DEPARTMENT OF THE NAVY
COMMANDER MILITARY SEALIFT COMMAND
WASHINGTON NAVY YARD BLDG 210
901 M STREET SE
WASHINGTON DC 20398-5540

REFER TO:

COMSCINST 5040.3
PM1H
29 MAY 1998

COMSC INSTRUCTION 5040.3

Subj: HOSPITAL SHIPS (T-AH) MEDICAL TREATMENT FACILITY COMMAND INSPECTION GUIDE

Ref: (a) COMSCINST 5040.2C
(b) OPNAVINST 3501.161C
(c) COMSC-CHBUMED MOA of April/May 1993
(d) SECNAV Notice 5040 of 27 June 1997
(e) NAVINSGEN Notice 5040 of 9 July 1997

Encl: (1) T-AH 19 Class Hospital Ship (T-AH) Medical Treatment Facility Command Inspection Guide

1. Purpose. To publish the Commander, Military Sealift Command (COMSC) Hospital Ships (T-AH) Medical Treatment Facility (MTF) Command Inspection Guide and prescribe associated policies for assessment of the ships.

2. Applicability. This instruction applies to all Headquarters Directors, the Naval Fleet Auxiliary Force (PM1) organization, MSCLANT and MSCPAC, USNS COMFORT and USNS MERCY and USNS COMFORT MTF and USNS MERCY MTF.

3. Background

   a. Reference (a) establishes policies and objectives for the overall COMSC Command Inspection Program, and includes inspection guidelines for USNS ships; however, no guidelines exist to assess the 1000-bed, 12-operating room MTF resident onboard both USNS COMFORT and USNS MERCY.

   b. The MTFs onboard the T-AHs do not receive patients or provide day-to-day patient care while in a reduced operating status (ROS); however, normal command management and support functions must still be performed. Since the ships are required by reference (b) to be capable of getting underway within 5 days of notice to activate, the MTFs must be able to rapidly and effectively transition from ROS to full operating status (FOS) within the prescribed timeline, and provide quality medical care to all patients.

   c. Enclosure (1) provides the basis for evaluating all facets of the MTFs' day-to-day operations as well as prospectively assessing their preparedness to activate, provide quality health care and generally accomplish their assigned mission.

4. <u>General Policies</u>

a. Inspections of the MTFs will comply with the overall policies, objectives and general guidelines outlined in reference (a).

b. As the TYCOM for the T-AHs, COMSC/PM1 will ensure that Immediate Unit Commanders conduct comprehensive inspections of the MTFs using enclosure (1).

c. MTF inspections shall, to the maximum extent practical, not duplicate effort and shall rely upon the results of other current assessments and reviews (SMART, Industrial Hygiene Survey, Environmental Health Survey, Safety Survey, etc.).

d. Inspections of the MTFs will coincide with planned schedules for the USNS COMFORT and USNS MERCY.

e. The Immediate Unit Commander will, in accordance with reference (c), request sufficient medical specialists from Chief, Bureau of Medicine and Surgery (CHBUMED) to augment the inspection team and ensure a comprehensive assessment.

f. Guidance from higher authority (i.e., SECNAV/CNO Special Interest Items promulgated by references (d) and (e)) shall take precedence over evaluative guidelines contained in enclosure (1).

5. <u>Action</u>

a. The PM1 organization and cognizant Area Commanders shall use this guide to conduct inspections of the MTFs onboard the T-AHs and will comply with the general policies outlined above.

b. MTF OICs shall use this guide as the basic source when preparing for command inspections.

c. All applicable organizations will submit suggested changes/updates to this guide to COMSC/PM1.

JOHN J. BEPKO, III
Deputy Commander

Distribution:
(See page 3)

Distribution:
COMSCINST 5000.19
List I (Case A, B)

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	A3	(CNO (N931 and N42 only))
	FH1	(BUMED)
	21A1	(CINCLANTFLT)
	21A2	(CINCPACFLT)
	21A3	(CINCUSNAVEUR)
	21A4	(COMUSNAVCENT)
	26SSS	(Medical Treatment Facilities)
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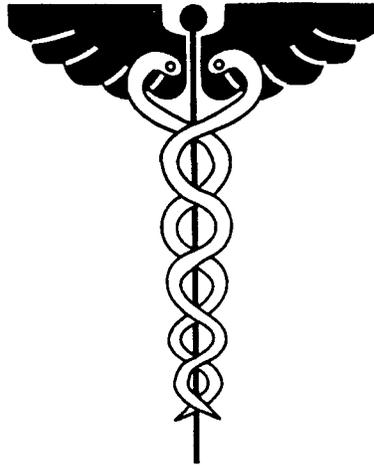
T-AH 19 CLASS
HOSPITAL SHIP

MEDICAL TREATMENT FACILITY

COMMAND INSPECTION GUIDE

Enclosure (1)

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MEDICAL TREATMENT FACILITY
COMMAND INSPECTION GUIDE

INTRODUCTION

This Guide is prepared to assist Command Inspection personnel in evaluating the readiness of the Medical Treatment Facility (MTF) aboard T-AH 19 Class hospital ships. The Guide has been developed based upon the Required Operating Capabilities and is intended for use while in Reduced Operating Status (ROS) to evaluate and document two factors:

- The MTF's ongoing, day-to-day management processes and compliance with/ support of Navy programs during ROS.

- The MTF's readiness and preparedness to transition to Full Operating Status within 5 days of notice to activate.

Each functional area is to be evaluated as Satisfactory or Unsatisfactory. Each item will be evaluated and coded as follows:

M - Major Deficiency
D - Deficiency
S - Satisfactory
N - Not Applicable

INSPECTION GUIDELINES

1. Make <u>brief</u> remarks if warranted at the end of each section.

2. Standards:

a. Two or more Major Deficiencies within a functional area (Part) make that area **UNSAT**.

b. Two or more **UNSAT** functional areas (Parts) or a combination of 5 Major Deficiencies make the Section **UNSAT**.

Exception: Sections and functional areas which are **UNSAT** in accordance with the foregoing standards may be graded **SATISFACTORY** at the discretion of the Chief Inspector. In such case the Chief Inspector will provide an explanation in the inspection report.

c. Repeat deficiencies will be noted. Repeat deficiency trends will be analyzed to determine causes. Such trends will be considered in the evaluations for Smart Ship, Surface Ship Safety and Gano awards.

3. Forward recommended improvements to this Guide to COMSC (PM1) via chain of command.

- Individual inspector comments are solicited to identify problem areas not detailed in the Guide. Comments should be substantiated by reference to regulation or established standard.

- Inspectors are encouraged to review basic reference material listed below as well as specific references contained in Tab A.

ITEMS OF SPECIAL INTEREST

SECNAV/CNO publishes an annual list of special interest items (SII) that will be a focus of all command inspections. During command inspections of the T-AH MTFs, inspectors shall use reference (e) of the basic instruction as their inspection guide. SECNAV/CNO SIIs shall be inspected and reported as Satisfactory or Unsatisfactory, employing inspection criteria issued by the Navy Inspector General. **These SECNAV/ CNO SIIs (and applicable inspection criteria) will take precedence over any similar, potentially duplicate, evaluative items contained in this Guide.**

GENERAL REFERENCES

OPNAVINST 3501.161C	ROC/POE FOR T-AH-19 MERCY CLASS HOSPITAL SHIP
OPNAVINST 5440.75A	ADMINISTRATION, OPERATION AND LOGISTIC SUPPORT OF T-AH 19 MERCY CLASS HOSPITAL SHIPS
COMSCINST 3500.9	HOSPITAL SHIPS (T-AH) MEDICAL TREATMENT FACILITY TRAINING STRATEGY
COMSCINST 5400.8A	CONSOLIDATED PLAN FOR THE ACTIVATION AND DEACTIVATION OF T-AH 19 MERCY CLASS HOSPITAL SHIPS

SECTION 1 - ADMINISTRATION

SCORE

PART I - ORGANIZATION

REFERENCES
(a)   OPNAVINST 3120.32C, Standard Organization and Regulations of the U. S. Navy
(b)   SECNAVINST 5040.3, Naval Command Inspection Program
(c)   Navy Regulations 1990, Article 0106

1.   Command's Organizational Manual current and updated annually?   _____
2.   Watch, Quarter and Station Bill up-to-date? (Navy Personnel Only)   _____
3.   FOS CO identified? BUPERS orders?   _____
4.   OIC has a relief file with copies of relieving letters?   _____
5.   Zone Inspection instruction prepared?   _____
6.   Is it used monthly?   _____
7.   Muster, Instruction and Inspection instruction prepared?   _____
8.   Plan of the Day/Week promulgated and posted?   _____
9   Standing committees required by higher authority in effect (Controlled
     Substance Inventory Board & Hazardous Material & Control Management)?   _____

PART II - OFFICE MANAGEMENT

1.   Administrative spaces clean, neat?   _____
2.   Adequate office equipment available?   _____
3.   Adequate fire protection? Fire extinguishers?   _____
4.   Each area has approved Standard Operating Procedures?   _____
5.   Equipage custody cards prepared for each piece of equipment?   _____

PART III - CORRESPONDENCE AND FILES

REFERENCES
(a)   BUMEDINST 5210.9, Forms and Reports Management Program
(b)   SECNAVINST 5214.2B, Department of the Navy (DON) Information Requirements (Reports)
      Management Program
(c)   SECNAVINST 5212.5C, Disposal of Navy and Marine Corps Records
(d)   SECNAVINST 5215.1C, Department of the Navy Directive Issuance System
(e)   NAVPUBNOTE 5215, Consolidated Subject Index
(f)   SECNAVINST 5211.5D, Department of the Navy Privacy Act Program
(g)   SECNAVINST 5216.5D, Department of the Navy Correspondence Manual
(h)   SECNAVINST 5213.10D, Department of the Navy Forms Management Program
(i)   MANMED P-117, Manual of the Medical Department, Chapter 23
(j)   NTP 3(G), Telecommunications Users Manual

1.   MEDTREFAC has access to all applicable reference materials?   _____
2.   Viable Forms and Reports Management Program?   _____
     a.   Individual appointed in writing as the Forms and Reports Management Officer?   _____
     b.   Periodic training classes given on Records Management?   _____
     c   Tickler system in place to ensure required reports are provided when due?   _____
3.   SECNAVINST 5216.5C being complied with?
     a.   Correspondence prepared using the correspondence manual?   _____
     b   "By direction" delegated in writing?   _____
     c   Correspondence properly received and routed?   _____
     d   Method of maintaining control of incoming correspondence to assure timely response?   _____
     e   Method of monitoring or tracking outgoing correspondence?   _____
     f.   Retention periods and disposition actions annotated on records and files?   _____

Enclosure (1)

g. Files properly maintained and closed out each year? _____
h. Correspondence retired according to schedule and instructions? _____
i. Records pertaining to the Privacy Act of 1974 safeguarded against unauthorized disclosure? _____
4. Messages properly prepared with the proper date-time group? _____

PART IV - INSTRUCTIONS AND PUBLICATIONS

REFERENCE
(a) SECNAVINST 5215.1C, Department of the Navy Directive Issuance System

1. Applicable directives reviewed annually, updated and readily available? _____
2. Master Directive file (NDIS) maintained? _____
3. Inpatient Case File for the MTF maintained? _____
4. Cross reference sheets used? _____
5. Command directives prepared properly? _____
6. Command instructions reviewed annually? _____
7. Instructions filed correctly? _____
8. Publications and instructions contained in Tab A maintained onboard? _____

PART V - SECURITY MANAGER

REFERENCES:
(a) OPNAVINST 5510.1H, DON Information and Personnel Security Program Regulation
(b) OPNAVINST 3070.1A, Operations Security

1. Security Manager designated in writing? _____
2. Top Secret Control Officer designated in writing? _____
3. References (a) and (b) available? _____
4. Command security procedures in writing and current? _____
5. Classified correspondence properly handled? _____
6. Clearances granted by only the OIC, Security Manager or Assistant who have been subject to a completed and a favorable Background Investigation? _____
7. The following briefings given per reference (a) Chapter 3:
   a. Orientation; _____
   b. Annual Refresher; _____
   c Counter Intelligence; _____
   d. Foreign Travel? _____
8. Procedures ensure that a Security Termination Statement (OPNAV 5511/14) is executed when required? _____
9. Classified documents stored in an approved container? _____
   a. Combination for this container changed at least annually? _____
   b. Adequate storage space available? _____
   c. Each security container has an OPNAV Form 5510/12 and SF 700 completed? _____
10. All personnel who handle classified material cleared to the level of the documents? _____
11. SF-312 (Non-Disclosure Agreement) completed on all personnel with security clearance? _____
12 Tracking method exists for classified material? _____
13. Classified documents destroyed per reference (a) Chapter 17? _____
14 Plans in place to protect classified material in case of natural or other disasters (i c , flooding)? _____
15 If STU-III telephones are used, prescribed procedures followed? _____
16 Personnel who have access to CIKs and STU-IIIs briefed as to their use and security? _____
17. Security Manager and Assistant attended the Security Manager's Course given by NCIS? _____
18 Security Manager completed the Security Inspection Checklist (Exhibit 2C of reference (a))? _____
19. Command has an Operations Security Program and Plan? _____

20. Command conducts OPSEC training within 60 days of personnel being at the command?
Then periodically? _____

NOTE: Watch for OPNAV Notices that will announce changes in policy from the OPNAVINST 5510.1H.

PART VI - PERSONNEL SUPPORT

REFERENCE:
(a) NAVPERS 15560C, Naval Military Personnel Manual

1. Service records verified when required? _____
2. ODCR/EDVR verified upon receipt? _____
3. Service records complete, current and correct? _____
4. Check-off sheets used to process personnel receipts and transfers? _____
5. Activation and deactivation procedures and detailed checklists exist for in and out processing of FOS crew? _____
6. Copy of AMD available? _____
7. Current Recall Bill? _____
   a. Tested at least quarterly? _____
8. Current collateral duties instruction? _____

PART VII - MORALE/LEAVE

REFERENCES:
(a) SECNAVINST 7220.63D, Leave Accounting Procedures
(b) SECNAVINST 7220.81, Leave Authorization and Reporting Procedures
(c) Navy Regulations 1990
(d) OPNAVINST 1560.9, Navy Voluntary Education Program (Navy CAMPUS)

1. Effective communication up and down the chain of command (COC)? _____
2. Staff members feel that they are supported by the command? _____
3. CO/OIC conducts periodic "ALL HANDS" or separate officer/enlisted "Captain's Calls?" _____
4. Staff personnel job assignments fair and equitable? _____
5. Working hours fair, equitable and reasonable? _____
6. Special request chits acted upon expeditiously? _____
7. Adequate Morale, Welfare and Recreation (MWR) activities and programs available to command personnel? _____
8. If command has MWR programs, fiscal oversight review and audit conducted? _____
9. Command ensures that all personnel are given an opportunity to participate in the educational programs described in reference (d)? _____
10. All newly assigned personnel are referred to a Navy Campus representative for briefing within 30 days of arrival, or to the Education Services Officer (ESO) if a Navy Campus education specialist is not located on site? _____
11. Command routinely publishes information on educational opportunities through the Plan of the Day (POD) or Plan of the Week (POW)? _____
12. Leave Authorization Log filled out correctly? _____
13. Gaps in LCN sequence? _____
14. OIC's Leave List verified? _____

PART VIII - NAVY PERFORMANCE EVALUATION AND COUNSELING SYSTEM (FITREPS)

REFERENCE:
(a)   BUPERSINST 1610.10, Navy Performance and Evaluation System (EVAL)

1.   Command canceled its local enlisted evaluation instruction?   _____
2.   Command canceled its local officer fitness report instruction?   _____
3.   OIC has FITREP signature authority?   _____
4.   OIC/CO maintain personal file on all FITREPs?   _____
5.   While not required, command published an integrated officer, chief petty officer (E7-E9)
      and enlisted (E1-E6) instruction?   _____
6.   Command uses billet subcategories to group their members?   _____
7.   Performance trait grades consistent with promotion recommendations?   _____
8.   The 5.0 grade reserved for performance which is far above standards, and is notable for
      exemplary or leadership quality?   _____
9.   Command considers all other positive attributes of military bearing/character and not
      just the member's PRT score of excellent or outstanding?   _____
10.   Raters, senior rater and the reporting senior work together to ensure consistent interpretation
      and application of Navy Standards?   _____
11   While not specifically required, command has a directive which guides the mid-term
      performance counseling program and monitors counselor performance?   _____
12.   As recommended in reference (a), command has a quality review procedure in place for the
      preparation and submission of FITREPs to BUPERS?   _____
13.   Raters use input from the members' immediate supervisors in deciding what "valued
      added" facts should be included in the comments block?   _____
14   Command has a mid-term counseling schedule which is well-known by all members and
      adhered to?   _____
15.   FITREPs mailed to BUPERS within 15 days of the ending date for active duty members and
      within 30 days for inactive duty members?   _____
16.   On a Detachment of Individual report, identity of the next assignment is noted in comments
      section of the report to assist users in following continuity of the record?   _____
17.   Awards and decorations mentioned in comments only when received?   _____
18   Command ensures that a Page 9 entry is made when the member is first recommended for
      advancement to each rate and when a previously withdrawn recommendation is restored?   _____
19.   Command has a mechanism in place that provides information needed by members to
      understand their rights and responsibilities regarding EVAL/FITREP member input,
      review of record, statements and appeals?   _____
20.   Command monitor timeliness of mid-term counseling?   _____

PART IX - NAVY PERFORMANCE EVALUATION AND COUNSELING SYSTEM (EVAL)

REFERENCE:
(a)   BUPERSINST 1610.10, Navy Performance Evaluation and Counseling System

1   Departments possess BUPERSINST 1610.10?   _____
2   Delegation of reports accomplished by a command instruction which designates delegated
      reporting seniors by billet and defines the scope of their authority?   _____
3   "Reporting Senior Authority" properly delegated based on the pay grade of the individual
      being evaluated?   _____
4   Rater a Navy Chief Petty Officer or higher?   _____
5   Evaluation report the sole source for OIC's official recommendation for or against advancement? _____

6. Evaluation reports containing adverse matter referred to the member for statement before the report is placed in the field service record and/or forwarded to BUPERS? _____

7. Counseling performed at the midpoint of each evaluation cycle ("mid-term counseling"), and when the evaluation report is signed? _____

8. Copies of evaluation reports maintained for at least 2 years following the ending date of the report by the command? _____

9. Copies of evaluations reports, notes and records of performance safeguarded to prevent unauthorized disclosure? _____

10. All "periodic" evaluation reports prepared and submitted by the 15th of the month required?. _____

11. "Letter-extensions" used to extend a periodic report for up to 3 months in place of a transfer, advancement/frocking, separation or special report? _____

12. Letter extensions submitted on E-5 and above forwarded to BUPERS (PERS-32)? _____

13. Block-by-block evaluation report preparation instructions used? _____

14. Justification for the concurrent report stated at the beginning of block-43? _____

15. Members provided the opportunity to submit written input to any evaluation report? _____

16. Evaluations prepared/written by supervisors who have first-hand knowledge of the member being evaluated? _____

17. Comments in block 43 consistent with the marks contained in blocks 33-39 of the NAVPERS 1616/26? _____

18. Reports ranked numerically? _____

19. "Concurrent" evaluation reports forwarded via the regular reporting senior? _____

20. Electronic copy prepared and submitted following the guidelines in Annex A? _____

21. Reports mailed within 15 days of ending date for active duty members and within 30 days for inactive duty members? _____

PART X - TRAINING/ADVANCEMENT

REFERENCE:
(a) BUPERSINST 1430.16D, Advancement Manual

1. Active GMT and specialized training program in place? _____
2. Command Education Officer designated in writing? _____
3. Advancement in Rate training conducted? _____
4. All prerequisites for advancement in rate completed prior to taking an Advancement Exam? (Check service record against worksheet) _____
   a. All unused exams properly disposed of ? _____
   b. All exam booklets received, administered and accounted for? _____

PART XI - AWARDS PROGRAM

REFERENCES:
(a) OPNAVINST 3120.32C, Standard Organization and Regulations of U. S. Navy
(b) Navy Regulations 1990, Article 0106
(c) SECNAVINST 1650.1F, Navy and Marine Corps Awards Manual
(d) BUPERSINST 1430.16D, Advancement Manual
(e) SECNAVNOTE 1650 of 12 Apr 94, Military Outstanding Volunteer Service Medal (MOVSM)
(f) NAVPERS 15560C, Naval Military Personnel Manual

1. Departments have access to all applicable reference materials? _____
2. Applicable directives reviewed annually, updated and readily available? _____
3. Command possesses all references? _____
4. Command has an awards directive? _____
5. Personnel receive prompt and proper recognition (awards, LOAs, etc.)? _____
6. Command has a Sailor of the Year (SOY)/Sailor of the Quarter (SOQ) directive? _____

7. Command has an active SOQ/SOY Program and selection process? _____
8. Command provides appropriate recognition of individuals selected as SOY/SOQ (plaques, letters/certificates, special evaluations, etc.)? _____
9. Command has an active Awards Review Committee? _____
10. NAVPERS 1070/613 (service record page 13s) prepared for Letters of Commendation signed by a Flag/General officer? _____
11. Command has a program organized to award members? _____
12. The "Military Outstanding Volunteer Service Medal (MOVSM)?" Tracking/verification process used to verify proper recording of awards in field service records for officer and enlisted personnel? _____
13. Demographics maintained for all levels of command awards? _____

PART XII - COMMAND DISCIPLINE/LEGAL

REFERENCES:
(a) JAG Manual
(b) NMCP Manual, Article 4210100
(c) SECNAVINST 5370.5A, DOD/Navy Hotline Program
(d) SECNAVINST 5730.5G, Procedures for the Handling of Naval Legislative Affairs and Congressional Relations
(e) SECNAVINST 5211.5D, DON Privacy Act (PA)Program
(f) SECNAVINST 5720.42E, DON Freedom of Information Act
(g) NAVPERS 15560C, Naval Military Personnel Manual

1. Unit Punishment Log kept? _____
2. Up-to-date Captain's Mast guide available? _____
3. Article 137 being complied with? (Check service record) _____
4. Captain's Mast properly conducted? _____
5. EMI administered IAW current directives? _____
6. Indebtedness procedures handled properly? _____
7. Administrative procedures for Deserters/UA conducted correctly? _____
8. UCMJ posted in conspicuous locations? _____
9. Command's CMAA designated in writing? _____
10. Command Financial Specialist appointed in writing? _____
11. Non-judicial punishment (NJP):
    a. Offenses handled in a timely manner? _____
    b. Report chits fully prepared? _____
    c. Appropriate service record entries made? _____
    d. NJP results noted in evaluations? _____
    e. Command properly using Page 13 warnings? _____
12. Number of NJPs last calendar year: ____
    PAYGRADE BREAKDOWN

E1/E3	E4	E5	E6	E7/ABOVE
Y	Y	Y	Y	Y

GENDER BREAKDOWN
MALES

E1/E3	E4	E5	E6	E7/ABOVE
Y	Y	Y	Y	Y

FEMALES

E1/E3	E4	E5	E6	E7/ABOVE
Y	Y	Y	Y	Y

13. NJP results published in the Plan of the Day/Week? _____
14. Enlisted Disciplinary Review Board established? _____
15. JAGMAN Investigations: _____
    a. JAG investigations timely (30 days for routine JAGs and 20 days for death cases)? _____
    b. Endorsements properly reflect accountability and address recommendations? _____
    c. Proper warnings given? _____
    d. Accidental Injury/Death Reports NAVJAG 5800/15 forms used properly? _____
    e. POD/POW notes published on misconduct findings? _____
16. Command familiar with procedures required for processing Article 138 complaints? _____
17. Command aware of the following regarding Hotline Complaints:
    a. Timeliness of action? _____
    b. Responsiveness to issues raised? _____
    c. Independence of inquiry? _____
    d. Whistleblower safeguards? _____
    e. Hotline number published in POD/POW and/or posted in command? _____
18. Privacy Act:
    a. Command has a local Privacy Act instruction? _____
19 Indebtedness:
    a. Command instruction exists? _____
    b. Replies to creditors handled correctly? _____
    c. Command complies with the Privacy Act when dealing with creditor? _____
    d. Indebtedness log maintained? _____
    e. Chronic debtors given proper warnings/counseling? _____
    f. Chronic debtors administratively separated? _____
20. Command has a local Freedom of Information Act (FOIA) instruction? _____

PART XIII - PROFESSIONAL LIBRARY AND HEALTH INFORMATION SERVICES

REFERENCES:
(a) BUMEDINST 5070.5, Medical Library Program
(b) NAVMEDCOMINST 6820.1, Professional Medical Reference Materials and Publications
(c) SECNAVINST 5215.1C, Department of the Navy Directive Issuance System
(d) OPNAVINST 3120.32C, Standard Organization and Regulations of the U. S. Navy
(e) MANMED P-117, Manual of the Medical Department (Chapter 21)

1. Medical Library Custodian designated in writing (FOS only)? _____
2. Annual inventory of all Medical Library texts been conducted? _____
3. Texts marked in indelible ink on edges with command's name? _____
4. Sign-out system for texts in place similar to that used by the Crew's Library? _____
5. Governing references readily available? _____
6. Program has a current Standard Operating Procedures (SOP) manual approved and readily available? _____
7. Local directives applicable to this program are current, reviewed annually and readily available? _____
8. Command assesses its knowledge-based information needs?
    a. Developed and documented a plan to meet these needs? _____
9. Services appropriate to meet the informational, educational and research-related needs of the MTF staff? _____

       Enclosure (1)

10. Professional collections physically and administratively centralized? _____
    a. If not, accountability system defined?
11. Continuing assessments made to determine the adequacy of resources and services? _____
12. Professional library committee meets periodically to review service issues? _____
13. Hospital formulary or drug list readily available to the staff? _____
14. Relevant publications listed in reference (b) on hand? _____
15. Current version/edition of all books, pubs and instructions listed in Appendix A on hand? _____

PART XIV - CREW'S LIBRARY

REFERENCES:
(a) SECNAVINST 5070.2B, Management of Naval Libraries
(b) SECNAVINST 5070.3A, Naval Service General Library Program

1. Responsibility for crew's library been defined during Reduced Operating Status? _____
2. Responsibility for crew's library during Full Operating Status defined? _____
3. Activation/deactivation checklist available? _____
4. Library managed in accordance with the references? _____
5. Resources available to meet the needs of diverse MTF staff? _____

PART XV - POSTAL SERVICE

REFERENCES:
(a) OPNAVINST 3120.32C, Standard Organization and Regulations of the U. S. Navy
(b) OPNAVINST 5112.3B, Military Post Office (MPO) Operation Manuals
(c) OPNAVINST 5112.4B, Military Post Office (MPO) Procedures
(d) OPNAVINST 5112.5A, Mail Handling and Delivery Mailrooms and Postal Service Centers
(e) OPNAVINST 5112.6B, DON Postal Instructions
(f) OPNAVINST 5218.1C, OPNAV Mail Handling Procedures
(g) OPNAVINST 5218.7A, Navy Official Mail Management Instruction
(h) DOD 4525.6M, Mail Distribution Instruction and Labeling Handbook

Note: Postal Service operates only in Full Operational Status.

1. Command instruction/SOP exists for handling mail? _____
2. Official Mail Manager/Postal Officer attended training sessions in the past 12 months? _____
3. SOP documents the requirement for an officer or CPO to be designated by letter to perform the following duties. _____
    a. Postal Officer/Mail Control Officer? _____
       Date of Designation: _____
    b. Custodian of reserve stamp stock? _____
       Date of Designation: _____
    c. Custodian of blank money order forms? _____
       Date of Designation: _____
    d. Money order audit and verification? _____
4. Post Office provides adequate security for the mail and postal effects? _____
    a. Door lock(s)? _____
    b. Door hasp(s)? _____
    c. Window security? _____
    d. Other vents, openings, etc.? _____
5. Policy specifies that only authorized personnel allowed access? _____
    a. Authorized access list posted? _____

6. SOP documents the requirement for the post office keys to be strictly controlled? _____
    a. COPE sole custodian of the post office keys? _____
    b. Current list of individuals who have been issued a key? _____
    c. Duplicate key retained by a designated official for safekeeping? _____
7. Post office has a suitable safe(s) and is secured to prevent easy removal? _____
8. Combination to the safe changed annually or whenever a change of custodian occurs? _____
9. SOPs/Policies exist that state:
    a. Postal personnel with safe access will be the only persons with knowledge of the combination? _____
    b. Duplicate keys and copies of safe combinations must be properly receipted for by the designated command custodian?
    c. The fixed credit requirement for the command? _____
    d. A PS Form 3367, "Fixed Credit Receipt," for the entire amount of the fixed credit must be submitted to the accountable postmaster? _____
10. Current editions of the following publications and instructions on hand in the post office? _____
    a. Domestic Mail Manual (DMM)? _____
    b. Administrative Support Manual (ASM)? _____
    c. Postal Operations Manual (POM)? _____
    d. International Mail Manual (IMM)? _____
    e. National Zip Code and Post Office Directory? _____
    f. Postal Bulletins? _____
    g. Acceptance of Hazardous Restricted or Perishable Matter (PUB 52)? _____
    h. Department of Defense Postal Manual (DOD 4525.6M)? _____
        Vol I (OPNAVINST 5112.4B)? _____
        Vol II (OPNAVINST 5112.5A)? _____
    i. Mail Distribution Instruction and Labeling Handbook (MDILAH)? (DOD 4525.6M)? _____
    j. Military Post Office Location List (MPOLL) (DOD 4525.6-L-1) (OPNAVINST 5112.3B)? _____
        DOD Postal Supply Catalog (DOD 4525.6C)? _____
    k. Transit Time Information Standard System for Military Mail (DOD 4525.6-STD)? _____
    l. U.S. Postal Service Transportation Handbook (Series T-7)? _____
    m. Instructions/Notices 5110-5119 Series file established? _____
    n. FLTCINC messages on postal policies? _____
    o. Fleet JMPALANT/PAC Post Office Guide? _____
11. Mail given the highest degree of protection at all times? _____
12. SOPs outline mail directory service establishments to include proper completion of and maintenance of directory cards for at least 12 months? (OPNAV 5110/5) _____
13. Procedures to control money orders cover at least the following:
    a. Reserve blank money order forms stored in a safe or vault with a three tumbler combination lock?
    b. Inclusive serial numbers of blank money order forms on hand listed on DD Form 885? _____
14. Standard operating procedures (SOP) in the form of a postal directive/instruction address at a minimum the following information? _____
    a. Complete and correct mailing address to be used by personnel attached to the command? _____
    b. Location of drop boxes? _____
    c. Hours of operation? _____
    d. Mail collection and close out times? _____
    e. Postal Officer, Postal Auditors, Reserve Custodian and COPE responsibilities? _____
    f. Security to include protection of mail and postal effects, access to MPO working area? _____
15. Policy/Instruction addresses effective use of mail service to include:
    a. Prohibition of use of first class mail for mailing materials that do not require first class handling and could be mailed more economically at a lower class? _____
    b. Prohibition of use of priority mail for material that does not require priority handling and does not qualify for shipment as priority mail? _____
    c. Mail requiring endorsement to show the class of mail service desired, e.g "Priority," "First-Class," "Third Class," "Fourth Class," etc ? _____

    d. Consolidation of mail? _____

    e. Prohibition of use of mail as a means of distributing items that could be distributed more economically via other means? _____

    f. Prohibition of abuse of next day mail, Fedex, etc.? _____

16. Proper addressing, including use of ZIP+4 enforced? _____

17. Mailroom (and command) actively seek cost-saving measures, such as consolidating multiple small envelopes going to the same address into one envelope? _____

18. Navy's policies regarding the use of supplemental postal services of return receipt, restricted delivery and certificates of mailing, understood and being followed? _____

19. Maximum use being made of available postal discounts, pre-sort, third-class bulk, special fourth class rate, etc.? _____

20. Alternatives to paper copy mailings, such as electronic transfer and micro-form media, being used whenever possible? _____

21. Activity publishes periodic items concerning official material/mail preparation in the plan of the day/week, or newsletters, etc.? _____

22. Use of all USPS overnight or express mail reviewed and approved by the Mail Control Officer? _____

23. Activation/deactivation plan in place? _____

    a. A written Orientation Plan exists? _____

24. Mail handling personnel trained and knowledgeable in all requirements set forth in references? _____

25. All personnel who process, pickup/deliver official materiel/mail and/or personal mail designated as an official mail orderly/clerk and issued a DD Form 285? _____

26. When relieved or transferred out of the command, proper disposition made of the DD Form 285? _____

27. Copies of all issued DD Form 285s retained by the appropriate facility? _____

28. Mail metering equipment properly set up and used by trained personnel? _____

29. Mail metering log properly set up and kept current daily? _____

30. Measures in effect to protect the postage metering machine from unauthorized use by placing the machine under locks accessible only by the Official Mail Control Officer or designated representative? _____

31. Command granted permission to procure and use postage metering equipment and meter license procured from the United States Postal Service (USPS)? _____

PART XVI - RECREATION FUND/GYMNASIUM

REFERENCES:
(a) BUPERINST 1710.11B, Navy Recreation Program Operating Policies
(b) BUPERSINST 1710.16, Administration of Recreation Programs Afloat
(c) OPNAVINST 5100.25, Navy Recreational, Athletic and Home Safety Program

1. BUPERS approval for a recreation fund? _____

2. Recreation Program developed and operated IAW current directives? _____

3. Adequate retail sales controls in place? _____

4 Gymnasium equipped and safely maintained by Supply Department? _____

5. Recreation program/facilities reflect the needs/desired of the crew? _____

PART XVII - PATIENT ADMINISTRATION/REGULATION

REFERENCES:
(a)   BUMEDINST 6320.1E Patient Regulating to and within CONUS
(b)   Manual of the Medical Department
(c)   FLTCINCs Medical Regulating/Patient Administration Instructions/SOPs
(d)   NWP 4-02.2, Naval Expeditionary Forces Medical Regulating

1.   Activation/Deactivation Plan?   _____
    a.   Is there a written Orientation Plan for the area?   _____
2.   Instruction covering safekeeping of patient valuables?   _____
3.   Instruction regarding NOK notification?   _____
4.   Current patient regulation and evacuation instruction/plan?   _____
5.   SOPs in place that address the following:
    a.   Control and maintenance of a patient's health and dental records? _____
    b.   Accounting for control and disposition of a patient's in-patient chart? _____
    c.   Tracking of patients?   _____
    d.   Tracking patient movement within the Medical Treatment Facility? _____
    e.   Review of inpatient charts for accuracy and completeness after patient discharge? _____
    f.   In-coming and outgoing MedEvac?   _____
    g.   External patient admission/disposition/status reporting requirements and formats? _____
6.   Procedures in place to support use of CHCS?   _____

PART XVIII - BIOMEDICAL PHOTOGRAPHY

REFERENCES:
(a)   SECNAVINST 5290.1B, Navla Imaging Program
(b)   OPNAVINST 5290.1A, Naval Imaging Program Policy and Responsibilities

1.   MEDPHOTO Equipment Officer designated in writing (FOS only)?   _____
2.   Inventory of all photographic equipment and supplies maintained?   _____
3.   Inventory of all photographic equipment and supplies been conducted as part of Medical Operations Officer turn-over, or at least annually?   _____
4.   Controlled photographic equipment properly safeguarded?   _____
5.   Controlled photographic equipment properly tagged with MTF Plant Property Account bar codes?   _____
6.   Annual audiovisual Equipment Inventory Report, OPNAV 10700-1, submitted as required?   _____
7.   Photographic film checked periodically for signs of deterioration?   _____

PART XIX - GENERAL

REFERENCE:
(a)   OPNAVINST 3120.32C, Standard Organization and Regulations of the U.S. Navy

1.   Comprehensive MEDTREFAC Activation/Deactivation Plan exists?   _____
2.   Comprehensive shipboard Orientation Plan in place?   _____
3.   Procedures exist for preparation and submission of OPREPs?   _____
4.   SOPs and "go-bys" exist for preparation of all message traffic using US Message Text Format (USMTF) Editor?   _____
5.   Plans exist to maximize MEDTREFAC FOS personnel training opportunities during dock/ sea trials?   _____
6.   MEDTREFAC-wide protocols exist for emergent situations?   _____
    a.   Abandon ship?   _____
    b   Fire?   _____
    c.   Emergency Response?   _____

    d. CBR-D Response? _____

    e. Damage control? _____

    f. Man Overboard? _____

    g. Emergency Egress? _____

7. Internal/external agency report(s) (i.e., IHS, SMART Inspection, EHS, Navy IG) available and action plans in place to resolve discrepancies? _____

8. SOPs exist that address preparation of:

    a. Joining Report? _____

    b. JPERSTAT? _____

    c. OPSUM? _____

    d. SORTS Report? _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 2 - SPECIAL PROGRAMS

SCORE

PART I - OFFICER RETENTION

<u>REFERENCES:</u>
(a)   OPNAVINST 1040.6A, Navy Retention Program
(b)   NAVPERS 15878H, Chapter 18, Retention Team Manual
(c)   NAVEDTRA 10238A, Chapters 11, 12 and 13, Career Information Training Course Manual

1.   OIC and Command Career Counselor have access to references?   _____
2.   OIC discusses with each officer, his or her future in the Navy?   _____
3.   OIC and department heads aware of individual's career intentions from the time a junior
        officer reports aboard?   _____
4.   Officer's Retention Program established in accordance with Chapter 18 of reference (b)? _____
5.   As a minimum, professional career counseling conducted by the OIC and recorded at the
        following intervals:
        a.   Upon reporting aboard   _____
        b.   Mid-tour   _____
        c.   Tour completion.   _____
6.   OIC stays current with career planning in order to fulfill a formal counseling role? _____
7.   Command emphasizes the importance of maintaining a current duty preference card, updated
        annually, and as changes occur?   _____
8.   Command actively encourages its junior officers to utilize career development guide in
        planning career milestones?   _____
9.   Command has a collection of professional reference sources which provide information
        and encourage participation in the current issues of the profession?   _____
10.   Command actively supports officership training via formal and informal discussions
        of professional topics vital to career development?   _____
11.   <u>All</u> officers, eligible for retention, required to attend a formal Pre-separation briefing
        conducted by the Career Information Team (CARIT) within 180 days of separation?   _____
12.   Eligible officer separatees provided pre-separation counseling by the OIC to include
        affiliation in the Naval Reserve?   _____
13.   OIC reviewed Chapters 11, 12, and 13 of the Career Information Training Course in
        support of the Command Retention Team program?   _____

PART II - COMMAND MASTER CHIEF (CMC)

<u>REFERENCES:</u>
(a)   OPNAVINST 1306.2B, Fleet, Force, and Command Master Chief Program
(b)   NAVEDTRA 38204-A, Navy Leader Development Program, Command Master Chief Course
(c)   OPNAVINST 3120.32C, Standard Organizational and Regulations Manual of the Navy

1.   CMC appointed by the Commanding Officer/OIC in writing?   _____
2.   CMC acts as the principal enlisted advisor to the CO/OIC for all matters relating to the
        enlisted policy?   _____
3.   CMC functions as an integral element of the chain of command (COC)?   _____
        - ROS crew?   _____
        - FOS augmenting staff?   _____
4   CMC maintains and promotes the effectiveness and efficiency of the COC?   _____
5   CMC assists the CO/OIC in all matters pertaining to welfare, health, job satisfaction. morale.
        utilization and training of enlisted personnel in order to promote the highest standards of good
        order and discipline?   _____
6   CMC attends the CO's/OIC's meetings to keep apprised of current issues and provide
        a representative enlisted input?   _____

7. CMC participates in ceremonies honoring command members including all reenlistment ceremonies? _____
8. CMC accompanies (or represents) the CO/OIC to official functions, inspections and conferences? _____
9. CMC participates in receptions and hosting of official visitors to the command? _____
10. CMC takes effective action(s) to resolve problem(s) at the lowest level possible? _____
11. CMC acts upon special request chits, and request mast chits promptly? _____
12. CMC accessible, available and "visible" to the members of the command? _____
13. CMC encourages effective communication up and down the COC? _____
14. CMC communicates matters of concern from the enlisted members to the CO/OIC? _____
15. CMC provides training on the roles and responsibilities of officers, chief petty officers and petty officers? _____
16. CMC actively involved in the enlisted evaluation process? _____
17. CMC involved in the coordination, monitoring and participates in the following:
    a. Command orientation and indoctrination? _____
    b. Command sponsor program? _____
    c. CPO/PO indoctrination courses? _____
    d   Professional development board? _____
    e. Command retention team? _____
    f. Awards board (considering enlisted personnel?) _____
    g. CPO initiations? _____
    h. Sailor of the month/quarter/year selection boards? _____
    i. Family programs? _____
    j. Ombudsman/family service center liaison? _____
    k   Family Advocacy Program? _____
    l. Bachelor Enlisted Quarters (BEQ) Program? _____
    m. Humanitarian reassignment/hardship discharge screening boards? _____
    n. Command physical readiness program? _____
    o. Recreation advisory board? _____
    p. Command disciplinary review board? _____
    q. Career information program management? _____
    r. Command Managed Equal Opportunity Program? _____
    s. Command Assessment Team? _____
    t. Command Training Team? _____
    u. Surface Warfare Coordinator _____
18. CMC has references as part of his/her professional library? _____
19. CMC attended the "Navy Senior Enlisted Academy (SEA)" (if assigned as primary duty CMC. and have had no prior CMC billet assignment)? _____
20. CMC liaisons with, and attends geographic area meetings of CMCs to discuss issues of mutual interest, concerns, and policies? _____
21. CMC supports the Command Managed Equal Opportunity Program (CMEO)? _____
22. CMC a member of the Command Assessment Team? _____
23. CMC acts promptly on the equal opportunity (EO) complaints, and follows through to the complete resolution of a complaint? _____

PART III - COMMAND RETENTION TEAM PROGRAM/PRE-SEPARATION COUNSELING

REFERENCES:
(a) NAVPERS 15878, Retention Team Manual
(b) NAVEDTRA 10238, Navy Counselor Handbook
(c) OPNAVINST 1040.6A, Navy Retention Program
(d) OPNAVINST 1900.1D, Pre-Separation Counseling by Career Information Teams
(e) OPNAVINST 1040.8D, Navy Retention/Separation Questionnaire
(f) NAVPERS 15560C, Naval Military Personnel Manual

1. Command has an established Command Retention Program? _____
2. Command Retention Program instruction? _____
3. CCC designated in writing? _____
4. Career Information Program Management (CIPM) Program utilized to support the command retention program? _____
5. Command Career Counselor (CCC) maintains an up-to-date, readily available reference library or locator list of publications/materials listed in appendix D of reference (a)? _____
6. An effective Command Retention Team (CRT) that involves the entire chain of command? _____
7. Members of the CRT familiar with their roles and responsibilities as defined in reference (a), and in the CIPM? _____
8. Department/division/work center career counselors, and all officers O-1 through O-4 received the 3-day Career Information Training Course (CITC)? _____
9. CCC conducts regular general military training (GMT) on retention and career enhancement/ information issues? _____
10. CCC conducts monthly retention meetings with the department and/or division career counselors and LCPOs/LPOs? _____
11. CCC actively involved in the command's Professional Development Board? _____
12. CCC conducts presentation to newly reported personnel during command indoctrination/ orientation? _____
13. Newly reporting members have a prompt interview? _____
14. CRT meets at least quarterly? _____
15. Required periodic interviews conducted in a timely manner, and are properly documented using the Career Counselor Record, NAVPERS 1160? _____
16. CCC maintains a tickler system (if CIPM is not installed) to allow timely scheduling of required interviews, and conduct group presentations (or individual interviews) to personnel identified by the tickler as requiring interviews? _____
17. When a request for incentive programs is submitted to BUPERS, a tickler system in place to prompt follow ups after 30 days? _____
18. CCC keeps the OIC informed of situations that have a positive or negative impact on retention and makes appropriate recommendations? _____
19. CCC reports directly to the OIC in the performance of his/her career counseling duties? _____
20. CCC on the distribution for career and retention related message traffic and correspondences? _____
21. Command conducted an internal assessment of the Command Retention Program to evaluate its effectiveness, using appendix "C" of reference (a)? _____
22 CCC completed the (4-week) Command Career Counselor Course? _____
23. CCC readily provides
   a Advancement data (how many were eligible, and how many were advanced) from the last examination cycle, and the last 36 months? _____
   b. Retention data for the last 36 months (how many were eligible, and how many were retained)? _____
   c. A complete up-to-date copy of the command EDVR, and command military personnel roster _____
   d List of personnel within 12 months of EAOS? _____
   e Date of, and report of action(s) taken, if any, of the last internal Command Retention Program assessment? _____
   f Minutes of last three Command Retention Team meetings? _____

24. All military personnel afforded the opportunity to fill out the Navy Retention/
     Separation Questionnaire? _____
25. CCC meets with each separating/retiring member to provide requested information or
     refer the member to the appropriate resource? _____
26. All separating personnel afforded the opportunity to attend the Naval Reserve Career Information
     Team (CARIT) briefings? _____
27. CCC's office accessible, visible, and well organized? _____

PART IV - NAVY SPONSOR PROGRAM

REFERENCE:
(a)   OPNAVINST 1740.3, Navy Sponsor Program

1.   Command has the current reference readily available? _____
2.   Command has a Sponsor Program Coordinator? _____
3.   Command has a Standard Operating Procedures (SOP) manual outlining the procedures
     for the Command Sponsor Program? _____
4.   "Welcome Aboard" letters forwarded to incoming personnel in a timely manner? _____
5.   "Welcome Aboard" packages contain:
     a.   Housing information, military/civilian with rates? _____
     b.   School information and child care information? _____
     c.   Information on accommodations? _____
     d.   Military facilities (or lack of)? _____
     e.   Local map? _____
     f.   HHG and POV information? _____
6.   Command explains the advantages of the Sponsor Program to detaching personnel and encourage
     them to communicate with their sponsor/new command? _____
7.   Command utilizes a written questionnaire to evaluate/monitor the effectiveness of the Sponsor
     Program? _____
8.   Command sends a "Welcome aboard" package to all newly assigned personnel? _____

PART V - HEALTH AND PHYSICAL READINESS PROGRAM

REFERENCES:
(a)   OPNAVINST 3120.32C, Standard Organization and Regulations of U. S. Navy
(b)   SECNAVINST 5040.3, Naval Command Inspection Program
(c)   Navy Regulations 1990, Article 0106
(d)   OPNAVINST 6110.1D, Physical Readiness Program
(e)   NAVPERS 155660C, Naval Military Personnel Manual, Physical Fitness

1.   Departments have access to all applicable reference materials and they readily available? _____
2.   A current Standard Operating Procedures (SOP) manual approved by the OIC and readily
     available? _____
3.   Command has a Physical Readiness Testing (PRT) instruction? _____
     Instruction includes most current changes to reference (d), to include
     •   Height/weight/body fat (BF) measurements taken no more than 10 days before the
         official PRT? _____
     •   Evaluations and fitness reports having the appropriate PRT entries for height/weight
         or bodyfat? _____
     •   The new terms of out-of-standards and in-standards replacing the obese, overfat and
         within standards terms _____
     •   Members who have failed any portion of the semi-annual PRT/height/weight/BF
         cycle 3 times in any 4-year period are processed for administrative separation? _____
     •   The command offering time to members for exercise at least three times per week? _____

4. Command Fitness Coordinator (CFC) been appointed in writing? _____
    a. Appointment reflected in the command's 5420 (Boards, Committees and Collateral Duties)? _____
5. CFC meets the criteria of reference (e)? _____
    • E-5 or above BLS certified as an Exercise Leader? _____
    • Met satisfactory PRT standards? _____
    • Not overfat or obese? _____
    • Non-tobacco user? _____
6. CFC has adequate command support to ensure a safe program? _____
7. PRT and body fat recording dates announced via the Plan of the Day, newspaper or flyers posted on bulletin boards 10-12 weeks before the dates? _____
8. OPNAV 6110/2 Risk Factor Screening/PRT results distributed by CFC 10-12 weeks before PRT is given? _____
9. CFC verifies the need for a physical or clearance by a medical officer? _____
10. All "YES" answers on Risk Factor Questionnaire been cleared by a medical officer? _____
11. All command members in non-compliance with body fat composition been enrolled in at least Level I, command-directed remedial program? _____
    a. Message sent to BUPERS concerning all members who are out-of-standards? _____
    b. Members who are out-of-standards not frocked or promoted? _____
    c. All members, once entered into the command-directed remedial program, stay on the program for at least 6 months, regardless if they have achieved standards? _____
    d. Weight loss checked once a week; or body fat measurements taken every 2 weeks? _____
12. Testing and remedial program up-to-date? _____
13. Assistants CPR certified? _____
14. Outstanding performances on the physical readiness test given recognition by the command, i.e., at award ceremonies, quarters, noted in evaluations, FITREPs, LOAs? _____
15. OPNAV 6110/1, Command Physical Readiness Test Summary been completed and submitted to NMPC-69 by 30 September each year? _____

PART VI - ALCOHOL, DRUG AND SUBSTANCE ABUSE PREVENTION AND CONTROL PROGRAM

REFERENCES:
(a) OPNAVINST 5350.4B, Alcohol and Drug Abuse Prevention and Control
(b) NAVMEDCOMINST 5355.1B, Drug Abuse Prevention and Control
(c) BUPERS Urinalysis Coordinator Handbook of 10/92
(d) CNO Washington DC 132141Z Jul 95

1. Command holds all applicable references and are they readily available? _____
2. Command has a current SOP manual for the Alcohol/Drug and Substance Abuse Prevention and Control Program? _____
3. Command Drug and Alcohol Program Advisor (DAPA) is an E-6 or above. If not, DAPA has a waiver? _____
4. Command DAPA meets the requirements outlined in OPNAVINST 5350.4B? _____
5. Command has a trained Aftercare Coordinator? (Can also be the DAPA) _____
6. Command DAPA drafts the Drug and Alcohol Abuse Report (DAAR) OPNAV 5350-2, which documents alcohol incidents and drug-related incidents, for the OIC's signature? _____
7 Command submits the Drug and Alcohol Abuse Semiannual Report (DAASAR) semi-annually (ending 31 March and 30 September) as required? _____
8. Command DAPA successfully completed the required training as outlined in OPNAVINST 5350.4B? _____
9. Urinalysis Coordinator (UC) and Assistant Coordinator assigned in writing? _____
10 Locally-prepared checklist available for testing observers to read and acknowledge prior to commencement of urinalysis testing? _____
11. Command tests 10-20 percent of its assigned personnel monthly as required? _____

12. Shipments of specimens prepared and mailed using the guidance of OPNAVINST 5350.4B
     and reference (c)?   _____
13. Urine Sample Custody Documents filled out properly using information from the urinalysis ledger? _____
14. Urine samples secured (if samples cannot be hand carried to the Navy Drug Screening Lab
     (NAVDRUSCRNLAB) the same day) in a locked safe or other security container to which
     only the UC has access?   _____
15. Coordinator and observer samples collected by other senior command personnel who did not
     participate in the urinalysis collection or by another command?   _____
16. Urinalysis Chain of Custody Form, DD Form 2624 in use or on order?   _____
17. Tamper resistant tapes used on all samples?   _____

PART VII - COMMAND MANAGED EQUAL OPPORTUNITY (CMEO) PROGRAM

REFERENCES:
(a) OPNAVINST 5354.1C, Naval Equal Opportunity
(b) OPNAVINST 5354.5, Command Managed Equal Opportunity (CMEO)
(c) SECNAVINST 5300.26B, Department of the Navy (DON) Policy on Sexual Harassment
(d) NAVEDTRA 7540, CMEO Users Guide
(e) PERS-6 ltr 5354 Ser 612B/01362 of 18 Nov 94, Opportunity (EO)/Sexual Harassment (SH) Formal
         Complaint Form
(f) NAVPERS 15620, Resolving Conflict

1. Appointment letters prepared and signed by the OIC for:
    a. Command Managed Equal Opportunity (CMEO) Officer?   _____
    b. Command Training team (CTT)?   _____
    c. Command Assessment Team (CAT)?   _____
2. All CTT members formally trained in conducting Navy Rights and Responsibilities (NR&R)
    workshops, as well as Command Specific Training?   _____
3. CTT members' training documented in their service records?   _____
4. CTT size commensurate with the number of personnel assigned to the command? _____
    Ratio Required
    Command Size   CTT
       50-100   2
       101-200   3
5. If member has not performed in the capacity of a CTT member in excess of 24 months,
    member has repeated the required training?   _____
6. CAT composed of at least four members in paygrades E-6 and above, and represent
    a cross-section of command personnel in terms of paygrade, gender, race and department? _____
7. CAT mandatory membership includes the Administrative Department Head, Command Master
    Chief (or equivalent), one department head, personnel or administrative officer, legal officer
    (where assigned), command career counselor, CMEO Officer and the CTT Leader (when
    assigned)?   _____
8. CAT members formally trained to conduct a command assessment as well as analyze the data
    collected?   _____
9. CAT members' training documented in their service records?   _____
10. If a member has not performed in the capacity of a CAT member in excess of 36 months,
    member has repeated the required training?   _____
11. CAT and CTT (when assigned) familiar with their responsibilities, and knowledgeable with
    their respective roles?   _____
12 Command CMEO consists of the following four minimum elements?   _____
    a. Command Assessment?   _____
    b. Analysis (of statistical data from the command surveys)?   _____
    c. Action Planning (Plan of Actions & Milestones (POA&M))?   _____
    d. Training?   _____

13. All personnel attend a Navy Rights and Responsibilities (NR&R) workshop with their initial command orientation or indoctrination within 90 days of reporting aboard? _____

14. Critique sheets used as a means of feedback on workshop effectiveness? _____

15. Command conducts an annual NR&R workshop which include sexual harassment prevention as well as "command-specific" training to all hands? _____

16. NR&R training received by staff personnel documented in their service records? _____

17. Command conducts annual command assessment surveys (Look at results of surveys in the last 36 months)? _____

18. Annual assessments include both objective (command records), and subjective (personal interviews and observations) data sources? _____

19. A POA&M created to implement and track the correction of existing or potential problems? _____

20. Command conducts follow-up action(s) on POA&M action items? _____

21. Results of command assessments and supporting documentation maintained for at least 36 months? _____

22. Demographic data collected as part of the annual command assessment and maintained by race, sex, rating, grade, division/department in areas of retention, advancement, discipline and training for 36 months? _____

23. Command familiar with processing formal EO/SH complaints using NAVPERS 5354/2 (12-94), and the appropriate reporting requirements when warranted? _____

24. OIC issued a policy statement on EO and Sexual Harassment, and are they displayed in conspicuous areas? _____

25. "Navy Procedures for the Processing of EO (Discrimination/SH) Complaints for Military Personnel" NAVPERS 15600A poster(s) (NSN-0500-LP-754-3100) displayed in conspicuous areas? _____

26. Command retains files on all EO discrimination/sexual harassment formal complaints and their disposition for a period not less than 36 months? _____

27. CMEO has all required references readily available? _____

PART VIII - PREVENTION OF SEXUAL HARASSMENT

REFERENCES:
(a) **Commander's Handbook for Prevention of Sexual Harassment, CNO ltr Ser 00/4U500059 of 28 Mar 94**
(b) **OPNAVNST 5300.9, Department of the Navy Policy on Sexual Harassment**
(c) **OPNAVINST 12720.3, Sexual Harassment Policy**

1. Documentation indicates that supervisors and employees have received yearly training in the prevention of sexual harassment? _____

2. Individuals have easy access and the mechanism to communicate concerns about sexual harassment within the chain of command? _____

3. Personnel trained appropriately (new personnel within 90 days, all hands at least annually) and given the required pamphlets? _____

4. OIC's Policy Statement on the Prevention of Sexual Harassment been published? _____

Enclosure (1)

PART IX - FRAUD, WASTE AND ABUSE

<u>REFERENCES</u>:
(a)   SECNAVINST 5370.5A, DOD/Navy Hotline Program
(b)   SECNAVINST 5430.92A, Assignment of Responsibilities to Counteract Fraud, Waste and Related Improprieties within the Department of the Navy (DON)

1.   Evidence of command commitment, i.e, command instruction, POC, Notes in POD/POW?   _____
2.   Effort to sharpen existing focus on fraud, waste and abuse being made?   _____
3.   Individual recognition of responsibility to defeat waste?   _____
4.   Command cooperates with the Naval Criminal Investigative Service (NCIS) while investigations are being conducted?   _____
5.   Hotline Numbers published and Hotline Posters conspicuously posted?   _____

PART X - STANDARDS OF CONDUCT AND GOVERNMENT ETHICS

<u>REFERENCES</u>:
(a)   DOD 5500.7-R, Department of Defense Joint Ethics Regulation
(b)   JAG Ethics-Gram 94-4

1.   Command committed to standards of conduct and government ethics?   _____
2.   SF450 Financial Disclosure Reports filed by those personnel required to do so?   _____
    a.   Current and correct?   _____
3.   Conflict of interest an identified program, and if it is, procedures are in place to resolve any problem?   _____
4.   Command takes action against code of conduct and government ethics violations of DOD 5500.7-R?   _____
5.   Command places emphasis on accountability for government property?   _____
6.   Overall command emphasis on individual excellence in personal ethics?   _____
7.   Notes concerning Standards of Conduct periodically published, i.e., Plan of the Day/Week/ Month or other publications?   _____
8.   Code of Ethics for Government Services poster displayed throughout the command?   _____
9.   Command maintains a copy of the DOD 5500.7-R, Department of Defense Joint Ethics Regulation?   _____
10.   Initial training conducted and documented for all new personnel and annual training conducted and documented for all personnel required to complete the SF-450?   _____

PART XI - OVERSEAS SCREENING/EXCEPTIONAL FAMILY MEMBER PROGRAM

<u>REFERENCES</u>:
(a)   OPNAVINST 1300.14B, Suitability Screening for Overseas Assignment
(b)   NAVMEDCOMINST 1300.1C, Suitability Processing for Overseas Assignment of Navy and Marine Corps Members
(c)   OPNAVINST 1754.2A, Exceptional Family Member Program
(d)   SECNAVINST 1754.5, Exceptional Family Member Program
(e)   DOD Directive 1010.13, Exceptional Family Member Program

1.   Standard Operating Procedures (SOP) manual developed for this service?   _____
2   Command Overseas Screening Coordinator appointed in writing?   _____
3.   OSS/EFM Coordinator possesses a working knowledge of the Overseas Screening and Exceptional Family Member programs?   _____

4. Governing and local directives, applicable to local area, current, reviewed annually and readily available? _____

5. OSS coordinator follows information contained in references (a) and (b) concerning screening personnel reporting overseas, remote locations, and sea duty. _____

6. Command checks with the Family Advocacy personnel for any active cases concerning personnel being screened? _____

7. Entire family screened together (when in the same geographic location)? _____

8. Command following the Exceptional Family Member Program guidelines? _____

9. Audit trail established for past screenings? _____

10. EFMP coordinator aware of updates to the EFMP? _____

11. Command established and publicized a command point of contact for EFMP? _____

12. Command frequently publish this name in the Plan of the Day/Week? _____

13. EFM Program included in:
    a. Annual Training Plan (GMT)? _____
    b. Command Indoctrination? _____

14. Command "gets the word out" that sponsors are <u>mandated</u> to enroll their EFMs? _____

15. Command ensures that confidentiality is maintained by command personnel regarding all medical or educational information related to an EFM program enrollee? _____

16. EFM resource assistance included in the command's relocation network? _____

17. Command refers sponsors to the Family Services Center to access the EFM Resource Database and seek relocation assistance? (The EFM Resource Database identifies military, civilian and state medical facilities, including specialty clinics, which have information on topics such as: Cystic Fibrosis; Cleft Palate; Special Education Information; Parent Support Groups and Advocacy Assistance.) _____

18. Command's EFM point of contact ensures these support personnel are aware of program goals and eligibility requirements, in order to facilitate accurate counseling of program guidance to eligible applicants. _____
    a. Chaplains? _____
    b. Career Counselors? _____
    c. Staffs of Family Service Centers? _____
    d. Child Development Centers? _____
    e. Ombudsmen? _____

19. Command conducts an annual survey to identify family members who should be enrolled in the EFM program? _____

20. Command assigns someone, with shipboard experience, to be the medical screener for personnel being assigned to sea duty? _____

PART XII - QUALITY OF LIFE ISSUES AND BACHELOR QUARTERS

<u>REFERENCES</u>:
(a) OPNAVINST 1700.7D, Responsibility for Morale, Welfare, and Recreation (MWR) Programs in the Navy
(b) OPNAVINST 11103.1A, Adequacy, Assignment, and Utilization of Bachelors Quarters (BQ)
(c) OPNAVINST 11101.13J, Assignment and Utilization of Navy-Managed Military Family Housing (MFH)
(d) OPNAVINST 11101.44, Occupant Responsibility and Liability for Navy Family Housing and Bachelor Quarters
(e) OPNAVINST 1754.1A, Family Service Center Program

1. Adequate government housing and bachelor quarters (BQs) available for command personnel? _____

2 Command personnel, including bachelor personnel, who are not immediately assigned to government quarters, provided assistance in locating and obtaining adequate and affordable housing in the local community? _____

3 BQs provide the space, privacy and furnishings required for comfortable living? _____

4 BQs maintained in a clean and habitable condition and in good repair? _____

Enclosure (1)

5. BQs' common areas, and equipment such as lounges, laundry rooms, heads, kitchens, washers and dryers clean and in good repair? _____

6. Occupants provided with written instructions and standards describing conditions to be met, and their responsibility for the cleaning, care (and maintenance where it applies), and upkeep of their housing quarters or BQs? _____

7. BQs provide quality services to residents? _____

8. BQ Advisory Council/Board exists which provides constant oversight of efficient BQ management, and communicates with residents to determine their desires, looks for areas of improvements in living conditions, and fosters self-help programs? _____

9. Command BQ Advisory Council/Board has direct access to the CO for resolutions of problems dealing with QOL issues? _____

10. Priority for housing given to permanent party personnel in grades of E-1 to E-6, and transient on official orders? _____

11. Uncompleted trouble calls which are "past the time limit" reported to the BQ officer for follow-up? _____

12. BQ officer takes action to correct any deficiencies in daily living standards or violations of regulations found in BQ? _____

13. Washers and dryers provided at no cost to BQ residents? _____

14. BQ has a safety and security program? _____

15. Baggage storerooms provided for residents? _____

16. Evidence of random walk-through or visitations by the CO, XO, CMC, CDO or other senior enlisted of the BQs, and these occasions documented? _____

17. Commanding Officer/OIC inspects the BQs at least semi-annually or more often? _____

18. BQ staff properly trained in barracks management? _____

19. Command personnel informed, made aware of and encouraged to take advantage and utilize the services of the local Navy Family Services Center? _____

20. Command analyzed the results of the annual command assessment survey to assess command climate and identity pesonnel concerns both real and perceived? _____

21. Command takes prompt, appropriate action(s) to address and/or resolve voiced concerns at the lowest level possible? _____

OVERALL SECTION SCORE _____

COMMENTS:

SECTION 3 - CLINICAL CARE/ANCILLARY SUPPORT

NOTE: THE <u>JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) ACCREDITATION MANUAL FOR HOSPITALS</u> DOES NOT ADDRESS THE UNIQUE SHIPBOARD CONSIDERATIONS/ENVIRONMENT OF MEDICAL TREATMENT FACILITIES ABOARD THE T-AHs. HOWEVER, APPLICABLE PORTIONS OF THE MANUAL WILL BE USED TO ASSESS THOSE CLINICAL AREAS WHERE NO NAVY/AFLOAT STANDARD EXISTS AND WHERE THERE IS A REASONABLE EXPECTATION THAT THE SPIRIT OF COMPARABLE JACHO MEDICAL CARE AND TREATMENT GUIDELINES SHOULD BE APPLIED.

SCORE

PART I - QUALITY ASSURANCE

REFERENCES:
(a) **BUMEDINST 6010.13, Quality Assurance Program**
(b) **SECNAVINST 6320.23, Credentials Review and Clinical Privileges of Health Care Providers**
(c) **BUMEDINST 6320.66B, Credentials Review and Privileges Program**

1. Quality Assurance program/instruction in place? _____
2. SOPs for credentialing/credentials transfer to grant permission to practice? _____
3. Procedures in place to review the appropriateness and quality of FOS inpatient care? _____
4. Procedures exist to "cross check" clinical issues and other requirements? _____
    a. Disease Alert Report? _____
    b. Personnel Casualty Report? _____
    c. Discharge Instructions? _____
    d. ICD-9 Codes? _____

PART II - NON-PHYSICIAN HEALTH CARE PROVIDERS

***While in ROS, MTF cannot assess the professional performance of Nurse Anesthetists, Sick Call Screeners, Nurse Practitioners or Physician Assistants.**

REFERENCES:
(a) **BUMEDINST 6550.7, Utilization Guidelines for Nurse Anesthetists**
(b) **BUMEDINST 6550.10, Utilization Guidelines for Nurse Practitioners**
(c) **NAVMEDCOMINST 6550.5A, Utilization Guidelines for Physician's Assistants (PA)**
(d) **OPNAVINST 6400.1A, Certification, Training and Use of Independent Duty Hospital Corpsmen (IDC)**
(e) **BUMEDINST 6550.9A, Policy and Guidance for Sick Call Screener Program**
(f) **MANMED Chapter 21**
(g) **BUMEDINST 1520.28, Independent Duty Corpsmen Continuing Education**

1. Defined scope of practice for the following·
    a. Nurse Anesthetist? _____
    b. Nurse Practitioner? _____
    c. Physician Assistant? _____
    d. Independent Duty Corpsman? _____
    e. Sick Call Screener? _____
2. Responsibilities and performance expectations developed in coordination with the department head and DNS and approved by the Commanding Officer for the following.
    a Nurse Anesthetist? _____
    b Nurse Practitioner? _____
3. Medication List reviewed by Pharmacy and Therapeutics Committee and approved by the Commanding Officer for the following·
    a Nurse Anesthetist? _____
    b Nurse Practitioner? _____
    c Independent Duty Corpsman? _____
4. Nurse Practitioner works under the professional direction of a physician credentialed in their same specialty? _____

5. A senior medical officer assigned as the IDC Program Director to oversee the Program? _____

6. An officer or a senior enlisted member with IDC experience assigned as the IDC Program Manager to administratively manage the IDC Program? _____

7. Independent Duty Corpsman (IDC) primarily assigned to clinical duties? _____

8. IDC's clinical skills validated/confirmed upon transfer to the MTF? _____

9. Page 13 entry to the enlisted service record completed after the assessment period to state the IDC has been recertified? _____

10. Each IDC has an assigned physician supervisor by letter? _____

11. Each IDC physician supervisor has completed a structured orientation which defines all administrative and professional supervisory responsibilities? _____

12. The IDC physician supervisor completes a written report quarterly evaluating:
  a. Diagnostic techniques and procedures? _____
  b. Therapeutic practices? _____
  c. Patient treatment documentation? _____

13. Physician supervisor submits a quarterly report to the IDC Program Director summarizing the IDC's performance? _____

14. Copy of the quarterly report included in the IDC certification record? _____

15. Upon receipt of PCS orders or a clinical TAD, the physician supervisor assessed clinical skills and certified clinical competence on another page 13 entry to the enlisted service record? _____

16. IDC Program Manager maintains a certification record on each IDC that contains:
  Section I
  a. IDC Certification File Checklist _____
  Section II
  a. Letters assigning physician supervisor _____
  b. Medication list _____
  c. Letter stating recertification requirements met _____
  Section III
  a. Copy of Page 13 entries _____
  Section IV
  a. Education/Qualifications _____
  Section V
  a. Continuing education _____
  Section VI
  a. Quarterly Evaluations _____

17. A minimum of 12 IDC continuing education credits been completed annually per IDC? _____

18 Copy of the medication list retained by the following:
  a. Supervising physician _____
  b. Pharmacy _____

19. IDC refers to a physician any patient who presents with the same complaint twice within a single episode of care? (Does not apply to patients returning for treatments of chronic illnesses previously documented in their medical records or routine follow-up of resolving acute illness) _____

20. Sick Call Screener Program developed and approved that includes the following
  a. Didactic classroom lectures? _____
  b. Hands-on training in physical examination and physical diagnosis? _____
  c. Supervised clinical practicum? _____

21. Sick Call Screener Program Director supervised by a medical officer, physician assistant or nurse practitioner? _____

22 Certified Sick Call Screener receives at least 12 hours of inservice training quarterly? _____

23 Sick Call Screeners' training records contain the following
  a Certification of the screeners' competency at the end of the training program? _____
  b. Annual reevaluations? _____
  c Authorized scope of care? _____
  d Approved treatment protocols? _____

e.   Approved lists of medications?   _____

f.   Mandatory patient referral to higher echelons of care?   _____

24.   Sick Call Screener Supervisor concurrently reviews and cosigns every patient record <u>before</u> the patient leaves the sick call area?   _____

PART III - EMERGENCY MEDICINE

REFERENCE:

(a)   **COMSCINST 3500.9, Hospital Ships (T-AH) Medical Treatment Facility Training Strategy**

1.   Organization Manual/Battle Bill
    a.   Mass Casualty Management Plan current?   _____
    b.   Emergency Response Plan current?   _____
        (1)   Tested Quarterly   _____
    c.   AMALs current?   _____
    d.   Location of emergency material/spaces documented?   _____
        (1)   PMLs   _____
        (2)   First Aid Boxes (wall mount)   _____
        (3)   Gun Bags   _____
        (4)   Decon Lockers   _____
        (5)   Antidote Lockers   _____
        (6)   Litters   _____
    e.   Civilian Evacuation Bill in place?   _____

2.   Antidote Lockers
    a.   Inventory sheet, signed and dated?   _____
    b.   Alphabetized list posted?   _____
    c.   QC information complete?   _____
    d.   NAVMED P-5095 (Rev 87)?   _____
    e.   Identified as Antidote Locker?   _____
    f.   Current Poison Control Phone Numbers?   _____
    g.   CPR Poster near locker?   _____

3.   CBR Defense items available in sufficient quantities?   _____
    a.   2-PAM Chloride (01-125-3248)?   _____
    b   Atropine Autoinjector (00-926-9038)?   _____
    c.   Atropine Sulfate (00-299-9673)?   _____
    d.   Pyridostigmine Bromide (01-178-7903)?   _____

4.   Portable Medical Locker?   _____
    a   Current inventory, signed and dated?   _____
    b.   Properly secured and marked?   _____
    c   On hand quantities match AMAL?   _____

5.   Decon Locker?   _____
    a.   Current inventory, signed and dated?   _____
    b.   Properly secured and marked?   _____
    c.   On hand quantities match AMAL?   _____

6.   First Aid Boxes?   _____
    a   Current inventory, signed and dated?   _____
    b   Properly secured and marked?   _____
    c   On hand quantities match AMAL?   _____

7.   Neil Robertson Litters/Miller Boards?   _____
    a   On hand quantity matches AMAL?   _____
    b   Stenciled?   _____
    c   Well Maintained?   _____

8. Vest assembly/extraction gear complete and stowed? _____
9. Sea Air Rescue Litter? _____
   a. Completed? _____
   b. Stenciled? _____
10. Stokes Litters _____
    a. On hand quantity matches AMAL? _____
    b. Stenciled? _____
    c. Well Maintained? _____
    d. Patient straps in place (minimum 3)? _____
    e. Flotation for transfer at sea? _____

PART IV - SICK CALL/MEDICAL ADMINISTRATION

GENERAL ADMINISTRATION

REFERENCES
(a) **MANMED P-117, Manual of the Medical Department**
(b) **NAVMEDCOMINST 6150.1, Health Care Treatment Records**
(c) **OPNAVINST 6400.1A, Certification, Training, and Use of IDC Hospital Corpsman**
(d) **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**
(e) **COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual**

1. Medical Logs/Journals
   a. Sick Call Log maintained (cross check with HR)? _____
   b. Sick Call Log data complete? _____
2. Potable Water Log
   a. 2-year record of daily chlorine/bromine residuals and weekly bacteriological testing? _____
   b. Source of water and if approved/unapproved? _____
   c. Date/time/site of sample documented? _____
3. Procedures exist to submit Reports/Forms
   a. Binnacle List/Morning Report of the Sick to Master (Copy on file)? _____
   b. Serious/Very Serious Illness Reports; Reports of Diversion, MEDEVAC and Repatriation (FOS only)? _____
   c Dispensary Permits? _____
   d Report of infectious disease/illness of similar nature (e g , food borne, etc) (When applicable)? _____
   e Heat Stress Reports/Cold Injury Reports? _____
4 Health Records
   a. Records for each mariner properly maintained/safeguarded? _____
   b. Records for each active duty member properly maintained/safeguarded? _____

CLINICAL/HEALTH CARE PROVIDER

1. MDR certified to provide care for all on-board personnel? _____
2. MDR qualified by virtue of current certification/license? _____
3. MDR certification current for
   a. EMT-Intermediate or equivalent? _____
   b Shipboard Pest Control? _____
   c Food Service Sanitation Instructor? _____
   d Cardiopulminary resuscitation (CPR)? _____
   e Other professional training? _____

PATIENT CARE

1. Evaluation, diagnosis and treatment documented on each outpatient visit or inpatient stay (SOAP entry)? _____
2. Tickler File used for immunizations, physical exams, audiograms, blood pressure, GUIAC? _____
3. Blood type, G6PD and other special SF600s filed in health record? _____
4. Current physical exams on active duty and mariners? _____
5. Blood pressure tests done twice a year for each mariner and documented in the health record? _____
6. Appropriateness and quality of care reviewed on routine basis? _____

ENVIRONMENTAL/OCCUPATIONAL HEALTH

1. Immunizations current and documented in health records and PHS-731s? _____
2. Tuberculosis Program
   a. Annual PPD testing done? _____
   b. Timely reading of PPD tests and document results? Reports to IUC? _____
   c. Evaluation/treatment of PPD reactors and of active TB case contacts? _____
3. Sexually Transmitted Disease Management
   a. Appropriate and timely treatment methods in effect? _____
   b. Interviews conducted and contact reports submitted as required? _____
   c. SF 602 completed and filed in health record? _____
   d. Patients treated for gonorrhea simultaneously treated for nongonnococcal urethritis? _____
4. Medical Facility/Equipment
   a. Adequate/appropriate space for hospital and other storage areas? _____
   b. Facilities clean, organized and well maintained? _____
   c. Plant property account inventory maintained? _____
   d. Equipment operational? _____

CREW TRAINING

1. Self/Buddy First Aid (burns/shock/fractures/bandaging/hemorrhage control, hygiene, heat stroke/ exhaustion etc) performed for CIVMAR crew? _____
2. Shipboard instructions/bills for Heat Stress, Water Sanitation, Hearing Conservation current and posted? _____
3. Following training performed/provided:
   a. CPR? _____
   b. Sexually Transmitted Diseases (STD), including HIV/AIDS? _____
   c. Drug Abuse? _____
   d. Hearing/Sight conservation? _____
   e. First Aid Box/Antidote locker usage? _____
   f. Cold weather operations? _____
   g. Food Service/Pest Control/MSD Sanitation? _____
   h. Hazards, proper operation and maintenance of MSD system? _____
   i. Training administration, appropriate logs and lesson plans maintained? _____
   j. Heat Stress? _____
   k. Treatment of Chemical Casualties? _____
   l. Asbestos Hazards/Control Program? _____

SUPPLY

1. Required supplies on board?   _____
2. Consumable inventories performed quarterly; needles, syringes, other drug paraphernalia
   monthly and all equipment/supplies inventoried at MDR turnover; record maintained?   _____
3. Proper requisition procedures used?   _____
4. NAVSUP Form 1114M or equivalent automated system used to maintain stock status/location,
   high/low levels etc.?   _____
5. AMAL/ADAL items properly stowed IAW DLAM 4155.5 App M and appropriate secure storage
   provided for Controlled Medications, Pilferables and Drug Abuse items?   _____
6. Stock rotated to preclude expired on-hand consumables?   _____
7. Plans exist to efficiently and effectively use all available storage space?   _____

SNAP AUTOMATED MEDICAL SYSTEM (SAMS)

1. Required modules of SAMS being utilized?   _____
2. Daily backups accomplished?   _____
3. System security access on file?   _____
4. System re-indexed (minimum once weekly)?   _____

RECORDS/CORRESPONDENCE MANAGEMENT

1. Files established IAW Navy Directives system?   _____
2. Records, logs, correspondence retained as per current directives (SECNAVINST 5212.5C)? _____

PART V - ACTIVE DUTY HEALTH RECORDS

REFERENCES:
(a) OPNAVINST 3120.32C, Standard Organization and Regulations of U. S. Navy
(b) SECNAVINST 5040.3, Naval Command Inspection Program
(c) SECNAVINST 5215.1C, Department of the Navy Directive Issuance System
(d) Navy Regulations 1990, Article 0106
(e) BUMEDINST 6230.15, Immunization and Chemoprophylaxis
(f) NAVMEDCOMINST 6150.1, Health Care Treatment Records
(g) BUMEDNOTE 6150, NAVMED 6150/20 (Rev. 1-94), Summary of Care
(h) MANMED P-117, Manual of the Medical Department, Chapter 16
(i) SECNAVINST 5211.1D, Department of the Navy Privacy Act (PA) Program

1. Department has ready access to all applicable reference materials?   _____
2. Internal/external agency report(s) (i.e., INSURV, EHS, IHS, Navy IG) seen by department head? _____
3. Department has a current Standard Operating Procedures (SOP) manual readily available?   _____
4. Applicable directives reviewed annually, updated and readily available?   _____
5. All necessary quality control programs in place?   _____
6 All personnel participated in orientation and continuing training?   _____
7. Recommendations for space, equipment and supplies documented?   _____
8 Hemoglobin-S and G-6-P-D properly recorded?   _____
9. HIV test results recorded on NAVMED 6000/2?   _____
10. Information inside the health record jacket up-to-date and current?   _____
11. Record charge-outs properly monitored?   _____
12 All chits filed promptly (5 days)?   _____
13 Summary of Care (SC) completed and up-to-date?   _____
14 Active duty records verified annually?   _____
15 Documentation for members enrolled in special programs appropriate (i e , PRP, Rad Hlth)? _____
16 Hepatitis B vaccination status of medical personnel in direct patient contact properly recorded? _____

17. Follow-up system for records that have been checked out for more than 60 days? _____
18. Health records maintained in a standard format? _____
19. Signed and dated Privacy Act Statement, DD Form 2005, in the record? _____

PART VI - CASUALTY RECEPTION

REFERENCE:
(a) JCAHO Accreditation Manual for Hospitals
(b) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1. Activation/Deactivation plan and detailed checklist in place? _____
   a. Written Orientation Plan for the area? _____
2. Ward manuals current, dated and signed? _____
3. Written policies/procedures? _____
   a. Medication Administration? _____
   b. Infection Control? _____
   c. Medical Record Charting? _____
   d. Cardiopulmonary Resuscitation? _____
   e. Safety of Patients and Staff? _____
   f. Handling and safekeeping of patient valuables? _____
   g. Verbal Standing Orders? _____
   h. Unexploded ordinance (Flight Deck and side ports)? _____
   i. Emergency evacuation plan? _____
4. Adequate plan for communication between Casualty Reception and critical areas? _____
   a. Operating Room? _____
   b. Blood Bank? _____
   c. Helo Deck? _____
   d. Port/Starboard access? _____
5. Casualty Reception Control Log? _____
6. Patient care equipment properly secured? _____
7. Equipment tags indicating current PMS and electrical safety checks? _____
8. Manuals (user/operator instructions) for patient care equipment readily available? _____
9. Current inventory of material (equipment and supplies)? _____
10. Fire extinguishers in proper location, unobstructed and have current inspection tags? _____
11. Patient receiving area unobstructed? _____
12. Passageways and storage areas clean and unobstructed? _____
13. EEBDs readily available to patients and staff? _____
14. Emergency lights functioning? _____
15. Exit lights illuminated? _____
    a. Photo-luminescent exit decals posted? _____
16. Oxygen cylinders secured? _____
17. Side rails present on gurneys? _____
18. Documentation of in-service training? _____
19. In-service training topics relevant to departmental and command mission? _____
20 Documentation of safety training? _____
21. Documentation of infection control training? _____
22. Pre-established charts in place? _____
23. HAZMAT protocols followed? _____
24. Current MSDS on unit? _____

PART VII - INTENSIVE CARE

<u>REFERENCE:</u>
(a) JCAHO Accreditation Manual for Hospitals
(b) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1. Activation/Deactivation plan and detailed checklist in place?   _____
    a. Written Orientation Plan?   _____
2. Ward manuals current, dated and signed?   _____
3. Written policies/procedures for:
    a. Medication administration?   _____
    b. Infection control?   _____
    c. Admission and discharge from unit?   _____
    d. Cardiopulmonary resuscitation?   _____
    e. Maintaining integrity of emergency care system?   _____
    f. Burn management?   _____
    g. Renal dialysis management?   _____
    h. Medical record charting?   _____
    i. Safety of patient and staff?   _____
    j. Verbal and standing orders?   _____
    k. Procedures to follow in event of break down of essential equipment? _____
4. Patient care equipment properly secured?   _____
5. Equipment PMS and electrical safety checks current?   _____
6. Logs available to document reefers' temperatures?   _____
7. Operator manuals available for patient care equipment?   _____
8. Current inventory of material (equipment and supplies)?   _____
9. Fire extinguishers in proper location, unobstructed and have current certification? _____
10. Passageways and storage areas clean and unobstructed?   _____
11. EEBD's readily available to patients and staff?   _____
12. Emergency lights functioning?   _____
13. Exit lights illuminated?   _____
    a. Photo-luminescent exit decals posted?   _____
14. Oxygen cylinders secure?   _____
15. HAZMAT protocols followed?   _____
16. Current MSDS on unit?   _____
17. Emergency evacuation plan?   _____

PART VIII - NURSING SERVICE

<u>REFERENCES:</u>
(a) BUMEDINST 6010.13, Quality Assurance Program (QAP)
(b) BUMEDINST 6220.9, Nosocomial Infection Control Program
(c) MANMED P-117, Manual of the Medical Department, Chapter 21
(d) JCAHO Accreditation Manual for Hospitals
(e) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1. Activation/Deactivation plan and detailed checklist in place?   _____
    a Written Orientation Plan exists?   _____
2   Department Standard Operating Procedures (SOP) manual current and approved by the responsible authority? _____
3   Internal/external agency reports (i e , EHS, INSURV, Navy IG) seen by the department head? _____
4   Department Head has the authority and responsibility for all nursing standards in all departments providing nursing care? _____

5. Department head has a mechanism to:
   a. Review Individual Professional Files (IPFs) of all nursing staff? _____
   b. Monitor continuing education efforts of staff to maintain and improve competency? _____
6. Departmental orientation program provides new staff specific information for their assignment, duties and responsibilities? _____
7. Nursing policy and procedures define the time frame and nursing staff members who perform reassessments? _____
8. Nursing policy and procedures determine the format used by the nursing staff to document in the medical record, who may document and the required frequency of documentation intervals? _____
9. Department has written policies on the following:
   a. Specimen collection? _____
   b. Specimen preservation? _____
   c. Instrument calibration? _____
   d. Quality control and remedial action? _____
   e. Equipment performance evaluation? _____
   f. Test performance? _____
10. Ward manuals current, dated and signed? _____
11. Written policies/procedures for:
    a. Medication administration? _____
    b. Infection control? _____
    c. Admission and discharge from unit? _____
    d. Cardiopulmonary resuscitation? _____
    e. Safety of Patient and Staff? _____
12. Patient care equipment properly secured? _____
13. Equipment has current tags indicating PMS and electrical safety checks? _____
14. Manuals (user/operator instructions) for patient care equipment readily available? _____
15. Current inventory of material (equipment and supplies)? _____
16. Fire extinguishers in proper location, unobstructed and have current inspection tags? _____
17. Passageways and storage areas clean and unobstructed? _____
18. EEBD's readily available to patients and staff? _____
19. Emergency lights functioning? _____
20 Exit lights illuminated? _____
   a. Photo-luminescent exit decals posted? _____
21. Oxygen cylinders secure? _____
22. Side rails present on bunks and gurneys? _____
23. Documentation of inservice? _____
24. Inservice topics relevant to command mission? _____
25. Documentation of safety training? _____
26 Documentation of infection control training? _____
27. Wards and peripheral areas clean? _____
   a. Heads? _____
   b. Treatment Rooms? _____
   c. Utility Rooms? _____
   d. Supply Rooms? _____
   e. Nourishment Rooms? _____
28. Each ward has:
   a. Patient egress SOP? _____
   b. Medevac protocols? _____
   c. Biohazard and incinerator SOP? _____
   d SOPs for tracking ancillary test results? _____
   e Pierside debarkation protocols? _____
29 HAZMAT protocols? _____
30 Current MSDS on unit(s)? _____

PART IX - DENTAL

<u>REFERENCES:</u>
(a) **NAVMEDCOMINST 6260.3, Mercury Control Program for DTFs**
(b) **BUMEDINST 6320.82, Department of the Navy Standards for Oral Health Care**
(c) **NAVMEDCOMINST 6470.6, Radiation Protection Survey and Equipment Performance Test of Diagnostic X-Ray Equipment**
(d) **NAVMEDCOMINST 6600.10A, Dental Infection Control Program**
(e) **BUMEDINST 6710.67A, Outpatient Intravenous Sedation for Dental Patients**
(f) **BUMEDINST 6710.68, Nitrous Oxide-Oxygen Inhalation Conscious Sedation for Dental Outpatient Services**
(g) **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**

ADMINISTRATION

1. Activation/deactivation plan and detailed checklist in place? _____
   a. Written Orientation Plan exists? _____
2. The following publications located in the dental spaces and ready for inspection? _____
   a. Manual of the Medical Department? _____
   b. Dental Assistant, Basic? _____
   c. Dental Assistant, Advance? _____

ADAL MANAGEMENT

1. Current ADAL available? _____
2. Monthly Navy Medical and Dental Bulletin properly routed and distributed; appropriate action taken? _____
3. Documents for items being transferred and surveyed signed by either Officer in Charge/Supply Officer? _____
4. Items being surveyed properly documented? _____
5. Messages concerning recalls, FDA extensions programs, medical/dental safety alerts, shelf-life and expiration date revision on file with appropriate action taken? _____

CORRESPONDENCE AND FILES

1. Correspondence properly prepared? _____
2. Correspondence properly received, routed and controlled? _____
3. Files properly maintained and closed out each year? _____
4. Correspondence filed correctly? _____

ENVIRONMENTAL

1. Cleanliness of spaces? _____
   a. Consulting Room? _____
   b. Oral Surgery Suites? _____
   c. Operating Room (1), (2), (3) and (4)? _____
   d Dentist Office? _____
   e. Soiled Utility Room? _____
   f. Prosthetics Laboratory? _____
   g. Dental Store? _____
2 Temperature/humidity parameters constant and suitable for operative conditions and storage of sterile supplies? _____
3 Cleaning gear locker equipped with appropriate cleaning gear, gear stowed in acceptablefashion? _____

SAFETY

1. Preventive maintenance records up-to-date:
   a. Equipment tagged in appropriate manner?   _____
   b. Electrical checks performed?   _____
2. Beryllium in the Dental Prosthetics Laboratories?   _____
   a. Grinders or Polishing units have suitable industrial vacuum collection units? _____
   b. Disposable coveralls available?   _____
3. Procedures exist for Mercury control in the dental department?   _____
   a. Only preencapsulated mercury amalgams used?   _____
   b. Work surfaces stainless steel or plastic laminated? _____
   c. Mercury Decontamination spill kits available?   _____
4. Gas cylinders bear appropriate identification; secured?   _____
5. Dental Infection Control Manual policy and standardized procedures?   _____

HAZARDOUS MATERIAL

1. MSDS available (posted) for all hazardous material?   _____
2. Hazardous materials properly stored, handled, and disposed of per the MSDS?   _____
3. Department has cleaning gear locker that is equipped with required dental space cleaning provisions?   _____
4. Department cleaning protocol in accordance with accepted MTF standards?   _____

SUPPLY

1. Proper stowage of pre-package sterile items to prevent contamination?   _____
2. Dental equipment accountability listing present; contains equipment serial # and item name?   _____
3. Storage areas marked so that items are easily located?   _____
4. Supplies monitored to ensure that the inventory is current?   _____

DENTAL RADIOGRAPHY

1. Radiation equipment survey conducted on all dental X-ray equipment?   _____
2. X-ray tubehead cylinder free from cracks and/or chips?   _____
3. Radiation warning signs posted at the entrance of radiation exposure areas?   _____
4 SOP Manual requires that radiation monitoring film be posted to measure stray radiation?   _____
5. Lead lined apron available to protect the patient from radiation?   _____
6. Ultra high speed X-ray film used to reduce the exposure time?   _____
7. Female patients required to sign a statement stating whether or not they are pregnant?   _____
8. Signs prominently posted to warn females of the dangers of being x-rayed if pregnant?   _____

PART X - OPERATING ROOMS

REFERENCES:
(a) BUMEDINST 6320.86, Ambulatory Procedure Visits (APVs)
(b) BUMEDINST 6710.66, Delivery and Administration of Oxygen for Medical Use
(c) BUMEDINST 10330.2, Medical Gas Systems
(d) JCAHO Accreditation Manual for Hospitals
(e) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat
(f) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1   Activation/Deactivation plan and detailed checklist in place?   _____
    a Written Orientation Plan for the area?   _____

2. Cleanliness of space? _____
3. Temperature of center core of rooms checked weekly? _____
4. Cleaning gear lockers equipped with appropriate cleaning gear; gear is stowed in acceptable fashion? _____
5. Hepa filter changes completed according to schedule? _____
   a. In good working order? _____
6. Preventive maintenance records up-to-date? _____
   a. Equipment tagged in appropriate manner? _____
7. Safety/protective equipment in space? _____
   a. Protocols for use of equipment reflect compliance with safety regulations? _____
8. Gas scavenging system/protocol in place? (Used during FOS only) _____
9. Gas cylinders bear appropriate identification; secure; in "ready" status? _____
10. Gear stowed appropriately? _____
11. Capability exists to support multi-specialty surgery? _____
    a. General Surgery? _____
    b. Orthopedics? _____
    c. Neurosurgery? _____
    d. Peripheral Vascular? _____
    e. EENT? _____
    f. Eye? _____
    g. Urology? _____
    h. Thoracic? _____
    i. GYN? _____
    j. Maxillofacial? _____
    k. Dental? _____
12. Equipment operators' manuals aboard? _____
13. Proper stowage of pre-packaged sterile items to prevent contamination? _____
14. O.R equipment accountability/inventory listing present? _____
    a. Contains equipment serial #. P.M #, Item Name? _____
15. AMAL aboard? _____
    a. Plan to correct deficiencies? _____
16. Narcotics and Nitrous Oxide under approved method of control? _____
17. Policy/Procedure manuals in order and comply with hospital/patient protocols? _____
18. Patient tracking method in place (data base, log, etc.) _____
19. Proper disposition of contaminated trash, linen, other? _____
20. SOPs for correct disposition of specimens, contaminated body fluids? _____
21. Appropriate housekeeping plan in place? _____
22. Cleaning schedule for suite in place and performance documented (ROS)? _____
23. Procedures exist for daily cleaning of ORs used for surgery (FOS only)? _____
24. MSDS kept in MOR? _____
25. Eye wash stations tested for 5 minutes each month and documented? _____
26. Pre-Op hold area capable of providing patient services (i e , monitoring, IVs, oxygen, suction)? _____
27. Crash cart/defibrillator kept in OR suite and checked on scheduled basis? _____
28. Sufficient forms (operative reports, tissue team, preoperative nursing notes) exist? _____
29. Appropriate attire available in sufficient quantities, types and sizes? _____
30 SOPs address the following.
   a. Medical records document that patients undergoing surgery have a physical exam, medical history, appropriate diagnostic tests and a pre-op diagnosis before surgery? _____
   b Scope of assessment to be performed by each clinical discipline? _____
   c Content of pre-op patient assessments? _____
   d Medical records document that patients for whom anesthesia is contemplated have a pre anesthesia assessment? _____
   e Medical records document that the patient is reevaluated immediately before anesthesia induction? _____

f. Medical records document that the patient's physiologic status is monitored and
assessed during anesthesia, or during an operative or other procedure? _____

g. Medical records document that the patient's status is assessed when he or she is admitted
to and discharged from the recovery area? _____

h. Medical records document that patients are monitored during the post procedure period? _____

i. Patients discharged from post anesthesia care by an LIP or according to discharge criteria
approved by the medical staff? _____

j. Medical records of surgical patients contain an operative note that contains the name of the
primary surgeon and assistants, findings, technical procedures used, specimens removed and
postoperative diagnosis?

k. Completed operative reports are authenticated and dated by the surgeon? _____

l. Post operative care documented (post op progress notes)? _____

m. Performance measurement of operative and other procedures, to include:
(1) Selection of the appropriate procedure; _____
(2) Patient preparation for the procedure; _____
(3) Performance of the procedure and patient monitoring; _____
(4) Post procedure care; and _____
(5) Post procedure patient education? _____

PART XI - POST ANESTHESIA CARE UNIT (PACU)

REFERENCE:
(a) JCAHO Accreditation Manual for Hospitals
(b) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces
Afloat
(c) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1. Activation/Deactivation plan and detailed checklist in place? _____
a. Written Orientation Plan exists? _____
2   Ward manuals current, dated and signed? _____
3. There are written policies/procedures for:
a. Medication administration? _____
b. Infection control? _____
c. Release of patient from post anesthesia care? _____
d. Cardiopulmonary resuscitation? _____
e. Maintaining integrity of emergency care system? _____
f. Burn management? _____
g   Renal dialysis management? _____
h. Medical record charting? _____
i. Safety of patient and staff? _____
j. Verbal and standing orders? _____
k. Procedures to follow in event of break down of essential equipment? _____
4. Patient care equipment properly secured? _____
5. Equipment PMS and electrical safety checks current? _____
6. Logs available to document reefers' temperatures? _____
7. Operator manuals available for patient care equipment? _____
8. Current inventory of material (equipment and supplies)? _____
9. Fire extinguishers in proper location, unobstructed and have current certification? _____
10. Passageways and storage areas clean and unobstructed? _____
11   EEBDs readily available to patients and staff? _____
12   Emergency lights functioning? _____
13   Exit lights illuminated? _____
a   Photo-luminescent exit decals posted? _____
14   Oxygen cylinders secure? _____

15. Emergency evacuation plan? _____
16. HAZMAT protocols in place? _____
17. Current MSDS on unit? _____

PART XII - CENTRAL STERILE RECEIVING

REFERENCE:
(a) JCAHO Accreditation Manual for Hospitals
(b) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat
(c) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

ADMINISTRATION

1. Activation/Deactivation Plan and detailed checklist in place? _____
   a. Written Orientation Plan exists? _____
2. Policy/Procedure manuals reflect protocols consistent with safe practices and effective decontamination and reprocessing of sterile gear for the MTF? (Checked during FOS only) _____
3. Historical processing records easily accessible? _____

MEDICAL SUPPORT

1. Equipment has tags indicating current PMS and electrical safety checks? _____
2. CSR capable of supporting projected sterile processing requirements for all MTF services? _____
3. Reprocessing protocols are consistent with medical provisioning allowances and established standards of combat casualty care? _____
4. Sterile gear is checked on a routine basis to ensure sterile condition? _____
5. Department staffing of both professionals and para-professionals can accommodate workload? _____
6. Adequate medical and technical references are available in work area? _____

SUPPLY

1. Authorized allowances are onboard and can sustain projected workload? _____
2. Printed form of the OR/CSR AMAL is available for reference? _____
3. Resupply protocol in place that assures appropriate provisioning levels? _____
4 Stowage methods for all pre-packaged and processed sterile gear within acceptable limits? _____
5. Technical manuals immediately available for reference? _____
6. Department equipment/provisions accountability records are present and facilitate transfer of responsibility during activation/deactivation? _____

ENVIRONMENT

1. Department traffic patterns prevent cross-contamination between clean and contaminated sides? _____
2. Temperature parameters consistent with and suitable for storage of equipment and pre-packaged or other sterile gear? _____
3. Department cleaning protocols and practices consistent with processing and storage of sterile gear? _____
4. Department cleaning gear locker equipped with appropriate types of provisions? _____
   a Use of gear is limited to department? _____
5 Safe and effective collection and disposal of contaminated trash and linen employed? _____

SAFETY

1. Preventive maintenance records current on all applicable equipment? _____
2. All equipment operated in a manner consistent with the manufacturer's suggested protocols and mandated MTF safety standards? _____
3. Fire bill posted? _____
   a. Staff is familiar with fire fighting protocol? _____
4. Equipment operation placards posted to enhance safety practices? _____
5. Gear secured for sea; equipment can be safely handled while underway? _____
6. Sharps and needles disposed of in a manner consistent with MTF disposal safety standards? _____

HAZARDOUS MATERIALS

1. MSDS are available (posted) for all hazardous material? _____
2. Hazardous materials properly stored, handled and disposed of as per MSDS? _____
3. Department has cleaning gear locker that is equipped with required medical space cleaning provisions? _____
4. Department cleaning protocols IAW accepted MTF standards? _____

STERILIZATION

1. Sterilizing equipment meets operating criteria? _____
2. Appropriate sterilization monitoring employed for equipment and reprocessed goods? _____
3. Sterilization capability supports a two-day supply of sterile procedure trays, linens, and associated gear at the following rates? _____
   a. Surgical caseload (120/day)? _____
   b. Admission rate (300/day (peak))? _____
4. Transfer of sterile instruments and equipment to the OR can be accomplished in a technically correct manner utilizing the case-cart system? _____
5. Equipment and instrument decontamination can be achieved in a technically correct and safe manner? _____
6. Accessories present in sufficient types and quantities to accomplish reprocessing of various glass and metal products, instruments. etc.? _____
7. Instrument tray/equipment set assembly cards current and reflect reviews of appropriate specialist, CSR/OR supervisor and Surgery Department Head? _____
8. Reusable linens examined to ensure acceptable integrity? _____
9. Acceptable surgical-grade package sealing system employed? _____
10. Items to be sterilized prepared in a manner consistent with accepted surgical standards? _____
11. Recall of sterilized items can be achieved with ease and according to written protocol? _____
12. Acceptable method of cold sterilization exists for items that can not be steam sterilized? _____

PART XIII - OPHTHALMOLOGY/LENS LAB

REFERENCES:
(a) NAVMEDCOMINST 6810.1, Ophthalmic Services
(b) JCAHO Accreditation Manual for Hospitals
(c) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat
(d) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

ADMINISTRATION

1 Activation/Deactivation plan and detailed checklist in place? _____
   a. Written Orientation Plan exists? _____

2. Policy/Procedure manuals reflect protocols consistent with delivery of safe and effective services for combat related ophthalmologic abnormalities and for fabrication of lenses? _____

3. Patient tracking method exists and is documented (i.e., Dbase, log)? _____

4. Ophthalmology forms available in sufficient numbers to support anticipated casualty rate? _____

MEDICAL

1. All ophthalmology instruments, appliances, and equipment maintained in a state of readiness in order to accommodate five-day activation schedule? _____

2. Eye lanes support examination of eye-injured patients? _____

3. Lens fabrication area can support fabrication corrective eye wear? _____

4. Established treatment plans/protocols consistent with medical provisioning allowances and accepted combat casualty practices? _____

5. Ophthalmologists coordinate surgical procedures with the Operating Complex for either scheduled or emergent cases? _____

6. Department professional/paraprofessional staff can accommodate anticipated workload? _____

7. Current medical and technical references available? _____

8. Protocol in place to support the safe collection and disposition of waste materials? _____

SUPPLY

1. Authorized medical allowances available and support anticipated workload? _____

2. Printed AMAL available for reference? _____

3. Resupply protocol in place to assure appropriate provisioning levels? _____

4. Protocol in place to support control and handling of medications that are kept in the department? _____

5. Stowage methods for pre-packaged and sterile items prevent damage/contamination? _____

6. Manufacturers' manuals available to support sustained and safe operation of all department equipment? _____

7. Department equipment/provisions accountability listing present and facilitates transfer of responsibility during activation/deactivation? _____

ENVIRONMENT

1 Lens fabrication and eye lanes maintained in a clean state and free of contaminants that could cause damage to/or compromise effective operation of existing equipment? _____

2 Temperature parameters consistent and suitable for storage of equipment and pre-packaged or other sterile gear? _____

3 Department has access to cleaning gear locker equipped with required medical space cleaning provisions? _____

4 Department cleaning protocol in accordance with accepted MTF standards? _____

SAFETY

1. Preventive maintenance records and electrical safety checks current on all applicable equipment? _____

2 Equipment can be operated in a manner consistent with the safety practices suggested by the manufacturer and MTF safety regulations? _____

3 Fire bill posted, evacuation protocol supports safe removal of staff and patients? _____

4. Gear stowed appropriately? _____

HAZARDOUS MATERIALS

1. MSDS are available (posted) for all hazardous material? _____

2 Hazardous materials properly stored, handled, and disposed of as per MSDS? _____

3 Department has cleaning gear locker that is equipped with required medical space cleaning

provisions? _____
4. Department cleaning protocols IAW accepted MTF standards? _____

PART XIV - RADIOLOGY

REFERENCES:
(a) **NAVMED P-5055, Radiation Health Protection Program**
(b) **NAVMEDCOMINST 6470.6, Equipment Performance Tests and Radiation Protection Surveys of Medical and Dental X-Ray Devices**
(c) **JCAHO Accreditation Manual for Hospitals**
(d) **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**

ADMINISTRATION

1. Activation/Deactivation plan and detailed checklist in place? _____
    a. Written Orientation Plan for the area? _____
2. SOP manual reviewed and updated annually and ready for all department personnel to read and acknowledge? _____
3. Procedures exist to capture data for monthly statistical reports of procedures to include:
    a. Number of patients seen? _____
    b. Number of patient exams? _____
    c. Number of exposures? _____
    d. Repeat/reject analysis rate? _____
    e. Number of films repeated? _____
4. Departmental logs are maintained for:
    a. Radiology patients, to include routines, portables, ultrasound, fluoroscopy and angiography? _____
    b. CT patients? _____
5. Department SOP Manual documents procedures for checking out X-ray films? _____
6. Departmental records are maintained for the following programs?
    a. Silver Recovery Program? _____
    b. Photodosimetry Program or RER and RHA Computer Programs? _____
7. The following forms are available in sufficient numbers to support anticipated daily operation:
    a. SF519 - Radiological Report _____
    b. SF522 - Request to Administer Anesthesia and/or to Perform Operations or Other Procedures _____
    c. SF600 - Chronological Order of Medical Care. _____
8. SOP manual reflects protocols consistent with delivery of safe and effective services to all combat related casualties? _____
9. Department equipment/provisions accountability listing is present to facilitate transfer of responsibility upon activation? _____

RADIATION SAFETY/DOSIMETRY

1. Personal Thermo Luminescent Devices (TLD) are available and used properly? _____
2. Dosimetry Reports submitted to Naval Dosimetry Center (i.e quarterly, annual, termination letters and situational)? _____
3   Environmental monitoring devices posted in each X-ray room and C T scan? _____
4   Physical Examination of all personnel working with ionizing radiation current? _____
5. Health record jackets indicate that X-ray techs and other occupational workers check-in/out with photodosimetry tech upon checking in or prior to transferring? _____
6   Radiation survey of all radiographic equipment is current? _____
7   Adequate number of radiation protection equipment devices (i e , lead apron, gloves, thyroid shields) are available, utilized properly and stored correctly? _____
8   Procedures exist for checking lead aprons, gloves, screens for integrity at designated time intervals? _____

9. Calibration of X-ray equipment is performed by Service Contract or by Biomedical Repair Technicians IAW Manufacturer's recommended equipment instructions (With copy kept on file)? _____

10. Warning lights outside rooms work when unit power turned on? _____

11. Warning signs posted outside each Exam room? _____

12. Copies of dose request letters, dose forwarding letters, lost TLD reports and termination letters kept on file? _____

13. X-Ray room doors leading to casualty reception can be locked to prevent entry during exams? _____

14. Female patients required to sign a statement concerning whether or not they are pregnant? _____

15. Signs prominently posted to warn females of the dangers of being x-rayed while pregnant? _____

16. Equipment has tags indicating current PMS and electrical safety checks? _____

17. Department specific policies and procedures exist for the following:
   a. Protecting personnel and patients from radiation; _____
   b. Monitoring of staff and personnel for exposure to radiation; _____
   c. Guidelines for infection control relating to staff, patients and equipment; _____
   d. Quality control program? _____

18. Equipment, including lead protective devices checked in accordance with manufacturer's guidelines and organization policy and appropriately documented so as to identify each specific piece of equipment tested? _____

19. Routine quality control (QC) checks performed on equipment documented in a manner that easily shows aggregate data and trends? _____

RADIOGRAPHIC EXAMINATIONS

1. Radiology provides routine, CT, and special diagnostic radiographic procedures to all clinical area? _____

2. Standard views of radiographic exams posted in each X-ray room? _____

3. Standard CT protocols are listed in CT scan SOP Manual? _____

4. Technique charts posted in each x-ray room? _____

5. SOP Manual lists guidelines to follow for the following studies? _____
   a. Angiography?
      (1) Consent for procedures? _____
      (2) Pre-angio orders? _____
      (3) Post-angio orders? _____
   b. Barium sulfate studies? _____
   c. Other special studies? _____

6. Patients preparation instructions and appointment handouts available? _____

7. SOP Manual lists steps to take for administration of contrast agents and possible allergic reactions? _____

8. Protocol for requesting portable examinations available? _____

9. Merrill's Radiographic Positions and Radiographic Procedures and other references available? _____

10. Department staffing accommodates anticipated workload and mission? _____

11. Cardiac arrest protocol in consonance with MTF protocol? _____

12. Training provided for technologists regarding operating room X-ray protocol? _____

13. Portable radiographic equipment secured for sea? _____

DARKROOM/QUALITY ASSURANCE

1. Manual X-ray film processing procedures in place and posted? _____

2. Quality Assessment/Improvement films are processed daily and checked with the aid of a sensitometer and densitometer for quality? _____

3. Films checked for diagnostic quality by QC technician? _____

4. Schedule and procedures available for cleaning automatic and manual processors? _____

5. Processor monitored daily
   a. Stays within established limits? _____
   b. Correction taken when required? _____

6. The following information is provided on all radiographs? _____
   a. Patient identification? _____
   b. Correct anatomical marker? _____
   c. Date of examination? _____
   d. Radiologist's results recorded on SF 519 (or substitute form)? _____
7. Procedures exist for Silver Recovery from reclamation units? _____
8. Precious Metals Recovery Officer appointed in writing? _____
9. Quality Assessment/Improvement program exists and documents performance for the following:
   a. View box cleaning? _____
   b. Processor cleaning and service? _____
   c. Darkroom safelight test? _____
   d. Radiation protection device safety checks? _____
   e. Cassettes/Screen cleaning? _____
   f. X-ray room and portable equipment service? _____
   g. Processor monitoring log? _____

SUPPLY

1. Authorized Medical Allowance List is available and suitable to support anticipated workload? _____
2. A printed form of the AMAL is available for reference? _____
3. A resupply protocol is in place that will ensure appropriate provisioning levels for standard and non-standard items? _____
4. Stowage methods for radiographic film and processing chemistry meet manufacturer's recommendation? _____
5. Appropriate manufacturers' manuals available to support sustained and safe operation of all radiographic equipment/supplies? _____

GENERAL SAFETY

1. Preventive maintenance records are current on all applicable equipment? _____
2 All equipment can be operated in a manner consistent with safety practices suggested by the manufacturer and MTF safety regulations? _____
3. Fire bill posted; evacuation protocol supports safe removal of staff and patients? _____
4. X-ray gear is stowed properly? _____
5. Departmental SOP Manual outlines steps to take in case of electrical or mechanical hazards or in case of explosion? _____

ENVIRONMENT/HAZARDOUS MATERIALS

1. Material Safety Data Sheets (MSDS) are available (posted) for all hazardous material? _____
2 Hazardous materiel properly stored, handled, and disposed of IAW MSDS? _____
3 Department has a cleaning gear locker that is equipped with required medical space cleaning provisions? _____
4 Department cleaning protocol in accordance with accepted MTF standards? _____

PART XV - LABORATORY

<u>REFERENCES</u>
- (a) **DODINST 6440.2, Clinical Laboratory Improvement Program (CLIP)**
- (b) **JCAHO Accreditation Manual for Hospitals**
- (c) **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**
- (d) **COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual**

1. Activation/Deactivation plan and detailed checklist in place? _____
   a. Written Orientation Plan for each area? _____
2. Standard Operating Procedures Manual in place? _____
   a. Approval and review signatures? _____
   b. All procedures performed in the laboratory covered? _____
3. Each instrument has operators manual nearby? _____
4. Each instrument has operators manual in the laboratory files? _____
5. Each piece of equipment has a preventive maintenance schedule that is adhered to? _____
6. Quality Control Program addresses all sections of the Lab? _____
   a. Each procedure performed in the laboratory has a quality control procedure that is being run when the procedure is performed? _____
   b. Quality control is recorded either in test results log or in a separate quality control log? _____
7. Temperature logs are kept on all refrigerators, freezers, incubators and autoclaves? _____
8 Results logs are legible and accurate, with each specimen logged with date and time and technician performing test? _____
9. Test request chits initialed by technician performing the test? _____
10. If not automatically generated by the machine, there is a normal values list and a critical values list? _____
11. All eye washes and the deluge shower checked regularly? _____
12. A safety manual for procedures exists and has approval and review signature? _____
13. Technicians use proper procedures pertaining to safely handling blood and body fluids? _____
14 Environmental/Hazardous Materiel issues addressed? _____
   a. MSDS are posted for all hazardous material? _____
   b. Biological waste properly disposed of? _____
   c. Biological Safety Hood properly certified? _____
   d. Hazardous materials properly stored, handled, and disposed of IAW MSDS? _____
   e Reagent boxes have a date received label or stamp? _____
   f Opened reagent containers have a date opened and expiration date? _____
   g. Reagents properly stored according to manufacturer's requirements and are being properly rotated according to expiration dates? _____
15. Supplies match the AMAL? _____
16. Equipment inventory matches the AMAL? _____
17. Blood Bank operations adequately addressed.
   a Quality control program addresses Blood Bank components? _____
   b. The frozen blood supply is rotated? _____
   c. Correct paperwork completed for each unit of blood or blood component? _____
   d Procedure manuals in place? _____
   e Contingency plan exists for drawing blood donors? _____
18 All personnel receive periodic training in frozen blood deglycerolization procedures? _____
19 Equipment has tags indicating current PMS and electrical safety checks? _____
20 Policies and procedures address the following
   a Specimen collection, _____
   b Specimen preservation, _____
   c Instrument calibration, _____
   d Quality control and remedial action, _____

e. Equipment performance evaluation; _____
f. Performing tests? _____
21. SOPs address the following:
    a. Quality control and test records? _____
    b. Processes for using blood and blood components, to include: _____
        (1) Ordering; _____
        (2) Distribution, handling and dispensing; _____
        (3) Administering; _____
        (4) Monitoring blood and blood component effects on patients? _____
    c. Intensive assessment of all transfusion reactions? _____
    d. Quality control checks done routinely and data aggregated to show trends? _____
    e. Periodic communication of Quality Control data to those in the organization who have overall responsibility for Performance Improvement activities? _____

PART XVI - PHARMACY

REFERENCES:

(a) MANMED P-117, Manual od the Medical Department (Chapter 21)
(b) NAVMEDCOMINST 6710.9, Guidelines for Controlled Substances Inventory
(c) JCAHO Accreditation Manual for Hospitals
(d) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat

GENERAL

1. Activation/deactivation plan and detailed checklist exist? _____
    a. Written Orientation Plan for each area? _____
2. Standard Operating Procedure Manual for the department complete for each section? _____
    a. IV Admixture? _____
    b Issue Desk/Control Area? _____
    c. Vault? _____
    d. Compounding? _____
    e. Prepackaging? _____
    f. Supply? _____
3. Each piece of equipment has a manual or operating instructions readily available for reference? _____
4 Fire extinguishers readily available and clearly labeled? _____
5. Status available on any ship's repair requests outstanding? _____
6. All lights working? _____
7. All computers have surge protection? _____
8. All equipment secured/can be secured for the sea? _____
9 Overall cleanliness of the department adequate? _____
10. Complete AMAL inventory of medications aboard? _____
    a If not, what percentage is outstanding? _____% _____
    b. Are these items presently on order? _____
11. All FOS Pharmacy Techs have documented IV Additive Certification in onboard training files? _____
12 Controlled Substance Committee assigned in writing? _____
13 Controlled Substance Committee inspection results on file? _____
14 Pharmacy has a current and approved Standard Operating Procedures (SOP) manual that was collaboratively developed with the medical staff, administration and nursing staff? _____
15 Mechanism exists to ensure proper orientation, training/education, competency assessment and employee rights for all staff members upon activation? _____

16. Appropriate policies and procedures that support safe prescribing that address the following:
   a. Distribution of controlled medications, including documentation and recordkeeping per applicable law; _____
   b. Definition of situations where drug orders must be canceled or temporarily stopped, and mechanisms for reinstating orders if appropriate; _____
   c. "As needed" (PRN) orders; _____
   d. Distribution of drugs to patients upon evacuation; _____
   e. Use of all blood derivatives (albumin, gamma globulin, or Rh immune globulin) managed by pharmacy; _____
   f. Use of radiographic contrast media? _____
17. SOP requires pharmacy officer/designee conduct monthly inspections of all nursing care units or other areas where medications are stored, dispensed and administered? _____
18. Current pharmaceutical reference materials for all staff members? _____
19. Qualified military nurse practitioners and physician's assistants authorized in writing as to their prescription writing privileges? _____
20. Caustic acids not issued to wards and are stored in clearly marked separate lockers in pharmacy? _____
21. Flammable drugs stored as per accepted fire safety regulations? _____
22. Antidote lockers marked with breakable seal? _____
23. NAVMED P-5095 (First Aid for Poisonings and Overdoses) is maintained along with an alpha list of items with designated shelf location. Pharmacy staff check at least monthly? _____

ADMIXTURE

1. Laminar Flow Hoods certified within the last year? _____
2. Adequate supply of prefilters onboard for maintenance? _____
3. Temperature records maintained on the freezer? _____
4. IV logs/records established? _____
5. Suction machine operational and all necessary equipment in place? _____
6. Preprinted labels available for the major IV medications? _____
7. All equipment in place to support IV manufacturing? _____
8. Reference materials readily available? _____
9. Shelves/bins clearly marked for stocking? _____
10. Daily cleaning requirements posted? _____
11. Cleaning check-off list of assignments? _____

ISSUE/CONTROL DECK

1. The following logs available? _____
   a. Pharmacy Department Log? _____
   b. Refill Log? _____
   c. Medication Error Log? _____
2. Signature card file available? _____
3. Cabinets and shelves labeled for stocking? _____
4. Temperature log maintained for the walk-in reefer? _____
5. Outdated materials in the reefer or cabinets? _____
6. Prescriptions filled during ROS correctly completed? (IAW MANMED 21) _____
7. Prescriptions maintained onboard for 3 years? _____
8. Procedures/mechanism regarding the preparation and dispensing of drug(s) that ensure the following
   a. Adherence to applicable laws, regulations, standards of practice and recordkeeping, _____
   b. Appropriate control of medications, _____
   c. Pharmacist's review of prescriptions, _____
   d. Capture, use and communication of important patient medication information (medication profile); _____

e. Appropriate location, use and inspections of emergency medication systems; _____
f. Appropriate retrieval and safe disposition of discontinued, expired and recalled drugs? _____

VAULT

1. Controlled and narcotic inventory ledgers ready? _____
2. Shelves/bins labeled for stocking? _____
3. Controlled and narcotic files onboard maintained for 3 years? _____
4. AMAL for the vault entered (without quantities) in pharmacy computer system? _____
5. Sufficient quantities of forms onboard? _____
6. When narcotics have been aboard, combination to the vault changed every 6 months? _____
7. Adequate safeguards/space exist for storage of bulk narcotics? _____

COMPOUNDING

1. Log established for this area? _____
2. Standard recipes available? _____
3. Equipment tested and all balances calibrated annually? _____
4. Stowage of all glassware adequate? _____
5. System in place for a pharmacist to check all items manufactured prior to distribution? _____
6. Safety equipment available for personnel who mix and/or prepare medications? _____

REPACKAGING

1. Log for this area established? _____
2. All equipment tested at least annually for accuracy? _____
3. Sufficient levels of materials required for packaging onboard? _____
4. System in place for a pharmacist to check all items prepackaged prior to distribution? _____
5. Prepackaged items contain all information required when distributed outside the department? _____

SUPPLY

1. All shelves and bins labeled? _____
2. Items separated by class (i.e., p.o meds not mixed with topical)? _____
3. System exists to check for expiration dates available and utilized? _____
4. Outdated medications onboard? _____
5. Evidence that the monthly Medical and Dental Material Bulletins are reviewed? _____
6. Items surveyed in a safe manner? _____
7. Pharmacy participates in the Shelf Life Extension Program? _____
8. Any outstanding requisitions over 180 days? _____
    a. If so, what is the status? _____
9. All forms necessary for the pharmacy to function onboard? _____
10. Messages on suspensions and recalls are reviewed and acted upon by pharmacy personnel? _____
11. Detailed inventory management system used? _____
    a. Accurate? _____
12. Detailed SOPs exist for ordering pharmaceuticals via Prime Vendor or other sources when activated? _____

PART XVII - PHYSICAL THERAPY

<u>REFERENCE:</u>
(a)   JCAHO Accreditation Manual for Hospitals
(b)   COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1.   Activation/Deactivation plan and detailed checklist in place?   _____
      a.   Written Orientation Plan exists?   _____
2.   SOP Manual signed and dated and addresses the following:
      a.   Physical therapy services provided to patients in accordance with an order or prescription and
            are documented in the patients medical record?   _____
      b.   Initial physical therapy evaluation and assessment of the patient done prior to provision of
            services?   _____
      c.   Treatment goals and treatment plans established in accordance with diagnosis and prognosis? _____
      d.   Records show that physical therapy staff monitor the extent to which services have met the
            therapeutic goals relative to the initial and all subsequent examinations, as well as the degree
            to which improvement occurs relative to the identified physical dysfunction? _____
      e.   All physical therapy services provided to a patient documented in the medical record? _____
3.   Written policies/procedures address the following:
      a.   Infection Control?   _____
      b.   Safety of patients and staff?   _____
      c.   Medical Record Charting?   _____
      d   Scheduling of patients?   _____
      e.   Incident Reports?   _____
      f.   Medication Administration?   _____
      g.   Use/disposal of sharps?   _____
      h.   Electrical Safety?   _____
4.   Patient care equipment properly secured?   _____
5.   Equipment has tags indicating current PMS and electrical safety checks?   _____
6   Manuals (user/operator instructions) are readily available?   _____
7   Inventory of material (equipment and supplies)?   _____
8   Copy of AMAL available?   _____
9.   Fire extinguishers in proper location, unobstructed and have current Inspection tags? _____
10.   EEBD's readily available to patients and staff?   _____
11.   Emergency lights functioning?   _____
12.   Documentation of inservice training, topics relevant to departmental and command mission? _____
13.   Documentation of safety training?   _____
14   Documentation of infection control training?   _____
15.   Emergency evacuation protocol?   _____

PART XVIII - RESPIRATORY CARE SERVICES (RP)

<u>REFERENCE:</u>
(a)   JCAHO Accreditation Manual for Hospitals

1   Activation, Deactivation plan and detailed checklist in place?   _____
      a.   Written Orientation Plan exists?   _____
2   SOP Manual signed and dated   _____
3.   Department specific policies and procedures for the following
      a.   Specification as to who may perform specific procedures, and provide instruction, under
            what circumstances, and under what degree of supervision?   _____
      b   Assembly and sequential operation of equipment?   _____
      c   Infection control?   _____

    d. All respiratory care services provided to patients in accordance with an order or
        prescription documented in the patient's medical record?   _____

    e. All respiratory care services provided to a patient documented in the medical record?   _____

    f. All equipment calibrated and operated based on manufactures, or other authoritative
        source, specification?   _____

    g. Documentation of appropriate quality control on instrumentation?   _____

    h. Quality control (QC) data aggregated to show trends and is periodically communicated
        to those who have overall responsibility for Performance Improvement?   _____

4.   SOPs require that non physician personnel who do arterial puncture are authorized in writing by
      the physician director of the respiratory care department?   _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 4 - FISCAL

SCORE

PART I - BUDGET FORMULATION AND EXECUTION

REFERENCES:
(a)   NAVSO P-3006-1, Financial Management of Resources
(b)   NAVCOMPTMAN Vol. 2, Budgeting Formulation and Presentation
(c)   OPNAVINST 7000.19B, Review of Comptroller Organizations
(d)   NAVCOMPTMAN Vol 1, General Financial Information, Systems and Requirements
(e)   NAVCOMPTMAN Vol 3, Budget Execution- Availability and Use of Resources
(f)   Naval Logistics Library (NLL) -- CD ROM

1.   Above references available?   _____
2.   Formal budget call requesting input from all departments?   _____
3.   Department heads receive guidelines and formats to prepare their input?   _____
4.   Guidelines/formats in sufficient detail to allow the department heads to justify their budget input?   _____
5.   Current year pricing adjustments and historical records establishing budget bases provided to the
     department head for preparation of their budget call?   _____
6.   Budget formally reviewed by the OIC?   _____
7.   Budget submission signed by the OIC?   _____
8.   OIC advised of the types and levels of resources required to implement new programs?   _____
9.   New and proposed policies, regulations, legislation and procedures reviewed to determine
     command resources impact?   _____
10. Evaluation conducted on the impact of budget review decisions?   _____
11. Adjustment actions developed to conform to budget decisions of higher authority?   _____
12. Critique performed to determine where improvements in command budgeting are required?   _____
13. Activity has a monthly spending plan?   _____
14. Documentation of deviations from the spending plan?   _____
15. OIC provided a status of funds on a monthly basis?   _____
16. Report focuses on variances from the plan?   _____

PART II - BUDGETING FOR OTHER PROCUREMENT (OP) EQUIPMENT

REFERENCE:
(a)   NAVMED P-5132, Medical Equipment Management Manual
(b)   NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply

1.   Activity has an Equipment Program Review Committee (EPRC)?   _____
2.   Current Equipment Program Review Committee instruction with responsibilities as outlined
     in NAVMED P-5132?   _____
3.   EPRC participates fully in the development of the activity's investment equipment budget and
     identifies additional requirements that may occur before or after the regular budget submission?   _____
4.   Activity's current inventory of investment equipment used as a guide for replacement items when
     determining Other Procurement (OP) budget requirements?   _____
5.   Equipment items reviewed for possible lease vice procurement?   _____
6.   Economic analyses performed for those equipment items that are leased?   _____
7.   Inventory maintained of leased investment equipment?   _____
8.   Complete history maintained of budgeted OP requirements?   _____
9.   Investment equipment folders complete with budget calls, procurement information, specialty
     advisor review and a copy of the command equipment request with attachments?   _____
10   NAVMEDLOGCOM used as agent to procure OPN equipment?   _____

PART III - TRAVEL/TRAVEL ADVANCE

REFERENCES:
(a) OPNAVINST 5050.31C, Reduction in Civilian and Military Travel Costs
(b) NAVCOMPTMAN Vol 4, Accounting Policies and Procedures
(c) NAVSO P-3006-1, Financial Management of Resources
(d) NAVCOMPTMAN, Vol 9, Travel Policy and Procedures
(e) OPNAVINST 5050.24E, Policy and Procedures Concerning Scheduling Conferences Involving Expenditure of Navy Temporary Additional Duty (TAD) Funds

1. Approved travel plan for the current fiscal year? _____
2. Travel plan approved by the OIC? _____
3. Individual signing travel orders designated in writing by the activity OIC? _____
   a. Individual signs only those TAD travel orders on the approved travel plan? _____
4. Travel coordinator maintains a list of frequent travelers (American Express list)? _____
5. Command procedures exist to liquidate travel advances? _____
6. Activity uses the PSD Monthly Report of Travel and Pay Advances Outstanding to aid local management in monitoring and liquidating outstanding travel? _____
7. Local check-out procedures established for departing personnel to ensure that they do not have outstanding travel advances or unliquidated travel claims? _____
8. Activity maintains a travel log with the following information; name of traveler; travel order number; estimated date of return and date claim was submitted? _____
9. Activity weighs the factors listed in OPNAVINST 5050.31C to ensure optimum use of TAD funds? _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 5 - SUPPLY

NOTE: APPLICABLE PORTIONS OF THE CURRENT VERSION OF THE COMNAVSURFLANT/COMNAVSURFPAC LOGISTICS MANAGEMENT ASSESSMENT (LMA) GUIDE WILL SERVE AS THE PRIMARY SOURCE DOCUMENT FOR EVALUATION OF THE SUPPLY FUNCTIONS. THE CHECKLIST ITEMS CONTAINED IN THIS SECTION WILL ONLY BE USED WHEN NO SUITABLE EVALUATION CRITERIA ARE AVAILABLE IN THE LMA GUIDE.

SCORE

PART I - PROCUREMENT MANAGEMENT

REFERENCES:
(a) **Navy Regulations 1990**
(b) **DOD 5500.7-R, Department of Defense Joint Ethics Regulations (JER)**
(c) **NAVSUPINST 4200.82A, Procurement Management Review Program of the Navy Field Contracting System**
(d) **NAVSUPINST 4200.81A, Navy Field Contracting System Authority and esponsibility**
(e) **NAVSUPINST 4200.85C, Shore and Fleet Small Purchase and Other Simplified Purchase Procedures**
(f) **Federal Acquisition Regulations (FAR)**
(g) **Navy Acquisition Procedures Supplement (NAPS)**

1. Supply Department holds all applicable reference materials? _____
2. Internal/external agency report(s) (i.e., LMA, Navy IG, PMR) seen by department head and plan of action developed to resolve discrepancies? _____
3. Applicable directives reviewed annually, updated and readily available? _____
4. Command complies with Standards of Conduct and Government Ethics training to all purchasing personnel annually? _____
5. Procurement authority established and adhered to? _____
6. Monthly Contracting Summary of Actions (DD1057) examined to determine Supply Department's productivity and effectiveness? _____
7. Last Procurement Management Review (PMR) report examined and changes implemented as noted in the report? _____
8. If the last PMR more than 2 years ago, local PMR staff been contacted to identify when the next PMR is scheduled? _____
9. Copy of each contracting appointment, (SF 1402, signed by the Commanding Officer/OIC) together with the supporting Contracting/Ordering Officer appointment documentation forwarded to your PMR activity? _____
10. Funding control procedures ensure that requisitions are properly annotated "Funds Available" with signature? _____
11. Command-wide emphasis to preclude unauthorized commitments and, when they do occur, unauthorized commitments ratified correctly? _____
12. System of internal controls and routing procedures of purchase order requests in place? _____
13. Document flow is smooth and efficient and details of the document control system vary depending on the type of purchase orders received, volume of documents processed and the degree of office automation? _____
14. All procurement documents (NC2276, DD1250-1/1250-2/1149) processed through technical review to identify proper sources of supply (i.e., Haystack, FEDLOG, UDR)? _____

NOTE:To document technical review requirements, it is suggested the Purchase Order document be stamped with the following data (at a minimum):

National Stock Number
Federal Prison Industries
NIB/NISH
GSA/FSS item
If YES: GROUP _____ PART _____
SECTION _____
REMARKS:
Researched by:_____
Date: _____

15. All documentation related to the purchase order maintained in the purchase order file? Generally this includes:
  - copy of the purchase order with evidence of available funds and adequate purchase descriptions.   _____
  - documentation of prior approvals obtained if procuring a "don't buy" list item.   _____
  - documented "sole source" (if applicable).   _____
  - price reasonableness documentation.   _____
  - a buyers worksheet.   _____
  - documentation of small business/small purchase dissolution   _____
  - evidence of the award and basis on which the award was made, including documentation for the pricing determination.   _____
  - documentation of administrative actions taken, including follow-up and signed copies of any modifications.   _____
  - a copy of the invoice and evidence of receipt inspection, and acceptance (as appropriate) of material ordered.   _____

16. Oral/confirming orders completely documented, including all copies of the purchase orders clearly being marked "Confirming Order/Do not Duplicate?"   _____

17. For all oral/confirming orders, purchase file reflects the date and time of the order, the contractor's employee who received the oral order, and the name of the buyer issuing the order?   _____

18. Contracts above the local procurement authority prepared in-house and forwarded to the area base supply support for purchase and tracked on a continuing basis?   _____

19. Micro-purchase procedures being utilized for requisitions at or below $5000 for supplies and services?   _____

20. Command utilizes the Commercial Purchase Card Program for procurement and non-procurement personnel, if so, is there a local SOP established?   _____

21. Proper controls and safeguards in place, (i.e., technical reviews, separations of functions), and appropriate acquisition regulations followed for purchase card transactions?   _____

22. Purchase card files maintained and reviewed in accordance with reference (g)?   _____

23. Required training for using the purchase card within the command been accomplished?   _____

24. Requisitions for textile items, to include bedding, window draperies, furnishing, decorations, waste baskets etc., reviewed to ensure they meet appropriate fire safety regulations prior to purchase?   _____

PART II - RECEIVING OPERATIONS

REFERENCES:
(a)   Navy Regulations 1990
(b)   NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(c)   NAVSUPINST 10490.33A, Materials Handling Equipment; Administration and Control of
(d)   NAVMED P-5132, Medical Equipment Management Manual
(e)   NAVSUPINST 4440.179A, Report of Discrepancy (ROD) Manual

1.   Applicable directives reviewed annually, updated and readily available?   _____

2.   Materiel checked for correct quantities and condition upon receipt?   _____

3.   Written internal controls established to track material on the floor before the item is processed for stowage or direct turnover?   _____

4.   All materiel handling equipment (MHE) operators trained and certified to operate forklifts IAW reference (c)?   _____

5.   MHE training included as a part of the annual training schedule for warehouse workers and designated FOS augmentees?   _____

6.   All storekeepers and FOS augmentees aware of/trained in the procedures for handling hazardous spills?   _____

7.   Purchased equipment is segregated for plant property accounting by the Equipment Manager?   _____

8.   Controls in place for the tracking and controlling of materiel discrepancies (RODS) from submission to end?   _____

9.   Adequate security measures exist in the warehouse receiving and stowing areas?   _____

PART III - INVENTORY OPERATIONS

REFERENCES:
(a)   Navy Regulations 1990
(b)   NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(c)   NAVSUPINST 4400.146C, Safeguarding of Sensitive, Drug Abuse Control, and Pilferable Retail Items of Supply

1.   Applicable directives reviewed annually, updated and readily available?   _____

2.   An effective physical inventory program exists and efforts continuously made to improve both inventory accuracy and accountability for materiel? (Program includes emphasis on taking physical inventories, conducting audits to verify stock locations, doing quality control studies and researching potential and actual inventory record variances.)   _____

3.   Wall-to-wall inventory accomplished in the last 12 months, and documentation of the inventory been reviewed and retained?   _____

    a.   10 % spot inventories accomplished monthly and documentation of the inventories reviewed and retained?   _____

4.   Warehouse refusals and inventory discrepancies investigated by the stock control staff?   _____

5.   All customer signed copies of materiel release orders (MROs) maintained to provide an auditable trail?   _____

6.   Quality Assurance Coordinator assigned to oversee inventory accuracy, stock rotation and other critical functions?   _____

7.   All product recalls and alerts filed and responses documented?   _____

8.   "J" coded materiel segregated and monitored until disposition instructions received?   _____

9.   "J" coded materiel returned to the shelf or disposed of properly when disposition of the materiel in question received?   _____

10   Stock rotation checks made regularly, and documented?   _____

11.   Materiel security emphasized? (Focus on receipt, handling, storage, issue, inventory and destruction of controlled medicinals and precious metals)   _____

12. Warehouse Standard Operating Procedures (SOP) address methods and procedures needed to report a compromise in the storage or handling of security coded items? _____
13. Activity maintains at least a 95% location survey accuracy rate in all warehouses/warehouse areas and results retained for 1 year? _____
14. Physical inventory counts, adjustments and inventory schedules retained for 1 year? _____
15. Reports of Survey, Reports of Item Discrepancy, and Missing, Lost, Stolen Reports retained 2 years? _____

PART IV - STORES DIVISION/STOCK CONTROL

REFERENCES:
(a) NAVSUP P-485, Naval Supply Procedues, Vol 1, Part 1, Afloat Supply
(b) NAVSUP P-487, Ship's Store Afloat

1. Activation/Deactivation plan and detailed SOPs exist, to include request of NAVSUP Assist Team? _____
   a. Written Orientation Plan exists? _____
2. Supply Department Organization Manual exists? _____
3. All Supply Department instructions, notices and letters of authority written? _____
4. Supply Officer has current Controlled Equipage Inventory? _____
5. Disbursing files/records established? _____
6. Material Obligation Validation performed quarterly? _____
7. Shelf life management/extension program exists? _____
8. Proper security maintained on all storeroom and office spaces? _____
9. Proper security maintained for potentially high abuse items like syringes and needles? _____
10. Controls in place for preventing unauthorized acquisition of medical/dental supplies and equipment? _____

PART V - PRIME VENDOR PROGRAM/STAND-BY CONTRACTS

REFERENCES:
(a) FAR 16.503, Indefinite Delivery Type Contracts (IDTC)
(b) NAVSUPINST 4200.85B, Shore and Fleet Small Purchase and Other Simplified Purchase Procedures
(c) DPSC Prime Vendor Contract, Desk Reference

1. Local Standard Operating Procedures (SOP) manual developed to ensure all necessary controls are in place? _____
2. Ordering Officer appointed to place Prime Vendor orders? _____
3. Ordering Officer completed the Acquisition Career Enhancement (ACE) Small Purchase Course and been issued a valid Certificate of Appointment or Letter of Appointment? _____
4. Ordering Officer obtains funds availability certification from the Fiscal Officer prior to placing any Prime Vendor orders? _____
5. Prime Vendor able to meet the required response time and stock effectiveness level? (Ref. (d)) _____
6. Prime Vendor procurement file contains necessary documentation, a copy of the confirmed vendor order and a copy of the invoice/packing slip verifying receipt and delivery of the materials requested? _____
7. After receipt and acceptance of material, an "AOE" document identifier is created and transmitted via electronic means to DPSC within 24 hours? _____
8. Activation SOPs/vendor response time (simulated) tested on at least a quarterly basis and results provided to DPSC and NAVSUP? _____

PART VI - FOOD SERVICE

REFERENCES:
(a)   NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(b)   NAVSUPINST 4200.85B, Shore and Fleet Small Purchase and Other Simplified Purchase Procedures
(c)   NAVMED P-5132, Medical Equipment Management Manual
(d)   NAVSUP Publication 486, Vol I, Food Service Management General Messes
(e)   NAVMEDCOMINST 10110.1, Nutrition Allowances, Standards, and Education
(f)   NAVMEDCOMINST 10110.1, Medical Food Service Program

1. Activation/Deactivation and detailed checklist in place, to include request for Navy Food Management Team? _____
    a. Written Orientation Plan exists? _____
2. NAVFSSO notified of intention to establish a general mess? _____
3. Evaluate food service equipment and spaces:
    a. Security?
    b. Safety systems installed? _____
    c. Current PMS tags for PMS and electrical safety checks? _____
4. Equipment matches compartment listing? _____
5. APLs, AELs, OIL and GUCL available and adequate? _____
6. Items for general mess organization in place? _____
    a. Mandatory instructions _____
    b. Applicable letters of authority _____
    c. Rubber stamps _____
    d. Watch, quarter and station, and organization chart _____
    e. Training program _____
    f. Sanitation program _____
7. Activation load requirement documented and requisitions prepared? _____
8. Cycle menu prepared and approved with initial breakout documents prepared? _____
9. Food service records, files and accounting procedures established? _____
10. Adequate Group II series locks on board? _____
11. Current compartment inventory (equipment and supplies) available for transition of accountability? _____
12. Equipment operating instructions posted? _____
13. Equipment operation/maintenance manuals available? _____
14. Sanitary procedures posted? _____
15. Mechanisms in place to ensure food service workers are given a medical check-up prior to assignment? _____
16. Training plan exists to instruct food service workers on proper food handling? _____
17. SOPs exist that address at a minimum the following areas:
    a. Requirement to perform biweekly food service sanitation inspection and maintain NAVMED 6240/1 on file for past 2 years? _____
    b. Facility, equipment and utensils maintenance/cleanliness? _____
    c. Food preparation sanitation? _____
    d. Food serving precautions? _____
    e. Milk/dairy products handling? _____
    f. Cleaning gear use and storage? _____
    g. Dishwashing (manual and machine)? _____
    h. Food Service personnel standards? _____
    i. Bulk and dry food storage? _____
    j. Bulk refrigerated food storage? _____
    k. General cleanliness and preventive health practices? _____
18. Written policies and Standard Operating Procedures, focusing on the supply side of Food Service Management, established and reviewed annually and updated when appropriate? _____

19. Department has procurement authority? If so, proper procurement regulations adhered to when purchasing subsistence, materiel and equipment?   _____
20. SF1402 Contracting Officers Warrant displayed and clearly visible?   _____
21. Separation of functions adhered to when requisitioning, ordering and receiving food supplies and subsistence?   _____
22. All maintenance contracts current and documentation maintained on the repair and service of food service equipment?   _____
23. Equipment properly accounted for and proper procedures in place to replace, redistribute or dispose of unneeded or unused equipment?   _____
24. Preventive maintenance schedules for all food service equipment on file and up to date?   _____
25. Storage areas secured and access limited to authorized Food Service personnel?   _____
26. Suitable method used to manage inventory of subsistence managed (i.e., Nutrition Management Information System (NMIS), local automated system or manual methods utilizing the NAVSUP Form 335 Subsistence Ledger for each item of subsistence)?   _____
27. Inventory records up to date and accurate as to actual on hand subsistence and supplies?   _____
28 NAVSUP 1282s or local food ordering forms match withdrawals on the NAVSUP 335 Subsistence Ledger?   _____

PART VII - DIETETICS SERVICES

REFERENCES:
(a) **NAVMEDCOMINST 10110.2, Medical Food Service Program**
(b) **OPNAVINST 3120.32C, Standard Organization and Regulations of the U. S. Navy**
(c) **SECNAVINST 4061.1C, Food Sanitation Training Program**
(d) **NAVMED P-5010-1, Manual of Naval Preventive Medicine, Chapter 1, Food Service Sanitation**
(e) **NAVSUPINST 4061.11G, Standards of Food Service**
(f) **NAVSUPINST 7500.3D, Review of Enlisted Food Service Operations Ashore**

1. Department holds all applicable reference materials?   _____
   a. Materials readily available?   _____
2. Internal/external agency report(s) (i.e., INSURV, IHS, EHS, IG) seen by the department head?   _____
3. Applicable directives reviewed annually, updated and readily available?   _____
4. Food Service Department directed by an individual who by education or special training and experience, is knowledgeable about food service management?   _____
5. Scope of dietetic service for inpatients defined in writing?   _____
6. Procedures exist to monitor/evaluate the quality, safety and appropriateness of dietetic department functions?   _____
7. Department has a current Standard Operating Procedures (SOP) manual approved by the appropriate chain of command?   _____
8. SOP manual readily available?   _____
9. SOP manual includes topics concerning administration, accounting for rations, subsistence management, food preparation and service and clinical nutrition as outlined in references?   _____
10. Copy of the diet manual located in each patient care unit?   _____
11. A minimum of 6 hours of annual food sanitation training provided to all food service personnel?   _____
    a. Training includes required topics?   _____
    b. Training documentation includes current instructor training guides (lesson plans)?   _____
12. All records and documentation maintained in the department as required (i.e., training records, course outlines, class rosters, health certificates, inventories, reconciliations, preventive medicine inspections and follow-up reports, etc.)?   _____
13 Written policies been established between the food service department and nursing service concerning ward kitchens?   _____

PART VIII - SHIP'S STORE

REFERENCES:
(a)   NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(b)   NAVSUP P-487, Ship's Store
(c)   NAVSUP P-4998
(d)   NAVSHIPS SPECS
(e)   NRSSO Pub 43
(f)   NRSSO Pub 90

1.   Activation/Deactivation plan and detailed/checklist, to include request of Laundry Assist Team?   _____
   a.   Written Orientation Plan exists?   _____
2.   Evaluate S/S equipment and spaces:
   a.   Security?   _____
   b.   Safety Systems installed?   _____
   c.   Current PMS Tags for PMS and electrical safety checks?   _____
3.   NAVFSSO been notified of intention to establish a ship's store?   _____
4.   Adequate laundry equipment IAW reference (d)?   _____
5.   Ship's store equipment validated?   _____
6.   The following ship's store division organizational tasks in place?   _____
   a.   Watch, quarter and station bill and organizational chart?   _____
   b.   Mandatory instructions required by reference (e)?   _____
   c.   Letters of authorization IAW reference (a)?   _____
   d.   Specific duty assignments IAW reference (b)?   _____
7.   Ship's Store Records established?   _____
   a.   Ship's store forms aboard?   _____
   b.   Records and file holders prepared?   _____
8.   Adequate Group III combination and Group IV series locks are aboard?   _____
9.   Ship's Store stock documented regarding preload and activation load?   _____
10.   Requisitions prepared for S/S stock activation load?   _____
11.   Clothing items (IAW reference (f)):   _____
   a.   Requirements determined?   _____
   b.   Clothing items order prepared?   _____
12.   Barber and Beauty Shop stock: documented regarding preload and activation load?   _____
13.   Requisitions prepared for Barber and Beauty Shop activation load?   _____
14.   Laundry stock: documented regarding preload and activation load?   _____
15.   Requisition prepared for laundry activation load?   _____
16.   Review APLs, AELs for ship's store equipment?   _____

PART IX - DISBURSING

REFERENCES:
(a)   NAVCOMPT Vol 4, Accounting Policy and Procedures
(b)   NAVCOMPT Vol 5, Disbursing Policy and Procedures
(c)   PAYPERSMAN

1.   Activation/Deactivation plan and detailed checklist in place, to include request of Disbursing
   Assist Team?   _____
2.   NAVCOMPT notified of intent to establish disbursing?   _____
3.   DSSN assigned?   _____
4.   U.S. Treasury Checks on board and properly stowed/accounted for?   _____
5.   Postal money orders and stamps ordered? (also see Postal Service Inspection Guide)   _____
6.   Letters of authority prepared?   _____
7   Disbursing files/records established?   _____

8. Arrangements made to procure U.S. Currency to include Letter of Introduction to Bank? _____
9. Arrangements for PFR transfer documented with Disbursing Officer(s) holding records? _____
10. Disbursing Office and equipment evaluated? _____
    a. Equipment and layout of office space? _____
    b. Security? _____
11. Equipment matches compartment listing? _____
12. APLs, AELs and GUCL available and adequate? _____
13. Watch, Quarter and Station Bill and Organization Chart in place? _____
14. Required rubber stamps/facsimile stamp(s) available and controlled? _____

PART X - EQUIPMENT MANAGEMENT PROCEDURES

REFERENCES:
(a) **NAVMED P-5132, Medical Equipment Management Manual**
(b) **Property Management and Budget System (PMBS) User's Manual**
(c) **OPNAVINST 4790.4C, Ship's Maintenance and Material Management (3-M) Manual**

DATE OF LAST TRIENNIAL INVENTORY: _____
DATE OF LAST EQUIPMENT INVENTORY RECONCILIATION: _____
LINES OF PLANT PROPERTY: _____
VALUE OF PLANT PROPERTY INVENTORY: $_____
LINES OF MINOR PROPERTY: _____
VALUE OF MINOR PROPERTY INVENTORY: $_____

1. Applicable directives reviewed annually, updated and readily available? _____
2. Equipment Management Officer assigned to the command? _____
    a. If so, equipment management is that person's primary responsibility? _____
3. Equipment inventories automated through use of the Property Management and Budget System (PMBS) and 3-M System? _____
4. Equipment property records complete, accurate and filled out in a standardized format? _____
5. All equipment procurement actions coordinated with the Equipment Management Officer? _____
6. Equipment received into the command, or transferred out of the command, processed by the equipment management staff? _____
7. Equipment Management Officer an integral part of the Equipment Program Review Committee? _____
8. Equipment properly tagged with equipment control numbers? _____
9. Accountable people sign and accept responsibility for equipment issued to them? _____
10. Excess property redistribution and disposal program been established at the facility? _____
11. Command established a forward-looking equipment replacement program which integrates input from all departments? _____
12. Command maintains a copy of the last three semi-annual walk-through inspection reports? _____
13. Quarterly Authorized Accounting Activities (AAA) reconciliations in balance with the command plant inventory? _____
14. Bar-coding used to tag equipment? _____
15. Inventories conducted at change of custodian/subcustodian? _____
16. Signed copies of equipment custody documents maintained by the command Equipment Management Officer? _____
17. Equipment data entered into the PMBS or 3-M system prior to equipment being placed into service? _____
18. Custodian, subcustodian and location tables established within PMBS and 3-M Systems? Tables updated when a change occurs? _____
19. Equipment Management Plan developed? _____
20 Medical equipment procured by NAVMEDLOGCOM? _____

PART XI - MEDICAL REPAIR

REFERENCES:
(a)   JCAHO Accreditation Manual for Hospitals
(b)   OPNAVINST 3120.32C, Standard Organization and Regulations of the U. S. Navy
(c)   Navy Regulations 1990
(d)   NAVMED P-5132, Medical Equipment Management Manual
(e)   OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat
(f)   COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1.   Activation/Deactivation plan and detailed checklist? _____
      a.   Written Orientation Plan exists? _____
2.   Biomedical Repair instruction available and up-to-date? _____
3.   Biomedical Repair Standard Operating Procedure available and up-to-date? _____
4.   Technical Library available and inventoried? _____
5.   Medical Maintenance Records (NAVMED Form 6700/3) available for all pieces of medical equipment? _____
6.   Preventive Maintenance performed? _____
7.   Work orders (NAVMED 6700/4) filled out for repairs and maintained for 3 years? _____
8.   Repair parts inventoried and properly stored? _____
9.   Tag Out procedures followed? _____
10.   Personal Protective Equipment (PPE) (hearing protection, face shields, eye wash station, etc.) available for use? _____
11.   Personally owned electrical equipment safety tested and the results recorded and available? _____
12.   Physical inventories scheduled and performed at prescribed frequencies? _____
13   Information available for budgeting purposes and priorities set for procurement? _____
14.   Excess/surplus list checked prior to procurement of new equipment? _____
15.   Evidence that a member of Biomedical Repair reviews equipment procurement? _____
16.   General environmental atmosphere (temperature) adequate for electronics work? _____
17.   Electronics workbenches electrically grounded and the flooring covered with rubber matting? _____
18.   Coffee messes inspected and approved? _____
19.   Command satisfied with the level of support received from the biomedical maintenance facility? _____
20   Safety Officer inspected the industrial area within the last year? _____
21   Biomedical Engineering Technician (BMET) staff performs safety checks on all medical equipment received at the facility prior to the equipment being placed into service and all equipment being loaned out from the facility? _____
22   Follow-up action performed and closure documented on all healthcare equipment not located during regularly scheduled preventive maintenance cycles? _____
23.   Work space clean and well-organized? _____
24.   BMETs supported with the proper tools and test equipment? _____
25.   Adequate storage space for spare parts and working inventory? (Storage cabinets similar to those sold by Stanley-Vidmar are recommended to maximize space utilization and promote efficient operation.) _____
26.   Adequate and secure storage space for equipment waiting to be repaired? _____
27.   BMET staff involved in the equipment prioritization and procurement processes? _____
28   Documentation that all personnel attend regular professional training courses? _____
29   Documentation that regular technically oriented in-service training classes are presented? _____
30   If non-BMET personnel are performing equipment maintenance, written authorization granted by the Officer in Charge? _____
31   Equipment tagged with an inspection label now that tags are not required? _____
32   Equipment Management Program designed to assess and control the clinical and physical risks of fixed and portable medical equipment and of other fixed and portable electrically powered equipment? _____

33. Command has written criteria, which include characteristics of equipment function, clinical application, maintenance requirements, and equipment incident history for use in identifying equipment to be included in the program? (Options are to include all biomedical and electrically powered equipment or to develop criteria for one or both sets of equipment to select higher or special risk equipment.) _____
34. Healthcare equipment evaluated for inclusion in the program prior to being placed in use? _____
    a. Initial evaluation documented? _____
35. Command has an accurate, unique inventory of all healthcare equipment in the program, regardless of the equipment's ownership or purpose? _____
36. Command has written equipment testing procedures and user training programs designed to manage the clinical and physical risks of each item in the inventory? _____
37. Orientation and education of individuals who use and/or maintain the equipment documented? _____

BIOFACS

1. Command uses risk-based maintenance management? _____
2. Equipment file entry for each piece of medical equipment? _____
3. Date of the last scheduled inspection, and date correspond with the cycle month of the department file? Date: _____ _____
4. Monthly departmental reports sent to all departments? _____
5. Monthly biomedical summary report generated and kept on file? _____
6. Unscheduled and scheduled work order reports (aging reports) being used to track unclosed work orders? _____
7. Individual productivity report being used to document worked and charged hours and to analyze potential problem areas? _____
8. Biomedical Department productivity report being used to document work accomplished and analyze problem areas? _____
9. Quality assurance report being used to determine repair turnaround and analyze operator errors? _____
10. Productivity recall report being used to analyze repeat work on equipment? _____
11. Service contracts tracked using BIOFACS and service reports being entered into equipment files? Repair service representatives check in and out with Biomedical Repair? _____
12. Parts inventory and reorder report being used? _____

PART XII - AMAL/ADAL MANAGEMENT

REFERENCES:
(a) BUMEDINST 6710.62, Management and Disposal of Dated Medical and Dental Material
(b) NAVMEDCOMINST 6710.9, Guidelines for Controlled Substances Inventory
(c) DLAM 4155.5, Defense Logistics Agency Manual, Quality Control Depot Serviceability Standards and Appendix M
(d) DODINST 4160.21M, Defense Disposal Manual
(e) NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(f) BUMEDINST 6700.13G, Authorized Medical/Dental Allowance Lists for US Naval Vessels, FMF, and Other Elements of the Operating Force; Maintenance and Distribution and Use of

1. Current command instruction on management of dated Medical and Dental Material on file? _____
2 Current version of the AMAL/ADAL available? _____
3. AMALs/ADALs stored on disk? _____
4 Back up files available? _____
5 Monthly Navy Medical and Dental Material Bulletins on file? _____
6 Monthly Navy Medical and Dental Material Bulletins properly routed, distributed and appropriate action taken? _____
7 A realistic shelf-life management program is in place? _____
8. Items being transferred to other medical facilities properly documented? _____

9. Items being surveyed locally properly documented? _____
10. AMAL/ADAL updated monthly with additions/deletions from Navy Medical and Dental Bulletin? _____
11. Messages concerning recalls, FDA extension programs, medical safety alerts, shelf-life and expiration date revision on file with appropriate action taken? _____
12. Controls in place for preventing unauthorized acquisitions of medical and dental supplies and equipment? _____
13. Items requiring local purchase action forwarded for appropriate technical review via the Chain of Command to the Officer in Charge/Commanding Officer? _____
14. Current editions of all references onboard? _____
15. Controlled medicinals properly kept and inventoried? (Conduct spot check of NAVMED 6710/1 records against balances recorded on stock cards to ensure agreement.) _____
16. Unannounced monthly inventories on all accountable controlled substances performed? _____
17. Records available to verify from the senior member of the Controlled Substances Inventory Board? _____
18. Documents for items being transferred and surveyed signed by either Officer in Charge/Supply Officer? _____
19. Allowance Change Requests sequentially numbered and updated for procurement status? _____
    a. Coordinated with sister ship? _____
    b. Processed in a timely manner? _____
20. Needles and syringes and other controlled items properly safeguarded? _____
21. Documented plan regarding inventory control (usage) and resupply? _____

PART XIII - DISPOSAL OF EXPIRED MEDICAL MATERIAL

REFERENCES:
(a) **BUMEDINST 6710.62, Management and Disposal of Dated Medical and Dental Materiel**
(b) **Military Item Disposal Instruction (MIDI) System**
(c) **DOD 4160.21M, Department of Defense Disposal Manual**

1. Medication recall system provides for retrieval and safe disposition of discontinued and recalled medications. _____
2. Current Standard Operating Procedures (SOP) manual approved and readily available? _____
3. Command participates in the DoD-FDA Shelf Life Extension Program? _____
4. Applicable directives reviewed annually, updated and readily available? _____
5. All personnel conducting disposal operations familiar with the proper disposal method for each item (this includes Pharmacy personnel)? _____
6. Disposal method noted on the destruction documentation? _____
7. If a shelf life extension is approved, the new date marked on all containers, including the unit package? _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 6 - OPERATIONAL SUPPORT

SCORE

PART I - AVIATION FACILITY

REFERENCES:
(a) MSCLANT/PACINST 3710.1 series, Aviation Readiness Evaluation and Certification of Aviation Facility Onboard Air Capable Ships
(b) NWP 42, Shipboard Helicopter Operating Procedures
(c) OPNAVINST 3710.7M, NATOPS General Flight and Operating Instructions
(d) COMSCINST 3120.15D, Policies and Procedures Concerning Helicopter Certification Requirements for MSC Cognizant Air Capable Ships

1. Facility has current NAVAIR certification? _____
2. Current ARE, ASIR, and MSCLANT/PAC Certification? _____
3. A current Helicopter Operations/Vertical Replenishment Bill exists? _____
   a. Designated personnel received required training? _____
4. Current Crash/Rescue Bill exists? _____
5. Current inventory of aviation gear aboard? _____
6. Required publications available? _____
7. Activation/deactivation checklist in place? _____
8. Flight deck and aviation fuel system properly maintained by ship operating personnel during Reduced Operating Status? _____
9. Procedures in place to deal with a fouled deck? _____
10. Fire fighting equipment tested on a regular basis? _____

PART II - NAVY COMMUNICATIONS SUITE

REFERENCES:
(a) CMS-1, Communications Security Material System Policies and Procedures Manual
(b) OPNAVINST 5510.1H, DON Information and Personal Security Program Regulations
(c) NTP 3(G), Telecommunications Users Manual

1. Activation/Deactivation plan and detailed checklist?
   a. Written Orientation Plan exists? _____
2. Current Communications Readiness Inspection conducted? _____
   a. Deficiencies corrected or being worked? _____
3. PMS system in place and utilized? _____
4. Manning identified for activation? _____
5. Equipment designated for activation? _____
6. Training provided on routine basis during dock/sea trials? _____
7. Security maintained over space and material? _____
8. Up-to-date NTC instruction, providing message PLADs, available in the Communication Suite? _____

PART III - SECURITY

REFERENCE:
(a) OPNAVINST 5510.1H, DON Information and Personal Security Program Regulations

1. Instruction governing the Master at Arms Force exists? _____
2. Master at Arms Force properly trained in the use of their primary weapon? _____
3 Procedures exists for safeguarding of patients classified as Enemy Prisoners of War? _____
4 Instruction governing the receipt, control and disposition of patient weapons? _____
5 Written policies/procedures on receipt, handling and destruction of classified material? _____

Enclosure (1)

PART IV - O2N2 PLANT

<u>REFERENCES</u>:
(a) OPNAVINST 4790.4C, Ship's Maintenance and Material Management (3-M) Manual
(b) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat
(c) NAVAIRINST 10330.1A, Reporting Requirements for Liquid Oxygen/Nitrogen Facilities Equipment
(d) NSTM 550, Industrial Gases Generating, Handling, and Storage
(e) NSTM 090, Inspections, Tests, Records, and Reports

1. Logs maintained completely and legible?   _____
    a. Producer Log?   _____
    b. Compressor Log?   _____
2. Operating and safety instructions posted?   _____
3. Supply system effective/organized?   _____
4. PMS procedures followed correctly?   _____
5. All gages and relief valves etc., calibrated properly?   _____
6. Equipment clean, preserved and labeled properly?   _____
7. Relief valves lift tested?   _____
8. Personnel know safety procedures?   _____
9. Required safety equipment in place?   _____
10. Specific safety hazards identified?   _____
11. Personnel familiar with all systems and equipment?   _____
12. Documentation regarding integrity and maintenance of distribution system? _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 7 - ENVIRONMENTAL HEALTH AND SAFETY

SCORE

PART I - GENERAL

REFERENCES:
(a) NAVMED P-5010, Manual of Preventive Medicine
(b) NSTM 533, Potable Water Systems
(c) COMSCINST 6000.1, MSC Medical Manual
(d) NAVSUP P-485, Naval Supply Procedures, Vol 1, Parts 1 and 2, Afloat Supply
(e) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual
(f) OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat

1. Environmental Health Survey conducted within last 18 months? _____
    a. Deficiencies corrected or being worked? _____
2. Industrial Hygiene Survey conducted within last 18 months? _____
    a. Deficiencies corrected or being worked? _____
3. Safety Inspections/Assists conducted annually? _____
4. Library contains at least all references? _____

PART II - VECTOR CONTROL

REFERENCES:
(a) NAVMED P-5010, Manual of Preventive Medicine
(b) OPNAVINST 6250.4A, Pest Management Program
(c) BUMEDINST 6250.12B, Vector Control Certification for Medical Department Personnel
(d) COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual

1. Pest control cards current? _____
2. SOPs exist that address:
    a. Stores inspection for pests at pierside and during UNREP? _____
    b   Authorized pesticides? _____
    c. Requirement for only certified personnel to apply pesticides? _____
    d. Methods to assess effectiveness of spraying/vector control methods? _____
    e. Maintenance of Pest Control log? _____
3. Approved respirators and cartridges available? _____
4. Filter exposure log maintained? _____
5   Coveralls, rubber boots, goggles, head coverings, solvent resistant gloves and chemical spill kit available for use? _____
6. Correct sprayer available? _____
    a. Sprayer spare parts available? _____
7. Sufficient supply of pesticides planned for deployment? _____
    a. On-hand quantities properly labeled? _____
    b. On-hand quantities correctly stowed in flammable locker? _____
8   Approved storage for equipment and protective clothing? _____

Enclosure (1)

PART III - SURVEILLANCE, PREVENTION AND INFECTION CONTROL (IC)

REFERENCES:
(a) BUMEDINST 6220.9, Nosocomial Infection Control Program
(b) BUMEDINST 6600.10A, Dental Infection Control Program
(c) OSHA 29 CFR Part 1910.1030, Occupational Exposure to Blood Borne Pathogens
(d) OPNAVINST 5100.23D, Navy Occupational Safety and Health Manual
(e) CHBUMED ltr 6600 MED-631/0029, 4 May 1995, Determination of Infectious Waste
(f) BUMEDINST 6280.1A, Management of Medical Waste
(g) Morbidity and Mortality Weekly Report, Nov. 15, 1991/Vol. 40/No. RR-12, Update on Adult Immunizations, Recommendations from the Advisory Committee on Immunization Practices (ACIP)
(h) BUMEDINST 6224.8, Tuberculosis Control Program
(i) BUMED Washington DC 010200Z June 90, Supplemental Measles Prevention Recommendations for Medical and Dental Healthcare Workers and Students and Child Care Centers, and Family Home Care Providers
(j) BUMEDINST 6010.13, Quality Assurance Program
(k) OPNAVINST 3120.32B, Standard Organization and Regulations of the U.S. Navy
(l) Morbidity and Mortality Weekly Report, October 28, 1994, Vol. 43, No. RR-13,Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care Facilities
(m) COMSCINST 6230.1A, Precautions for the Transmission of Blood-Borne Pathogens (BBP)

NOTE: Good practice dictates that as technologies and strategies improve, even though local policies have not been updated, it is prudent to adhere to the current acceptable policy described in the reliable and accepted literature sources (i.e., CDC, OSHA, etc.).

1. Command has an organization-wide infection control/surveillance program? _____
2. Current infection surveillance, prevention, and control manual, (or policy and procedures manual (SOP)) based on current infection control technology? _____
3. Evidence of a collaborative approach between medical, nursing and administrative staff in the formulation of the SOP/IC manual? _____
4. Evidence that the current SOP/IC manual has been approved? _____
5. Department/unit specific infection control plans/policies and procedures? _____
6. Written Blood Borne Pathogen exposure control plan that meets the requirements of reference (c)? _____
   a Training in BBP established? _____
   b. Exposure protocol established? _____
   c. Hepatitis B vaccine protocol established? _____
   d. BBP Plan posted in each department? _____
   e. Heptavax available for blood/body fluid handling personnel? _____
7. Organized system for the surveillance of nosocomial infections exists? _____
8. Communication between the Laboratory (Bacteriology) and the ICO/ICP? _____
9. Evidence of an effective means of communication between the ICC, departments/services, medical staff, administration and the governing body (CO/OIC)? _____
10. The following directorates assigned or represented on the ICC? _____
   a. Medical Staff _____
   b. Nursing Service _____
   c Administration _____
   d. Infection Control Officer/Practitioner _____
11. The following services/departments represented on an consultative basis? _____
   a. Central Sterile Processing (CSR) _____
   b Laundry _____
   c. Dietary _____
   d Engineering/Maintenance _____
   e Pharmacy _____
   f Operating Room _____

12. ICC reviews proposed infection control supplies and equipment? _____
13. An infection control practitioner (ICP) or Infection Control Officer, appointed in writing (e.g., appointment letter)? _____
14. Infection Control practitioner/officer has training directly related to infection surveillance/ control methods and practice? _____
15. Applicable reference materials and current practice standards, readily accessible? _____
16. Have the internal/external agency reports (i.e., INSURV, EHS, IHS, Navy IG) seen by the designated authority/responsible person or committee? _____
17. Evidence that command-wide infection control training program exists for FOS staff upon activation? _____
    a. During command orientation? _____
    b. Department/unit specific orientation? _____
18. Activation SOPs ensure that FOS staff members at higher risk receive additional training in infection control methods/technology? _____
    a. Central Sterile Processing personnel _____
    b. Surgical assistants/technicians _____
    c. Laboratory personnel _____
    d. Transporters of bio-hazard waste _____
    e. Renal Dialysis unit staff _____
    f. Dental personnel (reference (b)) _____
19. SOPs document requirement to monitor performance of all sterilizing equipment? _____
20. Controlled access to areas where sterilization/decontamination activities take place? _____
21. Activity has a Personal Protective Equipment Program in which:
    a. Hazards identified? _____
    b. Corresponding Personal Protective Equipment requirements identified and equipment provided to personnel? _____
    c. Required personnel training provided and documented? _____
22. Sufficient quantities of Personal Protective Equipment (PPE) available to personnel staffing the sterilization/decontamination areas?
    a. Heavy duty gloves _____
    b. Face shields _____
    c. Moisture-proof gowns _____
23. SOPs to decontaminate endoscopy equipment in compliance with current practice guidelines and manufacturers directions? _____
24. Written policies regarding re-use/reprocessing of one-time-use or disposable items? _____
25. Written policies regarding the shelf life for all stored sterile items? _____
26. Policy for handling linens that includes both clean and soiled/contaminated linen? _____
27. Appropriate bags/containers planned for use for contaminated linen? _____
28. Universal precautions planned for use throughout the facility? _____
29. Appropriate Personal Protective Equipment (PPE) available in AMAL? _____
30. Medical waste handled per reference (f)? _____
31. Appropriate containers, bags, etc., planned for use for infectious waste? _____
32. Defined isolation procedures for the facility? _____
33. Health program includes the following elements:
    a. Hepatitis B Vaccine program? _____
    b. Tracking of personnel with exposures to blood/body fluids? _____
    c. Tuberculosis counseling and/or screening? _____
34. MEDTREFAC risk assessment completed prior to developing screening protocols? _____
35. A respiratory protection program for those personnel at risk? _____
36. Measles and rubella vaccine program? _____
37. Hepatitis A vaccine and booster administered to all active duty and CIVMARs? _____

PART IV - OCCUPATIONAL SAFETY AND HEALTH

<u>REFERENCES</u>:
(a)   **COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual**
(b)   **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**

<div align="center"><u>HEAT STRESS</u></div>

1.   Alcohol-in-glass dry bulb thermometers installed in all key watch and work stations where the potential for heat stress exists?   _____
2.   Procedures in place that require dry bulb temperatures be recorded as indicated below: _____
    a.   Once each watch during preparation and serving of meals in galley?   _____
    b.   Once after each meal in scullery?   _____
    c.   Once each watch while laundry is in use?   _____
3.   MEDTREFAC representative trained in using WBGT Meter?   _____
4.   WBGT Meters calibrated?   _____
5.   MEDTREFAC representative trained to perform WBGT Meter monitoring spaces when required?   _____
6.   WBGT Meter readings required to be taken at watch and work stations within a space and a physiological heat exposure limit (PHEL) determined whenever:
    a.   Dry Bulb Thermometer reading meets 100 degrees F?   _____
    b.   Conditions of high atmospheric heat and humidity exist (greater than 90 degrees F Dry Bulb measure or 82 degrees F Wet Bulb temperature)?   _____
7.   MEDTREFAC personnel assigned to high risk areas receive heat stress training and annual refresher?   _____

<div align="center"><u>HEARING CONSERVATION</u></div>

1.   MEDTREFAC noise hazardous areas and equipment properly posted with warnings?   _____
2.   Copy of latest Industrial Hygiene audiometric noise survey available?   _____
3.   Assistance requested from area commander for noise measurement and exposure analyses in areas which are not designated, but are suspected as, noise hazardous?   _____
4.   Personnel trained on hearing conservation, the effects of noise proper use and care of hearing protection devices and the necessity of hearing testing?   _____
5.   Procedures exist to identify personnel who require hearing retest and to ensure they are excluded from noise hazardous areas or from using noise hazardous equipment in the interval between initial test and the retest?   _____
6.   MEDTREFAC personnel wearing appropriate hearing protection where required?   _____

<div align="center"><u>SIGHT CONSERVATION</u></div>

1.   All areas identified as sight hazardous properly posted with warning signs?   _____
2.   Eye protection devices available for use by personnel in identified eye hazardous areas?   _____
3.   All eye hazardous areas are marked by a caution sign and a 3 inch black and yellow stripe on the deck around the immediate hazard?   _____
4   Adequate number of eyewash facilities exist; hardpiped where possible?   _____
5   MEDTREFAC personnel receive annual sight protection training?   _____

RESPIRATORY PROTECTION

1. Activity has a Respiratory Protection Program _____
   a. Respiratory Protection Program Officer appointed in writing by the OIC? _____
   b. Respiratory Protection Program Officer properly trained (i.e. attended EPMU Respiratory Protection Management Training)? _____
2. Personnel required to wear respirators that have been medically Certified and fit tested? _____
   a. Trained to use the respirator? _____
3. Personnel required to wear respiratory protection provided annual training? _____
4. Safety Officer or the Respiratory Protection Program Officer hold the:
   a. Respirator Fit Test records? _____
   b. Personnel Respirator Training records? _____
   c. Respirators centrally managed and maintained? _____
   d. Respirators properly stored? _____

PART V - SAFETY MANAGEMENT

REFERENCES:
(a) **Navy Regulations**
(b) **OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**
(c) **COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual**
(d) **BUMEDINST 5100.13A, BUMED Navy Occupational Safety and Health (NAVOSH) Program**

1. Command has access to all applicable reference materials and they are readily available? _____
2. Internal/external agency reports (i e., EHS, IHS, INSURV) seen by the Safety Officer? _____
3. Current Standard Operating Procedures (SOP) Manual approved by the Safety Officer; and readily available? _____
4. Performance indicators and measures developed to evaluate the effectiveness of the program? _____
5. Applicable directives reviewed annually, updated and readily available? _____
6. Activity has a Safety Officer appointed by OIC? _____
   a. Safety Officer properly trained? _____
   b. Safety Officer assignment a collateral duty? _____
7. Command Safety Committee appointed by the OIC? _____
8. Safety management program based upon monitoring, evaluation and recommendations with a risk assessment in place? _____
9. Policies and procedures for timely reporting and resolution of life threatening situations in place? _____
10. Safety Officer conducts an ongoing collection and evaluation information system to be addressed by command's Safety Committee? _____
11. Command safety training program conducted for all personnel with periodic lectures for indoc, specific and annual requirements? _____
12. Safety Committee meets on a regular basis to present, analyze and recommend actions for safety issues? _____
13. Quarterly safety review prepared and presented to the OIC? _____
14. Command reviews annually the safety management program? _____
15. OPNAV Form 5100/11, Navy Employee Report of Unsafe or Unhealthful Working Conditions, readily available to all employees, i.e , posted in each work area? _____
16. DoD Poster DD2272, DoD Occupational Safety and Health Protection Program, prominently posted throughout all facilities? _____
17 Occupational Injuries and Illness files/logs current? _____
   a Military, On-Duty _____
   b Military, Off-Duty _____
   c Civilian, (On-Duty only) _____

PART VI - HABITABILITY

1. MTF active duty Staterooms/Patient Wards:
    a. Clean/gear secured?
    b. Lighting/ventilation adequate? _____
    c. Paint, lagging and other conditions? _____
    d. Cleaning gear properly stowed? _____
    e. Bedding clean and in good repair? _____
    f. Mattress covers provided? _____
2. Head Facilities
    a. Clean and gear stowed?
    b. Lighting/ventilation? _____
    c. Paint, lagging other conditions? _____
    d. Commodes, urinals, showers clean and in good repair? _____
    e. Decks well drained? _____
    f. Malodorous? _____
3. Laundry Facilities
    a. Clean and operating properly?
    b. Cleaning/laundry soaps properly stowed? _____
    c. Lighting/ventilation? _____
    d. Washers drained properly/dryer vented properly? _____
    e. No cross connections? _____
    f. Paint/lagging/other conditions? _____
4. Recreational/Physical Fitness/Lounge Spaces
    a. Clean and operating properly?
    b. Lighting and ventilation adequate? _____
    c. Paint, lagging and other conditions? _____

PART VII - MEDICAL WASTE DISPOSAL MANAGEMENT

REFERENCES:
(a) Navy Regulations
(b) BUMEDINST 6280.1A, Management of Infectious Waste
(c) State Statutes
(d) OPNAVINST 5100.23D, Navy Occupational Safety and Health Program Manual

1. Command has access to all applicable reference materials and they are readily available? _____
2. Medical Waste Program addressed in departmental Standard Operating Procedures (SOP) Manuals? Procedures approved and readily available? _____
3. Applicable directives reviewed annually, updated and readily available? _____
4. Command has local or state regulations on medical waste on site? _____
5. Activity has an adequate infectious waste management plan (i.e., processing, handling, storage, disposal, transportation) to eliminate the risk of disease transmission and marine environmental pollution? _____
6. Activity uses an autoclave, incinerator, sterilizer or contract for disposal? _____
7. Proper disposal records maintained? _____
8. Employees involved with infectious waste disposal properly trained? _____
9. Any "Notices of Violation" received? _____
    a   If so, violations corrected? _____
10. Command complies with existing Federal, state and local regulations, or status of forces agreements? _____
11. Policies and procedures reviewed annually by Safety Manager and Safety Committee? _____

PART VIII - HAZARDOUS MATERIAL/HAZARDOUS WASTE (HM/HW)

REFERENCES:

(a)	**Navy Regulations**
(b)	**OPNAVINST 4110.2, Hazardous Material Control and Management (HMC&M)**
(c)	**OPNAVINST 5090.1B, Environmental and Natural Resources Program Manual**
(d)	**BUMEDINST 4110.1, Hazardous Material Control and Management (HMC&M)**
(e)	**OPNAVINST 5100.19C, Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat**
(f)	**COMSCINST 5100.17C, MSC Afloat Safety and Occupational Health Manual**

GENERAL

1. HM/HW Program Coordinator appointed in writing? _____

2. HM/HW Coordinator received Navy's Forces Afloat HM/HW Coordinator Training Course? _____

3. Key MEDTREFAC personnel trained in the procedures for handling, storing and disposing of HM/HW? _____

4. Command has access to all applicable reference materials and they are readily available? _____

5. Hazardous Waste Program addressed in departmental Standard Operating Procedures (SOP) manuals? Readily available? _____

6. Applicable directives reviewed annually, updated and readily available? _____

7. Activity has an adequate hazardous waste management plan (HAZCOM)? _____

8. All required reports been submitted? _____
   a. Solid and Hazard Waste Annual Report? _____

9. Proper inventory, issue and disposal records maintained? _____

10. Hazardous waste properly labeled and stored while awaiting and disposal? _____

11. Employees involved with hazardous waste properly trained? _____

12. Any Notices of Violation been received? _____
    a. If so, violations corrected? _____

13. Activity established procedures to reduce the variety and quantities of HM? _____

14. Activity developed an "Authorized HM Use List" using an inventory that identifies and quantifies HM? _____

15 ISSAs or MOUs in place for other DOD or Navy mutual action/assistance for management of HM? _____

16 Policies and procedures in place for obtaining and implementing Material Safety Data Sheets (MSDS)? _____

17. Personnel using Hazardous Materials received specialized departmental training? _____

18 MEDTREFAC annual inventory of HM includes the following.
   a. trade name? _____
   b location? _____
   c quantity? _____
   d. shelf life? _____
   e. FSN? _____
   f. hazardous category? _____
   g size of container? _____
   h manufacturer's? _____

19 Open purchases of HM in compliance with current Navy regulations? _____

20 Current version of the Hazardous Material Information System (HMIS) onboard? _____

21 MSDS available for each item of HM? _____

22 Containers of HM/HW properly labeled? _____

23 Equipment, tanks, and pipes containing HM properly labeled? _____

24 MSDS posted in work areas? _____

25 HM/HW being properly stowed? _____

FLAMMABLE STOREROOMS/FLAMMABLE MATERIAL

1. Mechanical exhaust and supply provided in flammable storerooms?   _____
2. Exhaust duct at least nine inches off the deck of the flammable storeroom?   _____
3. Combustible (class A) material stowed in the flammable storeroom?   _____
4. High temperature alarms installed in flammable storerooms?   _____
5. "No Smoking" signs posted?   _____

ACIDS/COMPRESSED GASES

1. Acids stowed in acid lockers?   _____
2. Exhaust duct at least nine inches off the deck of the storeroom?   _____
3. Personal Protective Equipment provided for personnel working with acids and chemicals?   _____
    a. chemical goggles?   _____
    b. face shields?   _____
    c. rubber gloves?   _____
    d. rubber apron?   _____
4. Stowed compressed gas cylinders secured in place with metal collars?   _____
5. Cylinders have screw-on protective caps?   _____
6. Any gauges left on cylinders?   _____
7. Deck-stowed compressed gas cylinders sheltered?   _____
8. Toxic gas cylinders stowed on weather deck?   _____
9. Freon gas warning placards posted?   _____
10. Cylinders of oxygen stored away from fuel gases, oil and grease?   _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 8 -MANPOWER, FOS MANNING AND READINESS TRAINING

SCORE

PART I - MANPOWER MANAGEMENT

REFERENCES:
(a)   OPNAVINST 1000.16H, Manual of Navy Total Force Manpower
(b)   NAVPERS 18068F, Navy Enlisted Manpower and Personnel (Classifications and Occupational
        Standards (NEC Manual)
(c)   NAVPERS 15839G, Manual of Navy Officer Manpower and Personnel Classifications (NOBC Manual)
(d)   NAVPERS 15559, Officer Transfer Manual
(e)   NAVPERS 15909, Enlisted Transfer Manual
(f)   NAVPERS 15560A, Navy Military Personnel Manual

1.   Above references available?   _____
2.   Activity possesses a current Activity Manpower Document (AMD)?   _____
3.   AMD analyzed/validated, including the following areas:
     a.   Sub-specialty billet requirements?   _____
     b.   Additional duty billets (ADDU)?   _____
4.   Annual billet review performed?   _____
5.   AMD change requests submitted to COMSC via the sister ship?   _____
6.   ROS personnel assigned per billet authorizations and sub-specialties?   _____
7.   Officer Distribution Control Report (ODCR) and the Enlisted Distribution and Verification Report
     (EDVR) verified monthly and discrepancies reported to the Personnel Support Detachment (PSD)?   _____
8.   Command utilizing the Standard Personnel Management System (SPMS)?   _____
9.   ROS personnel entered into SPMS?   _____
10. System in place to update SPMS data base when personnel report/check-out?   _____
11. SPMS in the correspondence chain for personnel status changes (i.e., promotion, changes in PRD,
     etc.)?   _____
12. System administrator or site manager exists for SPMS?   _____
13. SPMS reflects current military personnel assignments?   _____

PART II - FOS MANNING

REFERENCES:
(a)   OPNAVINST 5440.75A, Administration, Operations and Logistics Support of T-AH-19 Class Hospital
        Ships
(b)   COMSC-CHBUMED MOA of April/May 1993
(c)   BUMEDINST 6440.5A, Medical Augmentation Program (MAP)

1.   Ship Manpower Document (SMD) up-to-date and resident on TFMMS?   _____
2.   Sourcing hospitals' billets tied to MEDTREFAC augmentation requirements?   _____
3.   FOS augmentees identified?   _____
     a.   Critical core from single geographic area?   _____
     b.   Names provided to ship monthly?   _____
4.   Augmentees meet T-AH SMD billet, NOBC/NEC and subspecialty requirements?   _____
5.   Augmentees assigned for a minimum of 24 months?   _____
6.   Medical augmentee shortfalls identified?   _____
     a   Plans exist to resolve shortfalls?   _____
7.   Non-medical augmentee shortfalls identified?   _____
     a.   Plans exist to resolve shortfalls?   _____
8   Readiness checklist maintained on each augmentee IAW reference (c)?   _____
     a   Checklists current?   _____
     b   Checklists complete?   _____
9.   MEDTREFAC has access to Medical Augmentation Program (MAP) and augmentee data base?   _____

PART III - READINESS TRAINING

REFERENCES:
(a)	COMSCINST 3500.9, Hospital Ships (T-AH) Medical Treatment Facility Training Strategy
(b)	BUMEDINST 6440.5A, Medical Augmentation Program (MAP)

1. Individual and unit training conducted IAW reference (a)? _____
2. Training opportunities (dock and sea trials) scheduled and promulgated in advance to allow for maximum participation? _____
3. Exercise training directive prepared? _____
   a. Clear objectives? _____
   b. Issued well in advance? _____
4. Annual training plan/schedule published? _____
5. Resources budgeted by sourcing commands to support training? _____
6. Planning board for training exists? _____
   a. Functioning? _____
7. Training Officer identified? _____
8. Ship training plans current/up-to-date? _____
9. Augmentees comply with training requirements contained in reference (b)? _____
10. Augmentees meet shipboard unique training requirements identified in the T-AH training strategy? _____
11. Augmentees participate in quarterly dock trials and sea trials? _____
    a. Critical core? _____
    b. Other identified augmentees? _____
12. Procedures exist to document training involvement? _____

OVERALL SECTION SCORE: _____

COMMENTS:

SECTION 9 - INFORMATION TECHNOLOGY/INFORMATION MANAGEMENT

SCORE

REFERENCE:
(a)   OPNAVINST 5239.1A, Department of the Navy Automatic Data Processing Security Program
(b)   OPNAVINST 5510.1H, DON Information and Personnel Security Program
(c)   SECNAVINST 5211.5D, DON Privacy Act Program
(d)   SECNAVINST 5239.2, Department of the Navy Automated Information System (AIS) Security Program
(e)   SECNAVINST 5720.42E, DON Freedom of Information Act Program
(f)   BUMEDINST 5230.5A, Federal Information Processing (FIP) Resources Acquisition and Management Policy
(g)   BUMEDINST 5230.6, Information System Program Planning
(h)   BUMEDINST 5230.8, Configuration Management of Information Systems
(i)   Public Law 98-473, Computer Security Act of 1987
(j)   OPNAVINST 5530.14B, DON Physical Security and Loss Prevention
(k)   DOD Directive 5200.28, Security Requirements for AIS

PART I - ENVIRONMENT

1.   ELECTRICAL POWER CONTROLS
      a.   Adequate lighting in the work area? _____
      b.   UPS installed on the required systems? _____
      c.   Voltage regulator or power conditioner installed on the required systems? _____
      d.   AIS have as a minimum a surge suppressor? _____
      e.   Contingency plans that include UPS systems for local area networks (LANs),
            server/LAN dependent medical computer systems, i.e., Composite Health Care
            System (CHCS) and mainframe/mini computers? _____
      f.   Continuous power (UPS and Generator) to all single non-system stand-alone
            microcomputer (smart or dumb terminal)? _____
2.   FIRE PREVENTION WITHIN WORK AREA
      a.   Portable fire extinguishers, CO_2, or sprinkler system installed? _____
      b.   Fire protection inspection/survey of all areas performed by technically qualified personnel?_____
      c.   Master switch installed in the computer room to shut off the air-conditioning system? _____
      d.   Signs posted to identify the location of the air-conditioning shut off switch? _____
      e.   Master switch installed in the computer room to shut off electrical power? _____
      f.   Signs posted to identify the location of the electrical power shut off switch? _____
      g.   Smoke and/or heat sensing devices in the work areas? _____
3.   HOUSEKEEPING
      a.   SOPs established for the use, care and maintenance of hardware equipment? _____
      b.   Cleaning procedures inforced for the hardware equipment on a regular basis? _____
      c.   No eating and drinking policy established around AIS equipment? _____
      d.   Cleaning items (such as mops, brooms, brushes, cleaning rags) stored away from AISs? _____
      e.   Air-conditioning filters replaced on a regular basis? _____
      f.   Anti-static spray been provided to personnel who operate AISs? _____
4.   TEMPERATURE/HUMIDITY CONTROLS
      a.   AISs operated with the vendor's optimum temperature and humidity specifications? _____
5.   WATER DAMAGE CONTROLS
      a.   All AISs away from areas where potential water damage may occur? _____
      b.   Integrity of the work area checked periodically for water damage vulnerabilities? _____
      c.   Waterproof covers provided to protect AISs. _____

Enclosure (1)

PART II - SECURITY/PROTECTION

1. MARKINGS
   a. All magnetic media (diskettes, tape backup cartridges) and CPUs that contain sensitive unclassified data or higher being properly marked to highest classification? _____
   b. Hardcopy reports and computer printouts properly marked to highest classification? _____
2. AIS MEDIA STORAGE
   a. AIS media that contains sensitive unclassified data or higher being properly stored? _____
3. DESTRUCTION OF MEDIA
   a. Media containing sensitive unclassified data or higher being properly destroyed? _____
   b. SOPs established for media destruction? _____
4. ACCOUNTABILITY
   a. SOPs exist for maintaining proprietary software control? _____
   b. Inventory records maintained for proprietary software? _____
5. ACCESS MANAGEMENT CONTROL
   a. Procedures established for the control of user-IDs and passwords? _____
   b. Access list for each AIS maintained? _____
   c. Access list maintained for each network? _____
6. SECURITY DOCUMENTATION
   a. AIS security accreditation documentation complete? _____
      (1) If no accreditation, interim authority granted to operator by OIC? _____
   b. Activity AIS Security Plan developed and current? _____
   c. AIS accreditation schedule current? _____
   d. AIS risk analysis documentation current? _____
   e AIS security test and evaluation (ST&E) documentation maintained? _____
   f. AIS contingency plan exists? _____
   g. SOPs for AIS security established? _____
   h. Procedures established for use of privately own AIS resources within the command and government-owned computer on travel or in private locations? _____
   i. ADP Security Officers appointed in writing? _____
      (1) Trained? _____
   j. ADP System Security Officers appointed in writing? _____
      (1) Trained? _____
   k. Terminal Area Security Officers (TASO), Network Security Officers (NSO), Telecommunication Officers (TCO) appointed in writing by OIC? _____
7. SYSTEMS SECURITY
   a. All microcomputers, upon boot-up, display a warning screen concerning wrongful use? _____
   b. Systems that deal with level II security, personnel privacy act/fiscal, information store data on the hard disk? If so, data protected by a password system? _____
   c. Software distribution and data backup disks kept in a secure place? _____
   d. Original software/documentation secured and properly protected? _____
   e. Entry points to MID spaces secured by any form of locks? _____
   f. Operators receive periodic training in fire safety, contingency plans and safeguarding of media? _____
8. ADP SECURITY TRAINING
   a ROS crew and FOS augmentees briefed on AIS security? _____
   b Computer security training provided for ROS and FOS personnel? _____
   c Activity AIS security training program current? _____
   d ADP Security staff attended the ADPSO Concepts course? _____
   e ADP Security staff attended formal training relating to AIS security? _____
   f. AIS security members provided on-the-job training? _____

9.   CONTINGENCY PLAN
     a.   AIS contingency plan documented and current?   _____
     b.   Contingency plan tested and maintained?   _____
     c.   Contingency plan retested each year?   _____

PART III - MANAGEMENT SYSTEMS

1.   MANAGEMENT INFORMATION DEPARTMENT
     a.   Department has well-defined mission and approved goals and objectives aimed at meeting
          that mission?   _____
     b.   Appropriately trained personnel assigned to the deparment on a full time basis?   _____
     c.   Adequate number of personnel (ROS and FOS) assigned to the department to support all
          required systems?   _____
     d.   Local instruction establishes electronic mail (e-mail) guidance and management controls? _____
     e.   Management Information Department (MID) reports inventory or summary data, as
          appropriate, to the Automation Resource Management System (ARMS)?   _____
     f.   Check-in/check-out procedures exist for incoming/outgoing personnel utilizing ADP
          equipment?   _____
     g.   MID trains user personnel in the use of their microcomputer and applications software?   _____
     h.   MID designated only POC to initiate IT trouble calls?   _____
     i.   Trouble logs maintained to document down time?   _____
     j.   Central System/Microcomputers under maintenance/repair plan?   _____
     k.   Mechanism in place to report, record, evaluate and address local complaints about MID
          support?   _____
2.   INFORMATION TECHNOLOGY PROCUREMENT
     a.   Information Systems Executive Board (ISEB) established to review and recommend to the
          CO/OIC requests for microcomputers and associated software/hardware?   _____
     b.   Local instruction establishing the ISEB?   _____
     c.   Minutes of the ISEB meetings approved by the OIC?   _____
     d.   Abbreviated System Decision Paper (ASDP) required for all microcomputer requests and
          an Amendment ASDP for all upgrade requests?   _____
     e.   Command-approved Five Year Office Automation/Information System Management
          Plan (ISMP) which reflects the current and planned information resources assets?   _____
          (1) Reviewed by the ISEB?   _____
     f.   Areas requiring automation identified and planning initiated to provide computer/software
          support?   _____
     g.   Local instruction establishing AIS acquisition controls?   _____
     h.   Each microcomputer user has an approved ASDP to support their microcomputer(s)/
          software?   _____
     i.   Local instruction implementing configuration management controls?   _____
     j.   System Change Requests/System Incident Report (SCR/SIR) procedures for centrally designed
          systems followed, and are recorded and monitored?   _____
     k.   Accurate computer equipment/microcomputer hardware and software inventory maintained?   _____

Please gather the following information prior to the arrival of the Command Inspection Team Representative. This reference material will greatly facilitate the visit.

- Organizational Chart showing MID within the command organization.
- Departmental roster for MID.
- Flow chart delineating the ASDP preparation, review, and approval process.
- A copy of the most current Information Systems Management Plan.
- A copy of the most current hardware and software inventory.
- A copy of ADP Security Staff appointment letters.
- A copy of the ADP Security Accreditation letter or the Interim Authority To Operate letter.
- A listing of all Navy Standard and Office of the Secretary of Defense systems currently being utilized onboard the facility.
- A listing of any telecommunication issues or concerns.
- A listing of any additional local area networks on-board the facility. Please include information on the total number of nodes, LAN topology, operating system and the application being supported
- A listing of local training sources being utilized.
- A copy of all local MID instructions
- A copy of any Inter-service Support Agreements or Memorandum of Understanding/Agreement

APPENDIX A

PROFESSIONAL BOOKS, PUBLICATIONS AND INSTRUCTIONS REQUIREMENTS

LOGISTICS:

- FEDERAL SUPPLY CATALOG DOD Medical Section
- QUALITY CONTROL DEPOT SERVICEABILITY STANDARDS (DLAM 4155.5 Appendix M, may be in microfiche format)
- Naval Logistics Library (NLL) -- CD ROM

CLINICAL REFERENCES/TEXTBOOKS:

- HANDBOOK OF POISONING, DIAGNOSIS AND TREATMENT, Dreisbach, R. H., Los Altos, CA Lange Medical Publications
- CLINICAL TOXICOLOGY OF COMMERICAL PRODUCTS - ACUTE POISONING, Gosselin, R., Baltimore: Williams and Wilkins
- PHYSICIAN DESK REFERENCE FOR NON-PRESCRIPTION DRUGS, Oradell, New Jersey Medical
- CURRENT MEDICAL TERMINOLOGY, American Medical Association, Chicago, IL.
- GUIDE TO ANTIMICROBIAL THERAPY, Sanford
- A GUIDE TO PHYSICAL EXAMINATION, Bates, B., Philadelphia: Lippincott; or CLINICAL EXAMINATION·
- A PHYSIOLOGICAL APPROACH, Judge, R.D., Little, Brown and Co.; or BEDSIDE DIAGNOSTIC EXAM·
- Degowin, E.L., New York, NY: Macmillan
- CURRENT MEDICAL DIAGNOSIS AND TREATMENT, Krupp, M.
- CURRENT EMERGENCY DIAGNOSIS AND TREATMENT, Lange, Los Altos; or PRINCIPLES AND PRACTICES OF EMERGENCY MEDICINE, Sanders and Schwartz
- DORLAND's ILLUSTRATED MEDICAL DICTIONARY, Philadelphia· Sanders; or TABERS CYCLOPEDIC MEDICAL DICTIONARY, F. A. Davis Co.
- CURRENT SURGICAL DIAGNOSIS AND TREATMENT, Dunphy, J. E. and Way, L. W.
- EMERGENCY CARE AND TRANSPORTATION OF THE SICK AND INJURED, Committee on Allied Health, American Academy of Orthopedic Surgeons
- INTERNATIONAL CLASSIFICATION OF DISEASES, (ICDA) Vols. I, II, and III (current revision) (ICD-9-CM).
- CURRENT OBSTETRICS AND GYNECOLOGIC DIAGNOSIS AND TREATMENT, Los Altos, CA Lange
- MERCK MANUAL OF DIAGNOSIS AND THERAPY, Rahway, New Jersey, Merk Co.
- PHYSICIAN'S DESK REFERENCE, Medical Economics Co., Oraville, New Jersey
- MANUAL OF SKIN DISEASES, Sauer, G.D., Philadelphia, PA (Lippincott) or COLOR ATLAS AND SYNOPSIS OF CLINICAL DERMATOLOGY, New York: McGraw-Hill Book Co. [or comparable text]
- TODD-STANFORD-DAVIDSON CLINICAL DIAGNOSIS BY LABORATORY MEANS, Philadelphia· Saunders
- CECIL TEXTBOOK OF MEDICINE, Wyngaarden, J.B. Philadelphia· Saunders; or HARRISON'S PRINCIPLES OF INTERNAL MEDICINE, New York NY: McGraw-Hill
- ATLAS OF HUMAN PARASITOLOGY, Ash, L.R., Chicago American Society of Clinical Pathologists
- CONN'S CURRENT THERAPY, Rakel, R.E., Philadelphia, PA Saunders; or CURRENT MEDICAL DIAGNOSIS AND TREATMENT, Krupp, M.A.
- TODD-SANFORD-DAVIDSOHN CLINICAL DIAGNOSIS AND MANAGEMENT BY LABORATORY METHODS, Henry, J.B., Philadelphia Saunders, or CLINICAL GUIDE TO LABORATORY TEST, Philadelphia Saunders.
- CURRENT EMERGENCY DIAGNOSIS AND TREATMENT, Los Altos, CA· Lange, or PRINCIPLES AND PRACTICES OF EMERGENCY MEDICINE, Schwartz and Saunders
- PRINCIPLES OF CLINICAL ELECTROCARDIOGRAPHY, Goldman, M.J., Los Altos, CA Lange, or PRACTICAL ELECTROCARDIOGRAPHY, Baltimore: Williams and Wilkins
- GOODMAN AND GILMAN's PHARMACOLOGICAL BASIS OF THERAPEUTICS, New York Macmillan, or AMA DRUG EVALUATIONS, Philadelphia· Saunders
- GRAY'S ANATOMY OF THE HUMAN BODY, Clements, C.M., Philadelphia. Lea/Febiger, or TEXTBOOK OF ANATOMY, Philadelphia· Harper and Row, or ANATOMY-A REGIONAL ATLAS OF THE HUMAN BODY, Baltimore Urban and Schwarzenbers
- HUNTER'S TROPICAL MEDICINE, Strickland, G.T., Philadelphia· Saunders
- PROBLEM ORIENTED MEDICAL DIAGNOSIS, Friedman, H. Harold, Boston, MA Little and Brown.
- MAXCY-ROSENAU'S PREVENTIVE MEDICINE AND PUBLIC HEALTH, New York· Appleton-Century-Crofts
- MERRIT'S TEXTBOOK OF NEUROLOGY, Philadelphia Lea and Febiger
- ACUTE ORTHOPEDIC THERAPEUTICS. Boston Little Brown and Co., or DEPALMA'S MANAGEMENT OF FRACTURES AND DISCLOCATIONS (2 Vol.) Philadelphia Saunders
- CURRENT PEDIATRIC THERAPY, Philadelphia· Saunders, or Behrman or NELSON TEXTBOOK OF PEDIATRICS, Philadelphia Saunders
- CURRENT OBSTETRICS AND GYNECOLOGIC DIAGNOSIS AND TREATMENT, Los Altos, CA Lange
- INFECTIOUS DISEASES OF CHILDREN, St. Louis Mosby
- REPORT OF THE COMMITTEE ON INFECTIOUS DESEASE, Elk Grove Village, Illinois American Academy of Pediatrics, (1994)
- GUIDELINES FOR PARENTAL CARE, Elk Grove Village, Illinois American Academy of Pediatrics

A-1

- MEDICAL X-RAY AND GAMMA RAY PROTECTION FOR ENERGIES UP TO 10 NeV-EQUIPMENT DESIGN AND USE, National Council on Radiation Protection Measurements Report (NCRP) 102
- DENTAL X-RAY PROTECTION, NCRP 35

NOTE: NCRPs are available from NCRP Publications, 7910 Woodmont Ave., Suite 1015, Bethesda, MD 20814.

MILITARY-UNIQUE CLINICAL REFERENCES

- MEDICAL SURVEILLANCE PROCEDURES MANUAL AND MEDICAL MATRIX, NEHC-TM91-5, Navy Environmental Health Center, Norfolk, VA
- CLINICAL ASPECTS OF COLD WEATHER OPERATIONS, HSETC Publication, February 1982
- HYPOTHERMIA REPORT, NAVSUBMED Research Laboratory, Groton, CT
- NATO HANDBOOK ON MARITIME MEDICINE, A Med P11 Naval Warfare Publications Library. Available from Naval Publications and Forms Center, Stock No. 0410-LP-950-0000
- SHIP'S MEDICINE CHEST AND MEDICAL AID AT SEA, The US Public Health Service (DHHS Publication Number (PHS) 84-2024)
- NAVMED DEPT. GUIDE TO MALARIA PREVENTION AND CONTROL (NEHC-TM92-1), Navy Environmental Health Center, Norfolk, VA

GENERAL MILITARY REFERENCES

- HMIS (HAZARDOUS MATERIALS INFORMATION SYSTEM), Defense Logistics Agency, Defense General Supply Center, Richmond, VA (*microfiche format*)
- CHRIS (CHEMICAL HAZARD RESPONSE INFORMATION SYSTEM), U.S. Coast Guard Commandant Instruction – M164565.11, U.S. Government Printing Office, Washington , DC [Stock Number 050-012-00215-1]
- MEDICAL REGULATING STANDARD OPERATING PROCEDURES MANUAL (NOTE: Require copies of all four Fleet CINCs SOPs)
- STANDARD FIRST AID TRAINING COURSE (NAVEDTRA 100081-D)
- CURRENT AUTHORIZED AMAL/ADAL
- NAVY MEDICAL/DENTAL MATERIAL BULLETINS
- NAVSEA TW-120-AA-PRO-10 NUCLEAR WEAPONS RADIATION HEALTH PROGRAM
- NAVSEA S0420-AA-RAD-010 (RAD-010) RADIOLOGICAL AFFAIRS SUPPORT PROGRAM MANUAL [NSN 0910-LP-463-1400]
- NAVEDTRA 10074 NAVOSH TRAINING GUIDE FOR FORCES AFLOAT [0502-LP-215-6100]
- NWP-14-1 (Rev D) UNDERWAY REPLENISHMENT MANUAL
- FLIGHT SURGEONS AIRCRAFT MISHAP INVESTIGATION POCKET REFERENCE (FIRST EDITION, APR 88 W/CH 1)

NAVMED P's

•	P-117	MANUAL OF THE MEDICAL DEPARTMENT
•	P-5009	PREVENTIVE MAINTENANCE PROCEDURES AND SERVICEABILITY STANDARDS FOR MEDICAL EQUIPMENT
•	P-5010	MANUAL OF PREVENTIVE MEDICINE
•	P-503	INTERVIEWER'S AID FOR VD CONTACT INVESTIGATION
•	P-5038	CONTROL OF COMMUNICABLE DISEASE IN MAN. Benenson, Abram S., New York American Public Health Association
•	P-5041	TREATMENT OF CHEMICAL AGENT CASUALTIES AND CONVENTIONAL MILITARY CHEMICAL INJURIES [NSN: 0510-LP-205-0020]
•	P-5055	RADIATION HEALTH PROTECTION MANUAL [NSN 0510-LP-075-0020]
•	P-5059	NATO HANDBOOK ON THE MEDICAL ASPECTS OF NBC DEFENSIVE OPERATIONS [NSN 0510-LP-078-0002/3]
•	P-5066A	NURSING PROCEDURES, NURSE CORPS, UNITED STATES NAVY (1973)
•	P-5083	METHODS FOR PREPARING PATHOLOGICAL SPECIMENS
•	P-5095	DRUGS, POISON OVERDOSES AND ANTIDOTES AND EMERGENCY FIRST AID [NSN 0510-LP-096-9000]
•	P-5113	OCCUPATIONAL PREVENTIVE MEDICINE [NSN: 0510-LP-100-0500]
•	P-5116	DRUG ABUSE
•	P-5119	RADIOLOGICAL TECHNIQUE
•	P-5122	EMERGENCY WAR SURGERY HANDBOOK
•	P-5132	MEDICAL EQUIPMENT MANAGEMENT MANUAL

SECNAVINST

- 1500.10   BASIC LIFE SUPPORT (BLS) TRAINING
- 4061.1C   FOOD SERVICE PERSONNEL TRAINING PROGRAM
- 5210.11D   NAVY STANDARD SUBJECT IDENTIFICATION CODES
- 5211.5C   PERSONAL PRIVACY AND RIGHTS OF INDIVIDUALS REGARDING RECORDS PERTAINING TO THEMSELVES
- 5212.5C   RECORDS DISPOSAL; POLICIES & PROCEDURES (MEDICAL SECTION)
- 5215.1C   NAVY DIRECTIVES ISSUANCE SYSTEM
- 5216.5C   NAVY CORRESPONDENCE MANUAL
- 5300.28B   ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL
- 5300.30C   MANAGEMENT OF HUMAN IMMUNODEFIENCY VIRUS (HIV)
- 6210.2A   QUARANTINE REGULATIONS
- 6222.1D   POLICY ON VD CONTROL
- 6320.23   CREDENTIALS REVIEW AND CLINICAL PRIVILEGING OF HEALTH CARE PROVIDERS
- 6320.3   BIOLOGICAL WARFARE DEFENSE IMMUNIZATIONS
- 6320.8D   UNIFORMED SERVICES HEALTH BENEFITS PROGRAM
- 6401.1A   VETERINARY HEALTH SERVICES
- 6401.2A   LICENSURE AND CERTIFICATION OF HEALTH CARE PROVIDERS
- 6600.5   DENTAL HEALTH AND READINESS

OPNAVINST

- 1500.22D   GENERAL MILITARY TRAINING
- 3120.32B   STANDARD ORGANIZATION AND REGULATIONS OF THE USN
- 3501.161C   REQUIRED OPERATIONAL CAPABILITIES AND PROJECTED OPERATIONAL ENVIRONMENT FOR T-AH-19 HOSPITAL SHIPS
- 4790.4B   SHIPS MAINTENANCE AND MATERIAL MANAGEMENT MANUAL
- 5090.1B   NAVY ENVIRONMENTAL AND NATURAL RESOURCES PROTECTION MANUAL
- 5100.19C   NAVY OCCUPATIONAL SAFETY AND HEALTH (NAVOSH) PROGRAM MANUAL FOR FORCES AFLOAT
- 5100.20   SHIPBOARD HEAT STRESS CONTROL AND PERSONNEL PROTECTION
- 5100.23D   NAVOSH PROGRAM MANUAL
- 5100.21B   AFLOAT MISHAP INVESTIGATION AND REPORTING
- 5350.4B   ALCOHOL/DRUG ABUSE PREVENTION
- 5440.75A   ADMINISTRATION, OPERATIONS, AND LOGISTICS SUPPORT OF T-AH-19 MERCY CLASS HOSPITAL SHIPS
- 5510.162   NUCLEAR WEAPON PERSONNEL RELIABILITY PROGRAM
- 6000.1A   MANAGEMENT OF PREGNANT SERVICE WOMEN
- 6110.1D   PHYSICAL READINESS PROGRAM
- 6250.4A   PEST MANAGEMENT PROGRAM
- 6320.3   NON-PHYSICIAN HEALTH CARE PROVIDERS
- 6320.6   HOSPITALIZATION OF SERVICEMEMBERS IN FOREIGN MEDICAL FACILITIES
- 6320.7   HEALTH CARE QUALITY ASSURANCE POLICIES FOR OPERATING FORCES
- 6400.1A   CERTIFICATION, TRAINING AND USE OF INDEPENDENT DUTY HOSPITAL CORPSMAN (IDCs)
- 6530.2C   NAVY BLOOD PROGRAM DONOR SUPPORT
- 6530.4A   DEPARTMENT OF THE NAVY BLOOD PROGRAM
- 6710.3   REPORT OF MONTHLY ISSUE OF CONTROLLED DRUG SUBSTANCES
- 7303.4F   MEDICAL/DENTAL FUNDS FOR SHIPS & CERTAIN OTHER OPERATING FORCES
- 9640.1   SHIPBOARD HABITABILITY PROGRAM
- P-45-113-93   AFLOAT MEDICAL WASTE GUIDE

CINCLANTFLT/CINCPACFLT (COMBINED INSTRUCTIONS)

- 3501.1   TACTICAL TRAINING MANUAL (TTM)

COMNAVSURFPAC/LANT (COMBINED INSTRUCTIONS)

- 3502.2A   SURFACE FORCE TRAINING MANUAL
- 6000.1   SHIPBOARD MEDICAL GUIDE
- 6320.2   PROVISION OF STANDBYS DURING MEDICAL EXAMINATION
- 6600.1B   SHIPBOARD DENTAL GUIDE

BUMEDINST (BM)/NAVMEDCOMINST (NM)

- (BM) 1500.15A — RESUSCITATION TRAINING
- (BM) 1520.28 — INDEPENDENT DUTY CORPSMAN CONTINUING EDUCATION (IDC/CE)
- (BM) 3400.1 — OPERATIONAL CONCEPT FOR MEDICAL SUPPORT AND CASUALTY MANAGEMENT IN CHEMICAL AND BIOLOGICAL WARFARE ENVIRONMENTS
- (BM) 4010.3 — PRECIOUS METALS RECOVERY PROGRAM
- (BM) 5070.5 — MEDICAL LIBRARY PROGRAM
- (BM) 5353.3 — USE OF DISULFRAM (ANTABUSE)
- (NM) 5360.1 — DECEDENT AFFAIRS MANUAL
- (BM) 6010.13 — QUALITY ASSURANCE PROGRAM
- (NM) 6120.20B — COMPETENCE FOR DUTY EXAMINATION, EVALUATIONS OF SOBRIETY AND OTHER BODILY VIEWS AND INTRUSIONS PERFORMED BY MEDICAL PERSONNEL
- (NM) 6150.1 — HEALTH CARE TREATMENT RECORDS
- (BM) 6210.3 — ETIOLOLOGICAL AGENTS, BIOMEDICAL MEDICAL MATERIALS; HANDLING OF
- (NM) 6220.12 — DISEASE ALERT REPORTS
- (NM) 6220.4 — RABIES PREVENTION AND CONTROL
- (BM) 6220.9 — NOSOCOMIAL INFECTION CONTROL PROGRAM
- (BM) 6222.10 — SEXUALLY TRANSMITTED DISEASE (STD) CLINICAL MANAGEMENT GUIDELINES
- (BM) 6224.8 — TUBERCULOSIS CONTROL PROGRAM
- (NM) 6230.1B — VIRAL HEPATITIS PREVENTION
- (BM) 6230.15 — IMMUNIZATION AND CHEMOPROPHYLAXIS
- (NM) 6230.2 — MALARIA PREVENTION AND CONTROL
- (BM) 6240.10 — STANDARDS FOR POTABLE WATER
- (BM) 6240.2 — VETERINARY/MEDICAL DESTINATION INSPECTION OF SALAD-TYPE CONVENIENCE FOOD
- (BM) 6250.12B — VECTOR CONTROL CERTIFICATION FOR MEDICAL DEPARTMENT PERSONNEL
- (BM) 6250.14 — DERATTING/DERATTING EXEMPTION CERTIFICATES
- (NM) 6260.12 — PREVENTION OF COLD INJURIES
- (BM) 6260.29 — OCCUPATIONAL HEALTH AND PREVENTIVE MEDICINE INDICATORS
- (NM) 6260.5 — OCCUPATIONAL NOISE CONTROL AND HEARING CONSERVATION
- (NM) 6270.1 — HEALTH HAZARDS OF OTTO FUEL II
- (BM) 6270.8 — PROCEDURES FOR OBTAINING HEALTH HAZARD ASSESSMENT PERTAINING TO OPERATIONAL USE OF HAZARDOUS MATERIALS
- (BM) 6280.1A — MANAGEMENT OF INFECTIOUS WASTE
- (BM) 6300.3B — INPATIENT DATA SYSTEM
- (BM) 6320.1E — PATIENT REGULATING TO AND WITHIN THE CONTINENTAL UNITED STATES
- (BM) 6320.3B — MEDICAL AND DENTAL CARE FOR ELIGIBLE PERSONS AT DEPARTMENT OF THE NAVY FACILITIES
- (BM) 6320.66B — CREDENTIALS REVIEW AND PRIVILEGING PROGRAM
- (BM) 6320.68 — MEDICAL CAPABILITIES REPORTING TO ASMRO
- (BM) 6320.69 — GLOSSARY OF HEALTH CARE TERMINOLOGY
- (BM) 6401.1C — VETERINARY MEDICAL SUPPORT FOR NAVY AND MARINE CORPS
- (BM) 6440.4 — FLEET LIAISON PROGRAM
- (BM) 6440.5A — MEDICAL AUGMENTATION PROGRAM (MAP)
- (NM) 6470.6 — RADIATION PROTECTION SURVEY AND EQUIPMENT PERFORMANCE TEST OF DIAGNOSTIC X-RAY EQUIPMENT
- (NM) 6470.10 — INITIAL MANAGEMENT OF IRRADIATED OR RADIOACTIVELY CONTAMINATED PERSONNEL
- (NM) 6520.1A — EVALUATION AND DISPOSITION OF PATIENTS PRESENTING WITH SUICIDAL IDEATIONS AND BEHAVIOR
- (BM) 6550.1 — UTILIZATION GUIDELINES FOR NURSE PRACTITIONERS
- (BM) 6550.5A — GUIDELINES FOR THE USE OF PHYSICIAN ASSISTANTS
- (BM) 6550.7 — UTILIZATION GUIDELINES FOR NURSE ANESTHETISTS
- (BM) 6550.9A — POLICY AND GUIDANCE FOR SICK CALL SCREENER PROGRAM
- (BM) 6700.13G — AUTHORIZED MEDICAL/DENTAL ALLOWANCE LISTS FOR U.S. NAVAL VESSELS, FLEET MARINE FORCE AND OTHER ELEMENTS OF THE OPERATING FORCE, MAINTENANCE AND DISTRIBUTION AND USE OF
- (NM) 6710.9 — GUIDELINES FOR CONTROLLED SUBSTANCE INVENTORY
- (BM) 6710.62A — DATED MEDICAL AND DENTAL MATERIAL, MANAGEMENT OF
- (BM) 6710.63A — DEFECTIVE OR UNSATISFACTORY MEDICAL AND DENTAL MATERIAL, REPORTING AND PROCESSING
- (NM) 6810.1 — OPTHALMIC SERVICES
- (NM) 6820.1 — PROFESSIONAL MEDICAL REFERENCE MATERIALS AND PUBLICATIONS
- (BM) 10330.2 — MEDICAL GAS SYSTEMS

BUPERSINST

- 1610.10   NAVY PERFORMANCE AND EVALUATION SYSTEM MANUAL

COMSCINST

- 3500.9   HOSPITAL SHIPS (T-AH) MEDICAL TREATMENT FACILITY TRAINING STRATEGY
- 4000.2A   SUPPLY PROCEDURES MANUAL
- 4110.1B   AFLOAT HAZARDOUS MATERIAL CONTROL AND MANAGEMENT PROGRAM
- 5040.2C   MSC COMMAND INSPECTION PROGRAM
- 5090.2   DISPOSAL OF PLASTIC, MEDICAL, AND OTHER WASTE IN THE MARINE ENVIRONMENT
- 5100.17C   MSC AFLOAT SAFETY AND OCCUPATIONAL HEALTH MANUAL
- 5400.8A   CONSOLIDATED PLAN FOR ACTIVATION AND DEACTIVATION OF T-AH-19 MERCY CLASS HOSPITAL SHIPS
- 6000.1C   MILITARY SEALIFT COMMAND MEDICAL MANUAL
- 6230.1   PRECAUTIONS FOR THE TRANSMISSION OF BLOODBORNE PATHOGENS (BBP)