident Command System**

A management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. Incident Command System is normally structured to facilitate activities in five major functional areas: command, operations, planning, logistics, intelligence, and investigations, finance, and administration. It is a fundamental form of management, with the purpose of enabling incident managers to identify the key concerns associated with the incident—often under urgent conditions—without sacrificing attention to any component of the command system.

#### **National Defense Area**

An area established on non-Federal lands located within the United States, its possessions or territories for safeguarding classified defense information or protecting DOD equipment and/or material. Establishment of an NDA temporarily places such non-Federal lands under the effective control of the DOD and results only from an emergency event. The OSC at the scene will define the boundary, mark it with a physical barrier, and post warning signs. The landowner's consent and cooperation will be obtained whenever possible; however, military necessity will dictate the final decision regarding location, shape, and size of the NDA.

#### **National Security Area**

An area established on non-Federal lands located within the United States, its possessions or territories, for safeguarding classified information and/or restricted data, equipment, or material belonging to the Department of Energy (DOE). Establishment of a national security area temporarily places such non-Federal lands under the effective control of the DOE and results only from an emergency event. The senior DOE representative having custody of the material at the scene shall define the boundary, mark it with a physical barrier, and post warning signs. The landowner's consent and cooperation will be obtained whenever possible; however, operational necessity shall dictate the final decision regarding location, shape, and size of the National Security Area.

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