



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY
GARRISON FORT GREELY
P. O. BOX 31269
FORT GREELY ALASKA 99731-1269

MEMORANDUM FOR RECORD

SUBJECT: Exception to 10-Day Restriction of Movement (Version 5)

1. All U.S. Army Garrison personnel, including Soldiers, Department of the Army Civilians, and Contractors performing work in U.S. Army facilities or installations, are subject to a 10 day Restriction of Movement upon arrival in Alaska from out of state. Requests for exception to the 10-day Restriction of Movement must be evaluated by the Director for COVID-19 risk based on location and then submitted to the Garrison SGS for final approval or disapproval of the exception by the Garrison Commander or Deputy to the Garrison Commander.

2. _____ is subject to a 10-Day Restriction of Movement due to travel to Alaska through the following locations:

3. An exception to policy is required to allow to perform the following mission essential work:

Mission Essential Justification

4. Point of contact for this request is: Name, Phone #, email

Unit coordination: Complete COVID-19 risk based on locations traveled from and through using the following resources. <https://vantage.army.mil> OR <https://www.arcgis.com/apps/MapSeries/index.html?appid=ad46e587a9134fcdb43ff54c16f8c39b>

- ☐ **Low Risk** negative case count (*vantage*) or Controlled / End Stage (*arcgis*)
☐ **Moderate Risk** case count 0-100 (*vantage*) or Spreading / Emergent (*arcgis*)
☐ **High Risk** (case count >100 (*vantage*) or Epidemic (*arcgis*))

I have reviewed this exception to policy for the named individual or group and consider reduced Restriction of Movement measures necessary to accomplish a mission-critical function. Absent this ETP, the effectiveness of my unit would be significantly impaired.

I recommend approval ☐ disapproval ☐ of this exception to policy for mission-critical work.
If risk is high, explain why the risk should be taken.

DIRECTOR'S NAME AND CONTACT INFO

SIGNATURE

I approve ☐ disapprove ☐

JOEL M. JOHNSON
LTC, AD
Commanding

MEMORANDUM FOR:

SUBJECT: Reduced Restriction of Movement Measures

1. In order to protect the force from the additional spread of COVID-19, a highly contagious disease, I am directing you to comply with the following measures for ten (10) days from the date of your arrival in Alaska:

a. You must wear a face covering or other face mask whenever outside your lodging, barracks room, or residence. You will attempt to maintain a minimum distance of six feet from non-family members.

b. You are prohibited from eating in public spaces, retail establishments, or the work place.

c. You will self-monitor for COVID-19 symptoms: fever, cough, shortness of breath, runny nose, congestion, difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, nausea, vomiting, and diarrhea.

d. If you develop any COVID-19 symptoms, you will immediately contact the appropriate medical treatment facility for care:

(1) 673rd MDG Hospital (Joint Base Elmendorf-Richardson): 907-580-2778

(2) Bassett Army Community Hospital (Fort Wainwright): 907-361-4000 (duty hours) and 907-361-5144 (non-duty hours)

e. You will not share a room or lodging bathroom with someone outside of your immediate family or travel cohort during the 10-day period. A travel cohort is limited to other Soldiers or personnel arriving from the same location on the same day.

f. You may obtain groceries and essential items through delivery, curbside pickup and other touch-less alternatives.

g. When departing your lodging or residence, you must proceed directly to your destination. You are authorized to travel ONLY for essential services and between lodging and place of duty.

h. You are ONLY authorized exception from the 10 day ROM to complete the mission essential work identified on page one of this ETP document.

2. This order is punitive. Soldiers violating this order are subject to appropriate administrative, non-judicial, and/or judicial action under Article 92 of Uniform Code of Military Justice. Department of the Army (DA) Civilian employees who violate this directive are subject to appropriate administrative or disciplinary action. Non-DA Civilians and Contractors will be subject to a bar from post.

3. In case of emergency call 911.

JOEL M. JOHNSON
LTC, AD
Commanding

Acknowledgement:

I have read and understood the conditions associated with my exception to policy. I understand that my exception to policy is contingent upon my compliance with its terms and that I may be subject to adverse administrative or disciplinary action for noncompliance.

Name: _____

Date: _____

Organization: _____

Phone Number: _____

Signature: _____

MEMORANDUM FOR:

SUBJECT: Reduced Restriction of Movement

Measures

1. To submit a request for an Exception to Policy to the 10 day Restriction of Movement for a Unit or Group the following requirements must be met: ALL members of the Unit or Group must have the **same origin of travel and the same locations traveled through en route to Alaska**, ALL members of the Unit or Group must be identified as **necessary to accomplish a mission-critical function**, and ALL members of the Unit or Group must adhere to the **Reduced Restriction of Movement Measures** in this document.

2. Requests for a Unit or Group will be submitted using page 1 of this document (Exception to 10-Day Restriction of Movement (Version 5)) and this attachment. All members of the Unit or Group must be identified in the space below by name. Brigade Commander or O-6 equivalent signature on page 1 verifies that all names meet the requirements listed above.

3. Upon approval, all members of the Unit or Group must be provided a copy of the signed Order for Reduced Restriction of Movement Measures and execute an individual Acknowledgment. Every member of the Unit or Group is required to carry a copy of their approved ETP for 10 days after arrival to Alaska. Acknowledgments will be maintained by the sponsoring unit commander for the duration of the 10 day ROM.

4. Names of the members of the Unit or Group requesting ETP to 10 day ROM. Limit sixty names per request:

Names of members of the Unit
or Group