COMNAVRESFOR INSTRUCTION 5040.1F

From: Commander, Navy Reserve Force

Subj: COMMANDER NAVY RESERVE FORCE COMMAND ASSESSMENT PROGRAM

Ref: (a) SECNAVINST 5040.3A
    (b) SECNAVINST 5200.35F
    (c) SECSH 5-5210.1
    (d) Implementation Status Report (OPNAV 5040/2)
    (e) SECNAVINST 5210.8E
    (f) SECNAVINST 5210.16
    (g) OPNAVINST 5450.347

Encl: (1) COMNAVRESFOR Command Assessment Guide

1. **Purpose.** To publish objectives and business rules for administering the Navy Reserve Command Assessment Program (CAP). This instruction promulgates new program guidance and should be read in its entirety.

2. **Cancellation.** COMNAVRESFORINST 5040.1E.

3. **Scope.** This instruction applies to all Commander, Navy Reserve Force (COMNAVRESFOR) commands and activities. This instruction is intended to be read and fully understood in its entirety with references (a) through (g). COMNAVRESFOR, Commander, Navy Reserve Forces Command (COMNAVRESFORCOM), and Commander, Navy Air Force Reserve (COMNAVAIRFORRES) headquarters staff personnel function as a combined echelon 2 and 3 unit in order to avoid duplicate staff functionally per reference (g). Due to this combined echelon staff structure, COMNAVRESFOR Inspector General (IG) is responsible for the echelon 3 and 4 Command Assessment Program (CAP).

4. **Background.** Per reference (a), this instruction provides current guidance concerning the Department of the Navy Inspection Program (DONIP). The DONIP includes inspections, special visits, technical inspections, special one-time inspections, inspections required by law or for the exercise of command responsibilities, and inspections conducted by “Technical Commanders” in order to provide or obtain technical information or assistance.

5. **Discussion.** The objective of the CAP is to assist commanders and commanding officers (CO) improve performance, readiness, efficiency, effectiveness, and quality of life of the commands, units, and activities for which they are responsible. The CAP provides commanders
and COs mission-relevant evaluations and recommendations that are timely, accurate, candid, and objective.

6. Action. COMNAVRESFOR echelon 3, 4, and 5 commands/activities will be assessed on a triennial basis. For echelon 4 assessments, COMNAVRESFOR shall perform an unannounced site visit assessment of a randomly selected echelon 5 command subordinate to the echelon 4 command being assessed. This assessment will reflect on the overall performance of the echelon 4 command being assessed. Specific responsibilities include the following:

   a. COMNAVRESFOR IG (N002) will:

      (1) Serve as principal advisor to COMNAVRESFOR for the CAP.

      (2) Act as Senior Evaluator for COMNAVRESFOR site visits and exercise overall direction for the CAP.

      (3) Publish and maintain the COMNAVRESFOR command assessment schedule.

      (4) Conduct COMNAVRESFOR command assessments and follow-up under the policies and procedures contained in reference (a) and this instruction.

      (5) Coordinate COMNAVRESFOR command assessments with echelon 4 commands.

      (6) Maintain liaison with other activities, bureaus, offices, and agencies for the exchange of information relative to the DONIP.

      (7) Publish reports of COMNAVRESFOR command assessments and distribute to the responsible echelon 4 commanders.

   b. COMNAVRESFOR Director of Assessments (N002) will:

      (1) Coordinate logistics for all command assessment site visits.

      (2) Act as team leader for command assessment site visits.

      (3) Ensure proper follow-up procedures are adhered to for command assessment discrepancies.

      (4) Maintain a database of common discrepancy items to assist in the determination of special interest items.

      (5) Maintain copies of COMNAVRESFOR and subordinate command assessment reports for a minimum of 6 years, per reference (c).
(6) Ensure the COMNAVRESFOR Command Assessment Guide is updated to reflect the most recent policy guidance.

c. COMNAVRESFOR Subject Matter Experts (SME) will:

   (1) Provide COMNAVRESFOR (N002) with up-to-date Command Assessment Guide inputs for their area of expertise.

   (2) Review subordinate command assessments for compliance and report using enclosure (1).

   (3) Assist COMNAVRESFOR (N002) on site visits, as necessary.

   (4) Advise COMNAVRESFOR (N002) when commands have complied with recommendations.

d. COMNAVRESFOR echelon 4 commands will:

   (1) Designate a Command Assessment Coordinator for the command/activity.

   (2) Provide SMEs for command assessments.

   (3) Publish guidance and determine subject areas for conducting command assessments of their subordinate commands/activities.

   (4) Conduct triennial command assessments of subordinate commands/activities and forward results to COMNAVRESFOR IG.

e. All COMNAVRESFOR Activity Commanders/COs/Officers-in-Charge shall take appropriate action to address areas of concern highlighted during the assessment process. The assessed command shall provide a progress report to their Immediate Superior in Charge (ISIC) on the status of each identified area of concern using reference (d) as their ISIC directs.

7. COMNAVRESFOR Notification and Preparation for Site Visits

   a. COMNAVRESFOR will send an announcement letter to the echelon 3/4 command/activity to be visited along with a copy of the COMNAVRESFOR Command Assessment Guide 6 months prior to the site visit. The command/activity will perform a self-assessment using the COMNAVRESFOR Command Assessment Guide. The command/activity will forward self-assessment results to COMNAVRESFOR IG 45 days prior to the scheduled assessment.

   b. The command/activity will forward a copy of its Command Assessment Guide/instruction used to conduct subordinate command assessments 45 days prior to the scheduled assessment.
c. COMNAVRESFOR will send a site visit letter to the command/activity to be visited specifying the dates of the visit and the schedule of events 45 days prior to the site visit.

8. COMNAVRESFOR Site Visits

a. An in-brief will be conducted consisting of a command brief from the echelon 3 or 4 command/activity and instruction of key participants.

b. Command briefs will include a brief description of their mission and organization.

c. Process analyses will commence upon completion of the in-brief.

d. During the site visit, the Inspector General or Deputy Inspector General will be available for personal interviews with members of the command/activity being visited. Any employee, civilian, or military, is free to discuss any matter of personal concern other than those involving ongoing grievances or equal opportunity complaints. Information disclosed during the course of these interviews will be kept confidential and will not be disclosed outside the IG staff, except where it is necessary in order to fully investigate and resolve the issue. Individuals desiring to see the Inspector General or Deputy Inspector General should notify COMNAVRESFOR (N002).

e. Upon completion of all process analyses, the Senior Evaluator will debrief the command/activity on the results of the site visit.

9. Reporting Procedures

a. Assessment reports will be issued no later than 45 days after completion of the site visit.

b. COMNAVRESFOR IG shall maintain file copies of assessment reports per reference (e).

c. Commands assessed by COMNAVRESFOR shall forward reports of corrective action taken using reference (d) within 60 days following receipt of assessment report. Should correction of serious deficiencies require additional time, the initial report will indicate an estimated completion date. Quarterly follow-up reports are required using reference (d) until all discrepancies, recommendations, and follow-up actions are complete.

d. All echelon 3, 4 commands shall submit confirmation of subordinate commands’ assessment completion to COMNAVRESFOR (N002).

e. Assessment reports shall not be released outside original distribution or reproduced in whole or in part without prior written approval of the assessing authority.

10. Reports. The reporting requirements contained within are exempt from reports control per reference (f).
11. **Records Management.** Records created as a result of this instruction, regardless of media or format, must be managed per Secretary of the Navy (SECNAV) Manual 5210.1 of January 2012.

12. **Review and Effective Date.** Per OPNAVINST 5215.17A, COMNAVRESFOR will review this instruction annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, SECNAV, Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will automatically expire 5 years after effective date unless reissued or cancelled prior to the 5-year anniversary date, or an extension has been granted.

T. W. LUSCHER
Deputy

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via COMNAVRESFOR Web site, [https://private.navyreserve.navy.mil](https://private.navyreserve.navy.mil)
COMMANDER,
NAVY RESERVE FORCE
COMMAND ASSESSMENT PROGRAM
GUIDE
FOREWORD

This instruction implements the policy set forth by the changes to the Command Assessment Program, COMNAVRESFORINST 5040.1F, aligning it with my vision to Simplify, Enable, Leverage and Resource (SELR) the Navy Reserve Force. As COMNAVRESFOR’s first step in our effort to Simplify, we have eliminated six program areas and reduced the scope of several other assessable areas.

I need your input to make our Reserve Force a learning organization which is continuously improving. We will refine and improve the Command Assessment Program as we further shape and simplify the Navy Reserve. I ask all involved in Command Assessments to review programs with a critical eye, make sound recommendations to reduce unnecessary administrative burden, and recommend smart policy changes that will refocus our efforts on warfighting.

This instruction is effective immediately; it is mandatory and applicable to all officers, enlisted and civilian members of the Navy Reserve Force, all Navy Reserve Force activities, installations, commands and stations.

The Command Assessment Guide, COMNAVRESFORINST 5040.1F can be accessed through the Navy Reserve Web site: http://www.public.navy.mil/nrh/Pages/instructions.aspx. For further assistance or to offer comments and recommendations concerning this manual, contact the office delineated below:

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Navy Reserve Force
Office of the Inspector General
1915 Forrestal Drive, Bldg. NH-32
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Deputy
COMNAVRESFOR COMMAND ASSESSMENT PROGRAM GUIDE

1. The Commander, Navy Reserve Force (COMNAVRESFOR) Command Assessment Program (CAP) Guide shall be used for assessment of all echelon 3 and 4 commands.

2. The CAP Guide is not an all-encompassing, standardized checklist and is not intended to be a directive forcing function. The guide is intended to be used as a starting point for the Program Manager (PM) and Subject Matter Expert (SME) discussions during the assessment. The contents of the guide represent samplings of the applicable governing directives. The standard for any given program is set by the governing instructions (SECNAVINST, OPNAVINST, COMNAVRESFORINST, etc.) for that specific program. Subordinate commands are not required to be compliant with the CAP Guide; rather, commands are required to be compliant with all applicable governing directives and guidance that pertain to their command, whether that info is contained in the CAP Guide or not.

3. COMNAVRESFOR will assess all activities falling under their cognizance; no less than once every three years. Echelon 4 commands should use the CAP Guide as the basis for developing their assessment guide for echelon 5 commands. The scope, frequency, and applicability of all assessment areas are at the echelon 4 commander's discretion so long as all applicable CAP Guide programs are included, and the 3-year requirement is maintained. Commanders at all echelons shall also conduct frequent and routine site visits using assessment guides, advanced technological methods and innovative leadership to maintain oversight and transparency of distant subordinate commands.

4. The assessment process is based on a thorough, in-depth self-assessment followed by an on-site visit by a team comprised of SMEs from COMNAVRESFORCOM and COMNAVAIRFORES as applicable. The overall objective of the CAP is to enhance mission effectiveness by ensuring compliance with governing directives. The CAP and the self-assessment evaluate various areas of Navy Reserve leadership and management including:

   a. Leadership and Ethics.
   b. Command Climate.
   c. Financial Management.
   d. Health Services.
   e. Information Management/Technology.
   f. Logistics Management.
   g. Mission Performance.
h. Operational Support.

i. Training.

j. Safety and Occupational Health.

k. Security.

l. Administrative Compliance.

m. Other special items relating to a command's unique functions or missions.

n. Special interest items periodically issued by higher authority.

5. **Self-Assessments.** Commands shall conduct a self-assessment before their scheduled assessment date using this CAP Guide. A completed self-assessment and an executive summary will be forwarded to COMNAVRESFOR (N002) no later than 45 days before the site visit. Commands will assess what their mission is, how well they are accomplishing the mission, and use applicable metrics appropriate to command/community to support how well the mission is being accomplished.

**Note:** Assistance requests will not normally be considered within 90 days of the scheduled triennial command assessment.

6. **Site Visits.** For echelon 4 assessments, COMNAVRESFOR shall perform an unannounced or short notice site visit to an echelon 5 command subordinate to the respective echelon 4 command being assessed. This assessment will serve as an indicator of the echelon 4 oversight and control of its subordinate commands and will reflect on the overall performance of the echelon 4 command being assessed.

7. During the on-site portion of the command assessment, the Inspector General or Deputy Inspector General will be available for individual consultations with any personnel assigned to the assessed command. During the on-site visit, focus groups will be created and interviewed by the assessment team staff. These focus groups will be broken down by rank/rate structure and include civilian personnel. These focus groups are used to gain an understanding of the command climate.

8. Assessment reports will be provided to COMNAVRESFORCOM (N00) by the Senior Evaluator, with a copy to the assessed command. COMNAVRESFOR (N002) and the assessed command shall maintain file copies of the assessment. Commands assessed shall forward reports of corrective action taken to COMNAVRESFOR (N002) within 60 days following receipt of the assessment report. Should correction of serious deficiencies require additional time, the initial report will indicate a date of anticipated completion. Follow-up reports are required, as directed, until all discrepancies, recommendations, and follow-up actions are complete.
9. All echelon 4 commands shall submit confirmation of their subordinate commands’ assessment completion to COMNAVRESFOR (N002). Assessment reports shall not be released outside original distribution or reproduced in whole or in part without prior written approval of the assessing authority.
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Ref:  (a) OPNAVINST 5354.1G CH-1
     (b) OPNAVINST 5300.13
     (c) SECNAVINST 5350.16A
     (d) OPNAVINST 5370.2C
     (e) OPNAVINST 1740.3C
     (f) COMNAVRESFORNOTE 5354
     (g) NAVADMIN 098/10
     (h) OPNAVINST F3100.6J (NOTAL)
     (i) NAVEDTRA 14504

CMEO PROGRAM

1. CMEO Program Manager
   a. Is the CMEO program manager’s letter of designation and training documentation maintained?
   b. Did the CMEO program manager complete the NETC delivered CMEO Manager Course no more than 36 months prior to appointment?
   c. Did the CMEO program manager complete the Navy EO Correspondence Course (NAVEDTRA 14082)?
   d. Is EO/SH/Grievance Procedures training conducted annually for all hands?
   e. Is annual EO/SH/Grievance Procedures training documented in each member’s training record via FLTMPS?

2. Does the CMEO program manager binder contain at minimum, the following:
   a. CMEO program manager designation letter.
   b. CMEO manager course completion letter.
   c. Command harassment and unlawful discrimination policy statement(s).
   d. Results of command climate assessments for the past 3 years.
   e. Executive summaries from command climate assessments for the past 3 years.
   f. Formal harassment and unlawful discrimination reports for the past 3 years.
g. Informal harassment and unlawful discrimination reports for the past 3 years.

h. CRT Membership documentation.
   
   (1) Non-Disclosure Agreement

   (2) Designation

i. CRT sustainment training (documented via MFR).

j. EO chain of command, and CCS point of contact info.

k. Harassment and unlawful discrimination report log.

l. Command demographics for collateral duty assignments, retention, discipline, advancement, and awards.

   m. Completion certificates of the NAVEDTRA 14082 (Equal Opportunity in the Navy) course.

3. Command Resiliency Team (CRT)

   a. Does the CRT use the Command Assessment Team Guide (NAVEDTRA 7542A) as a guide to conduct a climate assessment?

   b. Does the CRT meet quarterly?

   c. Are minutes kept of all CRT meetings (via MFR)?

   d. Did the command conduct a command climate assessment within 90 days of change of command?

   e. Are follow-on command assessments conducted annually (every 9-12 months)?

   f. Is supporting documentation (i.e., the DEOCS report, focus group questions and answers, records and reports, observation notes, etc.) for the command climate assessment maintained for at least 3 years?

   g. Has the CRT developed a POA&M and does it address areas of concern identified during the command climate assessment?

   h. Is the command conducting follow-up reviews on POA&M action items and adjusting as required?
i. Have command personnel been debriefed on the results of the command climate assessment?

j. Is CRT sustainment training being conducted?

k. Does CRT membership include, at a minimum:
   
   (1) XO (CRT Lead)?
   
   (2) One DH?
   
   (3) One Department Leading Chief Petty Officer?
   
   (4) CCC?
   
   (5) Personnel Officer?
   
   (6) Legal Officer?
   
   (7) SAPR VA?
   
   (8) CMEO Manager?
   
   (9) DAPA?
   
   (10) SPC?
   
   (11) Chaplain (if assigned)?
   
   (12) CMEO Manager?
   
   (13) Command Diversity Officer (if assigned)?
   
   (14) EEO Officer (if applicable)?

**POLICY AND PROCEDURES**

1. Has the commander sufficiently stated command policy on EO in writing, including the prevention of harassment and unlawful discrimination and on prohibiting retaliation against individuals who submit reports? Is policy published throughout the command?

   a. Is the CMEO manager listed by name on the POW/POD/POM?

   b. Is the CMEO manager record file completed as required by reference (a)?
2. Is the command policy consistent with current, DoD, SECNAV, and OPNAV directives?

3. Are policy statements “visibly” published throughout the command?

4. Is EO, sexual harassment, and grievance procedures training conducted?

5. Is the training documented in FLTMPS as required?

6. Does senior leadership participate in unit EO training as instructors, discussion leaders, or as resources for answering questions?

7. Are formal harassment and unlawful discrimination reports reported within the guidelines outlined in reference (g)?

8. Are harassment and unlawful discrimination reports tracked, monitored, reported, and updates provided to respective CCS through resolution?

9. Are CCSs consulted for assistance as required or needed?

10. Are command demographics for collateral duty assignments, retention, discipline, advancement, and awards reviewed by race, ethnicity, sex, and paygrade or rank quarterly and maintained for 3 years?

11. Does the CMEO program manager attend disciplinary proceedings (i.e. disciplinary review boards, XO’s inquiry, non-judicial punishment, etc.)?

12. Have qualified personnel been identified, encouraged, and counseled to apply for commissions?

13. Are command personnel apprised of their rights and responsibilities regarding submission of a formal report?

14. Is the NAVPERS 5354/2 (8/17) Navy EO Formal Report Form readily available to command personnel?

15. Are posters displayed and filled out so all hands are aware of complaint procedures, the EO/SH Advice Line, and the IRS system?

16. Are mandatory fitness report/performance evaluation entries made for Service members found guilty at Courts Martial or NJP for unlawful discrimination or sexual harassment?

17. Does the command recognize and support ethnic observances?

18. Are command demographics for retention, discipline, advancement, and awards reviewed by race/ethnicity, sex, and pay grade/rank quarterly and kept for 3 years?
19. Are the following references readily available?

   a. DoD Instruction 1300.17, Accommodation of Religious Practices?

   b. DoD Instruction 1325.06, Guidelines for Handling Dissident and Protest Activities Among Members of the Armed Forces?


   d. SECNAVINST 1000.10A DON Policy on Parenthood and Pregnancy?

   e. SECNAVINST 1610.2A, DON Policy on Hazing?

   f. SECNAVINST 1730.8B, Accommodation of Religious Practices?

   g. SECNAVINST 5300.26D, DON Policy on Sexual Harassment?

   h. SECNAVINST 5350.15C, DON Core Values Charter and Ethics Training?

   i. SECNAVINST 5350.16A, EO within the DON?

   j. SECNAVINST 5354.2, DON Policy on Department of the Navy Equal Opportunity, Equal Employment Opportunity, and Diversity Oversight?

   k. SECNAVINST 5370.7D, Military Whistleblower Reprisal Protection?

   l. OPNAVINST 1740.4D, U.S. Navy Family Care Policy?

   m. OPNAVINST F3100.6J Chapter 2, Special Incident Reporting?

   n. OPNAVINST 5354.1G Chapter 1, Navy Equal Opportunity Policy?

   o. OPNAVINST 5370.2D, Navy Fraternization Policy?

   p. OPNAVINST 5800.13A, Alternative Dispute Resolution?

   q. OPNAVINST 6000.1C, Navy Guidelines Concerning Pregnancy And Parenthood?

   r. OPNAVINST 5300.13, Navy SH Prevention and Response Program Manual
ISIC CMEO MANAGER (ECHELON 3 AND 4 COMMANDS)

1. Does the ISIC CMEO conduct assessments of subordinate command CMEO programs and ensure their CMEO programs are in compliance with the CMEO manager inspection checklist prescribed in reference (a)?

2. Does the ISIC CMEO manager maintain a 36-month file of completed subordinate CMEO program inspections, to include the CMEO manager inspection checklist prescribed in reference (a)?

3. Do all subordinate commands have CMEOs designated in writing?

4. Have all CMEO managers under the cognizance of the ISIC CMEO manager successfully completed training requirements as prescribed in reference (a)?

5. Does the ISIC CMEO manager maintain a point of contact list of all subordinate command CMEO managers?

6. Does the ISIC CMEO maintain a 36-month archive of each subordinate command’s executive summary and associated documentation IAW reference (a)?

7. Are Command Climate Executive Summaries endorsed and reviewed by the ISIC commander prior to forwarding to COMNAVRESFOR?

8. Does ISIC CMEO maintain a log of all subordinate commands’ OPREP?

9. Are applicable SELRES personnel included in command climate assessments?

10. Does the ISIC CMEO manager provide training for subordinate command CMEO managers?

11. Is CMEO manager training documented via MFR?
Ref:  (a) OPNAVINST 1306.2H CH-1
      (b) OPNAVINST 1750.1G CH-2
      (c) OPNAVINST 1700.10N
      (d) OPNAVINST 1740.3C
      (e) COMNAVRESFORINST 1700.1P
      (f) MCPON Guidance

1. **Objective.** To assess the CMC/SEL’s performance as required by references (a) through (f). To ensure the CMC/SEL, as senior advisor to the CO on all matters relating to enlisted policy, is working with the CO and XO in the dissemination and promotion of command policy. To verify the CMC/SEL is functioning as an integral element of the chain of command, is advising respective CO, and providing input to the formulation, implementation, and execution of policies concerning morale, welfare, job satisfaction, discipline, utilization, family support, and training of enlisted Sailors, as well as proving input and advice in matters affecting mission and operations as required.

2. **General**

   a. Does the CMC/SEL meet the requirements outlined in reference (a), chapter 2?

   b. For commands not authorized a CMC, chief of the boat, command senior chief, or command chief, is the command senior enlisted advisor designated in writing to serve as the command SEL as required by reference (a), chapter 3?

   c. Drilling Reserve CMC/SEL: Has he/she attended the Reserve Senior Enlisted Management Course (CIN: R-521-0001)?

   d. Is a CMC/SEL photo clearly displayed in the command and command Web site?

   e. Discuss CPO Mess/E-6 and below issues and concerns.

   f. Assess overall morale and command climate.

   g. Does the CMC/SEL set the tone for the command through active involvement in the professional and personal development of Sailors?

   h. Does the CMC/SEL present a neat appearance and act as a role model for all personnel? If no, does the Chief Evaluation Report/formal counseling reflect those shortcomings?

   i. Is there an attitude of trust and mutual respect between the CO, XO, and CMC/SEL?
j. Does the CMC/SEL have adequate level of knowledge and access to pertinent databases and reports to effectively carry out the functions of CMC/SEL (i.e., BUPERS Online, PRIMS, FLTMPS, etc.)?

k. Does the CMC/SEL actively promote and ensure official ceremonies honoring command Sailors and/or related heritage and tradition are embraced and executed correctly?

3. CPO Mess Management

a. Per reference (f), does the CMC/SEL lead the CPO mess in planning CPO 365? Does the CO review and approve the schedule? Is the CO invited to events?

b. Are both CPO 365 Phase I and II conducted per reference (e)?

(1) Does the CMC/SEL lead the CPO mess in planning and coordinating CPO 365 Phase I and II?

(2) Is there a calendar of events for CPO 365 training which is reviewed and approved by the CO and CMC/SEL?

c. Does the CMC/SEL lead the CPO community and distribute newsletters and any other pertinent information to all CPOs (FTS/SELRES) assigned at the command?

d. If applicable, does the CMC/SEL liaise with SELRES CPOs (other than just drill weekends)?

e. Does the CMC/SEL conduct monthly CPO mess training utilizing the Master Chief Petty Officer of the Navy’s approved curriculum?

4. Processes and Techniques

a. Does the echelon 4 CMC liaise with their subordinate commands and keep them abreast of current policy changes and issues along with providing direction and guidance?

b. If applicable, does the CMC/SEL schedule visits with attached units and assist the unit CPOs with issues as required?

c. If applicable, does the CMC/SEL conduct monthly meetings with the SELRES CPO mess, review the awards nomination process, and visit unit personnel?

5. Ombudsman Program

a. Does the command have an Ombudsman appointed in writing with a current appointment letter on-file?
b. Is a DD Form 2793, DoD Volunteer Agreement, kept on-file for 3 years after the completion of service?

c. Is the command ombudsman registered in the Ombudsman Registry?

d. Does the command ombudsman complete quarterly reports in the Ombudsman Registry?

e. Did the ombudsman complete Ombudsman Basic Training within 6 weeks of appointment and is the certificate on-file? If not, what measures are being taken to ensure compliance?

f. Is the ombudsman’s contact information listed in the POM/POW/POD, as applicable, and is it accessible to all hands?

g. Does the command provide a staff roster/report to the command ombudsman, to include new gains; ensuring SSN are not included?

h. Does the command recognize the ombudsman during the month of September in celebration of Ombudsman Appreciation Day (14 September is the official day)?

i. Does the command provide administrative supplies, access to official government mail, and assistance with mailing out the ombudsman newsletter?

j. Does the ombudsman participate in command indoctrination and other family briefings?

6. Command Programs

a. Does CMC/SEL have management and oversight of CMC programs (e.g. Brilliant on the Basics) for all personnel per reference (a), chapter 4?

b. Does the command have a mentor program established per reference (a)?

c. Does the CMC/SEL chair, coordinate, monitor, or participate in the following per reference (a), chapter 4?

   (1) Command Sponsor Program

       (a) Is the Command Sponsor Program coordinator designated in writing per reference (d)?

       (b) Is the career information management system being utilized to assign and track all program requirements?
(c) Are sponsorship program critiques being utilized, and are they properly routed through the chain of command?

(2) Command Indoctrination

(3) CDB

(4) Family Ombudsman Program

(5) Sailor recognition and awards boards

(6) CPO and Petty Officer Leadership Courses

(7) Command Development Team

(8) FAP

(9) Command Physical Readiness Program

(10) MWR

(11) CMEO Program

(12) CRT

(13) CTT

(14) SAPR

(15) PFM Program

(16) Operation Stress Control, Suicide Awareness and Prevention Programs

(17) SOY and SOQ programs

(18) Enlisted warfare qualification programs, if applicable

(19) Bachelor Enlisted Quarters program

(20) Humanitarian Reassignment and Hardship Discharge Screening Boards

(21) Chief’s Mess training

(22) Safety and Operation Risk Management Committee/Program
(23) CPO 365

d. Does the command have a local policy in place to recognize FTS/SELRES SOY/SOQ, JSOY/JSOQ, and BJOY/BJOQ?

(1) Are the packages maintained on-file, and does the CO review and approve all nominations?

(2) Does the command promote their SOY/SOQ, JSOY/JSOQ, and BJOY/BJOQ by displaying their names and photos at the command and POW/POM/POD?

e. Is the command utilizing references (c) and (d) when submitting an FTS/SELRES SOY, JSOY, and BJOY to COMNAVRESFORCOM for Force-level consideration?
CC-3 MORALE, WELFARE, AND RECREATION MANAGEMENT

Ref:  (a) RAMCAS Handbook  
(b) BUPERSINST 1710.11C  
(c) DoD Instruction 7600.6

1. General

   a. Is the Recreation Fund Custodian someone other than the person who handles appropriated funds?

   b. Is the MWR fund audited annually?

   c. Are recreation funds deposited in the checking account weekly or when the amount collected reaches $100?

   d. Do all checks bear the name of the echelon 4/5 recreation fund?

   e. Are checks pre-numbered and properly made out avoiding the use of "CASH" or "BEARER"?

   f. Are checkbooks and financial materials secured in a locked compartment with only the Fund Custodian having access?

   g. Are bank statements reconciled monthly?

   h. Are bank statements reconciled by someone who is independent of cash collection functions and does not have check signing authority?

   i. If stocked by the recreation fund, is the money taken from the vending machine documented in the presence of at least two members of the recreation committee/board?

   j. Does the command maintain a combination journal/ledger with all entries supported by receipts/invoices?

   k. Does non-expendable property with a unit acquisition value of $1,000 or more have a unique identification number, and is the number permanently affixed to the item?

   l. Is expendable property with a unit value of $300 or more recorded on a consolidated property record, supported by a separate stock record, and does each item have a number tag permanently attached?

   m. Did CNIC authorize the fund? (Provide the original authorization letter).
n. Has the depository been notified by letter that CNIC is the successor in interest to the bank?

o. If a change fund is maintained, has it been authorized in writing by the CO?

p. Have all prohibitions on the use of the recreation fund been strictly adhered to?

q. Is an annual inventory of recreation property conducted and annotated on the property record?

r. Does the fund custodian prepare a monthly financial statement?

s. If applicable, do all recreational and special purpose recreational vehicles (i.e., boat trailers, campers, all-terrain vehicles, powered cycles, etc.) have U.S. Navy registration numbers and are copies of DD Form 1342 on-file?

t. If applicable, do all boats have a state registration number and current registration seal?

Note: If a state doesn't require registration of U.S. Government boats, the boat must have a 400,000 series U.S. Navy registration number.

u. Were the Annual Recreation Fund financial statements and unit allocation requests submitted to CNIC (N252D) via the RCC by 15 October each year?

v. Is all recreation fund property secured, and does the command use some type of system to check property in/out?

w. Does the CO approve/disapprove minutes of the MWR meetings and sign such authorizations?

x. Are audits, minutes and funding records maintained for the required minimum periodicity?
CC-4 PRIVATE MESS ADMINISTRATION

Ref:  (a) NAVSO P-1000
     (b) DoD Instruction 1000.15
     (c) BUPERSINST 1710.11C

1. General
   a. Does the command have any Private Mess organizations (e.g., Wardroom/CPOA/FCPOA)?
   b. Are the Private Mess organizations approved in writing by the CO?
   c. What defines the scope or organization of the Private Mess? Is there a constitution, by-law(s), or charter in place for each organization? Is it approved by the CO?
   d. Are “dues”, “fees”, and/or “funds” collected by the Private Mess? What accounting and oversight procedures are in place?
   e. What controls are in place to ensure the monies are accounted for? Are the Private Mess organizations routinely audited? When? Does the CO receive a copy of the audit report?
   f. Are audits, minutes, and funding records maintained for the required minimum periodicity?
CC-5 CIVILIAN EQUAL EMPLOYMENT OPPORTUNITY

Ref:  (a) COMNAVRESFORINST 12720.2E
(b) COMNAVRESFORINST 12720.6 CH-1
(c) SECNAVINST 12720.8
(d) MD 715
(e) 29 CFR 1614
(f) CHRM 1601
(g) CHRM 1603
(h) CHRM 1604
(i) CHRM 1606
(j) Executive Order 13548

1. General

   a. Does the command have access to references (a) through (j)?

   b. Please provide a listing of the current echelon 4 and echelon 5 commanders and their report date to the command.

   c. Per reference (a), provide copies of latest EEO and Anti-Harassment policy statements. Were the policy statements issued within 6 months of the installation of the echelon 4 and echelon 5 EEOO? During the current EEOO’s tenure, have the policy statements been re-issued annually? Where are these statements displayed?

   d. Does the echelon 4 and echelon 5 chain of command communicate their support of all DON EEO policies through the ranks?

   e. Provide copies of any correspondence that has informed department heads of affirmative employment goals, including the SECNAV eight percent Hispanic and two percent targeted disabled goals per reference (a).

   f. Provide a copy of sign-in sheets or documented tracking method used to confirm civilian participation in mandatory sexual harassment training, EEO Supervisory training, and NO FEAR training.

   g. Has a copy of reference (b) been provided to all civilian employees and their supervisors? Has the command designated in writing a Deciding Official to make Reasonable Accommodation (RA) decisions? Who has been designated? How many requests for RA has the command received since the last assessment? Were any requests disapproved?

   h. Provide a copy of sign-in sheets or documented tracking method used to confirm completion of mandatory RA training for managers/supervisors.
i. What efforts have been made to recruit Hispanic personnel as required by reference (c) and individuals with disabilities as required by references (c) and (h)?

j. Has the command submitted their annual self-assessment for the MD-715?

k. Per reference (e), how many complaints were filed since the last inspection and how many were resolved? Describe any trends in the command’s EEO complaint activity. Have any complaints been resolved through ADR?

l. Has the command/activity made written materials available to all employees and applicants, informing them of the variety of EEO programs and administrative and judicial remedial procedures available to them?

m. Are managers and supervisors evaluated on their commitment to DON EEO policies and principles? Do all supervisors and managers have the support of the EEO program as a critical element in their performance evaluations?

n. Have all employees been informed about what behaviors are inappropriate in the workplace and that inappropriate behavior may result in disciplinary actions?

o. Are personnel policies, procedures, and practices examined at regular intervals to assess whether there are hidden impediments to the realization of equality of opportunity for any group(s) of employees and applicants?

p. Are supervisors and managers involved in barrier analysis efforts?

q. Have timetables or schedules been established and executed for the command to review its merit promotion, employee recognition, and employee development policy and procedures for systemic barriers that may impede full participation by all groups?

r. Please describe the community outreach that is conducted by the command?

s. Are trend analyses conducted on the civilian workforce? Were there any trends or triggers identified? If so, was a barrier analysis conducted? What were the results? Where action plans developed?

t. Has the command posted/disseminated to employees the ADR program POC information so that managers/employees can obtain information on the process?
FM-1 RESERVE PERSONNEL, NAVY

Ref:  
(a) DoD FMR Volume 3, Chapters 8 and 15  
(b) DoD FMR Volume 9, Chapters 2, 3, 4, 5, and 8  
(c) COMNAVRESFOR P7100.1C

1. General

   a. Are your personnel and squadrons using the travel tracking tool? Is it helping to identify and resolve the transactions in question?

   b. Are unliquidated, partially liquidated, and canceled orders for both current and prior FY, continuously reviewed (at least once per month) using NROWS fund management tools/reports?

   c. Review the volume of unliquidated or partially liquidated orders exceeding a period of over 30 days. Inquire as to the plan for reducing this volume.

   d. Are members with claims or advances outstanding for 30 days or more notified that they must submit a travel claim, cancel their orders, and/or repay advance funds? Are members with claims or advances outstanding for 60 days or more notified of the authority to deny future travel until the claim is liquidated or the advance is repaid?

   e. Is the echelon 4 notified of any members with claims outstanding for 90 days or more (so that a Due US Letter may be issued)? What follow up activities are performed to ensure that funds are recouped following the issuance of a Due US Letter?

   f. What budget variances have occurred within your OPTAR?

      (1) What actions have been taken to decrease the occurrence of variances?

      (2) How are these variances identified, resolved, and documented?

   g. Is the budget execution of sub-allocations to echelon 5 commands reviewed daily to accurately track the financial status of entitlements?

      (1) Review process for monitoring the execution of sub-allocated funds.

      (2) Ensure obligations, balances, and commitments from echelon 5 commands are reviewed promptly upon receipt.

   h. Does the command validate budget execution monthly to identify any changes in the application of resources from the original budget; validate, identify, and prioritize new and old unfunded requirements; and identify any funds in excess of need for application to alternative requirements? Is this validation of budget execution documented and approved?
i. What external information, if any, is received within your region to assist in your FY entitlement requirement projections (e.g., mobilization numbers, AT waivers, non-participants)?

j. Describe your fund allocation process to your subordinate commands.

k. Is the “Comptroller Fund Allocation” summary screen in the NROWS reviewed daily?

l. Ensure that FA are not leaving order applications they intend to disapprove in their inbox? What control is in place to prevent this? Are commitments in prior quarters verified to ensure orders are valid?

m. Have FMs and FAs completed the appropriate JQR? Request documentation evidencing qualifications.

n. Are profiles of command FAs in NROWS reviewed and updated on an annual basis?

o. Do echelon 4 FAs review fund execution on a daily basis?

p. Are these centrally managed funds also authorized by OPTAR? Do these OPTARs use the benefiting UIC rather than the UIC of the OPTAR Budget holder?

q. Are Status of Funds reports sent to the CO/CSO on a weekly basis? Review latest Status of Funds report.

r. When evidence within Status of Funds Report indicates that a particular activity is running out of funds authority, is the activity contacted in a timely manner concerning their plan to continue operations?

s. Are additional funds requested if the entire FY funds are not sufficient? How does the echelon 4 monitor execution in relationship to obligations and commitments? Are funds realigned between activities to cover commitments?

t. What is the objective of your mid-year review request?

u. What tools/information is used to calculate end of year projects?

v. Is an AO assigned to the region? Request to review DD Form 577 for individual(s) identified as AOs.

w. Are DD Form 577s (indicating appointment/termination) retained in the comptroller office for echelon 5 AOs?

x. What evidence can be provided confirming regional AO has completed appropriate training?
y. Are travel orders reviewed to ensure each of the following conditions are met before approving?

(1) Member does not have an advance or claim that has been outstanding for over 60 days.

(2) Member’s personnel information is complete and accurate.

(3) All hard holds applying to the member’s orders have been cleared.

(4) The funding source selected for the orders is correct.

(5) Adequate funds are available for the orders.

(6) All requested travel expenses are allowable and appropriate.

z. Are all requests for travel advances reviewed to ensure each of the following conditions are met before approving?

(1) Member does not have a GTCC or a personal credit card and is not eligible to receive one.

(2) Member included a copy of original orders, SATO itinerary, and Certificate of Non-Availability (if applicable) with the travel advance request.

(3) Member’s unit CO signed the travel advance request.

aa. Are travel claims for local, CONUS, and OCONUS orders reviewed to ensure each of the following conditions are met before approving?

(1) Member completed full term of training and that order modifications were issued accordingly and that pay was processed for only those days the member was actually performing training.

(2) Member submitted DD Form 1351-2, original endorsed orders with signatures and dates of check-in and check-out, order modifications (if applicable), and SATO itinerary (if applicable).

(3) Travel voucher is accurate, complete, signed by member and matches the orders.

(4) Receipts are included for all expenses over $75.

ab. Are travel claims reviewed and submitted for processing within 2 days of the AO receiving a claim?
ac. For travel claims where a GTCC was used, is the total amount of funds due to the government indicated in the split disbursement field of the DD Form 1351-2? Review a sampling of travel claims that indicate use of a GTCC.

ad. Are travel vouchers, supporting documentation, and required forms retained for 6 years and 3 months?

ae. Is there an excessive variance between the estimated and liquidated cost of orders?

af. Are O&MNR funds used to pay for conference fees attendant to AT/ADT/IDTT) orders?

ag. Are cancelled orders promptly processed and reports regularly reviewed to ensure credits are received for unused commercial airline tickets?

ah. Is there a significant increase or decrease to account balances after the year end expiration of the appropriation?

ai. Of the AT orders authorized by NAVOPSPTCEN/OWA, are less than 5 percent of those orders for duty at the NAVOPSPTCEN?
1. General.
   a. Explain your command’s procedures for validating outstanding commitments. Are outstanding commitments of $50,000 or more reviewed to determine if: 1) the requirement is still valid, 2) the amount of the commitment is accurate, 3) the commitment has been converted to an obligation, and 4) should it be recorded as an obligation in STARS?

   b. Explain your command’s procedures to identify and resolve unliquidated obligations. Are unliquidated obligations of $50,000 or more reviewed to determine if: 1) the recorded obligation amount is accurate, 2) the unliquidated amount is valid, and 3) if goods and services received or provided, accrued expenditures, or accrued earnings are reconciled with related accounts payable and accounts receivable accounts?

   c. Are all commitments and obligations, for the period ending 30 September, reviewed to meet the FY-end confirmation statement requirements?

   d. Are commitments and obligations recorded in the system validated to a paper or an EDI representation source document?

   e. How is follow-up conducted on all dormant commitments and obligations over 120 days old? (This is to determine if the requirement is still valid, or if an obligation document has been issued but not received or properly recorded)?

   f. Are commitments and obligations that cannot be substantiated or validated after a thorough review by the funds holder de-committed or de-obligated?

   g. Do reviews of obligations include reviews of problem disbursements? How often are these reviews performed?

   h. Are all miscellaneous obligation documents, travel orders, and supply requisitions recorded in the system reconciled? If not, is supporting documentation from the funds holder available attesting to the purpose and validity of the obligation?

   i. Are all accrued expenditures unpaid validated to an accounts payable record or an EDI source document after 60 days? If not, how often? What type of follow up is conducted on all accrued accounts payable in excess of 60 days?

   j. Identify problems noted as a result of the review. Advise whether, and to the extent, which, adjustments or corrections to remedy noted problems have been taken.
k. Identify what actions have been taken to preclude identified problems from recurring in the future.

l. Is documentation that is sufficient to permit independent organizations, such as the OIG, DoD, or the DoD Component Audit Agency/Service or IG, to verify that the reviews were accomplished as required, maintained for a period of 24 months following the completion of the review?

m. Are USSGL account balances verified to identify that obligations do not exceed authorization (31 U.S.C. §1517)?

n. Are USSGL Trial Balance Reports and NC Form 2168-1 Resource Authorization (6 years) analyzed and compared?

o. Conduct random sampling of obligation documents exceeding $100K, all appropriations, all years to ensure each is incurred for programs and purposes for which the appropriation is established (31 U.S.C. §1301).

p. Are Research Development Test and Evaluation, National Guard and Reserve Equipment, and open purchases sampled to determine that the appropriate funds were applied?

q. Do you review the frequency of late payments?

   (1) Analyze invoiced date with date approved for payment to ensure timely processing.

   (2) Are current IDA 128 and IDA 129 listings reviewed?

r. Are research and corrective actions beginning as soon as it is apparent that a disbursement transaction has resulted in an UMD or a Negative Unliquidated Obligation?

s. Does the comptroller immediately determine whether the disbursement is a valid charge to the fund holder and determine the next course of action to correct/adjust?

t. Are procedures for identifying and resolving UMD reviewed?

   (1) Are reviews of the 1960 suspense report included?

   (2) Is documentation evidencing reconciliation and justification for any adjustments retained for 6 years, 3 months?

   (3) Are reviews of SF 1081 suspense done on a weekly basis?

   (4) Is there a UMD tracking mechanism in place to monitor resolution and performance?
u. Do reimbursable agreement/funding documents exist for all reimbursable accounts?

v. Are reimbursable accounts billed and reimbursable amounts collected? Reference FMR, Volume 3, chapter 15. Are standardized establishment and approval of reimbursable JONs (yearly) reviewed?

w. Are tri-annual reviews performed of outstanding reimbursable obligations to determine propriety?

x. Are reimbursable accounts billed and reimbursable amounts collected/reviewed?

(1) Is there a review for assurances of appropriate JON posting and approval?

(2) Are reimbursable accounts reviewed for timely closeout?

y. Explain procedures (tri-annual review) for identifying and resolving outstanding obligations, ensuring that review of the ADL, or similar, is included.

z. How often are OPTAR record keepers reconciling memorandum records to official accounting reports? (This should be a minimum of once a month for current year, quarterly for the prior years).

aa. Describe reconciliation actions performed when discrepancies are noted between official accounting records and OPTAR records. Do you analyze OPTAR from STARS-FL, and compare to FASTDATA OPTAR?

ab. Are documentation/reconciliation records reviewed? Are files of documents supporting OPTAR entries maintained only at the OPTAR level?

ac. How long do you retain official OPTAR documents?

ad. Is comprehensive file retention practiced for all FYs?

ae. Review first prior year USSGL Trial Balance Reports for October and November for de-obligations. Are de-obligations appropriate and do they contain supporting documentation?
Ref: (a) DoD FMR Volume 8, Chapter 1

1. **General**

   a. Provide the CSRs, “alternate CSRs,” and Supervisors SAAR forms for SLDCADA access.

   b. Are the CSR, “alternate CSR,” and command personnel trained in time card input, time and attendance verification, and payroll verification to ensure that payroll deadlines can be met without detriment to the pay of employees?

   c. If hard copy time cards are utilized, can you provide applicable signature cards or other substantiating documentation for all supervisors?

   d. If using de-centralized SLDCADA, has each employee completed the SLDCADA “Roles and Responsibilities” agreement that authorizes access to SLDCADA?

   e. If not using de-centralized SLDCADA, can you provide official overtime authorization document(s) and justification for overtime worked during the past 12 months? If using de-centralized SLDCADA, can you provide the overtime request and approvals from SLDCADA?

   f. Are all SF 52s and Resource Authorization maintained on-file to support recruitment actions and promotions?

   g. For each pay period: Provide documentation that is maintained to show the Defense Civilian Pay System Master Pay Report reconciliation to the SLDCADA certified hours.

   h. Are exceptions for time keeping, certifications, and reconciliation resolved in a timely manner?

   i. Provide the monthly gross pay file reconciliation to STARS USSGL and work-year personnel costs.

   j. Are civilian personnel cost estimates accurate, reflecting all known labor acceleration costs, special pay/differentials, awards, etc?

   k. Have you reviewed Budget Builder Payroll Differences Report number 42?

   l. Are the automated O&MNR budget databases in budget used on a daily basis as a financial management tool versus just for preparation of submissions to COMNAVRESFOR?

   m. Are overtime controls adequate to prevent the execution of excessive overtime costs?
FM-4 OPERATIONS AND MAINTENANCE, NAVY RESERVE

Ref: (a) DoD FMR, Volume 11A and 14
     (b) NAVSO P-1000
     (c) COMNAVRESFOR P7100.1C

1. General

   a. Are you aware of any actual, apparent, or potential violation of 31 U.S.C. §1517 on any funding authorization, direct, or reimbursable, current or prior year? If so, specifically identify. If a violation has occurred, what is the status of the violation report?

   b. Are USSGL Trial Balance Reports maintained (current FY and 5 prior years)?

   c. Review increase/decrease in gross adjusted obligations after appropriation expired along with the USSGL Trial Balance Reports. October/November – Review first prior year report.

   d. Have OPTAR authorizations been exceeded? If so, what actions do you take to preclude future occurrences?


   f. Are all restrictions assigned on the COMNAVRESFOR Resource Authorization strictly adhered to? Are all such restrictions being identified on applicable OPTAR authorizations?

      (1) NC Form 2168-1 Resource Authorization?

      (2) OPTAR Authorizations?

   g. Are all funds (both direct and reimbursable) against which obligations will be incurred authorized by issuance of OPTARs (using Budget) to officially designated OPTAR managers, including centrally managed OPTARs held in the comptroller’s office?

      (1) Review Budget Fund Status Report number, 56.0.

      (2) Are current FY annual plan amounts issued on all budget OPTAR authorizations for direct funds within 1 month after receipt of the operating budget Annual Planning Figure from COMNAVRESFOR? (OPTAR annual plan amounts are reflected by identification of a quarterly plan for all four quarters of the FY.)

   h. Review OPTAR Authorizations and NAVCOMPT Form 2168-1 Resource Authorization.

   i. Are all OPTAR funds issued in budget against the detail budget line items versus totals such as SAG, expense element, or overall OPTAR total?
(1) Have you reviewed the Budget OPTAR detailed report?

(2) Are OPTAR holder status of funds reports received at a minimum of monthly from OPTAR holders for current FY and quarterly for prior FYs?

j. Status of funds report (current and prior years). Are CO Status of Funds reports prepared monthly for current FY and quarterly for prior FYs? Do all reports include the status of all limitations cited on the COMNAVRESFOR Resource Authorization?

k. Site documentation/correspondence. Do you ensure that at least 80 percent of the annual authorized funds are obligated by 31 July?

l. USSGL Trial Balance Report. Are sufficient controls in place to prevent wasteful year end spending: Continuous documentation throughout the year on command unfunded requirements; withdrawal of unused OPTAR funds early in the last month of the FY to prevent panic spending/unnecessary stocking of supplies?


n. STARS-FL Reimbursable Reports: Are procedures adequate to ensure obtaining reimbursable funding documents prior to incurring reimbursable charges?

o. Have you reviewed funding documents?

p. Billings for reimbursable: Is the status of reimbursable orders promptly reviewed? Are unused reimbursable funds returned to the reimbursable customer before the end of the FY?

q. Are job order cost structures in compliance with COMNAVRESFOR cost structure listing?

(1) Review Budget OPTAR detailed report.

(2) Review COMNAVRESFOR cost structure listing.

(3) Review NAVCOMPT 2171 Report.

r. Is there a current command instruction on management of financial resources; budgeting for resources; OPTAR record keeping procedures and reporting?

s. According to the command’s financial instruction, are OPTAR records reviewed periodically to ensure the following:

(1) Funds have not been spent for unauthorized purposes?
(2) Accuracy of costing by job order?

(3) Validity of reconciliations performed?

t. Have you reviewed FASTDATA OPTAR logs?

u. Are annual budget calls and mid-year review calls sent to the OPTAR holder?

v. Can you provide records of budget call/mid-year review correspondence and the responses received?

w. Are budgets formulated to ensure a valid, executable spending plan with flexibility to allow revision due to budget changes, emergent requirements, and/or changes in mission or program direction?

x. Are unfunded requirements continuously presented to the CO along with identification of current fund availability for management decision?

y. Are the NAVCOMPT Forms 2171 report and 2168-1 Resource Authorization reconciled to the command financial plan prior to budget calls, reviews, and/or update submission to COMNAVRESFOR?

z. Are the automated O&MNR budget databases in budget used on a daily basis as a financial management tool versus just for preparation of submissions to COMNAVRESFOR?
FM-5 FINANCIAL IMPROVEMENT AND AUDIT READINESS

Ref:  
(a) Office of the Under Secretary of Defense (Comptroller)/Chief Financial Officer  
FIAR Guidance  
(b) Office of ASN FM&C Revised Document Retention Requirements to Support DON  
Financial Statement Audits, 29 Jan 2015  
(c) Assistant Secretary of the Navy (FM&C), Financial Management Policy Letter 16-01:  
Delegation of Authority to Appoint Accountable Officials

1. General

a. Document Retention Review. (Echelon 3/4/5) Are documents being maintained per  
DASN FO guidance requiring records which support financial transactions to be maintained  
beyond regular disposition time frames for a period of 10 years? If so, how and where are these  
documents maintained?

b. Please refer to the FIAR KSD List 20 April 2016  
for a list of the most common KSDs by business process.

c. Property, Plant, and Equipment (PPE). (Echelon 3/4/5) Are all records in support of PPE  
and other assets being maintained for two years after the asset is disposed of or removed from  
DON’s financial statements? If so, how and where are these documents maintained?

d. Accounts Payable. (Echelon 3/4) Are all accounts payable records being maintained for a  
period of 10 years after the final payment is made? If so, how and where are these documents  
maintained?

e. DD 577 Retention. (Echelon 3/4/5) Select a random sampling of DD 577s for each  
business processes where applicable. Does the DD form 577 accurately describe the personnel’s  
appointed position and adheres to the instructions stipulated on the form and local guidance?  
Validate that each Disbursing Officer, Certifying Official, DOA and other Accountable Officials  
who are subject to pecuniary liability are appointed and the DOA/DD 577s are available and  
maintained for the mandated 10 year period. Verify applicable COL training is on file with the  
DD 577 completed for applicable business processes.

2. Military Payroll (MILPAY) Segment (N1/N8)

a. CP01 Status of Funds. (Echelon 3) Does management review monthly authorization  
levels in PBIS, DDRS, and STARS-FL to confirm that Military Payroll amounts do not exceed  
funding authority? (This control is addressed in FM-1: Reserve Personnel, Navy assessment  
questions 18, 20, & 21.)
b. CP02 MILPAY Master File Updates (Data Entry). (Echelon 4/5) Do authorized personnel at PSD review source documentation prior to releasing updates to the personnel system to verify the updates are processed correctly? *(This control is addressed in MP-3: Pay Management assessment question 2.)*

c. CP03 Reserve Pay Transaction Review (Reconciliation). (Echelon 4/5) Do personnel at the PSD verify the reporting endorsements on the orders prior to initiating payments? Do personnel at the echelon 5 reconcile the dates on the orders with the endorsements stamped on the orders to verify the order dates, less travel time, match the endorsement dates? *(This control is addressed in MP-3: Pay Management assessment question 2 and FM-1: Reserve Personnel, Navy assessment questions 28, 30, 33, 34, & 36.)*

d. CP04 IDT Drill (Monitoring). (Echelon 4/5) Are drill muster forms reviewed by each echelon 5 for completeness prior to entering into NSIPS for payment? *(This control is addressed in MP-3: Pay Management assessment question 2.)*

e. CP06 Review of Obligation Basis (Management Review). (Echelon 3) Are obligations reviewed and approved prior to entry into the accounting system STARS-FL for AT/ADT Orders, CMA Drills, RPA, medical stipend (71865), NAT, and various bonuses?

f. CP07 Reasonableness Review (Monitoring). (Echelon 3) Does COMNAVRESFOR perform a daily review of the OB Funds Status Report to confirm the reasonableness of obligations?

g. CP12 Suspense Accounts Reconciliation (Reconciliation). (Echelon 3) Are all payroll suspense accounts in the GL reconciled and reviewed by COMNAVRESFOR Accounting Management/Supervisory on a timely basis?

h. CP16 Triannual Review. (Echelon 3) Does the appropriate accounting office review dormant commitments, unliquidated obligations, accounts payable, and accounts receivables for timeliness, accuracy, and completeness during each of the 4 month periods ending on 31 January, 31 May, and 30 September of each FY? Do they initiate actions to resolve issues with dormant commitments, unliquidated obligations and accounts payables/receivables as appropriate? *(This control is addressed in FM-1: Reserve Personnel, Navy assessment questions 2 & 3; and FM-2: Accounting/Financial Integrity assessment question 25.)*

i. CP17 DJMS-RC Reconciliation. (Echelon 3) Does an authorized COMNAVRESFOR user import the DJMS-RC GUH Reports, DJMS-RC Detail files, and the STARS-FL payroll report (for Register 15) into the DJMS-RC Reconciliation Tool for the reporting month? Does the COMNAVRESFOR technician run the DJMS-RC Reconciliation Tool to compare pay information among the three reports? Does a COMNAVRESFOR supervisor review the DJMS-RC Reconciliation Report and sign and date the report to evidence the review? Does the technician monitor relevant suspense transactions when variances for the FY are greater than 1%?
j. **KSD1 LES Review.** (Echelon 3) Select a random sampling of LESs from the Gross Pay files (DJMS 1A Detail files) and recalculate the amounts for LES entitlements, deductions, and allotments. Does the amount on the LES accurately reflect the entitlement(s) earned and deductions expected? Provide supporting documentation to corroborate recalculation.

3. **ToP (N3)**

   a. **CP1 Authorization Approval.** (Echelon 3/4/5) Does the appointed AO review the travel and advance requests against local business rule compliance, regulatory compliance, line of accounting, and proper estimation? *(This control is addressed in MP-8: Pay Management assessment question 42.)*

   b. **CP2 Rejects Review.** (Echelon 3/4/5) Does the command perform a monthly review of travel document rejects and pending approvals? *(This control is addressed in MP-8: Pay Management assessment questions 44 & 46.)*

   c. **CP3 Separation of Duties.** (Echelon 3/4/5) Does the command perform a review of all AOs listed in a routing list to ensure they have a validated DD Form 577 and cannot edit the following master data: 1) profiles, 2) lines of accounting; and 3) routing lists? *(This control is addressed in MP-8: Pay Management assessment questions 42, 43, & 48.)*

   d. **CP4 Un-submitted Vouchers.** (Echelon 3/4/5) Does the command perform a monthly review of un-submitted vouchers within 30 days of trip end? *(This control is addressed in MP-8: Pay Management assessment question 50.)*

   e. **CP9 Voucher Approval.** (Echelon 3/4/5) Does an appointed AO review travel claims against local business rule compliance, regulatory compliance, correct line of accounting, and proper estimation? *(This control is addressed in MP-8: Pay Management assessment question 55.)*

   f. **CP15 Review of NROWS Fund Approvers.** (Echelon 3/4/5) Is an annual review performed of all approving officials in NROWS to ensure a current DD Form 577 is on-file with references to travel documentation approval? *(This control is addressed in FM-1: Reserve Personnel, Navy assessment question 17 and MP-8: Pay Management assessment question 19.)*

4. **MILSTRIP Segment (N4/N41)**

   a. **MR2 Change Notice.** (Echelon 4/5) Does the DAO confirm execution of monthly and annual (where applicable) material data and price updates to ensure best available prices are resident in the BLA at the time of the material requisition?

   b. **MR4 Requisition Approval.** (Echelon 3/4/5) Does the DAO review material requirements prior to release of order for time, purpose, and amount as evidenced by approval of the order in the BLA (requisitioning system)? Select a random sampling of requisitions.
c. **MR5 Material Receipt.** (Echelon 3/4/5) Does the DAO physically receive all material via manual or electronic entry into the BLA as evidenced by circle, sign, and date on the hard-copy receipt; the hard copy receipt must be physically or electronically retained. Select a random sampling of receipt documents.

d. **FL14 Fuel Receipt.** (Echelon 5) Are all surface combatant and aviation fueling events reported monthly in the unit’s BLA as evidenced by circle, sign, and date on the hard-copy receipt; the hard copy receipt must be physically or electronically retained. Select a random sampling of receipt documents.

5. **Government Purchase Card (GPC) (N4)**

a. **CP3L Authorized Official Funding Document Review.** (Echelon 3/4/5) Does the AO have prior designation before approving any documents? Prior to approval, does the authorizing official review the funding documents and/or purchase request to verify that the goods and/or service being procured, and the period of performance, are consistent with the appropriation and subhead cited on the funding document and/or the purchase request and the amount does not exceed the funding authority associated with the appropriation and subhead cited on the document? Is this evidenced by physical or electronic signature of the AO?

b. **CP17 Obligation Timeliness.** (Echelon 3/4/5) Prior to creating an obligation, does the Approving Official match the LOAs (ACRN, APPN, and SUBHEAD) on the obligating document against the approved funding document and/or purchase request and validates that sufficient funds are authorized for obligation as evidenced by signature on the obligating document? Are the obligating documents approved only by Approving Officials who possess the appropriate written authority?

c. **CP22 Receipt and Acceptance.** (Echelon 3/4/5) If applicable, does the receiving entity (at the specified DoDAAC outlined in the contract) perform inspection/verification of goods or services provided and complete the Material Inspection and Receiving Report, DD Form 250, or equivalent?

d. **CP23 (3-Way Match) DD Form 577 Certifying Officer.** (Echelon 3/4/5) Did the authorizing official have prior designation before approving the document? As part of the invoice certification process, does the Certifier/Local Processing Official (at the specified DoDAAC outlined in the contract) reconcile the proper invoice to the contract and receiving report to ensure goods/services were received and accepted in accordance with contract terms? Did the AO certification have evidence of review by signature and date? Does the Certifying Official evidence this review either electronically in WAWF or via signature for manual invoices?
6. ToT (N4/N8)
   a. CP01 Review and Validation of Transportation Account Code (TAC).  (Echelon 3/4) Annually, does N8 review and validate COMNAVRESFOR’s TACs for the upcoming FY on the NAVSUP spreadsheet? Is this evidenced by signature and date?

   b. CP02 Review of Funding Document.  (Echelon 3/4/5) Are funding documents and/or purchase requests signed and dated within the same quarter as the bulk obligation was entered into STARS-FL?

   c. KSD-1 Source Documentation for Shipments.  (Echelon 3/4/5) Are shipping charges validated by the transportation office as evidenced by signature and date on the DD Forms 1149?

   d. KSD-2 Source Documentation for 3-Way Match Quarterly Review.  (Echelon 3/4/5) Do the dollar amounts and dates match between the DD Form 1149/Funding Document/STARS Inquiry Menu (RDOC)?

7. GE/EC (N4)
   a. CP1 Asset Acceptance – Acquisition Documentation.  (Echelon 3/4) Does the RO, or equivalent title, record the newly accepted asset into the approved APSR within 7 calendar days of receipt? Does the RO have the proper delegation of authority necessary to accept assets into the custody of the command?

   b. CP2 Secondary Review of Acquisitions.  (Echelon 3/4) Does the RO perform a secondary-level review of new APSR acquisition records and the associated FIAR data elements against key supporting documents to ensure accuracy, completeness, and timeliness of the APSR asset record?

   c. CP3 Quarterly Reconciliation of Acquisitions.  (Echelon 3/4) On a quarterly basis, does the PPM or other designated official reconcile all acceptance documents for all accountable GE assets received as of the last review period and a listing of all APSR records as of the last review period?

   d. CP4 Physical Inventory.  (Echelon 3/4) Does the PPM ensure a physical inventory is performed in accordance with SECNAVINST 7320.10A? Is the physical inventory documented and maintained at least until the next physical inventory is completed? Was a “Physical Inventory Completion Letter” submitted by the activity level to the BSO level? Was a “Physical Inventory Completion Letter” submitted by the Budget Submission Office to FMO as part of the year-end departmental reporting?

   e. CP5 Disposition Authorization.  (Echelon 3/4) Does the PPM (or other designated official) or Commander approve the GE disposition requests for accountable property? Is this authorization evidenced by the PPM (or other designated official) or commander’s dated
signature on the disposition KSD? Does the PPM have DOA to provide disposition approval and is a copy of the DOA on-file?

f. CP6 Secondary Review of Dispositions. (Echelon 3/4) Does the RO perform a secondary level review of new APSR disposition records and the associated FIAR data elements against key supporting documents to ensure accuracy, completeness, and timeliness of the APSR asset record?

g. CP7 Quarterly Reconciliation of Dispositions. (Echelon 3/4) On a quarterly basis, does the PPM (or other designated official) reconcile disposition documents with APSR records deleted in the last review period? Is the disposition reconciliation report signed and dated by the PPM (or other designated official) and retained for audit purposes?

h. Substantive – Existence (Book-to-Floor). Select a sample of assets from the APSR and verify location on site.

i. Substantive – Completeness (Floor-to-Book). Select a sample of assets on site and verify data is recorded in APSR.

8. Financial Statement Compilation and Reporting (N8):

a. (Echelon 3/4) Select random sampling of SBTs.

b. (Echelon 3/4) Are all SBTs prepared, reviewed, approved, posted and validated by personnel with the proper level of authority?

c. (Echelon 3/4) Are all SBTs being tracked on the Manual Cost Adjustment Form?

d. (Echelon 3/4) Are all SBTs reviewed and approved prior to entry into the applicable system? (i.e. STARS-FL, Ask Cleveland.)

e. (Echelon 3/4) Does the supporting documentation provide sufficient detail to substantively support the amounts in the transaction entry, the USSGL accounts affected, and was it recorded in the correct accounting period?


a. CP03 AOs Review. (Echelon 3/4/5) Prior to approval, does an AO review the funding document to verify that the goods and/or services being procured, as well as the period of performance, are consistent with the appropriation and subhead cited on the funding document? Is the AOs approval evidenced by signature and date?

b. CP10 Disbursement Validation. (Echelon 3/4) Are disbursement evidenced by receipt and acceptance ensuring the validity and reasonableness of billings generated by the performer?
c. **KSD1 Obligation Testing.** (Echelon 3/4) Select a random sample of RWO-G obligations and determine if: 1) the obligation represents a valid transaction that is authorized and recorded in the proper period; 2) the AO has a proper delegation of authority; 3) the performance work statement details the specific goods/services to be provided by the performing agency; 4) a GT&C was in place prior to authorization; 5) the obligation is valid and recorded in the correct amount and proper period; and 6) the GL LOA attributes match the funding document LOA attributes.

10. **Reimbursable Work Orders – Performer (RWO-P) (N8)**

   a. **CP01 Accepting Official’s Review.** (Echelon 3/4/5) Does the authorizing official review and accept reimbursable orders to ensure the work, as stated in the PWS, can be performed and accept them accordingly? This acceptance is evidenced by signature and date on the reimbursable order.

   b. **CP05 Valid Collections.** (Echelon 3/4/5) Does the command perform a monthly review of costs billed to the granting agency to ensure they are complete and accurate based upon the goods/services provided?

   c. **KSD1 Authorization Test.** (Echelon 3/4/5) Select a random sample of RWO-P transactions and determine if: 1) the funding document provides reasonable assurance that the reimbursable authorization associated with the collection is valid and recorded accurately in the proper period; 2) the accepting official has a proper delegation of authority; 3) the PWS or funding document details the specific goods/services; 4) a GT&C was in place prior to the authorization; and 5) the accounts receivable is valid and recorded in the correct amount and proper period.

11. **CIVPAY (N8)**

   a. **CP15 T&A Certification.** (Echelon 3/4/5) Do supervisors with direct employee oversight certify employee’s T&A in the respective T&A application (i.e. SLDCADA) or hardcopy timesheets prior to the disbursement of payroll? This certification includes acceptance of sick, leave, overtime, and other compensatory time as accurate and complete. This certification is noted as a digital or electronic signature in the T&A application or manual signature date on the hardcopy timesheet. (*This control is addressed in FM-3: Civilian Budget, Payroll and Timekeeping assessment questions 1 & 3.*)

   b. **CP18 HR Personnel Action Approval.** (Echelon 3/4) For all personnel changes impacting employee pay, does a HRSC Specialist review the NPA (SF-50) against the RPA (SF-52) and other supporting documentation to ensure data is accurate? Are all changes accurately reflected within the employees’ master file (DCPDS) and payroll system (DCPS)?
c. **CP20 BSO Personnel Change Approval.** (Echelon 3/4) For all personnel actions requiring command approval, are requisite approvals via an SF-52 (or other supporting documentation) obtained before the pay change is implemented?

12. **CVP (N8)**

a. **CP3L AO Funding Document Review.** (Echelon 3/4) Did the AO have proper authority to approve the funding document? Prior to approval, does the authorizing official review the funding documents and/or purchase request to verify that the goods and/or service being procured and the period of performance are consistent with the appropriation and subhead cited on the funding document and/or the purchase request? Does the AO verify the amount does not exceed the funding authority associated with the appropriation and subhead cited on the document? Is this evidenced by date and physical or electronic signature of the authorizing official?

b. **CP17 Obligation Timeliness.** (Echelon 3/4/5) Prior to creating an obligation, does the AO match the LOAs (ACRN, APPN, and SUBHEAD) on the obligating document against the approved funding document and/or purchase request and validates that sufficient funds are authorized for obligation as evidenced by signature on the obligating document? Are the obligating documents approved only by AOs who possess the appropriate written authority? If applicable, did the contractor sign and date in the appropriate section?

c. **CP22 Receipt and Acceptance.** (Echelon 3/4/5) If applicable, does the receiving entity (at the specified DoDAAC outlined in the contract) perform inspection/verification of goods or services provided and complete the Material Inspection and Receiving Report, DD Form 250, or equivalent?

d. **CP23 (3-Way Match) DD Form 577 Certifying Officer.** (Echelon 3/4) As part of the invoice certification process, does the Certifier/Local Processing Official (at the specified DoDAAC outlined in the contract) reconcile the proper invoice to the contract and receiving report to ensure goods/services were received and accepted in accordance with contract terms? Does the Certifying Official evidence this review either electronically in WAWF or via signature for manual invoices?
HS-1A ECHELON 4 FORCE HEALTH PROTECTION AND READINESS

Ref:  (a) BUMEDINST 6230.15B  
(b) OPNAVINST 5100.23G CH-1  
(c) RESPERSMAN 6000-010  
(d) OSHA 29 CFR 1910  
(e) SECNAVINST 6120.3  
(f) NAVADMIN 233/07  
(g) DoD Instruction 6025.19  
(h) NAVMED P-5132  
(i) BUMEDINST 6110.13A  
(j) OPNAVINST 6100.3  
(k) BUMEDINST 6224.8A  
(l) MOD 12/PPG TAB A  
(m) BUPERSINST 1001.39  
(n) MDR Manual CH.11  
(o) MILPERSMAN 1910-158  
(p) SECNAVINST 1770.3D  
(q) DoD Instruction 1241.2  
(r) MANMED CH 6/16  
(s) NAVADMIN 331/13  
(t) NAVADMIN 187/14  
(u) COMNAVRESFOR 17/14  
(v) NAVMED P-5010  
(w) BUMEDINST 6320.103

1. **Training Requirements** (references (a) through (c))

   a. Does the echelon 4 Medical Department maintain medical training tracker(s) and documentation for all echelon 4 and echelon 5 MDRs in reference to the following courses?

      (1) RMA within the last 5 years

      (2) TRICARE course or online basic course every 2 years

      (3) BLS

      (4) DHA IHB, Project Immune Readiness training requirements

      (5) AHLTA/JLV courses (See COMNAVRESFORCOM AHLTA access guide for specifics)

      (6) MHS Learn: HIPAA, CHCS Orientation, and AHLTA Overview
(7) DoD Cyber Awareness

(8) ESAMS Blood Borne pathogens

b. All personnel who administer vaccines must complete a baseline comprehensive immunization orientation to establish competency every 3 years, to include these courses:

(1) Anaphylaxis
(2) Competency
(3) Quality Assurance
(4) Vaccine Storage and Handling
(5) Introduction to Vaccinations

Note: Provide completion certificates for all medical personnel administering vaccinations in the region.

Note: Resident courses – Medical personnel may attend either The Standards for Quality Immunization Practice Course (SQIPC), or the Immunization Program Leaders Course (IPLC). Either one of these courses will suffice for the 3 year requirement. Provide course certificate.

c. All personnel who administer vaccines must complete at least 8 hours of annual continuing education, in line with Defense Health Agency Immunization Healthcare Branch (DHA-IHB), and RESFOR guidance. Training courses/topics should cover topics to include:

(1) Immunization standards of Competency
(2) Vaccine Storage and Handling
(3) Anaphylaxis and Contraindications
(4) Vaccine Schedules
(5) Quality Assurance
(6) Administration Techniques
(7) Adverse Events (VAERS)
(8) Documentation and Management
Note: Provide completion certificates for all medical personnel administering vaccinations in the Region.

d. All personnel administering the seasonal influenza vaccination will complete the DoD seasonal influenza training. Additionally, personnel will provide course completion for each additional immunization approved for and supplied to the NRA outside of the standard readiness immunizations. (e.g., Yellow Fever) Provide completion certificates.

2. Administration/Medical Department Organization (reference (a), (c), and (d))

   a. Does the echelon 4 SMDR have direct access to the region commander?

   b. Does echelon 4 N9 track all echelon 4 and 5 MDR gains/losses at least monthly and have updated contact sheet?

   c. Does echelon 4 medical update COMNAVRESFORCOM STR tracker no later than Monday at 1000 Eastern Time?

   d. Is the echelon 4 SMDR an active member in PB4T? If so, does SMDR communicate medical requirements and deficiencies to the echelon 4 CO, echelon 5 CO and/or unit CO/OIC? If yes, provide documentation of correspondence.

   e. Is MRRS being used to track Individual Medical Readiness (IMR) for the RC and AC for both echelon 4 and echelon 5 commands?

   f. Is there a current self-assessment kept on file utilizing the most current assessment guide?

   g. Does the echelon 4 SMDR have a relief letter on file, to include turnover assessment guide? (Assumption of Duties letter is required for all SMDR turnovers, to include gapped billets.) Did the turnover include a thorough self-assessment of the local medical department and region-wide medical departments within 30 days of turnover or assumption of duty? If yes, provide documentation.

3. Health Readiness (references (e) and (f))

   a. Do all echelon 4 and 5 MDRs have access to following programs?

      (1) MRRS

      (2) AHLTA/JLV and HAIMS

      (3) Webwave II (echelon 4 mandatory only)

      (4) VIALS
(5) ePHA Web site

**Note:** If no, produce a plan of action and milestones endorsed by the region CO.

b. Does echelon 4 N9 track and maintain echelon 4 and 5 IMR readiness by notifying commands that have delinquent IMR requirements? Does echelon 4 N9 assist echelon 5 medical departments in maintaining command IMR readiness? Are the following metrics being met locally at the echelon 4 level (RCC staff) and echelon 5 commands?

(1) Fully Medically Ready ≥ 85%

(2) Partially Medically Ready ≤ 8%

(3) Medically Ready Indeterminate ≤ 5%

(4) Not Medically Ready %

(5) Full + Partial Medical Readiness ≥ 90%

(6) Medical Readiness Laboratory Tests ≥ 95%

(7) Individual Medical Equipment ≥ 95%

4. **Dental Readiness - MRRS** (reference (g))

   a. Does echelon 4 N9 track and maintain region dental readiness by notifying commands who have delinquent dental requirements? (echelon 4 and 5).

   b. Is the echelon 4 and 5 dental readiness within the minimum dental readiness (Class I and Class II added together) as identified by BUMED (95%)? (Region and staff dental readiness. Provide separate reports.)

   (1) Number of Dental Class I =

   (2) Number of Dental Class II =

   (3) Number of Dental Class III =

   (4) Number of Dental Class IV =

5. **Equipment/Supply Management** (reference (h))

   a. Does the echelon 4 medical department effectively manage and track all medical equipment maintained locally and echelon 5 commands worth over $250?
(1) Does the echelon 4 track all echelon 5 annual Biomed certification dates?

(2) Provide an up to date region inventory with last Biomed certification dates.

b. Has all equipment been inspected by biomedical repair or certified contractor within the last year? If no, provide a current plan of action and milestones endorsed by the echelon 4 CO.

c. Is the AED machine being properly maintained per manufacturer’s manual?

(1) Is there an AED for every floor of the echelon 4?

(2) Is there a log of the AED being tested monthly?

d. Is there a Chinook medical kit readily available on every floor of the echelon 4?

6. Health Promotions Program Management (reference (i))

a. Is a Command Health Promotion Coordinator identified to manage the Command Health Promotion Program per BUMEDINST 6110.13A series?

b. Has the echelon 4 established a Health Promotion Committee?

c. Has the echelon 4 implemented monthly Health Promotion activities?

d. Is there evidence of monthly Health Promotion observances?

e. Does the command have a Health Promotion resource library?

f. Is the POW/POM or other routine correspondence being used to spotlight Health Promotion activities?

7. Pre-Deployment, PDHA, and PDHRA Management (references (c), (j), and (k))

a. Does the echelon 4 effectively track echelon 5 in managing the PDHRA program ensuring 100% monthly compliance and completion? If no, provide a current plan of action and milestones endorsed by the echelon 4 CO.

b. Is the POW/POM or other routine correspondence being used to spotlight Deployment Health activities such as on-site PHOP, RWW, and/or call center events?

c. Do echelon 4 MDRs have EDHA administrator access to print PDHAs and PDHRAs Demonstrate proper login and usage?
d. Does the echelon 4 ensure all echelon 5 MDRs have EDHA administrator access? Provide tracking documentation.

e. Are members completing PDHRAs when due?

(1) Current Month regional PDHRA status:

(2) Total Due: ______________

(3) Compliant: ______________

8. Medical Mobilization Screening. (references (j) through (n)) Does the echelon 4 effectively manage and track the mobilization program for echelon 4 and echelon 5, ensuring all medical mobilization screenings are completed no later than 60 days from the member being notified (RC1 date) for mobilization? Provide current mobilization tracker with updated required information.

9. Injury Case Management (references (c), (n), (o), (p), and (q))

a. Dental Class III Management. Does the echelon 4 N9 effectively manage and track all TNDQ cases to ensure echelon 5 MDRs are updating MRRS and to reflect current status?

b. TNPQ Management. Does the echelon 4 N9 effectively manage and track all TNPQ cases to ensure echelon 5 MDRs are updating MRRS and to reflect current status?

c. Medical Retention Review (MRR) Management

(1) Does echelon 4 N9 manage a tracker for all MRR packages to ensure echelon 5 MDRs are submitting packages and updating MRRS status tab to reflect current information and compliance with MRR policy?

(2) Does the echelon 4 N9 review, endorse, and submit to BUMED, all MRR packages within 10 days of receipt from echelon 5 commands?

(3) Does the echelon 4 N9 track all returned documentation for correction from BUMED, to comply with 60 day requirement? Number of current cases over 60 days:

d. LOD. Does the echelon 4 N9 effectively manage and track all LOD cases across the region, to ensure echelon 5 MDRs are updating MRRS and the status tab to reflect current and accurate information?

e. Does the echelon 4 N9 track opening, monthly updates/Incapacitation Pay, and closures of all LOD cases across the region? Provide current number of LODs without a monthly update.
10. **Health Record (HREC) Management** (references (r) through (u))

   a. Is security of HREC and case files maintained locally at the region? (Have MDRs demonstrate how records are secured.)

      (1) Is there a Service Treatment Record (STR) on file for every RC personnel attached to the RCC?

      **Note:** All records on file at the echelon 4 shall be maintained per MANMED chapter 16 and are subject to inspection.

      (2) Does the data in MRRS reflect the location of HRECs and dental records?

      (3) Are STRs for AC/RC members verified annually per MANMED chapter 6 and 16 utilizing the hard copy record, MRRS and AHLTA?

      **Note:** Hard copy STRs, MRRS, and AHLTA medical records must be verified during all annual verifications, check-in, check-outs, and PHA.

   b. **Health STR Retirement/Transfer**

      (1) Does the echelon 4 effectively track compliance that all echelon 5 MDRs have access to the NSIPS STR tracking database? Provide documentation. If no, provide a current plan of action and milestones endorsed by the echelon 4 CO.

      (2) Does the echelon 4 effectively manage and track the retirement of all STRs to ensure echelon 5 MDRs adhere to the STR guidance per NAVADMIN 331/13, NAVADMIN 187/14, and the COMNAVRESFOR 17/14?

      (3) Do the echelon 4 N9 MDRs consolidate all echelon 5 STR NSIPS loss reports and verify accuracy with the locally generated N1 RHS report weekly?

      (4) Provide documentation.

   c. Do the echelon 4 N9 MDRs accurately update the COMNAVRESFORCOM STRs tracker weekly?
HS-1B ECHELON 5 FORCE HEALTH PROTECTION AND READINESS

Ref:  (a) BUMEDINST 6230.15B  
(b) OPNAVINST 5100.23G CH-1  
(c) RESPERSMAN 6000-010  
(d) OSHA 29 CFR 1910  
(e) SECNAVINST 6120.3  
(f) NAVADMIN 233/07  
(g) DoD Instruction 6025.19  
(h) NAVMED P-5132  
(i) BUMEDINST 6110.13A  
(j) OPNAVINST 6100.3  
(k) BUMEDINST 6224.8A  
(l) MOD 12/PPG TAB A  
(m) BUPERSINST 1001.39  
(n) MDR Manual CH.11  
(o) MILPERSMAN 1910-158  
(p) SECNAVINST 1770.3D  
(q) DoD Instruction 1241.2  
(r) MANMED CH 6, 16, 18  
(s) NAVADMIN 331/13  
(t) NAVADMIN 187/14  
(u) COMNAVRESFOR 17/14  
(v) NAVMED P-5010  
(w) COMNAVRESFORINST 6000.1E  
(x) BUMEDINST 6320.103

1. **Training (references (a) through (c))**

   a.  Have the NAVOPSPTCEN MDRs attended the RMA course within the last 5 years? If so, provide course documentation and expiration dates.

   b.  Have the NAVOPSPTCEN MDRs completed the training requirements for CHCS/AHLTA access?

      (1) Provide course completion documentation and expiration dates.

      (2) Do the MDRs have AHLTA/JLV/HAIMS Portal access? Demonstrate proper log in procedures and usage.

   c.  Have the MDRs completed the TRICARE training course or online basic course (every 2 years)? If so, provide course completion certificates.

   d.  Are all the MDRs BLS qualified? If so, provide documentation and expiration dates.
e. Have the NAVOPSPTCEN MDRs completed the DHA IHB, Project Immune Readiness training requirements or equivalent, to be certified to give immunizations at the echelon 5 as defined by the COMNAVRESFORCOM (N9) department? See below course requirements.

(1) All personnel who administer vaccine must complete a baseline comprehensive immunization orientation to establish competency every 3 years, to include these courses:

(a) Anaphylaxis.

(b) Competency.

(c) Quality Assurance.

(d) Vaccine Storage and Handling.

(e) Introduction to Vaccinations.

Note: Provide completion certificates.

Note: Resident courses – Medical personnel may attend either The Standards for Quality Immunization Practice Course (SQIPC) or the Immunization Program Leaders Course (IPLC). Either one of these courses will suffice for the 3 year requirement. Provide course certificate.

(2) All personnel who administer vaccine must complete at least 8 hours of annual continuing education, in line with Defense Health Agency Immunization Healthcare Branch (DHA-IHB) and RESFOR guidance. Training courses will cover topics to include:

(a) Immunization Standards of Competency.

(b) Vaccine Storage and Handling.

(c) Anaphylaxis and Contraindications.

(d) Vaccine Schedules.

(e) Quality Assurance.

(f) Administration Techniques.

(g) Adverse Events (VAERS).

(h) Documentation and Management.

Note: Provide completion certificates.
f. All medical personnel administering the Influenza vaccine must complete Annual Influenza Vaccine training. Provide course completion documentation.

g. Are other immunizations outside of Individual Medical Readiness requirements administered? Did COMNAVRESFORCOM (N9) medical department prior to ordering, maintaining, and/or administering of the vaccine approve them? Are the MDRs trained for each immunization? Show documentation.

h. Does the SMDR ensure members of supporting units (i.e., OHSU) who administer immunizations, complete DHA IHB, Project Immune Readiness required training, and maintain current BLS qualifications? Provide course documentation and certificates.

i. Does the SMDR ensure members of supporting units (i.e., OHSU/EMF) who administer immunizations in at least 8 hours of annual training requirements to include Annual Influenza Vaccine Training, Cold Chain Management, and other courses on current immunization recommendations, schedules, and techniques? If so, provide course documentation and expiration dates.

j. Do the MDRs, unit providers and/or unit HMs complete ESAMS Blood Borne Pathogen Training? Is required ESAMS Blood Borne Pathogen training certificate on file? If so, provide completion certificates and documentation.

k. Is annual ESAMS Blood Borne Pathogen refresher training completed?

2. Administration (references (a), (c), and (d))

a. Medical Department Organization/Administration

(1) Does the SMDR have direct access to the echelon 5 CO?

(2) Is the echelon 5 SMDR notified of personnel gains and losses from the manpower department or N1 department?

(3) Is the SMDR an active member in PB4T?

(4) Does the SMDR communicate medical requirements and deficiencies to the echelon 5 and unit leadership? If so, provide documentation.

b. Is MRRS being used to track IMR for the RC and AC?

c. Is there a Medical Department Organization Manual or SOP binder? Include a minimum of:

(1) POC for echelon 4, supporting OHSU/EMF unit, supporting clinics, etc.
(2) Procedures for contacting EMS.

(3) Accidental needle stick protocol (reference (d)).

(4) Biohazard collection, transfers, and spill procedures.

(5) ECP

(6) Infection control procedures (reference (d)).

(7) Mass casualty response plan (may be incorporated in the Command Emergency Response Plan).

(8) Immunization supply management (normal routine/duty routine) (reference (d)).

(9) Anaphylaxis response plan.

(10) Procedures for reporting in VAERS.

(11) Procedures for ordering, storing, and administering immunizations.

(12) Procedures for processing blood work.

(13) Procedures for conducting/processing HIV blood work.

(14) DHA procedures.

(15) Have POCs for OHSU and or EMF chains of command.

d. Does the SMDR have relief letter on file, to include turnover assessment guide? (Assumption of Duties letter is required for all SMDR turnovers, to include gapped billets.) Did the turnover include a thorough self-assessment of the Medical Department within 30 days of turnover or assumption of duty? If so, provide documentation.

e. Is there a CO appointment letter for reviewing physical examination form DD2807-1 (Report of Medical History), NAVMED 6120/4 (PHA AC), and NAVMED 6120/5 (PHA RC) on file for each MDR?

f. Is the SMDR conducting monthly reconciliation reports utilizing command Alpha Roster and MAS Code Accountability reports with the NSIPS operator for all personnel attached to the NAVOPSPTCEN?

(1) Have all discrepancies been adjudicated?
(2) Are there at least 12 months of accountability reports?

g. Is there a current self-assessment kept on file utilizing the most current assessment guide?

h. Is the SMDR managing DHA non-military medical care per current directives?

Note: Copies of DHA eligibility verification must be maintained for all RC emergency room visits during a duty period.

i. Are copies of every physical examination (NAVMED 6120/4 (PHA), DD2807-1, and DD2808) conducted within the NAVOPSPTCEN maintained in an archive file separate of the health record? (per MANMED chapter 15, 3 years).

3. Health Protection/Readiness (references (e) and (f))

a. Does the SMDR maintain IMR readiness by notifying command members who have delinquent IMR requirements? Does the IMR meet or exceed the following criteria:

   (1) Fully Medically Ready ≥ 85%.
   (2) Partially Medically Ready ≤ 8%.
   (3) Medically Ready Indeterminate ≤ 5%.
   (4) Not Medically Ready %.
   (5) Full + Partial Medical Readiness ≥ 90%.
   (6) Medical Readiness Laboratory Tests ≥ 95%.
   (7) NAVOPSPTCEN Individual Medical Equipment ≥ 95%.

b. Does the MDR use contracted services, with the exception of RHRP, for force health protection? Verify with N4/Logistic department.

4. Health Protection/Immunizations (reference (a)). Anaphylaxis Management.

a. Is a telephone within easy access of medical personnel to notify EMS?

b. Emergency Equipment: In the event of an adverse immunization reaction, is there a pocket mask and EPI-PEN (or epinephrine 1:1000 with syringe) on station within clear sight of responder within expiration date?
c. Reporting: Are the MDRs familiar with submitting VAERS forms for all adverse immunization reactions?

d. Can the MDRs demonstrate proficiency to treat anaphylaxis?

Note: Review anaphylaxis module and local medical protocols.

b. Immunization Management

(1) Is the echelon 5 medical department ordering immunizations through proper contracted and military methods? (e.g., outside vendors and VIALS) Provide documentation.

(2) Does the duty crew understand the importance of immunization supply management? Assessor should quiz random echelon 5 staff personnel.

(3) Does medical have a suitable BIOMED refrigerator for the storage of vaccines?

(4) Is the refrigerator appropriately identified with a large sign reading: “Biological/Immunization Storage Only, No Food or Drink?”

(5) Is refrigerator appropriately void of food or drink?

(6) Is refrigerator monitored for temperature control?

(a) Is a Sensaphone in place and alarm tested at least monthly?

(b) Does Sensaphone have a stand-alone phone line?

(c) Does the MDR and duty crew record refrigerator temperatures in a log twice daily?

(7) Are the Sensaphone batteries replaced at least quarterly? Supporting documentation is required.

Note: Some Sensaphones with built in batteries will not require this step.

(8) Are the MDRs monitoring immunization expiration dates?

Note: If assessor finds expired vaccines, without legitimate cause, a recommendation for counseling will be made to the echelon 5 CO.

c. Does the echelon 5 medical department maintain immunizations not authorized per COMNAVRESFORCOM (N9) medical department guidance?
d. The following immunizations are routinely required and authorized: HEP-A, HEP-B, TWINRIX, MMR, MGC, Tetanus, Typhoid, JEV, Polio, Varicella, and Influenza.

Note: COMNAVRESFORCOM (N9) medical department prior to ordering must approve all other immunizations other than the ones noted above.

e. Are the MDRs ensuring that VIS for each immunization given is available and current to date?

f. Are any immunizations identified as deferred in MRRS valid, and appropriately diagnosed by a credentialed health care provider? If so, provide documentation.

g. Does echelon 5 medical maintain an immunization log to include name, last 4 of SSN, route, dose, LOT#, manufacturer, MDR that administered it, and members’ signature to ensure Vaccine Information Sheet (VIS) was provided?

5. PHA/MHA Management (references (n) and (o))

a. Do all NAVOPSPTCEN MDRs have access to the ePHA Web site? Demonstrate proper login procedures and usage.

b. Does the SMDR notify the command and/or unit leadership in advance (recommended 90 days) of members due for a PHA/MHA? Explain your notification process.

c. Are all members receiving an annual Mental Health Assessment?

d. Does the SMDR notify members who are overdue for the PHA requirement via certified mail?

Note: Notification required immediately upon member’s overdue status.

e. Are copies of correspondence letters relating to overdue PHA notification maintained in the echelon 5 medical department for a minimum of 2 years?

f. Are Reserve members who fail to comply when notified by certified letter referred to the Administration Department for administrative separation? Is manpower changing the MAS code to AAP?

6. Dental Readiness – MRRS (reference (g))

a. Is the echelon 5 dental readiness within the minimum dental readiness (Class I and Class II added together) as identified by BUMED (95%)? (Attach printed MRRS dental report to reflect data within 3 days of assessment.)
(1) Number of Dental Class I =
(2) Number of Dental Class II =
(3) Number of Dental Class III =
(4) Number of Dental Class IV =

b. **Dental Class IV Management** (references (c), (o), and (n))

(1) Are Reserve members who are Dental Class IV being notified by certified mail of this requirement, and the potential of admin separation for unsatisfactory drill participation per the MILPERSMAN?

**Note:** Notification required immediately upon member’s overdue status. Copies must be maintained in a separate folder for a minimum of 2 years.

(2) Are Reserve members who fail to comply when notified by certified letter referred to the administration department for administrative separation? Is manpower changing the MAS code to AAP?

c. For members with ongoing orthodontic treatment (braces):

(1) Are members with braces identified and tracked?

(2) Is there an active orthodontic appliance Page 13 on file?

(3) Are members with braces who voluntarily or involuntarily accept orders for > 30 days have their braces placed in a stabilized/inactive status before executing orders?

(4) Is a copy of the stabilization letter from civilian orthodontist kept in the mobilization screening record?

7. **Pregnancy Administration Management** (reference (w))

a. Do pregnant members’ medical record have documentation from a healthcare provider with a prospective due date?

b. Are pregnant Sailors performing active or inactive duty authorized prior to by the NRA CO with recommendation from attending obstetrician physician?

c. Are pregnant Sailors identified in MRRS?
d. Are due dates being monitored and MRRS adjusted when Sailor gives birth? No lapsed due dates.

e. Is the MAS code correct?

(1) MPC – greater than 32 weeks gestation.

(2) MPP – for 12 months post-delivery. Non-deployable mother with child less than 12 months old or postpartum convalescence.

f. Is there documentation in the member’s health record when cleared by their civilian health care provider? Assessor will select three random HREC of post-partum females to verify documentation.

8. Equipment/Supply Management (reference (h))

a. Equipment Management

(1) Does the echelon 5 medical department have an inventory of all medical diagnostic equipment over $250?

(2) Has all equipment been inspected by biomedical repair or certified contractor within the last year?

(3) Is the AED machine being properly maintained per manufacturer’s manual?

   (a) Is there an AED for every floor of the NAVOPSPTCEN?

   (b) Is there a log of the AED being tested monthly?

b. Is dental equipment (x-ray device) evaluated by biomedical repair or certified contractor every 12 months? (echelon 5 only)

c. Is EKG machine being properly maintained per manufacturer’s manual? Has the EKG machine been inspected by biomedical repair or certified contractor within the last year?

d. Is there a Chinook medical kit readily available on every floor of the echelon 5?

e. Supply Management

(1) Does the SMDR have an inventory of medical consumable supplies?

(2) Are there enough consumable supplies to accomplish the medical mission?
(3) Is the SMDR keeping a file of all internal purchase requests forwarded to the supply department?

9. Health Promotions Program (reference (i))
   a. Is a Command Health Promotion Coordinator identified to manage the Command Health Promotion Program per reference (i)?
   b. Are there Health Promotion Coordinators identified for each drill weekend?
   c. Has the echelon 5 established a Health Promotion Committee?
   d. Has the echelon 5 implemented monthly Health Promotion activities?
   e. Is there evidence of monthly Health Promotion observances?
   f. Does the command have a Health Promotion resource library?
   g. Is the POD or POM or other routine correspondence being used to spotlight Health Promotion activities?

10. Deployment Health Management (reference (c), (j), and (k))
   a. Pre-DHA, PDHA, and PDHRA Management
      (1) Is the SMDR included in notification, check-in, and check-out procedures of mobilizations?
      (2) Are members completing Pre-DHA when due?
      (3) Is the POD/POM or other routine correspondence being used to spotlight Deployment Health activities such as PHOP or RWW, on-site, and call center events?
   b. Do the NAVOPSPTCEN MDRs have EDHA administrator access to monitor print Pre-DHA, PDHA, and PDHRA? Demonstrate proper login and usage.
      (1) Is Pre-DHA, PDHA, and PDHRA screening completed via EDHA, documented in MRRS, and hard copy placed in health record?
      (2) Are members found not fit on the Pre-DHA placed in a TNPQ/MRR status?
      (3) Are Post-DHA and Post-DHRA referrals managed properly through LOD process?
   c. Are Pre/Post deployment HIV and TB skin tests completed when required?
d. Are members completing PDHRA when due? (echelon 5 only)

(1) Current month PDHRA status:

(2) Total Due: ____________.

(3) Compliant: ____________.

(4) Completed (not certified): ____________.

(5) Enter PDHRA combined totals for the past three months below:

(a) PDHRAs > 30d ________.

(b) PDHRAs 30-15d ________.

(c) PDHRAs < 15d ________.

(d) PDHRAs OD ________.

11. Medical Mobilization Screening (references (j) through (n))

a. Is the echelon 5 SMDR initiating the medical mobilization screening checklist no later than 30 days of the member being notified (RC1 date) for mobilization?

b. Is the echelon 5 verifying the following items during initial screening/RC1 process and retain files maintained onboard for a minimum 2 years:

(1) Medical/Dental record reviewed

(2) MRRS and AHLTA/JLV reviewed

(3) ECRC 1300/4 checklist

(4) PHA w/Lipid Panel

(5) AHLTA

(6) SF 2807

(7) RCC SF600 Overprint
c. Are suitability screenings completed within 60 days of deployment notification, RC1 date?

Note: Certain labs will require a redraw in accordance with the NAVMED 1300/4 and forms specific to the area of responsibility. Please review COMNAVRESFORCOM (N35) exemptions list.

d. Is the NAVOPSPTCEN SMDR submitting AOR medical waiver to appropriate AOR surgeon via the RCC? (Reference: MOD 12 USCENTCOM Individual Protection and Individual/Unit Deployment Policy.)

e. Is the NAVOPSPTCEN MDR re-submitting packages (if required) for members assigned NPQ/RR?

f. Are small arms waivers being completed and approved prior to departure for NMPS?

g. Are retain files maintained onboard for a minimum 2 years? Retain files must include copies of the completed NAVMED 1300/4, DD2807-1, NAVMED 6120/4, AOR waiver, SF600 Overprint, lipid results and small arms waiver.

12. Injury Case Management (reference (c) and (o))

a. Dental Class III Management

   (1) Are Dental Class III personnel being placed TNDQ?

      # Class III _____ # TNDQ _____ (MRRS Data)

   (2) Is the MAS code MDT assigned for each class III personnel?

   (3) Is there a working case file for each Dental Class III member? Is the case file separate from the dental record?

   (4) Is there a signed Page 13 when the case was opened for each Dental Class III member?

   (5) Are copies of the TNDQ Page 13 filed in the member’s case file?

   (6) For TNDQ personnel, are monthly treatment and all updates being tracked in both MRRS status tab and the case file?

   (7) Per RESPERSMAN 6000-010, in the event if a member’s medical or dental condition does not require a monthly clinical visit, are TNQP/TNDQ members contacting the NRA MDR at a minimum to update the Status tab in MRRS?
(8) For members who fail to provide monthly updates:

(a) Are members notified via certified mail for failure to comply and possible ADSEP?

(b) Is the unit CO/OIC notified of the member’s failure to comply? Provide documentation.

(c) Are members who fail to comply after 1st non-compliance notification turned over to Administration Department for administrative separation per reference (c) and (o)?

(d) Are items (1) through (3) above documented in the working case file and in MRRS?

(9) For members who are TNDQ longer than 6 months is one of the following actions being taken:

(a) Extension

(b) ADSEP process

(c) At 6 months, the echelon 5 CO may deem that the member did not make progress to go to class II status.

(d) # of TNDQ > 6 months: ____.

(10) For members who are TNDQ longer than 12 months, are they being processed for administrative separation or MRR? Number of TNDQ greater than 12 months?

(11) Is a copy of the NAVMED 6600/12 and/or DD2813 placed in the members’ dental record for documentation of the civilian dental treatment?

(12) Is the unit CO/OIC notified of members who are TNDQ and updated status?

(13) For members completing dental treatment:

(a) Was the member returned to Dental Class I or II status in MRRS?

(b) Was MAS code changed to remove the “MDT” code?

(14) Are TNDQ releasing Page 13 filed in the case file?

(15) Are closed TNDQ case files maintained onboard for a minimum 2 years?
(16) Are NAT personnel who have been drilling for more than 1 year, placed TNDQ?

Note (1): Per the instruction, personnel in this unit are given one year to be in a class III status.

Note (2): The MDR must ensure they maintain this member as a class III in MRRS, but not TNDQ.

Note (3): The MDRs need to implement a system to track class III personnel, and ensure all TNDQs are converted after the year amnesty elapses.

b. TNPQ Management (reference (c) and (o))

(1) Is MRRS being used to track TNPQs?

(2) Is the MRRS generated SF600 utilized and placed in the health record?

(3) Is the MAS code “MS3” assigned for each TNPQ member?

(4) Is there a working case file separate from health record for each active TNPQ case?

(5) Is there a signed Page 13 for each TNPQ case? Is a copy of the page 13 filed in the case file?

(6) For TNPQ personnel, are hard copy monthly treatment and all updates tracked in both TNPQ Status Tab and the case file?

Note: Updates must be from a civilian physician or credentialed military health provider.

(a) Per reference (c), in the event if a member’s medical or dental condition does not require a monthly clinical visit, are TNPQ/TNDQ members contacting the NRA MDR at a minimum?

(b) For members who fail to provide monthly updates:

1. Are members notified via certified mail for failure to comply and possible administrative separation?

2. Is the unit CO/OIC notified of the member’s failure to comply?

3. Are members who fail to comply after first non-compliance notification turned over to Administration Department for administrative separation per reference (c) and (o)?
4. Are items (1) through (3) above documented in the working case file and in MRRS Status tab?

(7) For members who are TNPQ longer than 6 months, is one of the following actions being taken:

(a) Extension

(b) Conversion to MRR status

(c) ADSEP process

(d) # of TNPQ > 6 months: ______.

(8) For members who are TNPQ longer than 12 months, is one of the following actions taken?

(a) Conversion to a MRR status

(b) ADSEP process

(c) # of TNPQ > 12 months: ______.

(9) Is the medical documentation placed in the HREC?

(10) Is the unit CO/OIC notified of members who are TNPQ and updated status?

(11) For members completing a TNPQ status: Are civilian/military recommendations placed in the medical record?

(12) Is TNPQ release annotated on the following forms?

(a) SF600 placed in the medical record

(b) TNPQ releasing Page 13 filed on top the case file

(c) Member removed from TNPQ status in MRRS

(d) MS3 MAS code deleted by the NSIPS operator

(13) Are closed TNPQ case files maintained onboard for a minimum 2 years? (echelon 4 only).
c. **MRR Management** (references (c), (n), and (o))

(1) Do the MDRs understand the difference between TNPQ and MRR?

(2) Is MRRS used to track MRR cases? Is the MRRS generated SF600 utilized and placed in the health record?

(3) When applicable, is NSIPS operator changing MAS code to MS2?

**Note:** MAS code is changed to MPQ when package is submitted to PEB.

(4) Is there a working case file for each active MRR case?

   (a) Case file is separate from HREC

   (b) Is the MRR Status tab and case file up to date with current documentation/information?

(5) Is there a signed MRR Page 13 for each active MRR case? Are copies of MRR Page 13 filed in members’ working case file?

(6) Are MRR cases being submitted within 60 days?

(7) For members who fail to provide all necessary data to complete the MRR package:

   (a) Are members notified via certified mail for failure to comply and possible administrative separation?

   (b) Is the unit CO/OIC notified of the member’s failure to comply?

   (c) Are members who fail to comply after 1st non-compliance notification turned over to Administration Department for administrative separation per references (c) and (o).

   (d) Are items (a) through (c) above documented in the working case file to include copies of all non-compliance letters and in MRRS and the MRR Status tab?

(8) Is the medical documentation placed in both the case file and HREC?

(9) Is the unit CO/OIC notified of members who are MRR and their status?

(10) Is the member removed from MRR status in MRRS?

(11) Is the MRR release annotated on the following forms:
(a) SF600 placed in the medical record
(b) MRR releasing Page 13 filed on top in the case file

(12) MAS code MS2 removed by the NSIPS operator

(13) Copy of PERS message in HREC and case file
   (a) Update submitted at required time interval set by BUMED.
   (b) # of overdue MRR NPQ/RR packages: ______.
   (c) Verify timelines and MAS code assignment.

(14) MRR returned by BUMED for further documentation:
   (a) # of MRRs returned greater than 60 days: ______.
   (b) Verify timelines.

(15) PEB package submitted:
   (a) # of overdue MRR NPQ/RNR election of options:
   (b) Verify timelines and MAS code (MPQ) assignment.

(16) Are closed MRR case files maintained onboard for a minimum 2 years?

d. LOD (reference (c), (n), (p), and (q))
   (1) Is MRRS being used to track LODs?
   (2) Is NSIPS operator changing LOD MAS codes to MPQ?
   (3) Is there a working case for each active LOD case? Are case files separate from health record?
   (4) Is there a signed LOD page 13 for each LOD case?
      (a) Is all information being logged and annotated in MRRS and the LOD Status tab?
      (b) Are copies of LOD Page 13 filed in members’ LOD working case file?
   (5) Are members scheduled for a Medical Board per reference (r)?
(6) Are hard copy monthly updates being supplied by the member?

(7) Are certified letters sent to members who fail to provide required monthly updates?

(8) Are non-complaint members receiving notification that their LOD case will be closed and converted to an MRR case submission? Provide documentation.

(9) Are members terminating LOD process and still not physically qualified converted to MRR status?

(10) Are members removed from LOD status in MRRS when cleared from LOD status?

   (a) Is the MS1 MAS code removed by the NSIPS operator?

   (b) Are member’s health records updated on a SF600 closing the case?

(11) Are closed LOD case files maintained onboard for a minimum 2 years?

13. Health Record Management (reference (r))

   a. Is security of HREC maintained (has the MDR demonstrated how records are secured)?

   b. Is the STR (medical/dental) filed per reference (r)?

   c. Is there a STR on file for every RC personnel attached to the NAVOPSPTCEN?

   d. NAVOPSPTCEN co-located with a Navy MTF can, at their discretion, maintain Service Treatment Record at the MTF.

   Note: All records on file at the NAVOPSPTCEN shall be maintained per reference (r) and are subject to inspection.

   e. Are all STRs in current jackets and in good condition?

   f. Is an inventory of all STRs conducted quarterly and retained on file for RC/AC personnel?

   g. Provide the last years quarterly MRRS Health Record Status Detail Report.

      (1) NAVMED 6150/7 (Pink Cards) shall be used as record placeholder on shelf/file cabinet.

      (2) The MDRs should utilize MRRS generated report to document results.
(3) Results of inventories shall be retained for 2 years.

(4) Does the data in MRRS and AHLTA reflect the data in the HREC and dental records?
   
   (a) Assessor shall validate 10 percent, or a maximum of 50, of the RC and AC population.

   (b) Assessor shall ensure immunization data in MRRS matches the information in the HRECs.

(5) Is the STR for AC/RC members verified annually per MANMED chapter 6 and 16 utilizing the hard copy record, MRRS, and AHLTA?

Note: Hard copy STR, MRRS, and AHLTA medical records must be verified during all annual verifications, check-in, check-outs, and PHAs.

(6) Are laboratory reports/chits filed in section IV for G6PD, Sickle Cell, and Blood Typing? (Must redraw sample if report cannot be obtained.)

(7) Are medical/dental forms and chits filed in the record per reference (r)?

(8) Are all RC and AC physical examinations (NAVMED 6120/4, DD2807-1, and DD2808 and PHA) reviewed for completeness and accuracy by the MDRs?

(9) Have medical warning tags been issued to personnel AC and RC who require them? (e.g., allergies, sensitivities, etc.) (One must be placed in section I on appropriate SF600.)

   h. Health STR Retirement/Transfer (MANMED CH 6/16, NAVADMIN 331/13, NAVADMIN 187/14, ALNAV 066-16, and the COMNAVRESFOR 17/14)

   (1) Do the MDRs have access to the NSIPS STR tracking database?

   (2) Is the MDs retiring STR per NAVADMIN 331/13, NAVADMIN 187/14, and COMNAVRESFOR 17/14?

   (3) Are transmittal forms (DD 2963) attached to all records when transferred to the NMRA and Veterans Administration Records Management Center?

   (4) If no record is located, are current approved non-availability letter properly filled out and submitted along with the DD Form 2963 within 5 days of the member separating per NAVADMIN 331/13, NAVADMIN 187/14, and the COMNAVRESFOR 17/14? Are NAVMED 6150/7 (Pink Cards) properly closed out on all RC/AC STRs that are separated or transferred and retained on file?
(5) Is the MDR submitting a NSIPS loss report to the echelon 4 N9 department weekly with amplifying information on the status of the separating STRs?

(6) Is the echelon 4 N9 department ensuring MDRs are adhering to the STR policies and timelines provided in the per NAVADMIN 331/13, NAVADMIN 187/14, ALNAV 066-16, and the COMNAVRESFOR 17/14? Provide documentation.
HS-2 SUICIDE PREVENTION COORDINATOR

Ref: (a) OPNAVINST 1720.4A
     (b) OPNAVINST 6100.2A
     (c) SECNAVINST 6320.24A
     (d) MILPERSMAN Article 1770
     (e) OPNAVINST F3100.6J

1. Suicide Prevention (references (a) through (e))
   
a. Has the SPC been appointed in writing?
   
b. Has the SPC completed the OPNAV (N135) required training? If yes, when did the SPC receive most recent training?
   
c. If your command has an assistant SPC, do they have a designation letter? Have they received the required training? If yes, when?
   
d. Does your command have a written Suicide Prevention and Crisis Intervention Plan in place?
      
      (1) If yes, what is the date of the last update to the crisis response plan?
      
      (2) Is there a copy maintained in the duty binder?
   
e. Does the Suicide Prevention and Crisis Intervention Plan include action plans for the following:
      
      (1) Identification
      
      (2) Referral
      
      (3) Access to treatment
   
f. Has appropriate annual suicide prevention training been conducted for all service members, including those in the Navy Reserve, Navy civilian employees and full time contractors?
   
g. Does your command maintain or can it provide documentation of the annual Suicide Prevention training?
   
h. Does the Suicide Prevention training include:
      
      (1) Suicide risk and protective factors.
(2) Appropriate actions and responses to suicidal persons.

(3) Strategies for obtaining assistance from local support services.

i. Does your command include suicide prevention as part of health promotions training?

j. Is the SPC familiar with the PHOP? If yes, how often do they contact them?

k. Is local support resource contact information easily available and placed in the duty binder?

   (1) Chaplain/Religious Services.
   (2) Fleet and Family Support Center.
   (3) Medical.
   (4) Security.
   (5) Local Emergency Medical Facilities.
   (6) Regional PHOP.

l. Does the SPC utilize the following resources to provide personnel and supervisors ready access to information and guidance that provide support for those who seek help?

   (1) SharePoint Web site
   (2) Wallet Card Info
   (3) Posters
   (4) POD/POW
   (5) E-mail
   (6) Duty Binder
   (7) Command Board

m. Does the SITREP/OPREP contain all required information?

n. Does the SPC know how to obtain DoDSER access?
o. In instances of suicide and undetermined deaths for which suicide has not been excluded by a medical examiner, does the command complete the DoDSER within 60 days of notification of death?

p. In instances of suicide attempt, does the command complete the DoDSER within 30 days of medical evaluation completed by a competent medical authority?

q. (Echelon 4 SPC ONLY) Does the echelon 4 SPC maintain in a binder and track regional SPC contact information, designation letters, training certificates, and crisis plans?
IT-1 INFORMATION TECHNOLOGY RESOURCES

Ref:  (a) OPNAVINST 5530.14E CH-1
     (b) SECNAVINST 5510.36A
     (c) COMNAVRESFORINST 5300.5
     (d) COMNAVRESFORINST 5239.3A

1. IT General Operations

   a. Explain how the IT asset demand model in reference (c) is applied in your organization.

   b. Provide a copy of your command's inventory control sheet.

   c. Verify that all NMCI computers on the inventory control sheet are accounted for. If not, list discrepancies:

      (1) Number of assigned NMCI computers.

      (2) Number of NMCI computers accounted for on-site.

      (3) Number of NMCI computers currently checked out as per custody cards.

   d. How many FTS are in your organization?

   e. How many FTS have laptops? Of those who have laptops,

      (1) how many have mobile data devices (MIFI/Air cards)?

      (2) how many have MobiKEY?

      (3) how many travel more than 30 days per year?

      (4) how many work from home at least twice a week?

      (5) how many are deemed “mission essential?”

   f. How many FTS have desktops?

   g. How many have government furnished smart phones? Of those who have government furnished smart phones,

      (1) how many travel more than 30 days per year?

      (2) how many work from home at least twice a week?
(3) how many are deemed “mission essential?”

h. How many personnel have more than one type of device? Which devices do they have?

i. How many SELRES are in your organization?

j. How many SELRES have laptops? Of those who have laptops,

   (1) How many have mobile data devices (MIFI/Air cards)?

   (2) How many have MobiKEYs?

   (3) Not counting the unit CO, provide names and justification, and identify by billet?

k. How many laptops have been distributed to unit COs?

   (1) How many COs have a mobile data device?

   (2) How many COs have a laptop and government furnished smart phone?

l. How many laptops are on inventory but not issued? Provide justification?

m. How many desktop computers are at your organization?

   (1) What is the ratio of personnel to desktops?

   (2) Where are these desktops deployed (i.e. classrooms, unit offices, etc.)?

n. Do you have an NMCI Base Operations Team?

   (1) Provide team list.

   (2) If applicable, have they provided the level of service that you require?

o. List the services that the NMCI Base Operations Team provides. Are there any services that the NMCI Base Operations Team does not provide that are required? If so, what are they?

p. When is your command scheduled for Tech Refresh?

   (1) Provide a copy of your Tech Refresh POA&M.

   (2) Who is your Tech Refresh NMCI Project Liaison?

   (3) Who is assigned as the staff liaison?
q. Is your command scheduled for BRAC/MILCON/Special Projects? Expected date of building occupancy?

(1) Provide a copy of your POA&M.

(2) Who is your NMCI Project Liaison?

(3) Who is your N4 POC?

(4) Who is your NAVFAC POC?

(5) List the top three issues with the BRAC/MILCON process.

r. Are all legacy applications/hardware documented with approved ITPR via NAV-IDAS? Provide a list of approved ITPRs and corresponding inventory.

(1) How do you periodically track all equipment?

(2) How does the command ensure all MLSD requests are completed and submitted to their CO? Provide a copy.

s. How does the command track completed SAAR form and annual training requirements (i.e. IAAT/PII/OPSEC) for each user?

t. How does the command track user status to ensure that accounts are deactivated as required?

u. How does the command ACTR ensure they have an accurate inventory of all NMCI assets, and their locations in the scope of their responsibility? How often is the inventory completed?

v. Utilizing eMarketplace, how does the command CTR ensure NMCI pre-invoices are validated before the pre-invoice due-date?

w. How does the command CTR ensure all applicable personnel are trained in, have access to and effectively utilize the NET, eMarketplace, RAP Tool, Service Request eForms, and other NMCI Program databases to manage their NMCI assets and accounts?

x. How does the command ACTR ensure all MLSD requests are completed and submitted to their CO? Provide a copy.

y. What is the command ACTR’s procedures for generating and tracking RAP requests in the RAP Tool to ensure timely generation of an orderable CLIN?
z. Is your command familiar with NAV-IDAS? How do you submit ITPR’s into NAV-IDAS?

2. **Wi-Fi (Wireless)**
   a. Is the router/access point in a secured, locked space?
   b. Is the IAM/IAO/IT point of contact familiar with and maintaining the router in accordance with router passphrase requirements (i.e. changing the password every 30 days, minimum 14 character password, etc.)?
   c. What is the signal footprint?
      
      (1) Does it broadcast into unauthorized spaces?
      
      (2) If so, how is the broadcast mitigated?
   d. Does the IAM/IAO ensure that all members requesting access to NNWF have completed IAAT/PII/OPSEC training for the fiscal year?
   e. Does the IAM/IAO/IT ensure that all members requesting access to NNWF have completed an NNWF user agreement form, completed SAAR form, and have registered on the COMNAVRESFORCOM Wi-Fi portal?
   f. Does the IAM/IAO/IT point of contact ensure that all members requesting access to NNWF have the latest version of anti-virus protection software on their personal computer as well as their firewall enabled? How often is this being verified?
   g. Does the IAM/IAO/IT point of contact conduct random walk-throughs of the wireless spaces to verify proper usage of NNWF?
   h. What actions does the IAM/IAO/IT point of contact take if a user is found to be in violation of the NNWF policy?

3. **IA/PII**
   a. Is the echelon 4 (regional) IAM qualified in accordance with DoD 8570? If yes, is it annotated in TWMS?
   b. Does the echelon 4 IAM maintain a list of NAVOPSPTCEN IAOs and their qualifications?
   c. Is the command prepared to take the required actions in the event of a PII breach?
d. What is the procedure for reviewing site content to ensure IA and PII integrity?

4. **SIPRNET**

a. Does the SIPR enclave have the correct door/lock?

   (1) Is an up to date SF-702 posted outside the vault?

   (2) Is an up to date SF-701 posted on the door?

b. Is there an active Intrusion Detection System?

c. Was the inspector’s clearance verified? Does the staff member have the appropriate clearance?

d. Is there an access list available at all entrances to the space?

e. Is a sign-in sheet present for those not on the access list?

f. Do all assets have appropriate classification stickers?

g. Are all the assets up and operational? If not, are there trouble tickets in for the assets?

h. Is there a dedicated location for PED?

   (1) If the site has commercial Wi-Fi, are PEDs allowed into the SIPR space?

   (2) If not, is there a sign at the door specifying this?

   (3) Is there commercial Wi-Fi leakage into the space? If so, how is this leak mitigated?

i. Is the destruction/shipment of classified hard drives logged?

j. Are classified printouts verified and logged?

k. Is there an accurate inventory of SIPR assets?

l. Is the TACLANE/SecNET properly secured?

m. Does the space meet all SIPR space requirements (i.e., windows, false overheads/decks, etc.)?

n. What are the required actions that the command must take in the event of a classified material spill?
o. What are the command’s procedures in the event of a lost SIPR hard drive?

p. If the command has a SIPR laptop(s), what procedures are followed in the event of a lost SIPR laptop?

q. Are there any classified safes in the space? If yes, is an up to date SF-702 available?

r. Are materials such as classification stickers, folder cover pages, etc. available?

5. TA/SIPR Token

a. How many TAs are designated at this command?

b. At what point are DD 2842s submitted to the Local Registration Authorities?

c. Where are DD 2842s submitted?

d. Do all SIPR workstations have 90METER CIW installed?

e. Does the TA have the updated token order form?

f. Does the TA know how to associate the SIPR token with an account?

g. Is the command’s TA properly trained to fulfill the mission of the TA?

(1) Are there two CAC readers attached to a SIPR computer for resetting pins and issuing tokens?

(2) What does the TA do with a revoked SIPR Token?

(3) When is the member required to change the pin on their SIPR token?

(4) Who does the TA contact for assistance?

6. Portals

a. Are the site owners appointed to manage the command SharePoint site(s)?

b. Have the site owners completed Microsoft SharePoint Power User training or similar course(s)?

c. Are the site owners familiar with the process to limit access to PII and other sensitive information? Explain.
d. Are the site owners participating in the COMNAVRESFORCOM SharePoint training?

e. Are the site owners reviewing their site(s) monthly to remove/update outdated content?

f. Are the site owners familiar with the process to escalate challenges/incidents to resolve site(s) issues?

g. Are the site owners familiar with the SharePoint training material hosted on SharePoint?

h. Are the site owners familiar with the various SharePoint roles and associated responsibilities?

i. Are the site owners roles periodically reviewed to ensure the appropriate members are assigned elevated permissions?

j. Does the command have the required material posted to their command's site?

(1) SAPR

(2) Suicide Prevention

(3) AT/FP

7. C2OIX

a. What are the steps to set up a new account in the C2OIX?

b. What are the steps to request Org Admin access in OIX?

c. What are the steps to setup an OIX account so personnel can receive “For Official Use Only” message traffic?
IT-2 ELECTRONIC KEY MANAGEMENT SYSTEM

Ref:  
(a) EKMS 1  
(b) COMNAVRESFORCOMINST 2280.1A  

1. General  

a. Is the COMSEC facility outwardly identified as a “RESTRICTED AREA?” (OPNAVINST 5530.14, article 210g4, 218a4)  

b. Has formal facility approval been given in writing by the ISIC, IUC, or higher authority to install, maintain, operate and store classified COMSEC material? (EKMS 1 article 550d)  

c. Are applicable security controls (e.g., guards and alarms) in place in accordance with SECNAV-M 5510.36, Chapter 10? (EKMS 1, article 520a(3))  

d. If spaces are not continuously manned, is the main entrance to the COMSEC facility fitted with a GSA approved, electro-mechanical lock meeting Federal Specification FF-L-2740? (EKMS 1 annex O subparagraph 4b; SECNAV M-5510.36 exhibit 10A)  

e. Is only one door used for regular entrance and emergency exits? Is it designed so that it can be opened only from the inside of the COMSEC facility? (EKMS 1 annex O paragraph 4)  

f. Are windows secured in a permanent manner to prevent them from being opened and screened to prevent inadvertent loss of material, forced entry, or viewing of the space’s interior from an exterior point? (The protection provided to the windows need be no stronger than the strength of the contiguous walls.) (EKMS 1 annex O paragraph 5)  

g. Is the entrance to the COMSEC facility arranged that persons seeking entry can be identified without being admitted to the spaces or being able to view classified material? (EKMS 1 annex O subparagraph 4b)  

h. Are visitor identification, security clearance, and the need to know properly verified? (EKMS 1 article 505b, 550e; SECNAV M-5510.30 (Series) article 11-1 paragraph 2 and 3)  

i. Is a visitor register in-use, properly maintained and retained for 1 year from the date of the last entry? (EKMS 1 article 550e(1)(d), Annex T)  

j. Are the names of individuals with regular duty assignments in the facility on a formal access list signed by the current CO/OIC/SCMSRO, and is the list updated whenever the status of an individual changes or at a minimum of annually? (EKMS 1 article 505d(2))  

k. Do all personnel having access to COMSEC material have a clearance equal to or greater than the classification of the material? (EKMS 1 article 505a)
1. Is security clearance data for personnel whose duties require access to classified material maintained in JPAS by the Command Security Manager? (EKMS 1 article 425, 505a, SECNAV-M 5510.30A, article 9-5 paragraphs 2, 3, 4, and 5)

m. Have all personnel who have access to COMSEC keying material been authorized in writing by the CO? (EKMS 1 article 505d)

n. Is unescorted access limited to individuals whose duties require such access and who meet access requirements? (EKMS 1 article 550e(1)(a))

o. In a non-continuously manned COMSEC facility, is a security check conducted and recorded on a SF-701 at the end of the working day? (EKMS 1 article 550d(3)(b); SECNAV M5510.36 article 7-11)

p. Are combinations changed as required; when a new lock is put in-service or replaced, upon transfer or reassignment of personnel who have access, biennially or when compromised? (EKMS 1 article 515b)

q. Is a Security Container Information Form (SF-700) maintained for each lock or combination and placed inside each COMSEC security container? (EKMS 1 article 520b; SECNAV M5510.36 article 10-12)

r. Are combination records for LE security containers recorded in sealed envelopes and kept on-file in a secure central location as designated by the CO and available to the appropriate Duty Officer for emergency use? (EKMS 1 article 515e)

s. Except in an emergency, are combinations to the COMSEC account vault/COMSEC facility/security containers restricted to the EKMS Manager and Alternates only? (EKMS 1 article 515c(1))

t. Are sealed combination records inspected for signs of tampering and documented monthly? (EKMS 1 article 515f(6))

u. Are SF-700s individually wrapped in aluminum foil and protectively packaged in an SF-700 envelope? (EKMS 1 article 515f)

(1) Are SF-700s sealed using transparent lamination or plastic tape?

(2) Are names, addresses and phone numbers of individuals authorized access to the combination clearly recorded on the front of the envelope?

Note: The use of see recall roster is not authorized.

(3) Are proper classification markings on part 2 of the SF-700?
v. Do storage containers for COMSEC material meet minimum security requirements for
the highest classification of material stored therein? (EKMS 1 article 520c, 520d, 520e, 520f;
SECNAV M5510.36, chapter 10)

w. Is a Security Container open/closure log (SF-702) maintained for each lock or
combination of a COMSEC storage container? (EKMS 1 article 520b(2))

x. Is the exterior of each COMSEC storage container free of external markings, which
indicate the classification level of material stored therein? (SECNAV M5510.36 article 10-1
paragraph 3)

y. Has a Maintenance Record (Optional Form 89) been prepared and maintained for each
container/lock/vault door, as applicable, when put in use to serve as a permanent record and
retained for the service life of the security container/vault door? (EKMS 1, article 520b(3))

z. Are completed SF-701s and SF-702s retained for 30 days beyond the last date recorded?
(EKMS 1 annex T)

aa. Are all air vents, ducts or any similar openings, which breach the walls, floor, or ceiling,
appropriately secured to prevent penetration? (EKMS 1 annex O paragraph 6)

ab. Are applicable security controls (e.g., guards, alarms) in place in accordance with
SECNAV-M 5510.36 Chapter 10? (EKMS 1 article 520a(3))

ac. If a COMSEC facility in a high-risk area is unmanned for periods greater than 24 hours,
is a check conducted at least once every 24 hours to ensure that all doors are locked and that
there have been no attempts at forceful entry? (EKMS 1 article 550d(3)(c))

ad. Are combination envelopes sealed using transparent lamination or plastic tape?
(EKMS 1 article 515f)

   (1) Are names of individuals authorized access to the combinations recorded on the front
of the envelope? (EKMS 1 article 515f)

   (2) Are proper classification markings on envelope? (EKMS 1 article 515d)

   (3) Are the envelopes inspected monthly to ensure that they have not been tampered
with; and are the inspection findings documented on a locally generated log? (EKMS 1 article
515f)

ae. Has the command promulgated and distributed written instructions and/or guidance
establishing command procedures for handling, accounting for, and the disposing of COMSEC
material? (EKMS 1 article 455e, 721 (NOTE))
af. Are required files (reports, messages, and correspondence) maintained by the LE as directed by promulgated guidance from the EKMS Manager? (EKMS 1 Article 703 (NOTE 2))

ag. Does the LE maintain an A/I summary in accordance with instructions/guidance promulgated by the EKMS Manager?

ah. Have all LE personnel executed a Responsibility Acknowledgement form?

ai. Are inventories completed for either Change of Command or OIC for LEs (external) supported through an LOA? (EKMS 1 article 766a(3)(d) and 766a(4) (NOTE))

aj. Are COs/OIC’s of external LE’s conducting spot checks within their organization? (EKMS 1 article 450i (NOTE 1)

ak. Has the command prepared an EAP for safeguarding COMSEC material in the event of an emergency? (EKMS 1 annex M subparagraph 2a(3)(d); SECNAV M5510.36, exhibit 2B)

al. For commands located within the U.S. and its territories, does planning consider natural disasters (e.g., fire, flood, tornado, and earthquake) and hostile actions (terrorist attack, rioting, or civil uprising)? (EKMS 1 annex M subparagraph 2b)

am. Are all authorized personnel at the command/facility made aware of the existence of the EAP? (EKMS 1 annex M subparagraph 6d(2))

an. Does the EDP identify the chain of authority that is authorized to determine the beginning of emergency destruction? (EKMS 1 annex M subparagraph 5d(6); SECNAV M5510.36, exhibit 2B part II paragraph 4)

ao. Does the EDP identify individual assignments for destruction? (EKMS 1 annex M subparagraph 5d(5); SECNAV M5510.36, exhibit 2B part II paragraph 4)

ap. Does the EDP include provisions for Precautionary and Complete emergency destruction? (EKMS 1 annex M paragraph 7)

aq. On the EDP, are priorities of destruction clearly indicated and the COMSEC material separated by classification and status in order to facilitate emergency destruction? (EKMS 1 annex M paragraph 8)

ar. Are all personnel familiar with the duties of each assignment on the EDP to facilitate changes in assignments if necessary? (EKMS 1 annex M paragraph 6)

as. Are EAP/EDP training exercises conducted and documented annually and documented? (EKMS 1 (Series) annex M paragraph 6)
at. Are devices and facilities for the emergency destruction of COMSEC material readily available and in good working order? (EKMS 1 annex M subparagraph 5d and 6c)

au. Does the EDP stress that accurate information concerning the extent of emergency destruction is second in importance only to the destruction of the material itself? (EKMS 1 annex M paragraph 1)
LE-1 LEGAL MATTERS

1. General

   a. Are all legal personnel (SJA, Legal Officer, LN, Legal Yeoman, as applicable) properly trained and/or certified? How long ago was training completed? How often is refresher training attended?

   b. How familiar is the legal team with the following?

      (1) NJP
      (2) NJP Appeal
      (3) Adverse Administrative Separation
      (4) Courts-Martial
      (5) JAGMAN Investigation
      (6) Article 138 complaint
      (7) Congressional Inquiry
      (8) Command-directed mental health evaluation.
      (9) Ethics issue

   c. Is the legal team knowledgeable about the governing directives for each of the above? Does the legal team have access to appropriate publications (electronic or hard copy)?

   d. Does the legal team have a solid understanding of when to contact the ISIC JAG, ISIC LN, or other JAG/LN support, as appropriate, for each of the above? Is the legal team familiar with the ISIC JAG, and is contact information readily available?

   e. How do you know that military and civilian personnel are familiar with grievance procedures and the availability of legal assistance?

   f. Are legal files properly organized? Are outdated files properly disposed of? Is PII properly protected?

   g. What legal training has the legal team provided the command? Has the legal team invited any outside trainers (e.g., Navy Legal Service Office, Region Legal Service Office) to
provide command training? Is ethics information provided in POM and bulletin boards, including Code of Ethics? Is there periodic ethics information passed to All Hands at quarters or GMT?
LE-2 MILITARY AWARDS/RECOGNITION

Ref:  (a) COMNAVRESFORINST 5200.8  
      (b) SECNAVINST 5200.35F  
      (c) SECNAVINST 1650.1H  
      (d) Navy Department Awards Web Service (NDAWS)

1.  General

   a.  Ensure personal awards are prepared per reference (c).  Conduct a hands-on review of the awards processing, submission, NDAWS access level, and awards case files.

   b.  Are awards tracked to ensure timely submission to the echelon 4/3 command prior to member’s departure?

   c.  Per reference (c), does the command maintain a permanent copy of all awards processed, including the signed copy Personal Award Recommendation (OPNAV 1650/3), a signed copy of the citation and supporting documentation?  Are copies of overlapping awards submitted with award and are these retained?

   d.  Is the awards clerk familiar with NDAWS?  How is the award information in block 19 of OPNAV 1650/3 form verified?

   e.  Does the awards clerk forward a copy of the signed award citation (i.e. Navy and Marine Corps Achievement Medal or Navy and Marine Corps Commendation Medal) to the appropriate NDAWS appropriate authority?  Does the award citation have the member’s SSN in the upper right hand corner and marked “Privacy Sensitive?”
LE-3 OFFICER FITNESS REPORTS/ENLISTED EVALUATIONS

Ref:  
(a) COMNAVRESFORINST 5200.8  
(b) SECNAVINST 5200.35F  
(c) BUPERSINST 1610.10D CH-1  
(d) OPNAVINST 6110.1J

1. General:

a. Ensure FITREPs/EVALs are prepared as outlined in references (a) through (d). Conduct a hands-on review of the process, submission, and case files.

b. Explain the process by which members submit input to their FITREP/EVAL.

c. Explain what procedures are in place to ensure that adverse performance data (e.g., PFA failure outlined in reference (d), DUI/drug conviction, NJP, etc.) are properly documented in FITREP/EVAL.

d. Are reports complete with the appropriate signatures, dates, and blocks completed, to include:

   (1) Results from most recent PFA performed during reporting period recorded in block 20 using appropriate PFA codes? Is block 20 verified? If so, how?

   (2) Per reference (c), are results of all PFAs (except most recent) performed during period documented in block 29 (Job Scope), using appropriate PFA codes?

   (3) Blocks 28, 29 (Job Scope) and 30, 31, and 32 completed appropriately?

   (4) Blocks 41, 42, 47, 48, 49, 50, and 51 completed appropriately?

   (5) Block 43, if required (including AT/ADT/ADSW/MOB information) annotated appropriately?

e. What method is in place for the completion of FITREPs/EVALs for assigned FTS and SELRES? Is this method effective in the accurate and timely completion of FITREPs/EVALs?
LE-4 DRUG AND ALCOHOL PROGRAM ADVISOR

Ref: (a) OPNAVINST 5350.4D

1. General
   a. Is the DAPA a graduate of the DAPA course?
   b. Does the assigned DAPA meet OPNAV requirements? If no, have waivers been issued?
   c. Is the command DAPA and assistant designated in writing?
   d. Does the DAPA maintain the appropriate instructions?
      (1) OPNAVINST 5350.4D.
      (2) Major Claimant Drug/Alcohol Instruction.
      (3) Local Command Substance Abuse Instruction.
      (4) Other DoD directives and instructions.
   e. Does the command DAPA participate in the Indoctrination Program?
   f. Is the DAPA free from direct involvement in the command’s Urinalysis Program?
   g. Does the DAPA provide command documentation for CAAC screenings and medical evaluations?
   h. Does the command DAPA maintain separate (individual) documentation-files for all personnel administratively screened for drug or alcohol related incidents? Does each file contain a copy of the DAPA screening form and a Privacy Act Statement?
   i. Is the DAPA in receipt of all the current Drug Abuse Program advisories?
   j. How many drug and alcohol related incidents has the command DAPA screened in the past 12 months? How many DAARs have been submitted for the above incidents? How many of the incident personnel have been referred to CAAC or medical for a screening?
   k. Are DAARs submitted within 30 days of the referral or incident? (Reserve units must submit initial DAARs within 90 days.)
   l. Are applicable NAVPERS 1070/613, Administrative Remarks forms used in cases of substance abusers?
m. Is the command complying with current policy regarding ADAMS attendance requirements? Are there sufficient qualified ADAMS facilitators assigned locally to comply with this requirement? How many facilitators are available? Are course completions documented in the ADMITS program?

n. Has GMT on Drug and Alcohol Abuse been conducted periodically? Has the training been documented in the ADMITS program?

o. Does the DAPA have access to the ADMITS program?

p. Does the DAPA receive copies of all positive Navy Drug Lab messages?

q. Is a final or close out DAAR submitted after administrative action(s) have been taken?

r. Is OPNAV (N135F) notified in writing of all cases determined by the CO to be considered “No wrongful use?”

s. Does the DAPA teach the AWARE course? Is training documented in the ADMITS program?

t. Does the CO meet at least quarterly with the DAPA and members with an active aftercare plans to review progress?

u. Does the DAPA ensure all echelon 5 commands failing to achieve their 15 percent sampling for the month, submit their non-compliance letter to OPNAV (N135F)?

v. Have the CO, XO, and CMC completed the ADAMS for Leaders seminar?

w. Have all E-5 and above personnel completed ADAMS for Supervisors training?

x. Does the DAPA ensure monthly prevention and educational tidbits are included in the POM?

y. Does the command have “Keep What You Earned” and “That Guy” information posted in various locations within the command?

z. Does the command notify the NCIS whenever a FTS member tested positive for illicit drug use?
LE-5 ALCOHOL AND DRUG CONTROL OFFICER

Ref: (a) OPNAVINST 5350.4D

1. General

   a. Is the assigned ADCO a senior enlisted in pay grade E-7 or above, an officer, or a civilian employee (GS-9 or above)?

   b. Is the ADCO and assistant(s) designated in writing?

   c. Has OPNAV (N170A) and the COMNAVRESFORCOM (ADCO) been notified of the Command ADCO appointment?

   d. Does the ADCO maintain the appropriate instructions?

      (1) OPNAVINST 5350.4D.

      (2) Major claimant drug/alcohol instruction.

      (3) Local command substance abuse instruction.

      (4) Other DoD directives and instructions.

   e. ADCOs are responsible for providing guidance to DAPAs and UPC assigned to subordinate commands and monitor following aspects of their substance abuse prevention programs:

      (1) Alcohol and drug abuse prevention education programs are implemented and maintained (e.g., Alcohol-AWARE, PREVENT, ADAMS for Supervisors/Leaders, and Skills for Life).

      (2) Subordinate commands conduct urinalysis per the procedures outlined in OPNAVINST 5350.4D.

      (3) Monitor SITREPs and ADMITS to ensure commands comply with reporting requirements.

      (4) Ensure all SITREPs, where alcohol was a contributing factor in the cause of the incident, are reported via a DAAR.

      (5) Subordinate commands actively support local initiatives, including alcohol de-glamorization, and implement DUI/DWI and other alcohol and drug abuse countermeasures consistent with the threat environment.
(6) Ensure COs, XO s, OICs, CMCs, and prospective COs, XO s, and OICs complete ADAMS for Leaders.

f. Is the ADCO in receipt of all the current Drug Abuse Program Advisories and ensure receipt to subordinate commands?

g. Does the ADCO have access to the ADMITS and IFTDTL programs?

h. Does the ADCO ensure all echelon 4 commands failing to achieve their 15 percent sampling and four separate test days for the month, submit their non-compliance letter to the COMNAVRESFORCOM (ADCO)?

i. Does the ADCO ensure COMNAVRESFORCOM (ADCO) is notified of drug positives for subordinate commands in a timely manner?

j. Does the ADCO ensure that echelon 4 command DAPAs and UPCs have no direct involvement for subordinate commands?
LE-6 URINALYSIS PROGRAM COORDINATOR

Ref:  (a) OPNAVINST 5350.4D

1. General
   a. Is the UPC designated in writing? Are all letters current, available, and on-file?
   b. Has the UPC completed the Urinalysis Program Course on MNP?
   c. Does the UPC maintain the course completion certificate on-file?
   d. Does the UPC maintain current appropriate instructions?
      (1) OPNAVINST 5350.4D.
      (2) Major claimant drug/alcohol instruction.
      (3) Local command substance abuse instructions.
      (4) Other DoD directives and instructions.
      (5) Current edition of Urinalysis Coordinators Handbook (10/01)
   e. Is the UPC Program executed as outlined in OPNAVINST 5350.4D and enclosure (2)?
LE-7 CAREER DEVELOPMENT PROGRAMS

Ref:  (a) OPNAVINST 1040.11D  
      (b) NAVPERS 15878K Career Counselors Handbook  
      (c) OPNAVINST 1740.3C  
      (d) BUPERSINST 1430.16F  
      (e) OPNAVINST 1900.2B  
      (f) RESPERS M-1001.5

1. General

   a. Complete appendix (a) of reference (b), Career Information Program Review and submit to COMNAVRESFORCOM. This is an extensive assessment; COMNAVRESFORCOM recommends the assessed command give itself ample time to complete this task.

   b. In addition to the requirements of reference (b), when assessing the MGIB-SR program complete the following:

      (1) Review SOU and NOBE on-file to ensure completeness.

      (2) Review all MGIB-SR Kicker packages that have been submitted to COMNAVRESFORCOM (N1C2).

      (3) How does the command determine if a Sailor is eligible for an MGIB-SR Kicker?

      (4) Does the command have the current COMNAVRESFORCOM MGIB-SR instruction?

      (5) Does the command have the current MGIB-SR Field Users Guide?
1. **General**

   a. Assess the quality and timeliness of services provided by your servicing Human Resources Office (COMNAVRESFOR Civilian Human Resources Code N00CP in most cases) and OCHR Operations Center (OCHR Norfolk in most cases). Are there any specific issues to be addressed?
b. How is civilian personnel information communicated to employees?

2. **Staffing and Classification** (references (a) through (h))

   a. Does the command have access to references (a) through (h)?

   b. What recruit/fill documents are maintained and how is the documentation stored?
   Critical documentation: RPA or e-mail that documents approval of the action by the appropriate official (echelon 4 commander/CSO, assistant CSO, echelon 5 CO, etc.) funding approval documents; RPA Notepad funding approval annotated; position description; job announcement; USA Staffing certificate of eligibles with selections annotated; resumes; supporting documents of appointment of eligibility of the selectee such as DD-214 member copy 4, Military Statement of Service, VA Letter, Schedule A letter (if such documents are available); documentation of method of selections, interviewer/interviewer panel notes and scores; recruitment incentives; and any other supporting documents.

   c. Provide a list of all supervisors and managers who are delegated hiring manager responsibility. For each, provide copies of the mandatory “Merit Systems Principles Basics for Hiring Managers” training certificate with completion dated within the last 3 years for all supervisors of civilians (including military supervisors). This must be completed prior to making a selection decision on a certificate of eligibles.

   d. Have civilian employees completed/submitted Reserve Status Information Form as applicable?

      (1) Have civilian employees who are Reservists been briefed on their responsibilities under 5 U.S.C. §5536 and DODD 5500.7-R 5-405(a)?

      (2) Are civilian employees under the Uniformed Services Employment and Reemployment Rights Act (USERRA) giving the command advance written notice as soon as practicable of any pending military duty and return to duty?

         (a) Has HRO been notified as soon as practicable to process appropriate personnel action before change occurs?

         (b) Provide copy of the documentation provided by the employee.

      (3) Are civilian employees on USERRA orders given an opportunity to choose to use annual leave, military leave, earned compensatory time off for travel, or sick leave intermittently with leave without pay (LWOP) each pay period? Are the civilian employees who have been called to active duty continuing to work as a civilian (in a duty status) at his or her command?
e. Were there any instances of payment of recruitment or relocation bonuses, retention allowances, or PCS costs within the last 2 years? If so, how were they documented? Provide examples. (COMNAVIFORES and NAVOPSPTCEN Puerto Rico only.)

f. Were there any instances of Voluntary Separation Incentive Pay (VSIP), Voluntary Early Retirement Authority (VERA), Reduction in Force (RIF), or Directed Reassignments outside the commuting area during the last 2 years? If so, how were they documented? Provide examples. (COMNAVIFORES and NAVOPSPTCEN Puerto Rico only.)

g. Are position descriptions reviewed periodically for accuracy? When and how are they reviewed?

h. Are major duties assigned to employee(s) in accordance with major duties described in position description?

3. Employee/Labor Relations (references (i) through (l))

   a. Does the command have access to references (a) through (e) and current command leave, time and attendance, and discipline instructions?

   b. Do commands with bargaining units have access to the applicable union contracts?

   c. What are the command’s hours of duty policy and how is it communicated to employees?

      (1) Is there a local instruction and is it in line with reference (l)? (Local instruction must reference the COMNAVRESFORCOM instruction.)

      (2) Provide a list of various work schedules (i.e., basic, flexible, compressed, etc.) and the number of employees on each schedule.

   d. How do supervisors monitor leave use for potential abuse?

4. Employee Development (references (m) through (p))

   a. Does the command have access to references (m) through (p)?

   b. Who administers the new employee orientation and what topics are covered?

   c. Provide a copy of all documents provided to new employees during the orientation process.

   d. Provide a copy of sign-in sheets or documented tracking method used to confirm participation in mandatory/required training during the last 12 months for civilian employees and
civilian/military supervisors of civilian employees. (N00CP: Provide list of applicable mandatory/required training).

e. Have supervisors and managers supervising civilian employees completed required mandatory training in accordance with reference (d)? Provide a copy of sign-in sheets or documented tracking method used to confirm participation in supervisory training during the last three years for all civilian/military supervisors of civilian employees. (N00CP: Provide list of applicable supervisory training). This should include supervisory training that was provided:

   (1) Within 90 days of onboarding as a manager/supervisor?

   (2) Year one as a manager/supervisor?

   (3) Year three as a manager/supervisor?

f. How many civilian employees received formal training during the past FY?

g. Were there any instances in the last 2 years of payment of college tuition? If so, how were they documented?

5. Performance Management (references (q) through (v))

   a. Does the command have access to references (a) through (f)?

   b. Per references (v) through (x), how does the command communicate performance cycle requirements (establishing performance plans, close-outs, progress reviews, ratings of record etc.) to employees, rating officials, and senior rating officials.

   c. Do employees who have significant involvement with the creation or handling of classified information have the mandatory “Protection of Classified Information” critical element as one of their critical elements?

6. Telework Program (references (w) through (aa))

   a. Does the command have access to references (w) through (aa)?

   b. Is there a local telework instruction and is it in line with reference (y)?

   c. Has the supervisor completed the telework eligibility form to determine if each position is eligible for telework and has each employee been determined eligible or ineligible?

   d. Has the supervisor completed Telework Training for Supervisors?
e. Has each employee who teleworks on a recurring or situational basis completed required training and documentation within the last two years and has a current telework agreement on file? (The required telework training question should be moved to employee development section.) Provide samples of the following telework documents for employees who telework on a recurring or situational basis:

(1) Telework Eligibility Checklist (NAVRES 1000/7).

(2) Telework Request Form (NAVRES 1000/8).

(3) DoD Telework Agreement (DD Form 2946, Dec 2011).

(4) Telework Training certificates.

f. Are the supervisors aware that Telework can be a form of Reasonable Accommodation and can also be used for employees covered the FECA?

g. Are the employees coding Telework correctly in SLDCADA with RG and the environmental code as TW, TS, or TM?

7. Leave Programs (reference (l))

a. Does the command have access to reference (l)?

b. Are provisions of the Voluntary Leave Transfer Program, the Family and Medical Leave Act, and the Family Friendly Leave Act posted?

8. Wellness Program (references (ab) through (ac))

a. Does the command have access to references (ab) and (ac)?

b. Does each employee who participates in the wellness program have a Civilian Fitness and Wellness Program Agreement in place? Provide completed most recent Wellness Program Agreement(s).

c. Did each employee submit to the supervisor the Civilian and Wellness Program Record (NAVRES 12792/2)?

d. Are you aware that employees under a PIP or who have been formally disciplined for misconduct within the past year are ineligible to participate in the Wellness Program?

e. Are your supervisors aware that employees are only permitted excused absence to participate in an approved wellness program for an initial program of short duration (no longer than three months), and that during that time employees are limited to a maximum of 59 minutes
of excused absence per day for up to three regularly scheduled work days per week, not to exceed three hours per week?

f. Are your supervisors aware that beyond the initial program of short duration (not to exceed three months), employees wishing to participate in a wellness program must do so in a non-duty status, such as approved leave and/or flex time on an approved alternative work schedule, and that they should make reasonable attempts to accommodate employees’ flex or leave time requests to participate in an approved program?

g. Are your supervisors aware if the employee is in a light duty status, they must submit medical documentation from a medical physician prior to supervisory approval?

h. Are the employees coding their participation in the wellness program correctly in SLCADA as LV for excused absence (during an initial approved program), and correctly coding flex or leave time thereafter?

i. Provide samples of employee wellness program agreements.

9. **Civilian Awards** (references (u), (ad) and (ae))

   a. Does the command have access to references (u), (ad) and (ae)?

   b. Is there a local civilian awards instruction and is it line with reference (ad)?

      (1) Have supervisors been given a copy of the command instruction?

      (2) Have employees been given a copy of the command instruction?

   c. What awards have been given to civilian employees?

      (1) Cash Awards?

      (2) Time-Off?

      (3) Quality Step Increases?

      (4) Meritorious Civilian Service?

      (5) Superior Civilian Service?

      (6) Length of Service?

      (7) Other?
d. Briefly describe the command’s award process, including established criteria for awards, approval authority, and relationship to performance management per references (a) and (b).

e. Are supervisors aware of, and utilize, non-monetary awards?

10. Department of Navy Civilian Employee Assistance Program (DONCEAP) (reference (af))

a. Does the command have access to reference (af)?

b. Is the current CEAP referral contact information posted/disseminated to employees and supervisors?

11. Workers’ Compensation Program (references (ag) and (ah))

a. Does the command have access to references (ag) and (ah)?

b. Are the procedures for reporting an on-the-job injury or illness, filing an injury compensation claim, and FECA Program requirements/responsibilities posted?
Ref:  (a) OPNAVINST 6110.1J

1. General
   a. Assessment will be conducted as outlined in OPNAVINST 6110.1J Physical Readiness Control Officer Inspection Checklist located at http://www.public.navy.mil/bupers-npc/support/21st_Century_Sailor/physical/Pages/default2.aspx.
LE-10 SEXUAL ASSAULT PREVENTION AND RESPONSE

Ref:  
(a) DoDD 6495.01 CH-2  
(b) SECNAVINST 1752.4B  
(c) OPNAVINST 1752.1C  
(d) OPNAVINST 3100.6  
(e) CNICINST 1752.4B  
(f) COMNAVRESFORINST 1752.1  
(g) NAVADMIN 218/13  
(h) NAVADMIN 181/13

1. Command Requirements

   a. Has the CO established a climate of prevention that is predicated on mutual respect and trust, that recognizes and embraces diversity, and that values the contributions of all of its members? Describe how this climate has been established and provide examples of actions taken since the last assessment.

   b. Has the CO accompanied by the triad met with the SARC within 30 days of taking command for SAPR training to include confidentiality requirements per reference (c)? Provide documentation confirming this brief was conducted.

   c. Has the commander/CO and triad received training from the judge advocate for training on the MRE 514 privileges per reference (c)? Provide documentation.

   d. Has the CO reviewed the commander’s checklist per reference (c)?

   e. Does the CO participate in the base SACMG for all open unrestricted reporting cases? Does the CO provide victims a monthly update on the status of their case within 72 hours of the SACMG per reference (c)?

   f. Does the CO/OIC review all Service member personnel records for sex-related offenses within 30 days of check-in per reference (c)? Explain how this is accomplished and documented.

   g. Has the command broadly publicized that members may make restricted reports of sexual assault to the installation SARC (or closest geographical SARC for remote commands), designated SAPR VA, chaplains, or health care providers? Describe and provide documentation. Query random staff members to ensure reporting options are understood.

   h. Have all watch standers received training to ensure all telephone calls and inquiries related to sexual assault are handled properly? Provide documentation.

   i. Is the current CDO script available to all watch standers in the duty binder and/or at the duty desk as per reference (f)? Show assessors where scripts are located.
j. Did the command sponsor any SAAPM activities in April? Describe and provide documentation for all events and activities.

2. Training Requirements

a. Does the command conduct annual sexual assault awareness and prevention education GMT?

b. What is the percent compliance with the annual mandatory sexual assault awareness and prevention education GMT requirements? Provide FLTMPS report to show completion percentage for all staff and SELRES members.

c. Do all echelon 4 commands track SAPR GMT compliance for all echelon 5 commands they are responsible for? Provide a copy of SAPR GMT training tracker.

3. SAPR Audit Requirements:

a. Is the command website updated with the DoD Safe Helpline logo and at least three 24/7 SAPR VAs contact numbers listed in order of geographical proximity per reference (f)? Review command website.

b. Are echelon 4 commands conducting monthly audits of all echelon 5 commands to ensure every command Web site is up to date and conducting telephone audits per reference (f)?

c. Are monthly audit reports sent to the COMNAVRESFORCOM Force SAPR Officer no later than the fifth of the following month? Provide a review of SAPR audit records since the last command assessment.

d. Has the echelon 4 SAPR POC taken action to resolve all SAPR audit discrepancies? Provide examples and documentation of this resolution.

4. SAPR Program Requirements

a. Is a SAPR POC designated in writing per reference (c)? Provide a copy of the designation letter or collateral duty listing.

b. Has the SAPR POC received the required training on sexual assault responsibilities under the SAPR Program by a SARC per reference (c)? Provide training completion certificate.

c. Does the SAPR POC coordinate and implement command awareness and prevention education training? Describe and provide documentation.

d. Does the SAPR command POC maintain current information on available victim support services in the geographical area? Describe and provide documentation.
e. Does the SAPR POC have direct access to the commander/CO?

f. Are all command SAPR VAs credentialed through D-SAACP and designated as a unit SAPR VA in writing? Provide a copy of the credentialing certificate and designation letter or collateral duty listing.

g. How does the command ensure that all unit SAPR VAs credentials are current? What is the procedure to ensure any expired unit VAs are removed from the role of unit SAPR VA?

h. Does the echelon 4 SAPR POC actively track each echelon 5 SAPR Program to ensure billet compliance as per reference (c)? Provide documentation.

i. Is the echelon 4 SAPR POC actively tracking all sexual assaults reported within the region? Provide a copy of the tracker.

5. Command SAPR Reporting Requirements

   a. Does the command ensure the release of an OPREP-3 NAVY BLUE message for alleged rape, forcible sodomy, and aggravated sexual assault incidents or an OPREP-3 NAVY UNIT SITREPs for indecent assault or assault with intent to commit rape or forcible sodomy and ensure the correct recipients are included in the PLAD including the ISIC and offender’s command? Review sexual assault messages.

   b. Are follow-up messages released when there are significant changes in the SAPR case and are close-out messages sent when the case has closed? Review follow up and final messages.

   c. Are all unrestricted reports of alleged sexual assault that involve AD members, SELRES, or adult dependent family members not covered by the FAP program, reported regardless of the military affiliation of the victim or alleged offender?

   d. Is a SAIRO report completed within 8 calendar days for all unrestricted sexual assault reports and submitted as required in reference (c)? Review SAIRO reports.

   e. Has the CO provided a personal assessment of the impact of a reported sexual assault to the first flag officer in the chain of command within 30 days after the initial report of the sexual assault per reference (c)?

   f. Is a SADR completed and submitted per reference (c) for all unrestricted sexual assault reports upon final disposition? Review a copy of each SADR.
g. Does the CO/OIC submit and file the Sex Offense Accountability Record (NAVPERS 1070/887) in a member’s OMPF for any Service member who is convicted at court-martial or awarded NJP for any sex-related offense(s) as per reference (c)? Provide documentation.

6. Command Assessment Management

   a. Do echelon 4 commands conduct SAPR program assessments for all echelon 5 commands for which they are responsible? Provide documentation.

   b. Are copies of echelon 5 SAPR program assessments retained on-file for 5 years?
LE-11: PERSONAL FINANCIAL MANAGEMENT (PFM) PROGRAM

Ref: (a) OPNAVINST 1740.5C

1. Does the CFS have the most current instruction on hand?

2. Are all CFS personnel designated in writing and have they received appropriate training per reference (a)?

3. Are there an appropriate number of CFS personnel to maintain the ratio prescribed in reference (a)? If more than one CFS, one must be designated as the lead CFS.

4. Are PFM counseling records maintained that ensure confidentiality and compliance with Privacy Act regulations?

5. Are quarterly reports (individual and command summary reports) being kept on file (minimum of 3 years)?

6. Are COs meeting with the CFS Annually?

7. Is the CFS identified in appropriate locations (POW/POM)?

8. Is the CFS included in your command’s check-in/out process?

9. Is the CFS included in the commands pre and post deployment check-in/out process?

10. Does the CFS have the local points of contact to refer Sailors to at the local Fleet and FFSC?
LE-12 FAMILY CARE PROGRAM

Ref: (a) OPNAVINST 1740.4D
     (b) OPNAVINST 1750.1G
     (c) OPNAVINST 1754.5B
     (d) OPNAVINST 1754.8

1. Command Family Readiness Program

   a. Has the CO’s family readiness vision, goals, and directives been articulated? To whom and how?

   b. Does the CO communicate with families on family readiness matters? By what means (e.g., letter, e-mail, Facebook)?

   c. Does the CO actively encourage family members to participate in command and local area family readiness events and activities?

2. FRG

   a. Is the command supported by an FRG?

   b. If so, are the guidelines (as established in OPNAVINST 1754.5B) regarding fundraisers, awards, and donations followed?

3. FRC

   a. Does the command have an FRC?

   b. Is the FRC designated in writing?

   c. Does the FRC liaise with local FFSCs, FRGs, chaplains, and ombudsmen?

   d. Does the FRC maintain an updated family recall roster, including e-mail addresses?

4. Ombudsman

   a. Per reference (b), does the command have an ombudsman designated in writing?

   b. Is there a current volunteer agreement (DD Form 2793) on-file for all ombudsmen?

   c. Did the command ombudsman attend Ombudsman Basic Training within 6 weeks of appointment?
d. Are the command designee and command ombudsman registered in the Ombudsman Registry on the FFSC Web site, http://www.ombudsmanregistry.org?

e. Does the command ombudsman complete ombudsman quarterly reports in the Ombudsman Registry?

f. If the echelon 5 has a unit ombudsman, is the command ombudsman assigned with the unit ombudsman in the Registry per reference (b)?

g. Does the ombudsman submit and distribute a newsletter at least quarterly?

h. Per reference (b), is the ombudsman contact information listed in the POW? Made accessible to all hands in some venue?

i. Does the command provide a roster to the command ombudsman without any SSNs present?

j. Does the echelon 5 provide administrative supplies, paper, access to government mail, and assistance with mailing out the ombudsman newsletter?

k. Does the echelon 5 CO recognize the ombudsman on Ombudsman Appreciation Day?

5. Family Care Plan

a. Does the command have a family care plan program established, per OPNAVINST 1740.4D?

b. Are family care plans reviewed annually?

c. Is the Family Care Plan Coordinator designated in writing?

d. Are current Family Care Plan Certificates (NAVPERS 1740/6) and (NAVPERS 1740/7) maintained in a consolidated file?

e. Is there a system in place to ensure Family Care Plan Certificates for both AD and SELRES are filed within 60 days for active duty/90 days for drilling Reservists of report date or change in status?

f. Has the echelon 5 established a Family Care Plan Coordinator as a collateral duty assignment for the command?

g. Have all SELRES personnel required to maintain a Family Care Plan been assigned the appropriate MAS code?
6. **Dependency Application/Record of Emergency Data**
   
   a. Does the command require personnel to review and update their NAVPERS 1070/602, Dependency Application/Record of Emergency Data, annually?
   
   b. Does the command require personnel to review their NAVPERS 1070/602 prior to extended deployments?

7. **SGLI/FSGLI**
   
   a. Does the echelon 5 maintain the NAVPERS 1070/602 and the SGLV-8286 SGLI Election and Certificate on all officers assigned to the NAVOPSPTCEN?
   
   b. Has the command appointed a FSGLI Coordinator?
   
   c. Does the coordinator have a current SAAR on-file? Does the coordinator have a current FSGLI account and password?
   
   d. Has the FSGLI Coordinator completed Information Awareness Training?
   
   e. Are SELRES informed of SGLI/FSGLI options? Does every member of the VTU have the required Page 13 on-file regarding payment of SGLI/FSGLI premiums?
   
   f. Does the coordinator have a copy of the FSGLI user manual on-file?
   
   g. What process is in place to ensure demobilized personnel do not incur unnecessary FSGLI deductions?

8. **Family Communication Plan**
   
   a. Does the command have a family communications plan?
   
   b. Are the communications targeted towards family members?
   
   c. Are family readiness themes, programs, events, and updates incorporated into unit public affairs planning and products?
   
   d. Are multiple methods of communication utilized (e.g., e-mail, Web sites, social media sites)?

9. **Command Indoctrination Program**
   
   a. Does the command indoctrination program include information for families?
b. Does the command provide an opportunity for families to attend indoctrination training with the member?

10. Command Sponsor Program

a. Does the Command Sponsor Program target members and families?

b. Do welcome-aboard packages include local family support resources available to families?

c. Do single Sailors authorize sending information to their extended family?

11. NFAAS

a. Does the command require members and their families to establish NFAAS accounts?

b. Does the command require members and their families to verify NFAAS data at least annually and prior to any extended deployment?

12. DEERS. Does the command ensure members verify DEERS at least annually and prior to any extended deployment?
LE-13 VICTIM AND WITNESS ASSISTANCE PROGRAM

Ref: (a) OPNAVINST 5800.7A

1. General

   a. Is a VWAC (E-5 and above) appointed in writing and properly trained?

   b. Are other staffs involved in criminal investigations, law enforcement, and security trained in VWAP policies and procedures, providing form DD 2701 as required, and maintaining reporting data per OPNAVINST 5800.7?

   c. Does the VWAC educate command personnel as to the rights of crime victims and witnesses?

   d. Does the VWAC obtain and distribute VWAP materials as required?

   e. Does the VWAC maintain and report data per OPNAVINST 5800.7?

   f. Is the VWAC knowledgeable concerning other military victim assistance programs?
LE-14 SAFETY PROGRAMS

Ref:  
(a) OPNAVINST 5100.23G  
(b) OPNAVINST 5102.1D  
(c) COMNAVRESFORINST 5100.4G  
(d) OPNAVINST 3500.39C  
(e) OPNAVINST 5100.25C  
(f) OPNAVINST 5100.12J  
(g) ALNAVRESFOR 005/09  
(h) 29 CFR 1910  
(i) ALSAFE Msg 020/11  
(j) SECNAVINST 5100.13E  
(k) NFPA 101  
(l) OPNAVINST 5100.29  
(m) SECNAVINST 5100.13E

1. Navy Safety and Occupational Health (SOH) Program
   
a. Has the CO issued a new SOH policy statement within 3 months after assumption of command and ensured it has been disseminated to all personnel by posting the policy statement on official bulletin boards, and other means as appropriate per OPNAVINST 5100.23G, subparagraph 0207b(1)?
   
b. Has the command established and maintained liaison between the local safety office (host installation, or CNIC region,) or other DoD activities as applicable for coordination of specialty functions (e.g. medical, fire, security, etc.) per OPNAVINST 5100.23G, subparagraph 0207b(6)?
   
c. Has the command included procedures within its SOH policy or safety instruction to protect navy personnel from coercion, discrimination, or reprisals for participating in the safety program per OPNAVINST 5100.23G, subparagraph 0207b(10)? (This verbiage is typically included in SOH policy or safety instructions).
   
d. If the command has one or more DoD civilian employees, has it completed and posted a signed copy of the annual "Summary of Work Related Injuries and Illnesses report (OSHA's form 300A) per OPNAVINST 5100.23G, subparagraph 0207b(24), OPNAVINST 5102.1D, and 29 CFR 1904? Report must be posted annually from 1 February to 30 April.
   
e. Has the command posted the DoD Occupational Safety and Health Protection Program (Form DD 2272), (with current safety POC information) in prominent locations per OPNAVINST 5100.23G, subparagraph 0207b(25)?
   
f. COMNAVRESFOR Echelon 4/5 Commands Only. Has the command designated a Collateral Duty Safety Officer (CDSO) in writing who has sufficient training, authority and
responsibility to effectively manage, administer and support the command safety program per OPNAVINST 5100.23G, subparagraph 0302?

g. Does the command attend host installation safety committee meetings? If yes, are agendas published and minutes maintained for a minimum of 3 years per OPNAVINST 5100.23G, subparagraph 0402f(1)?

h. Is the command performing (and documenting) annual SOH program self-assessments by 31 December of each calendar year per OPNAVINST 5100.23G, subparagraph 0505?

i. Does the command's SOH self-assessment include reviews of its progress toward implementing the DON safety vision, mishap trends and statistics, applicable safety inspection records, hazard reports and the most recent Industrial Hygiene exposure assessment per OPNAVINST 5100.23G, subparagraph 0505a and NAVADMIN 048/10?

j. Has the command developed specific improvement strategies (plan of action) for each area identified within the self-assessment as needing improvement per OPNAVINST 5100.23G, subparagraph 0505b?

k. Are completed annual safety self-assessments and improvement plans reviewed, approved, signed, and dated by CO per OPNAVINST 5100.23G, subparagraph 0505b?

l. COMNAVRESFOR Echelon 4 Commands Only. Is the headquarters command reviewing subordinate command SOH annual self-assessments and improvement plans per OPNAVINST 5100.23G, subparagraph 0505c?

m. Has the CDSO successfully completed the NAVSAFENVTRACEN course, Introduction to Navy Occupational Safety & Health (Ashore), A-493-0050, or online equivalency course A-493-0550 per OPNAVINST 5100.23G, subparagraph 0602e(2)?

n. If the command maintains and/or utilizes Hazardous Materials (HM), has it ensured:

(1) A current HM AUL is maintained per OPNAVINST 5100.23G, subparagraph 0702g(2)?

(2) A periodic review of HM is conducted to eliminate unnecessary HM per OPNAVINST 5100.23G, subparagraph 0702g(3)?

(3) The responsibilities for the HMC&M program have been assigned to an individual who has successfully completed the NAVSAFENVTRACEN course Introduction to Hazardous Materials (Ashore), A-493-0031 per OPNAVINST 5100.23G, subparagraph 0702h?

(4) All HM is uniquely identified for reference, retrieval, and cross reference between the label, SDS, AUL and HM inventory per OPNAVINST 5100.23G, subparagraph 0702g(5)?
(5) Implementation of applicable directives (for HM procurement, storage and disposal) per OPNAVINST 5100.23G, subparagraph 0702g(8)?

  o. Does the command provide initial and work site specific HAZCOM training per OPNAVINST 5100.23G, subparagraph 0702g(10)(g)?

  p. Each Navy activity (command) must receive an initial (baseline) Industrial Hygiene (IH) exposure assessment followed by periodic IH reassessments from a BUMED Industrial Hygienist per OPNAVINST 5100.23G, subparagraph 0802, 0808, and appendix 8-B.

    (1) Has the command received the required IH assessments? If, yes, what is the periodicity for IH reassessments per OPNAVINST 5100.23G, subparagraph 0802?

    (2) Have all previous IH assessment recommendations been implemented per OPNAVINST 5100.23G chapter 8? If no, explain.

(3) COMNAVRESFOR Echelon 4 Commands Only. Does the headquarters command, when acting in an oversight capacity, monitor/track required IH support/service by cognizant BUMED activities to its subordinate commands per OPNAVINST 5100.23G, subparagraph 0808b and 0903?

(4) COMNAVRESFOR Echelon 4 Commands Only. Does the headquarters command ensure safety program assessments of subordinate commands are conducted a minimum of every 3 years per OPNAVINST 5100.23G, subparagraph 0904 and 0905?

  q. Is the command ensuring routine safety workplace inspections are conducted and documented by on site supervisors and at least annually by CNI region BOS or installation safety personnel per OPNAVINST 5100.23G, subparagraph 0903 and 0903a?

  r. Is the commander/CO/OIC publicizing the existence of the employee hazardous-reporting program and notifying personnel regarding their rights and obligations in regard to reporting hazardous situations per OPNAVINST 5100.23G, subparagraph 1005?

  s. Does the command hazard reporting program:

    (1) Publicize (e.g., posting, training) the existence of the employee hazard reporting program, notify personnel of their rights and obligations in regard to reporting hazardous situations and ensure hazard reporting forms (OPNAV 5100/11 forms) are available to all personnel per OPNAVINST 5100.23G, subparagraph 1005a and 1005d?

    (2) Maintain adequate recordkeeping practices and retain records for at least 5 years following the end of the calendar year in which the final action on a report was undertaken per OPNAVINST 5100.23G, subparagraph 1005f?
t. Hazards can be identified through zone inspections, annual inspections, IH assessments, employee hazard reports and other inspections.

(1) Is the command managing hazard abatement/corrective actions based upon the assigned Risk Assessment Code (RAC) per OPNAVINST 5100.23G chapter 12?

(2) Does command have any RAC 1, 2, or 3 hazards/deficiency notices exceeding 30 days and not yet corrected?

u. Does the command have personnel exposed to fall hazards? If yes, has it established a fall protection program or stated in writing that it is using the DON Fall Protection Guide for Ashore Facilities, as their fall protection program per OPNAVINST 5100.23G, subparagraph 1304 and 1307?

v. Does the command ensure mishaps, near miss events and/or property damage reports are reported to COMNAVRESFOR and/or COMNAVSAFCEN via ESAMS and/or WESS as applicable per COMNAVRESFORINST 5100.4G, OPNAVINST 5100.23G chapter 14, and OPNAVINST 5102.1D, chapter 3?

w. Has the command designated at least one individual as the WESS Safety Authority (SA) to manage mishap reporting to WESS per OPNAVINST 5100.23G chapter 14, OPNAVINST 5102.1D, subparagraph 3007, 1b(1), and ALSAFE Msg 020/11?

x. If the requirement for a medical surveillance program i.e., respiratory protection, sight conservation, hearing protection, blood borne pathogens, etc. has been established by cognizant BUMED authority (refer to the command Industrial Hygiene survey results), has the command implemented these programs per OPNAVINST 5100.23G chapters 15, 17, 18, 19, 21, 22, 25, and 28?

y. Has the command evaluated its workplaces, including reviews of applicable hazardous material data and Industrial Hygiene assessments, to determine Personal Protective Equipment (PPE) requirements and ensured compliance per OPNAVINST 5100.23G chapter 20?

z. Does the command provide general ergonomics awareness training as applicable to the employee's role in the workplace per OPNAVINST 5100.23G chapter 23?

aa. Has the command fully implemented ESAMS, and is it able to demonstrate its operation of ESAMS by providing an overview of the program status for all personnel within the command’s scope (i.e., staff, subordinate commands and/or Navy Reserve drilling units upon request) per COMNAVRESFORINST 5100.4G and ALNAVRESFOR 005/09?

2. Safety Investigation Reporting and Record Keeping
a. If the command has experienced any Class A or B incidents during the reporting period, did the command provide required report(s) via telephone or electronic means to COMNAVAFCEN and COMNAVRESFOR (as the controlling command) within 8 hours of mishap per OPNAVINST 5102.1D, subparagraph 3002(1)?

3. Navy Recreation Off-Duty Safety (RODS) Program

a. Has the command established a RODS program per OPNAVINST 5100.25C?

(1) Has the command designated a RODS program manager in writing per OPNAVINST 5100.25C?

(2) Are monthly/seasonal hazard awareness briefs/training conducted and documented for all military and DoD civilian personnel per OPNAVINST 5100.25C?

b. If the command has fitness equipment onboard, has it reviewed CNICINST 1710.1 (sections 4 and 5)? Commands shall utilize the information as a guide to evaluate the fitness equipment and take corrective action(s) to ensure safety of personnel.

4. Navy Traffic Safety Program

a. Has the command established a traffic safety program and assigned responsibilities for developing, issuing, implementing, and enforcing program regulations per OPNAVINST 5100.12J, subparagraph 6j(1)?

(1) Does the command coordinate traffic safety training support requirements with the host installation or CNI region BOS safety provider per OPNAVINST 5100.12J, subparagraph 6i(5)?

(2) Does the command ensure and/or provide local traffic safety orientation briefings to newly arriving personnel as soon as possible (typically, within 30 days of arrival) per OPNAVINST 5100.12J, subparagraph 6j(6)?

b. Does the command provide and document traffic safety briefings to all Navy personnel prior to major holidays, extended weekends, and liberty periods or when mishap trends warrant per OPNAVINST 5100.12J, subparagraph 6j(7) and 6j(8)?

c. HIGH PRIORITY: Has the command designated a Traffic Safety Coordinator (TSC) and a Motorcycle Safety Representative (MSR) in writing per OPNAVINST 5100.12J, subparagraph 6j(16)? TSC and MSR shall obtain an active ESAMS account and complete required ESAMS training.

d. Has the command established a motorcycle mentorship program or formed a partnered program with the installation, a nearby Navy command or other service command per
OPNAVINST 5100.12J, subparagraph 6j(17)? Waiver request for this requirement shall be submitted to the first flag officer in the commander’s chain of command.

e. Does the command TSC/MSR provide the commander or CO with a quarterly traffic safety training status report per OPNAVINST 5100.12J, subparagraph 6k(4)?

f. If established as a tenant command, does the command attend quarterly base or host installation traffic and motorcycle safety council meetings per OPNAVINST 5100.12J, subparagraph 6k(5)?

g. **HIGH PRIORITY**: Has the command identified all military personnel who operate or plan on operating a motorcycle, ensured 100 percent compliance with the training and PPE requirements and enter documentation of completed training into ESAMS per OPNAVINST 5100.12J, subparagraph 6l(2)?

h. **HIGH PRIORITY**: Does the command ensure all military personnel under 26 years of age receive the required 4 hours minimum of traffic safety training within 12 months of entering Naval service and the additional requirement of 2 hours annual refresher training per OPNAVINST 5100.12J, subparagraph 8a and 8b?

i. Does the command ensure personnel who meet the Navy’s requirement for driver improvement training successfully complete a COMNAVSAFCEN approved 8 hour course of Driver Improvement training per OPNAVINST 5100.12J, subparagraph 8c?

j. Does the command have personnel assigned who operate a government vehicle as part of their "primary duties" or who operate a government vehicle more than 8 hours a week as part of their "incidental duties" per OPNAVINST 5100.12J, subparagraph 10a?

5. **Fire Safety**

a. Has the command implemented and maintained a fire prevention program per 29 CFR 1910, and NFPA 101?

b. Are Fire Warden inspections being performed monthly with written documentation available for review to include the following:

   (1) Fire Bill – posted and current per 29 CFR 1910, and NFPA 101?

   (2) Exits – labeled and easily accessible per 29 CFR 1910, and NFPA 101?

   (3) Emergency lights – working per 29 CFR 1910, and NFPA 101?

   (4) Flammable storage – properly stored and segregated per 29 CFR 1910?
(5) Janitorial closets – cleaned with no flammable items stored per 29 CFR 1910?

(6) Smoking areas – positioned at least 50 feet away from main areas of egress, flammables, and combustibles per SECNAVINST 5100.13E, subparagraph 6(e)(6)?

(7) Portable fire extinguishers – inspected every 30 days? Verify extinguishers are firmly mounted on wall with easy-access/no obstructions, verify pressure gauge is in the “green zone,” ensure safety pin is in place, verify safety tag is attached which indicates past inspections by month/year with authorizing signatures/initials per 29 CFR 1910, and NFPA 10?

c. Are annual fire safety inspections being performed on all fixed (sprinkler or other automated) fire extinguishing, detecting, and transmitting systems per 29 CFR 1910, and NFPA 101?

(1) Is the command familiar with the organization(s) responsible for conducting the annual fixed fire system inspections per 29 CFR 1910, and NFPA 101?

(2) Are written records of fire safety inspections maintained and available for review per 29 CFR 1910, and NFPA 101?

d. Is annual fire prevention training provided to all personnel per 29 CFR 1910, NFPA 101, CNIC region, installation, or local fire safety directives?

e. Are fire evacuation/exit drills conducted and documented at least every 12 months during maximum building occupancy per 29 CFR 1910, NFPA 101, and installation, or local fire safety directives?

6. Navy ORM Program. Has the command implemented the Navy ORM program per OPNAVINST 3500.39C?

a. Has the command CSO/ACSO/XO or equivalent been designated in writing as the ORM Program Manager per OPNAVINST 3500.39C, subparagraph 6g(2)?

b. Has the command designated at least one officer and senior enlisted person, or a civilian equivalent as ORM assistants per OPNAVINST 3500.39C, subparagraph 6h(2)?

c. Have command ORM assistants completed required training per OPNAVINST 3500.39C, subparagraph 6h(2)(a)?
LE-15 FAMILY ADVOCACY PROGRAM

Ref:  (a) OPNAVINST 1752.2B
     (b) SECNAVINST 1752.3B

1. General
   a. Is the FAP coordinator designated in writing?
   b. Did the FAP coordinator complete the required annual and quarterly trainings through the FFSC?
   c. Did the command triad complete required training?
   d. Was the annual GMT completed on FAP?
   e. Is the training documented on a NAVPERS 3500?
   f. Is the FAP coordinator listed in the POW/POM and a note listed?
   g. Does the command have a tracking system of all open FAP cases?
   h. Were all required Navy Domestic Violence Incident and Consequent Command Action Report completed?
LE-16 EDUCATION SERVICES OFFICER

Ref: (a) BUPERSINST 1430.16F CH-1

1. Is the ESO an E-7 or above per reference (a)?

2. Have the ESO and assistant ESO been appointed in writing per reference (a)?

3. Does the ESO act as liaison between the local PSD and does the command ESO agree to administer examinations?

4. Upon receipt of examinations, was verification completed to ensure all exams ordered were received? Are all examination packing lists signed and dated and retained for the past 2 years?

5. Are examinations properly maintained in a secure location (safe, vault, or other secure locked space fastened with a three tumbler lock)? Is the secure location only accessible to an E-7 and above or civilian identified by the CO/OIC?

6. Are the dates of examinations, deadline for completion of requirements, and the requirement for signing worksheets disseminated throughout the command? How?

7. Are examinations forwarded on those candidates who will be on leave, TEMADD, or in a transient status because of PCS on regularly scheduled examination date?

8. Is guidance being followed in administering Navy-wide examinations for candidates who are pending deployment to or are deployed and operating in Iraq, Afghanistan, or the Horn of Africa?

9. Are NSIPS Advancement Eligibility Listing (AEL) verified and maintained by command/unit each cycle per reference (a)?

10. Were eligibility requirements completed prior to NAVADMIN message deadline? If not, was a waiver authorized?

11. Are EP TIR waivers turned in to ESO prior to examination ordering cycle? Are they kept on file?

12. Do ESOs have access to the NEAS website? Are NSIPS TIR lists verified with the NEAS TIR eligibility lists?

13. Were supplemental examinations ordered in correct timeframe and format?

14. Are eligible PRISE-R candidate’s names provided to COMNAVRESFORCOM via echelon 4 commands?
15. Are the advancement worksheets printed, verified, and signed by members and ESO per reference (a)?

16. Are all required items on the advancement worksheet properly computed?
   
   (a) Enlisted evaluations per current cycle NAVADMIN?
   
   (b) Award points verified per reference (a)?
   
   (c) High Year Tenure (HYT) verified?

17. Were advancement exams administered per reference (a)?

18. Were advancement exams destroyed and forwarded per reference (a) to NETPDC? Are destruction letters and transmittals letters maintained on file per reference (a)?

19. Have all eligible members completed the required Petty Officer Leadership Course?

20. Are examination discrepancies corrected and forwarded to NETPDC (N321) per reference (a)?

21. Is the command following guidance put forth by COMNAVRESFORCOM and submitting the ESO POAM tasker to their echelon 2/echelon 4 command monthly during each advancement cycle?
LM-1 PLANS AND POLICIES

Ref: (a) COMNAVRESFORINST 4000.1E
    (b) NAVSUP P-485
    (c) SECNAVINST 7320.10A
    (d) NAVSUPINST 4200.85D
    (e) NAVSUPINST 4200.99C
    (f) DoD Directive 4500.36
    (g) KYLOC Administrator Guide
    (h) Reserve Clothing Program QuikGuide
    (i) EUMS User Guide
    (j) RESFORTAC QuikGuide

1. General

   a. Review activity’s Command Assessment process for logistics and the results of all inspections/assist visits in the last 12 months. Does the echelon 5 Command Assessment Guide cover at least the minimum topics listed below? (Provide a copy of echelon 4 Command Assessment Guide).

      (1) Section 1 – Supply Administration

      (2) Section 2 – Procurement

      (3) Section 3 – Clothing

      (4) Section 4 – Subsistence

      (5) Section 5 – Berthing

   b. Is there a recurring tickler file for all supply reports the echelon 5 command is responsible for?

   c. Are expenditure and survey files maintained by FY for all material that was expended and surveyed per reference (b)?

   d. Is the DPAS manager logging into the system at least monthly to check status of items?

   e. Verify that all minor property with value exceeding $5,000, as well as items that are below $5,000 and are sensitive, classified or meet all three of the following criteria: 1) pilferable 2) critical to the activity’s business/mission and 3) hard to repair or replace is properly recorded in DPAS and identified with a minor property tag.

   f. Per reference (c), are inventories, including DPAS and Reserve Forces Transaction Card (RESFORTAC), conducted as required to maintain accountability of assigned government
property? All items, including sub-minor personal property that is considered pilferable as well as items that are of historical interest (Static Displays) will be accounted for, managed, and will include, at a minimum, the following information:

   (1) Item Nomenclature
   (2) Item Serial Number
   (3) Item Model Number
   (4) Location of Item
   (5) Custodian/Name

   g. Are there adequate controls in place to maintain accountability during check-out and check-in of government vehicles?

   h. Is vehicle maintenance kept current?

   i. Is the regional clothing coordinator monitoring the region on a weekly basis using the KYLOC program to ensure all requests are approved weekly?

   j. Is funding (KYLOC and/or RPN funds) properly managed and distributed to field commands? Is it monitored for excessive spending trends?

   k. Are supply spaces properly labeled with warning signs limiting access to only those individuals delegated in writing by the CO?

   l. Are rations-in-kind provided only to eligible personnel per reference (a)?

   m. Are rations-in-kind procured using mandatory sources of supply per reference (a)?

   n. Are the meal prices for rations-in-kind within established limitations? If not, are approved waivers on-file?

   o. Are proper funding documents prepared for all meals procured?

   p. Are Meal Signature forms used and monitored to ensure that only eligible personnel are provided rations-in-kind?

   q. Are documents prepared for all meals procured for DRT events?

   r. Are monthly audits of contract messing being conducted and corrective actions being taken for misuse, per reference (a), to include DRT events?
s. Are only enlisted personnel who reside 50 miles or more from their drill site and who have completed the minimum drill periods receiving breakfast and dinner?

t. Are all financial documents, signature sheets and completed DD 1131s retained on-file for Meals Ready-to-Eat consumed per reference (a)?

u. Are Berthing Eligibility Certificates on-file for all personnel authorized contract berthing per reference (a)?

v. Are monthly audits of contract berthing being conducted and corrective actions being taken as established in the NAVOPSPTCEN’s local berthing instruction and as per reference (a), to include DRT events?

w. Is NAVOPSPTCEN utilizing EUMS to screen for and request SELRES uniform requirements prior to ordering uniform items in KYLOC?

x. Are RPN funds being properly tracked for Messing and Alterations funding lines?
LM-2 PURCHASING/PURCHASE CARD

Ref: (a) COMNAVRESFORINST 4000.1E
     (b) NAVSUPINST 4200.85D
     (c) NAVSUPINST 4200.99C
     (d) OPNAVINST 4614.1G
     (e) NAVSUP P485
     (f) NAVSUPINST 4200.82G
     (g) CCPMD Desk Guide 5.11

1. General

   a. Are the Agency/Organization Program Coordinator (APC), Approving Official (AO), and
      Cardholders (CH) appointed in writing on command letterhead? Do dollar amounts cited on
      letters match established limits in CITI?

   b. Have Head of Activities (HA), APCs, AOs, and CHs completed all required training? Is
      periodic refresher training conducted? (i.e., refresher training every 2 years and annually for
      ethics training.)

   c. Do AOs have DD 577s on-file?

   d. Do AOs and CHs have form OGE 450 on file, if applicable?

   e. Do CHs have SF 1402s on file detailing specific authority of the warrant holder? Do
      dollar values listed on the SF 1402 match limits established in CITI?

   f. Are AOs and CH profiles monitored to ensure they have the appropriate limits to support
      their command’s mission?

   g. Has a PPMAP been completed within the last 18 months? If not, what was the date of
      the last PPMAP and what were the findings? Were all discrepancies corrected?

   h. Is there a local Internal Operating Procedure (IOP) established to provide management
      control over the Government Commercial Purchase Card (GCPC) program?

   i. Do the ultimate end users of supplies or services complete the Open Purchase Request
      (OPR) with all the required information per reference (a)?

   j. Are purchases screened for mandatory sources of supply (i.e., Ability One, DoD E-Mall)?
      Are all purchase requests approved prior to actual material purchase? Are funding documents
      being entered into FASTDATA and approved by the AO prior to actual material purchase?
k. Are monthly GCPC Program Audit Tool (PAT) reviews completed and retained as required?

l. Are GCPC statements being certified by the cardholder and AO within established timelines?

m. Are cardholders reallocating to the correct Standard Document Number (SDN), Line Of Accounting (LOA), and contract number in CITI prior to certification?

n. Are AOs performing 100 percent transactional review (to include validation of SDN, LOA and contract number) in CITI on all purchases prior to AO certification?

o. Are purchases “split” to circumvent the micro-purchase threshold or avoid competition requirements?

p. Are printing requirements (i.e., copier) procured through the nearest Defense Automated Printing Service (DAPS) office, per reference (b)?

q. Are the CHs registered on the Federal Procurement Data System - Next Generation (FPDS-NG) and are all procurement transactions that exceed the micro-purchase threshold reported? Is documentation maintained in the procurement folder per reference (a)?

r. Have Blanket Purchase Agreements (BPA) been established with vendors providing berthing and/or messing agreeing to permit the use of the purchase card as a method of payment for orders between $3,500 and $100,000 per reference (b)?

s. Is the echelon 4 command verifying that their subordinate command’s GCPC monthly statements are certified within 5 days of closing per reference (b)?

t. Is the SF 182 used for procurement of training requirements and the GCPC is used as the payment method per reference (b)?

u. Are Information Technology requests approved via COMNAVRESFORCOM (N6)?

v. Are CHs completing all reconciliation procedures and maintaining an accurate Purchase Card Log?

w. Are all MILSTRIP requisitions properly formatted with the correct priority based on the correct Force/Activity Designator (FAD) and Urgency of Need Designator (UND) per reference (d)? Are follow-ups being submitted on MILSTRIP requisitions that are over-aged per reference (d)?

x. Are external Material Obligation Validation requests being processed and retained on-filed per reference (e)?
y. Are claims for reimbursement (SF 1164) being utilized to reimburse individuals making unauthorized purchases or to circumvent the supply system per reference (a)?

z. Review 25 percent of micro-purchases and 100 percent of purchases over $3,500 for accuracy in accordance with references (c) and (f).

aa. Does the AO review and approve all MILSTRIP items for purpose and amount prior to release in FASTDATA?

ab. To ensure that correct appropriations are used, does the command cite the correct Fund Code and Line of Accounting when requisitioning via MILSTRIP?

ac. Are all signatures and dates in approval documents signature blocks legible?

ad. Are all documents being properly receipted in FASTDATA?

ae. Is acceptance of item(s) evidenced by a legible circle, print, sign, date, code, and phone number of end user on the hard copy receipt?

af. Do receipts contain the minimum data elements: Document Number, Part number/Stock Number, Quantity, Unit of Issue?

ag. Does the command observe segregation of duties, function and span of control for all purchasing functions (minimum two-way separation of function is required)?

ah. Are “Administrative/Dummy Receipts” for material received without supporting documentation standardized and consistent?

ai. Is the CO/AO reviewing all monthly reports?
LM-3 GOVERNMENT TRAVEL CHARGE CARD

Ref:  
(a) DoD 7000.14-R, Volume 9, Chapter 3  
(b) NAVSUPINST 4650.7  
(c) COMNAVRESFOR GTCC IOP  
(d) Order Writing Authority for APCs Standard Operating Procedures  
(e) SECNAV M-5510.30 Chapter 10  
(f) Consolidated Card Program Management Division Individual Billed Account Desk Guide 2014

1. General
   a. Has the CO or HA, APC, and Alternate APC received mandatory training (to include refresher training) in the Travel Card program and certificates retained on-file?
   b. Is the APC paygrade E-7/GS-7 or above per reference (c) and have the APC and alternate APC been appointed in writing via command letterhead by the HA?
   c. Does the command have an Internal Operating Procedures (IOP) and/or Instruction for the GTCC Program?
   d. How often does APC perform account scrubs?
   e. Are APCs monitoring excess credit balances per reference (b)?
   f. Are credit/cash limits being reviewed monthly per reference (f)?
   g. Are copies of all CH mandatory training certificates retained on-file?
   h. Is refresher training conducted every three years for all CHs? Is training documentation retained on-file?
   i. What methods are in use to disseminate information to CHs?
   j. Are copies of all CH Statement of Understanding and Page 13 retained on-file? SOU required for civilian personnel while SOU and Page 13 are required for military personnel.
   k. Is the APC included in the command check-in/out procedure?
   l. Are the mandatory reports listed in reference (c) run monthly and maintained for 2 years?
      (1) Cardholder Account Listing Report
      (2) Hierarchy Delinquency Report
(3) Aging Analysis Report

(4) Account Activity Text File

(5) Mission Critical Report

(6) Pre-Suspension

m. Are travel cards deactivated for members not on TAD per reference (c)? Are travel cards activated no more than 5 days for CONUS and no more than 14 days for OCONUS before official travel and deactivated when official travel is completed?

n. Are members placed in NROWS hard hold if CH has a delinquent account per reference (d)?

o. Are GTCC accounts being used for official travel only?

p. Are travel vouchers submitted within 5 working days following completion of travel per reference (c)?

q. Are delinquency notifications (e-mails) sent to CHs and their leadership at the 45, 61, 91, and 121 day delinquent mark per reference (c)? Are these notifications filed in the CH’s record?

r. Is appropriate administrative and/or disciplinary action taken by the chain of command when fraudulent, improper, and/or abusive travel card transactions are found?

s. Is appropriate administrative and/or disciplinary action taken by the chain of command when individuals with delinquent accounts do not pay their travel card bills?

t. Are Security Managers notified of delinquent accounts or misuse/abuse cases per reference (e)? Are incident reports on file in the JPAS?

u. Is IntelliLink being monitored at least monthly per reference (b)?

v. Is the chain of command knowledgeable and involved in the oversight and administration of the program?
MP-1 COMMAND ASSESSMENTS

Ref:  (a) COMNAVRESFORINST 5040.1
     (b) COMNAVRESFORNOTE 5041
     (c) COMNAVRESFORINST 5200.8

1. General

   a. How often does your command conduct assessments on subordinate commands? How do you ensure oversight?

   b. Do you conduct trend analysis to identify problem areas?

   c. What problem areas require improvement by your subordinate commanders?

   d. Do you identify best practices found during assessments and share them with the rest of your subordinate commands?

   e. What best practices have been identified?

   f. Is your Command Assessment Guide aligned with the COMNAVRESFOR Command Assessment Guide? If not, how and why is it different?

   g. Are the results of assessments filed neatly and stored in a central location?

   h. Do command assessments include some part of a drill weekend in order to observe subordinate support of SELRES?

   i. Provide a copy of your command assessment schedule.

   j. Provide copies of the last three command assessment results.
MP-2 PAY MANAGEMENT

Ref:  (a) RESPERS M-1001.5
     (b) COMNAVRESFORINST 5210.1

1. (CRITICAL INSPECTION ITEM) Are DD Form 577, Appointment/Termination Record- Authorized Signature, on file at the echelon 4 command and all NRAs for echelon 4 command and NRA personnel responsible for authorizing and releasing drill pay (i.e., regular IDT, additional IDT), special pays associated with the performance of these drills, and Funeral Honors Duty Allowance prior to performing financial transactions? Do all echelon 4 and NRA Pay Clerks and Pay Supervisors have a DD Form 577 on file?

2. Do echelon 4 commands provide oversight, training, and assistance for Reserve pay processing to subordinate commands?

3. Do echelon 4 commands contact COMNAVRESFORCOM (N11/RPAT) for any issues not sufficiently resolved through the Space and Naval Warfare Systems (SPAWAR) help desk?

4. Do echelon 4 commands research IMAPMIS, Web MMPA, NSIPS, and DJMS-RC to resolve pay problems?

5. Do echelon 4 commands ensure NRAs complete action within 10 business days from receipt of ITSM service request guidance from the NSIPS and SPAWAR Reserve Pay help desks or COMNAVRESFORCOM (N11)?

6. Do NRAs use and adhere to the COMNAVRESFORCOM-approved SOP posted on ProcessQuik to perform drill pay transactions and process special pays?

7. Is the 10-year document retention standard followed by NRAs for maintaining KSDs to support pay transactions in unit IDT folders, individual IDT folders, TRIM system in accordance with reference (b), or the Sailors’ OMPF?

8. Do NRAs counsel new affiliates via NAVPERS 1070/613, Administrative Remarks, on mandatory enrollment in EFT?

9. Do NRAs initiate corrective action to resolve Sailors’ pay discrepancies within 5 business days of receipt/notification? Do NRA pay clerks monitor earnings report and Web MMPA for proper and timely payments?

10. Are all drills and pay related documents submitted, verified and processed per reference (a)?

11. Do NRAs monitor all ITSM TT on a daily basis? What action is taken when a TT exceeds 10 days?
12. Do NRAs use the following systems:
   a. NSIPS?
      (1) Are required reports (including the IDT Unadjudicated Report) run and verified per reference (a) to monitor participation requirements?
      (2) Are IDTs scheduled for the FY at the beginning of the FY?
      (3) Are rescheduled and additional drills scheduled in EDM in advance of the IDT period?
      (4) Are feedback reports utilized and retained per reference (a)?
   b. Defense Manpower Data Center for Family Service Members Group Life Insurance?

13. Are all echelon 4 and NRA pay clerks trained in Special Pay and Incentive processing procedures?

14. Are all special and incentive pay certification/re-certification letters routed per reference (a)?

15. Do NRAs employ internal controls to ensure unit musters are adjudicated correctly in EDM in accordance with reference (a)?

16. Are procedures in place to ensure pay accounts for SELRES identified for ADSEP verified and closed prior to the member’s separation as directed by PERS-9?

17. Are procedures implemented to verify Reserve Sailors are approved for additional drills at the NRA before the drills occur?

18. Do NRAs ensure that all rescheduled drills, ATP, ATFP, Readiness Management Periods (RMP), and FHDA are processed in EDM?

19. Are procedures implemented at NRAs to ensure IDTs are scheduled prior to approval of IDTT orders?

20. Do NRAs ensure all Reserve Sailors acknowledge their understanding of the Navy’s policy concerning IDTs by signing NAVRES 1570/2, Satisfactory Participation Requirements/Record of Unexcused Absences, forms within 30 days of the Sailors’ affiliation?

21. Do NRAs record unexcused absences on NAVRES 1570/2, Satisfactory Participation Requirements/Record of Unexcused Absences, and send a signed copy or electronic copy using “.mil” e-mail to the Sailor within 5 working days of the unexcused IDT period?
22. What internal controls do NRAs employ to ensure Reserve Sailors perform at least 4 hours of work for a paid IDT period and 2 hours of work for a non-paid IDT period?

23. Are all scheduled drills in NSIPS adjudicated by the NRA from the past 2 fiscal years?
MP-3 OFFICER/ENLISTED BONUS MANAGEMENT

Ref:  
(a) RESPERSMAN M-1001.5
(b) Current NAVADMIN/ALNAVRESFOR Eligibility Policy Message
(c) COMNAVRESFORINST 5210.1

1. Do you and subordinate commands (if applicable) have the current versions of the above references and actively utilize the COMNAVRESFORCOM (N112) website?

2. Do you and subordinate commands (if applicable) have a designated IPC?

3. Do you and subordinate commands (if applicable) have copies of IPC designation letters on file and are roles and responsibilities reviewed periodically?

4. Do echelon 4 commands ensure subordinate NRAs maintain appropriate KSD for all personnel bonus transactions in accordance with references (a) and (c)?

5. Do NRAs use and adhere to the COMNAVRESFORCOM-approved SOP posted on ProcessQuik to submit bonus requests?

6. Has each SELRES member assigned to your command and subordinate commands (if applicable) that has been determined to be eligible for an Officer Incentive Bonus, completed the specific “Written Agreement” for the type bonus for which they are eligible and been submitted through the Officer SharePoint Inbox? How does your command track eligible personnel and submitted packages?

7. Have SELRES members assigned to your command and subordinate commands (if applicable) that have been determined to be eligible for an Enlisted Incentive Bonus, been submitted through RBAM IAW applicable NAVADMIN/ALNAVRESFOR policy? How does your command track eligible personnel and submitted packages?

8. Do NRAs properly counsel Reserve Sailors, who decline a bonus for which they are eligible as evidenced by a corresponding NAVPERS 1070/613, Administrative Remarks?

9. Do you and your subordinate commands’ (if applicable) Incentive Program Coordinators track all bonus submissions including members that transfer in from other NRAs?

10. Are bonuses submitted within 30 days of affiliation/enlistment/reenlistment?

11. Are bonus requests processed timely with zero discrepancies? Are bonuses that are submitted incorrectly being tracked and corrected? If so, what is the process?

12. How many bonus eligible personnel are currently receiving a bonus? Do you know where to look for weekly updates?
13. How many bonus eligible personnel are on the UNSAT report? What mechanism do you have to track suspensions/terminations? Are termination/suspension letters being forwarded to COMNAVRESFORCOM (N112) within 30 days? How do you track action taken on termination/suspension letters?

14. How do you and subordinate commands (if applicable) verify bonus obligations for IRR and Conditional Release Requests?

15. Do NRAs maintain copies of approval and bonus termination letters for Sailors who are transferred to the IRR/ASP?

16. Is the 10-year document retention standard followed by NRAs for maintaining KSDs in Individual IDT Folders, TRIM system in accordance with reference (c), or the Sailors’ OMPF?
MP-4 MANPOWER/RESERVE PERSONNEL SERVICES

Ref:  (a) BUPERSINST 1001.39F  
      (b) RESPERS M-1001.5  
      (c) COMNAVRESFORNOTE 5400

1. General

   a. Do echelon 5 commands execute the TRUIC portion of COMNAVRESFORCOM (N12) issued IDT orders in NSIPS within 5 days of the effective date?

      (1) Are potentially erroneous orders resolved by echelon 5 commands through echelon 4 commands?

      (2) Are discrepancies identified via the Unexecuted Report and resolved monthly?

   b. Do echelon 4 and 5 commands have RFMT access for attached RUIC(s)?

   c. Do echelon 5 CCC and echelon 6 UCC have CMS-ID ‘Reserve Career Counselor’ role for attached RUIC(s)?

      (1) Do echelon 5 CCCs review personnel approaching PRD, and PRD extension requests on the Reserve Career Counselor CMS-ID homepage and work with the echelon 6 UCC to take appropriate action each month?

      (2) Do echelon 5 commands and echelon 6 units ensure assigned SELRES members apply for billets via CMS-ID/JOAPPLY when required per reference (b)?

   d. Do echelon 4 and 5 commands ensure widest dissemination of the COMNAVRESFORNOTE 5400, Command and Senior Officer (O-5/O-6) Non-Command Billet Screening and Assignment Procedures and Execute Requirements?

   e. Are personnel properly identified for transfer to the VTU per reference (c)? Are these personnel advised on loss of benefits and required to sign the VTU transfer Page 13?

   f. Do echelon 5 commands request IDT orders from echelon 4 via RFMT for:

      (1) Transfers to VTU or Administrative Personnel Unit (officer/enlisted)?

      (2) PRD adjustments due to mobilization (junior officer only)?

      (3) Personnel gained via Navy Recruiting Command (officer/enlisted)?
g. Do echelon 5 commands request PRD adjustments due to mobilization for enlisted members via PMR?

h. Do echelon 5 commands assist in managing cross-assigned personnel per reference (b)?

   (1) Do echelon 5 commands assist echelon 6 commands in establishing communication with CAI personnel who drill at other echelon 5 commands? How?

   (2) Do echelon 5 commands ensure CAO personnel support mobilization unit’s training requirements? How?

i. Do the echelon 5 commands and echelon 6 units have access to CMS-ID to review the RUAD?

   (1) Do echelon 6 units verify billet assignments, PRDs, IAP personnel, vacant billets, and MAS codes affecting assignability monthly on the CMS-ID RUAD?

   (2) Do echelon 5 commands assist in resolving billet and assignment issues identified by echelon 6 commands during RUAD review?
MP-5 PRIOR SERVICE REENLISTMENT ELIGIBILITY-RESERVE

Ref:  
(a) MILPERSMAN 1133-061  
(b) BUPERSINST 1001.39F  
(c) RESPERS M-1001.5

1. General

a. Does the command and subordinate commands have copies of the current directives?

b. Does the command have a tracker established to ensure the PRISE-R requirements are met within the required timeline?

c. Are Sailors who have affiliated under the PRISE-R program assigned the appropriate MAS code?

d. Are quota requests for A-school submitted within 30 days following the Sailor’s first drill weekend?

e. Does the ESO ensure the lateral exam for the temporary rate is administered?

f. Are CDBs conducted with the Sailor per MILPERSMAN 1133-061?
MP-6 OPERATIONS DEPARTMENT

Ref:  (a) RESPERS M-1001.5
     (b) COMNAVRESFORCOMINST4650.1
     (c) DoD Foreign Clearance Guide
     (d) BUPERSINST 1001.39

1. General

   a. Please provide the following information:

      (1) Number of SELRES assigned ________.
      (2) Number of completed ATs ________.
      (3) Number of cancellations ________.
      (4) Number of modifications ________.
      (5) Number of AT Entitlement Waivers ________.
      (6) Number of Exceptional AT waivers ________.
      (7) Number of AT over 30 days ________.
      (8) Number of staff trained in DTS ________.
      (9) Number of orders sent to DTS (3 Months) ________.

   b. Are cancelled orders processed and monitored within 5 days of report date? How is this process monitored?

   c. Are country area clearances verified for overseas AT/ADT/IDTT requirements? How are overseas AT/ADT order requests screened for overseas requirements?

   d. Does the Training Department and/or Administration Department maintain copies of DD form 577s (DTS) for reviewing and approving officials? Are the AO/RO training certificates with the DD form 577s?

   e. Does the echelon 5 provide unit COs AT completion/waiver reports?

   f. Are IDTT orders always issued at a location other than the permanent/administrative assigned drill site?
g. Are IDTT orders issued for duty in an Imminent Danger Zone?

h. Is an advanced copy of IDTT orders forwarded to the NSIPS coordinator for accountability?

i. What procedures are in place to ensure travel claims are submitted within 5 days?

j. What procedures are in place for a member to “check in/check out” on AT/ADT/IDTT orders? Does the echelon 5 verify the check-in/check-out endorsements with the dates in the orders to verify the complete period of training? If a discrepancy is noted, what does the echelon 5 do?

k. What procedures are in place and describe how your command handles hard holds that are placed upon any AT/ADT/IDTT applications within your command?

l. How are the following NROWS and DTS reports used at the command?

(1) Execution of Funds Report
(2) AT/ADT Completion Report
(3) On Orders Report
(4) SELRES Report
(5) 30/60/90 Day
(6) Unsubmitted Voucher Report
(7) Routing Status Report
(8) Depart Status Report

m. Compare a random sample of executed, and if available unexecuted, AT, ADT, and IDTT.

n. List any comments you may have with NROWS. COMNAVRESFORCOM assessor will bring a copy of all roles assigned by the OWA for your command.

o. Are you familiar and in compliance with the following instructions?

(1) COMNAVRESFORINST 4650.1
(2) BUPERSINST 1001.39F
(3) RESPERS M-1001.5

(4) COMNAVRESFORCOMNOTE 1001

(5) Navy Passenger Transportation Manual

(6) JTR (DTMO Web site)

(7) DOD Foreign Clearance Guide (internet)

p. Are command NROWS designation/termination DD FORM 577/Designation of Authority letters current? Are they on-file and role assignments reviewed per reference (b) and N33 SOP-028?

(1) The following NROWS roles require an approved DD Form 577, Appointment/Termination Record.

(a) FA

(b) FM

(c) BE

(d) OWA

(e) AOWA

(2) The following roles require a DOA letter prior to NROWS Access:

(a) OS

(b) Security

(c) Hard Holds

(d) APC LOCK

(e) Unit Reviewer

(f) Unit Approver

(3) Review the following (Inspector: Anything less than DoD Audit standards of 90 percent correct is unsatisfactory):
(a) Does the NROWS User Roles report for this echelon 5 reconcile with the letters of designation (maintained on-file by OWA) for all roles?

(b) Does the command maintain a file of DOA letters for reserve units that designate the reserve unit personnel authorized to approve AT orders? Is that role assigned only to E-7 and above personnel?

Note: Check this file against the Unit Approvers listed on the NROWS user roles.

(c) Does the command maintain a file of DD Form 577s assigning personnel to perform the OWA and FA roles, and are these roles assigned only to E-7 and above personnel?

Note: Check this file against the OWAs and FAs listed on the NROWS User Roles Report.

(d) Does the command maintain a file of DOA Letters for the following roles:

1. OS
2. Hard Holds (including Security)
3. APC Lock

Note: Check this file against the NROWS User Roles Report.

(e) Check user roles report to determine if the NAVOPSPTCEN has more than two OWAs (one OWA and one alternate). If so, why were more than two OWAs assigned?

Note: BE requires OWA with Admin.

(f) Did the command assign more than two FAs? If so, why were more than two FAs assigned?

(4) Periodicity of Review of NROWS roles.

Note: Note any missing reports for the past 12 months is unsatisfactory.

(a) Does the echelon 4/5 command review and update all NROWS user roles monthly ensuring there are no roles assigned to personnel who are no longer attached to the echelon 4/5 command, and upon change of command of their echelon 5 or 6 commands. Does the command have the signed/dated report retained onboard?

(b) Does the echelon 4/5 command submit to their echelon 4 command a NROWS User Role Quarterly Review Compliance Report by the first working day of each quarter.
(October, January, April, and July)? Does the command have the signed/dated report retained onboard?

q. Run samples of reports and explain the use of each:

(1) User Roles Report (NROWS)

(2) Financial Reports (NROWS)

(3) Personnel Listing Report (NROWS)

(4) AT ADT IDTT Completion Report (NROWS)

(5) Un-submitted Voucher Report (DTS)

(6) Routing Status Report (DTS)

(7) Depart Status Report (DTS)

r. Demonstrate the tracking of active duty days for members approaching 16 years or more.

s. How does the Training Department assist the Reservist, concerning orders when the command is CAO, to find POC for the UA/UR?

t. How does the NAVOPSPTCEN provide training or inform Sailors of NROWS/DTS policies?

u. Have individuals from the Training Department pull up the paragraph and explain the following information from the JTR:

(1) Government Quarters use/availability (2555-2565)

(2) Arranging Official Travel (2400)

(3) Premium Class Travel (2110). What is COMNAVRESFORCOM Policy?

(4) POC use is to the Governments Advantage (4700-4715).

(5) Prohibition Not Stated (1005)

v. Is there a written plan of action to assist Reservists in cases of a travel emergency after command normal working hours?

w. Explain when Certificates of Non-Availability are required.
x. Explain the different modes of transportation and what the significance of each is.

y. What is the NAVOPSPTCEN’s process for unpaid vouchers or disputed vouchers?

z. How would the Training Department handle a Doubtful Claim?

aa. Does the Training Department track and file reimbursement letters.

ab. Travel Vouchers are submitted in accordance with reference (b) and the JTR by the Reservist as follows:

   (1) NROWS/DTS IE. Reservists must submit a travel claim/voucher, through DTS, within five working days of completion of their travel. Verify by printing the DTS Un-submitted Voucher Report and the DTS Routing Status Report.

   (2) Traditional NROWS. Reservists must submit a travel claim, through the servicing PSD via their echelon 5, within 5 working days of completion of their travel. Verify by printing the NROWS 30-60-90 Report. Retained travel vouchers and supporting documentation is retained on-file for 10 years after date paid.

   ac. Did the command send completed AT orders forward for payment without gaining command endorsements? If so, how did the echelon 5 verify the SELRES performed their duty?

   ad. Do all AT orders authorized by this echelon 5 show reserve unit approval? Travel Vouchers are submitted in accordance with reference (b) and the JTR by the Reservist as follows:

   ae. Where are the following located?

      (1) N33 SOP

      (2) COMNAVRESFORINST 4650.1

      (3) DoD Foreign Clearance Guide

Note: Have presenter show how to access.

af. Is NAVOPSPTCEN in compliance with current COMNAVRESFORCOMNOTE 1001?

2. DTS/TOP

   a. Are DD Form 577 (to include DTS training certificates and COL annual training) on-file to perform specific roles for authorization/voucher approval and retained for 10 years? (Note: Anything less than DoD Audit standards of 90% correct is unsatisfactory.)
b. Provide evidence that DTS users (RO/AO, ODTA, and NDEA) are trained to use DTS.

c. Are travelers and AOs trained in Travel Regulations?

d. Provide documentation routing list from DTS for authorizations and vouchers for all routing lists.

e. Provide listing of users at all permission levels from DTS using DTS People Report > Special Features Info List.

f. Do personnel have more permission levels in DTS than is required for their access (reference (b))?

  g. Verify DTS permission levels match the DTS Routing List.

h. What are your procedures when a DTS travel order is rejected or pending approval?

i. Show status report from DTS orders to include a Routing Status Report and Un-submitted Vouchers Report.

j. Is your command providing monthly validations on rejected and pending orders?

k. Do you provide monthly review and observe the segregation of duties of all roles for approvers and reviewers as outlined in the NAVADMIN 393/11?

**Note:** Take current SOD waiver list from LDTA.

l. Provide a report of all un-submitted vouchers from DTS on your command for the past 12 months.

  m. Are all monthly un-submitted voucher reports signed and dated?

  n. What processes are in place to reconcile the un-submitted vouchers?

  o. How often does the Operations Department review/update the DTA Maintenance Tool reports?

      (1) People report

      (2) Routing Lists

p. Are all DTS Travel Claims being processed and approved in accordance with the reference (b)? Is command in compliance with N33 SOP-045 requirement for Navy DTS AOs to
utilize the AO Checklist for all vouchers they approve? What controls are in place? Does the AO approve within 5 working days after receipt in DTS?

q. Are Profiles for AC/civilian personnel detached upon checkout from the command?

Note: RC profiles will never be detached manually.

r. Is command in compliance with N33 SOP-043 requirement for DTS oral order confirmation of approval (Non-NROWS) for AC/civilian personnel travel?

s. Review paid DTS vouchers for compliance with reference (b) and JTR.

Note: Any voucher not 100% correct is an unsatisfactory voucher. Anything less than DoD Audit standards of 90 percent overall correctness is unsatisfactory.
MP-7 MOBILIZATION READINESS AND EXECUTION

Ref:  
(a) OPNAVINST 3060.7B  
(b) COMNAVRESFORINST 3060.7C  
(c) RESPERS M-1001.5  
(d) MILPERSMAN Article 1300-318  
(e) COMNAVRESFORNOTE 1001

1. General

a. Have echelon 4 and 5 commands assigned a mobilization coordinator as directed per RESPERSMAN 3060-020? Provide a current list of subordinate command mobilization coordinators.

b. Mobilization readiness tracking

(1) Do subordinate echelon 5 commands update MAS and IMS codes in NSIPS per the requirements outlined in reference (b)?

(2) Do echelon 4/5 commands have access to the COMNAVRESFORCOM IMS/MAS delinquency list?

(3) What is the required time frame to update MAS and IMS codes?

(4) What is your process for tracking TS1 and AS1 MAS codes?

(5) How do echelon 4 and 5 commands track medical MAS codes for accuracy (e.g., pregnancy)?

(6) For Sailors onboard less than 1 year, are they ready to be mobilized (e.g., current family care plan, updated Ready Reserve Screening Questionnaire, applicable affiliation, or training deferments updated in NSIPS, etc.)?

(7) How do echelon 4 and 5 commands track and ensure all Sailors have approved, up-to-date clearances?

c. Mobilization sourcing and notification

(1) What is the process for Sailors to volunteer for mobilizations?

(2) How does the mobilization coordinator identify members who are identified (R##) for mobilization?
(3) Are commands notifying members of their mobilization within the required timeframe per reference (b)?

(4) What is the minimum information required to be given to Reservists when notifying them of their mobilization?

(5) If a member’s IMS code is changed to RU1, what are the actions done by the echelon 5 command to contact the member? How does the command track notification?

d. Mobility screening

(1) Is official message traffic monitored for mobilization/demobilization orders and orders modifications?

(2) What is the process to ensure the Expeditionary Screening checklists are being issued and started as soon as a member is identified for mobilization?

(3) Are mobilizing Reservists completing their medical screening within the required timelines per reference (b)?

(4) How many personnel are currently identified for mobilization within the echelon 4 or 5 command? How many personnel are currently on mobilization within the echelon 4 or 5 command?

(5) Is the echelon 5 communicating and tracking each mobilized Sailor’s status from the time a member is identified (R##) through reporting back to the echelon 5 (RD2)?

e. Mobilization cancellations

(1) Does the command always submit mobilization cancellation requests via the COMNAVRESFORCOM Cancellation Tracker?

(2) What documentation does the command use for cancellations?

(3) How many personnel identified for mobilization in the last 12 months required a cancellation request? Does the command track reasons for cancellations to identify trends and possible areas for improvement?

(4) How many personnel in the last 24 months were approved by PERS for a delay, deferment, and exemption? How are the applicable IMS codes tracked to ensure they are removed upon expiration of deferment or exemption?
f. Demobilization and Deactivation

(1) Do NRAs ensure the appropriate administrative and medical support is available to the RC Sailors returning from mobilization after being released from the ECRC?

(2) What is the NRAs process for granting Reservists authorized absences after returning from their mobilization?

(3) How does the NRA determine when an RC Sailor’s terminal leave is expected to end?

(4) Does the mobilization coordinator track demobilizing personnel?

(5) Does the mobilization coordinator communicate with the NMPS as needed to ensure return travel is smooth (holiday schedule, echelon 5 availability, etc.)?
MP-8 SPECIAL SECURITY ADMINISTRATION

1. General
   
   a. SCIF
      
      (1) Designation Date
      
      (2) Last inspection
      
      (3) SCIF status
      
      b. Do all personnel working in the SCIF have TS/SCI clearance/access granted? If not, what is the status of clearances?
      
      c. Are SSR personnel properly designated in writing?
      
      d. Where is the regional Special Security Office?
         
         (1) Do you communicate with the SSO often?
         
         (2) Do you have any outstanding SSO issues/concerns?
      
      e. Do you have a random search plan in place for inspection of personnel entering the SCIF (i.e., random bag searches, portable electronic device searches, etc.)?
      
      f. Are Standard Forms 700, 701, and 702 properly filled out and displayed?
      
      g. Do you have a SCIF access roster?
      
      h. Do you maintain a SCIF visitor sign-in list?
      
      i. When was the last SCIF self-inspection, SCIF inspection assist visit, and/or formal SCIF inspection?
MP-9 NEW ACCESSION TRAINING PROGRAM

Ref:  
(a) MILPERSMAN Article 1133-090  
(b) RESPERS M-1001.5  
(c) Current NAVADMIN/ALNAVRESFOR Eligibility Policy MSG

1. Echelon 4 Commands
   
a. Do you and subordinate commands NAT Regional Representatives (if applicable) have copies of the above references and actively utilize the COMNAVRESFORCOM (N113) SharePoint Web site?
   
b. Do echelon 4 commands provide oversight and training to subordinate commands for NAT Program Management?

2. NAT Regional Representatives
   
a. Do the NAT Regional Representatives contact NAT Sailors within 10 days of arrival at RTC and “A”/“C” School?
   
b. Is the NAT Regional Representative in contact with the NETC command and if applicable, the TSC in order to actively track all students enrolled in class and on hold?
   
c. Are the NAT Regional Representatives contacting N113 and the Sailor’s NRA to notify of a potential delay or issue to include medical, academic, legal, or disciplinary?
   
d. Is the NAT Regional Representative submitting monthly NAT Sailor tracker to N113 with all issues annotated?
   
e. Does the NAT Regional Representative have a method to determine which NRA a NAT Sailors will report to upon “A”/“C” school graduation?
   
f. Has the NAT Regional Representative notified NAVOPSPTCEN NAT Coordinator of the pending arrival or delay of the NAT Sailor?
   
g. Are NAT Sailors who fail to complete “A”/“C” School (through no fault of their own, e.g., academic, medical, etc.) reclassified into comparable NAT bonus ratings before they are transferred to the NAVOPSPTCEN and released from active duty? Is the NAT Regional Representative tracking this reclassification?
   
h. Are MEDHOLD or LOD packages submitted in a timely manner for NAT Sailors with long term medical issues in accordance with instruction?
3. **NRA NAT Sponsor Coordinator**

   a. When found Fit for Duty in a LOD status, does NRA NAT Coordinator, NRA CCC, and NAT Sailor contact COMNAVRESFORCOM (N7) to obtain funding and quota(s) for “A” and/or “C” School completion?

   b. How do NRAs prevent NAT Sailors from taking leave en-route to the NRA?

   c. In accordance with reference (a), do NRAs submit all documentation required for the NAT Sailor’s release from active duty to the servicing PSD within 2 working days of the NAT Sailor’s arrival at the NRA?

   d. Do NRAs exceed the authorized 2-day limit for contract berthing for NAT Sailors living outside of the local geographic area to complete separation processing? If so, did the NRAs receive prior exception to policy approval via the echelon 4 command to COMNAVRESFORCOM (N112)?

   e. Do NRAs enter the 6-year SELRES drilling obligation in NSIPS with the MDC 1 and MOD 4 for all NAT Sailors?

   f. Do NRA NAT Sponsor Coordinators have a local method for tracking NAT Sailors?
MP-10 FUNERAL HONORS PROGRAM

Ref:  
(a) COMNAVRESFORINST 5210.1  
(b) RESPERSMAN 7220-010  
(c) RESPERSMAN 1570-020

1. General

a. Is the EDM system utilized to schedule FHD prior to the execution of funeral honors?

b. How is the NRA processing FHD for members in the IRR?

c. Are FHD coordinators appointed in writing via designation letter or DD Form 577?

d. Do NRAs maintain all KSDs, to include: the CNIC Request for Funeral Honors, Sailor’s e-mail attestation that FHD was performed, CNIC FHD After Action Report, EDM Funeral Honors Transaction Report, and IDT Verification Report in unit IDT folders, Individual IDT folders, or the TRIM system in accordance with reference (a) for 10 years?

e. Do NRAs use and adhere to the COMNAVRESFORCOM-approved SOP posted on ProcessQuik to perform FHD and to process FHDA payments?

f. Do NRAs process FHDA in EDM for SELRES and VTU Sailors upon receipt of the Sailor’s attestation and within 3 days of FHD completion?

g. Are FHDA pay entries only released when supported by the proper KSDs (CNIC Request for Funeral Honors, Sailor’s e-mail attestation, and CNIC FHD After Action Report) or when authorized FHD training is justified by appropriate documentation?

h. Does the NRA muster personnel visually or by telephone prior to and after the scheduled funeral/memorial service as required by reference (c)?

i. Are members attesting to completion of funeral honors duties via e-mail to the NRA FHD Coordinator upon completion of the funeral/memorial services?

j. How are NRA FHD Coordinators documenting and tracking FHD training periods to not exceed the limit of two FHD training periods per Sailor per year?
MP-11 TELEWORK PROGRAM

Ref:  
(a) COMNAVRESFORINST 1001.9  
(b) DoD Instruction 1035.01  
(c) SECNAVINST 12271.7

1. General

a. Does the supported command have an established telework policy?

b. Do all participating Sailors follow the procedures established in reference (a)?

c. Has telework training been completed and documented for all personnel participating in or acting in a supervisory role (i.e., Mustering Official) for telework applicants?

d. Are all forms required by reference (a) properly completed, signed, approved, routed and filed for telework applicants? If not, do NRAs report non-compliance of reserve units to the echelon 4 command for action?

e. Do all participants have a signed NAVPERS 1070/613 and file acknowledging the member’s accountability and personal responsibility with regards to the telework program?

f. Is the reserve unit CO or OIC the approving authority for all requests?

g. Does the reserve unit have a designated CTPC?

h. Does the reserve unit CTPC maintain approved telework packages to include: training certifications, Telework Eligibility, Approval and Agreement forms, and NAVPERS 1070/613?
MP-12 PERSONNEL TRANSACTIONS

Ref:  (a) BUPERSINST 1001.39F  
     (b) RESPERSMAN 1100-050  
     (c) RESPERSMAN 1900-010  
     (d) COMNAVRESFORINST 5210.1

1. Echelon 4 Responsibilities

a. Do echelon 4 commands provide oversight and training to subordinate commands for personnel gain and loss transactions per references (b) and (c)?

b. Do echelon 4 commands ensure subordinate NRAs maintain appropriate KSDs for all personnel gain and loss transactions per references (b), (c), and (d)?

c. Do echelon 4 commands endorse loss packages within 10 business days of receipt and forward to COMNAVRESFORCOM (N11) (e.g., IRR requests for Sailors with a drill obligation)?

2. Personnel Gain Transactions

a. Do NRAs use and adhere to the COMNAVRESFORCOM-approved SOPs posted on ProcessQuik to perform gain transactions?

b. Is the 10-year document retention standard followed by NRAs for maintaining gain KSDs in Individual IDT Folders, TRIM system in accordance with reference (d), or the Sailors’ OMPF?

c. Do the effective gain dates in NSIPS match the corresponding dates on the gain KSDs?

d. Are gain transactions processed in NSIPS within 3 business days of receipt of gain guidance from the SPAWAR RESPAY help desk?

e. When processing the gain, does the NRA schedule the Sailor’s drills for the remainder of the fiscal year in NSIPS?

3. Personnel Loss Transactions

a. Do NRAs use and adhere to the COMNAVRESFORCOM approved SOPs posted on ProcessQuik to perform loss transactions?

b. Do NRAs properly counsel Reserve Sailors on their affected benefits and incentives associated with transition from a Selected Reserve status as evidenced by a corresponding NAVPERS 1070/613, Administrative Remarks?
c. Except for administrative separation cases, are loss transactions processed within 10 business days of receipt of a completed loss package?

d. Are administrative separation packages processed as outlined by the separation authority and reference (a)?

(1) Does the effective date of discharge in NSIPS match the corresponding direction from the Commander, Navy Personnel Command (PERS-9) naval message?

(2) Are LOT forwarded to PERS-9 for administrative separations performed under local NRA separation authority?

e. Is the 10-year document retention standard followed by NRAs for maintaining loss KSDs in individual IDT folders, TRIM in accordance with reference (d), or the Sailors’ OMPF?

f. Do the effective loss dates in NSIPS match the corresponding dates on the loss KSDs?

g. For non-regular (Reserve) retirements, did the NRA request PRD adjustments using RFMT via echelon 4 command to coincide with the requested retirement date?

h. Are IRR transfer requests from Sailors, who are under a drilling obligation, forwarded to COMNAVRESFORCOM (N11) via echelon 4 command for adjudication?

i. Do NRAs generate and maintain IRR Transfer Orders for Sailors who are transferred to the IRR?
OS-1 OFFICIAL MAIL CONTROL

Ref:  (a) OPNAVINST 5218.7C  
(b) OPNAVINST 5112.6D  
(c) DoD 4525.8-M, DoD Official Mail Manual, 26 Dec 2011

1. General

   a. Is the OMM (commissioned, warrant, non-commissioned officer (E-6 and above) or DoD civilian (GS-6 or higher) and mail orderlies appointed in writing by official letter, collateral duties listing, or other document?

   b. What are the responsibilities of the OMM?

   c. Verify that mail handling procedures are correct and mail cannot be accessed by unauthorized persons during any stage of handling, storage, or pickup. Conduct a separate review of procedures for registered and certified mail.

   d. Have mail orderlies signed and completed an Offense Against the Mail Notice of Acknowledgment Statement (OPNAV Form 5112/1) before performing duties? File on hand?

   e. Are mail clerks/orderlies/personnel that receive and handle official mail issued a DD Form 285?

   f. Are mail orderlies a U.S. citizen, possess a NACLC clearance, completed high school (or equivalent), and possess a valid driver’s license?

   g. Do the mail orderlies know what to do in the event of a situation involving receipt of hazardous mail?

   h. Does the activity make a reasonable and common-sense effort to send postage using the most effective (cost and time) means?
OS-2 CORRESPONDENCE, DIRECTIVES, AND FORMS MANAGEMENT

Ref:  
(a) SECNAVINST M-5216.5  
(b) SECNAV M-5214.1  
(c) SECNAV M-5213.1  
(d) SECNAVINST 5210.16  
(e) OPNAVINST 5215.17  
(f) SECNAVINST 5210.8D  
(g) SECNAVINST 5211.5E

1. **General**

   a. Does the command maintain an effective tracking systems for action correspondence, directives review, and forms?

   b. Conduct a hands-on process review of correspondence, directives, and forms to include submission and case file management. Ensure correspondence, directives, and forms are prepared as outlined in references (a) through (d). Conduct a hands-on review of the process, submission, and case files.

   c. Is a correspondence manager designated in writing?

   d. Does outgoing correspondence contain only the last four digits of the Social Security Number (PII)?

   e. Is a serialization filing system used? If so, who maintains the serial files?

   f. Are records disposal/retention functions standards performed per reference (g)?

   g. Is there a directive that contains the titles of individuals authorized to sign “By direction” facsimile stamp designated?

   h. Are directives reviewed annually for revision, updating, consolidating, or cancellation?

   i. Are directives case files properly maintained per reference (e), enclosure (1), page 2-4, and subparagraph 7(b)?

   j. Describe your tracking system used for directives.

   k. Is there a recall roster? Is it marked with the appropriate Privacy Act Statement? ("FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE – Any misuse or unauthorized access may result in both civil and criminal penalties.")

   l. Is the Forms Manager designated in writing?
m. Per reference (c), do forms case files contain appropriate documentation?

n. Does the command conduct an annual review of local forms?

n. Is there a command listing or forms register of approved command generated forms?

o. Do locally generated forms have a Privacy Act Statement as required by reference (g)?
OS-3 FREEDOM OF INFORMATION ACT/PRIVACY ACT

1. General:

   a. If personal and/or confidential information is collected by the activity, are Privacy Act
      system notices up to date?

   b. Are FOIA/Privacy Act requests logged, tracked, and responded to appropriately?

   c. Are appeal rights provided to requesters when the activity claims a “No Records”
      response?

   d. Are requests properly forwarded when activity determines that request should be denied
      in whole or in part?

   e. Are requesters properly notified when activity forwards a request to the initial denial
      authority?

   f. Are all personnel trained in proper handling of PII? Are legal personnel trained in
      responding to FOIA/PA requests?

   g. Are personnel aware of when/how to report a breach of PII?

   h. Is personally identifiable information safeguarded and properly secured as required by
      SECNAVINST 5211.5E?

   i. Are administrative, technical, and physical safeguards in place to ensure that PII is
      protected from unauthorized alteration or disclosure and that confidentiality is protected (privacy
      and glare filters for computer monitors in customer service areas, service counters to prevent
      unintended access to PII, limited access to copiers and fax machines etc.)?

   j. Do PII disposal methods render PII unrecognizable or beyond reconstruction (e.g.,
      tearing, burning, melting, chemical decomposition, burying, pulping, pulverizing, shredding, or
      mutilation). Magnetic media may be cleared by completely erasing, overwriting, or degaussing
      the tape?
OS-4 COMMAND PAY AND PERSONNEL ADMINISTRATOR

Ref: (a) OPNAVINST 1000.23C  
(b) NPPSCINST 1000.1  
(c) DFAS CLEVELAND OH 261000Z MAR 09  
(d) NAVY DJMS PTG  
(e) MILPERSMAN 1050-030  
(f) NAVADMIN 252/10

1. General:

   a. Does the activity have sound communication procedures with the supporting PSD, normally a single CPPA?

   b. Does the CPPA attend PSD meetings, if so, how often? Are copies of minutes provided for review?

   c. Does PSD provide the necessary customer service with regard to Reserve support?

   d. What tracking system is in place to ensure action or correspondence submitted to PSD is completed in a timely manner?

   e. Does the CPPA have MMPA view-only access per reference (c)?

   f. Does the command have a local leave policy? What is the command’s policy for checking in/off leave?

   g. Is the command utilizing NSIPS e-Leave per reference (f)?

   h. What processes are in place to ensure leave is charged correctly (i.e. checking in/out early/late)?

   i. What is the procedure for verifying the monthly leave listing (Unit Commander’s Finance Report from DFAS)?
OS-5 PUBLIC AFFAIRS

Ref:  (a) SECNAVINST 5720.44C  
     (b) SECNAVINST 5720.47B  
     (c) SECNAVINST 5720.48  
     (d) OPNAVINST 5726.8  
     (e) OPNAVINST 3104.1A  
     (f) Collateral Duty PA Guide/NAVSO P-5728.11  
     (g) NAVPERS 15604D  
     (h) News Release Template

1. General

   a. Names of assigned Public Affairs personnel?

   b. Does the PAO team maintain monthly contact with echelon 4 leadership?

   c. If no assigned SELRES, does the command have collateral duty PAO assigned? Is the collateral duty PAO designated in writing by the CO? This is a requirement.

   d. Are PAO roles and responsibilities published in the command’s SORM?

   e. Is the PA staff familiar with references (a) through (h) and do you have copies?

   f. Does the PAO execute the following duties?

      (1) Provide support to command leadership and subordinate echelons?

      (2) Provide close of business report to the echelon 4 command leadership and COMNAVRESFOR public affairs on a monthly basis?

      (3) Review subordinate commands for close of business inputs on a monthly basis?

      (4) Publish or distribute internal products such as newsletter, list-serv, or podcast?

      (5) Manage command information (e.g. web, Facebook, newsletter)?

      (6) Coordinate local community outreach and volunteer events?

      (7) Coordinate speakers and speeches for community outreach appearances?

   g. Are members of the PA staff registered in the CHINFO PA Directory?

   h. Does PA staff have a Navy.mil account and provide content on a routine basis?
i. Does PA staff have a proper VISN ID?

j. Does PA staff have a Navy Visual News account and provide content on a routine basis?

k. Are the command’s internet and social media sites registered with Navy.mil?

l. Do the command’s internet and social media sites comply with reference (b), including letter of designation for webmaster?  (Required per SECNAVINST 5720.47B)

m. Does the PAO and/or PA staff report directly to the CO, XO, CSO, or CMC? If not, who?

n. Is the command leadership cognizant of roles and responsibilities of the PAO and Public Affairs staff?

o. Does the CO involve the PAO or PA representative in significant command discussions, meetings, and briefings?

p. Does the command receive adequate numbers of The Navy Reservist magazine on a monthly basis?

q. How does the command provide information internally?


s. Are there any impediments to communication flow (i.e. approval process too long)?

t. Has the command leadership and the PA staff established a process for coordinating and responding to media queries? If the PAO has release authority, is it designated in writing by the CO?  (Required per SECNAVINST 5720.44C.)

u. Does the PAO possess a list of local media, listing key points of contact, phone numbers, and e-mail addresses?

v. Does the PA staff have a list of current collateral duty PAO’s in their AOR?

w. Does the PAO possess a command template for a press release?

x. Does the PA staff possess all Navy and COMNAVRESFOR PA guidance for issues that affect the command?
y. Does PA staff inform command leadership and COMNAVRESFOR PA of all media and public queries?

z. Does PA staff have the appropriate level of training required to complete its mission?

aa. Have the CO and the XO received Navy PA media training?

ab. Do PA personnel have appropriate multimedia software to fulfill the mission?

ac. Do PA personnel have professional-grade photography equipment, to include digital camera, flash, variety of lenses, SD, or Flash memory cards?

ad. Do PA personnel have sufficient computer hardware, either NMCI provided or command purchased to fulfill the mission?
OS-6 INFORMATION AND PERSONNEL SECURITY

Ref:  (a) SECNAVINST 5510.30B
(b) SECNAV M5510.30
(c) COMNAVRESFORINST 5510.9
(d) SECNAVINST 5510.36B
(e) SECNAV M-5510.36
(f) COMNAVRESFORINST 5510.9
(g) Executive Order 13526

1. Personnel Security

   a. Does the command hold references (a) through (g)?

   b. Does the command have a current, written security instruction?

   c. Is the Security Manager/Assistant Security Manager designated in writing?

   d. Has the Security Manager’s designation letter been forwarded to ISIC?

   e. Does the Security Manager have a SSBI/T5 favorably adjudicated or submitted reinvestigation within the previous 6 years?

   f. Does the CO have a SSBI/T5 favorably adjudicated or submitted reinvestigation within the previous 6 years?

   g. Has the Security Manager attended the Navy Security Manager Course (S-3C-0001) within 6 months of assignment?

   h. Does the Security Manager and/or Assistant have access to JPAS/DISS, CATS and e-QIP?

   i. Have all command personnel been "In-Processed" into the command JPAS SMO?

   j. Does the command have a security education program that includes orientation, annual refresher and counter-intelligence briefings?

   k. Is there written documentation of security briefings and indoctrinations? Are access annotated in JPAS?

   l. Do all command personnel have correct IT designations annotated in JPAS?

   m. Do all members who have SIPRnet access have NATO indoctrination on file? Is NATO access annotated in JPAS or in-house records?
n. Is Derivative Classification training being completed by all personnel with SIPRnet access?

o. Does the Security Manager maintain case files for all personnel without favorable adjudications to include all personnel with Admin Withdrawal, Denied, or Revoked being processed for removal or resolution?

p. Are JPAS records cross referenced to ALPHA roster to ensure all personnel are annotated within PSM? How often are records scrubbed?

q. Is the command tracking PSI submissions from initiation application to adjudication?

r. Is Interim access being granted when necessary?

s. How often are follow-up actions taken when interim access has been granted?

t. Are all accesses removed from member upon transfer (including IRR)?

u. Does the command use Security Termination Statements upon member’s separation from all forms of service?

v. Are the member's personnel security files being maintained for 2 years after transfer/separation?

w. Are all civilian position descriptions correctly designated?

x. Are foreign travel awareness briefings conducted and documented for command personnel as required prior to travel?

y. Are adequate internal controls established to ensure Top Secret clearances are initiated based on valid requirements (designator, rating, orders, Compelling Need statement, EDVR, etc.)?

2. Information Security

a. Are end of day security checks being completed by command personnel? (Duty Section or space occupants?)

b. Have all classified spaces been certified by appropriate security professionals for storage of classified material? Approved access listing? Is there a visitors log for documenting entry and exit? How long is log maintained?

c. Is classified material properly stored in GSA-approved security containers?
d. Is the SF-700 in a sealed opaque envelope with “Security Container Information” written on the outside affixed on the inside of the door in case the Vault door or inside locking drawer for containers if found unsecured?

e. Is the completed SF-700 is classified at the highest level of classification authorized for the storage container?

Note: SF-700 must have classification markings on the outside and complete the classification authority block: Enter “Classified by” - the custodian who’s completing the actual form, then enter “Derived From: 32 CFR 2001.80(d)(3),” and then enter “declassified on, upon change of combination.”

f. In spaces where classified or CUI information is processed/stored, is a SF-701 located at the inside of the exterior door and completed daily? How long is it retained and where?

g. Do sufficient controls exist to prevent access to the security space or container? Access listing, CYPHER lock, or badging system?

h. Are combinations to security containers changed when first put in service?

i. How often or what situations leads to are combinations changes?

j. Are combinations to security containers changed when taken out of service? What is the default combination set to?

k. Are SF-702s utilized for access to secure space access door or security containers?

l. Does each security container have an inventory maintained in the front of each drawer?

m. Are officials designated to approve the reproduction of classified material?

n. Is specific equipment designated for the reproduction of classified material and posted in immediate vicinity?

o. Is classified information transmitted or transported only by approved methods (i.e., courier, STE, SIPRnet)?

p. Does the CO establish at least 1 clean-out day each year where a portion of the workday is devoted to the destruction of unneeded classified holdings? Are the results documented?

q. Do destruction procedures require witness by two appropriately cleared personnel? Is all destruction documented?

r. Are shredders approved for the level of destruction required?
s. Does the command have an emergency action plan developed for the protection, removal, or destruction of classified material in case of fire, natural disaster, civil disturbance, terrorist activities, or enemy action to minimize the risk of compromise?

t. Are areas housing critical information technology systems or PDS originating and terminating within spaces designated in writing as restricted area requiring adequate protection for classified material?

u. Are procedures in effect to protect incoming mail and items delivered by authorized couriers until a determination can be made whether classified information is contained therein?
OS-7 OPERATIONAL SECURITY

Ref: (a) SECNAVINST 3070.2
     (b) OPNAVINST 3432.1
     (c) COMNAVRESFORINST 3432.1
     (d) DoD Directive 5205.02
     (e) DoD 5205.02-M

1. General

   a. Does the command maintain a copy of references (a) through (e)?

   b. Has the command appointed an OPSEC program manager or coordinator in writing? Does the appointee have the appropriate investigation and eligibility?

   c. Has the OPSEC manager or coordinator completed the appropriate training (Navy OPSEC course (J-2G-0966)) and certification sent to ISIC?

   d. Is an OPSEC briefing part of command check-in/indoctrination and annual refresher trainings?

   e. Is the command OPSEC manager or coordinator someone who is familiar with the operational aspects of the activity including the supporting intelligence, counterintelligence, and security countermeasures?

   f. Does the command have a local OPSEC instruction? Has the OPSEC manager or coordinator conducted an annual review and validation of the command’s OPSEC program?

   g. Does the command have an OPSEC working-group that provides for program development, training, assessments, surveys, and readiness training?

   h. Have the OPSEC manager and departmental OPSEC working group including representatives from all major departments, divisions, as well as public affairs, information security, web administrators, and contracting representatives? Have members completed the OPSEC Awareness for Military Members, DoD Employees and Contractors training?

   i. How often does the OPSEC working group meet and what are the actions that the OPSEC working group performed? Are working group minutes maintained?

   j. Does the OPSEC manager maintain an OPSEC program continuity binder and ensure OPSEC policies, programs, and plans are executed and evaluated through regular assessments.
k. Does the command have a CIL approved by the CO? Has it been updated or at least verified within the past year? Is the CIL made available and used by all personnel in the organization?

l. Has a risk analysis and vulnerability analysis been performed? Are OPSEC measures and/or countermeasures in place to protect sensitive and critical information?

m. Does the command ensure classified and unclassified contract requirements properly reflect OPSEC responsibilities and that these responsibilities are included in contracts when applicable?

n. Does the OPSEC program manager, coordinator or planner provide OPSEC guidance and oversight to subordinate units? Has the OPSEC program manager conducted an OPSEC assessment of their subordinate commands, or have the subordinate commands forwarded results from a self-inspection within the past year?

o. Does the organization ensure OPSEC is included in activities that prepare, sustain, or employ U.S. Armed Forces during war, crisis or peace, including research, development, test and evaluation; special access programs; DoD contracting; treaty verification; nonproliferation protocols; international agreements; force protection; and release of information to the public, when applicable?

p. Does the OPSEC manager ensure OPSEC assessments and surveys are conducted? Are copies of maintained past assessments (at a minimum, the last annual assessment)?

q. Does the OPSEC program manager conduct open search research on the unit to include: social networking sites, bulletin boards, news releases, etc. for OPSEC indicators, vulnerabilities, or disclosures?

r. If or when applicable, has the command provided OPSEC training for the pertinent family readiness organizations and unit family members and coordinated through the PAO?

s. Does the command have a published shredding, personal electronic device, and other supporting policies?

t. Do OPSEC, Security, Intelligence, Information Technology, and Public Affairs professionals collaborate on a routine basis? Is OPSEC integrated in command decisions for public release of information? Is it included in the unit’s OPSEC instruction or policy?

u. Is there an OPSEC review process in place for contracts?

v. Is OPSEC planning integrated into antiterrorism/force protection?
w. Does the command provide and document OPSEC training prior to access to any computer networks or other information technology?

x. If command has SCIF, does the command include OPSEC requirements into Technical Surveillance Countermeasures support?
OS-8 INDUSTRIAL SECURITY

Ref: (a) DoD 5220.22-M
(b) SECNAVINST M-5510.30
(c) SECNAVINST M-5510.36
(d) COMNAVRESFORINST 5510.9

1. General

   a. Does the command hold references (a) through (d)?

   b. Does the command have a copy of all contracts and contract security classification
      specification (DD 254) applicable to command? (DD 254s only required for classified
      contracts.)

   c. Is the Command Security Manager knowledgeable of the number of contract personnel
      on-site?

   d. Does the Command Security Manager maintain personnel files for all contractor
      personnel on-site?

   e. Did the contracting company FSO send a VAL via JPAS for all contract personnel
      working on classified and non-NISP contracts, NISP?

   f. Is a current VAL in contractor personnel’s file? (JPAS or on company command
      letterhead if non-NISP contract.)

   g. Does the command have a “servicing” relationship in JPAS with contract personnel?

   h. Does the Command Security Manager have a copy of the Government Sponsor’s
      designation letter?

   i. Does the Command Security Manager have a copy of contract personnel’s SAAR-N for
      personnel accessing Navy systems?

   j. Are there procedures to ensure that debriefings are given and Security Termination
      Statements (OPNAV 5511/14) are executed when contract personnel no longer require access to
      classified material?

   k. (For NISP contracts only) Has the company provided a classified emergency action plan
      developed for the protection, removal, or destruction of classified material in case of fire, natural
      disaster, civil disturbance, terrorist activities, or enemy action to minimize the risk of
      compromise?
OS-9 PERSONALLY IDENTIFIABLE INFORMATION/PRIVACY ACT

Ref:  
(a) COMNAVRESFORINST 5239.3A  
(b) DON CIO 291652Z Feb 08  
(c) DoD Instruction 1000.30  
(d) CNRFCOMNAVRESFOR 0082026Z Feb 17  
(e) SECNAVINST 5211.5E

1. General

   a. Does the command/organization provide oversight to lower echelon commands? How many commands? Who are the PII POCs? How do you maintain oversight? List examples.

   b. Are PII spot checks conducted on a quarterly basis per reference (a)? Are discrepancies corrected? Are records of the spot checks maintained for 3 years after completion per reference (a)? Provide copies.

   c. Is the command following governing directives to ensure the removal or destruction of records when retention is no longer required? Records reviewed shall include:

   (1) Paper records containing PII.

   (2) Electronic files on share drives, SharePoint, electronic records management systems, command Web sites, and e-mails.

   d. Has the command conducted an annual review of all locally generated forms and documents that include PII to ensure the requirement to collect still exists and the form may not be altered to remove PII? Do local forms have the proper marking(s), ie., FOUO, Privacy Act Statement? Provide examples.

   e. Does the command have breach reporting POCs designated in writing per reference (b)? Who has been designated? Provide a copy of the designation letter(s). Have written breach procedures been created in compliance with reference (b)? Provide a copy of the written breach procedures.

   f. Have there been any reported breaches in the last 12 months? Has corrective training been conducted? Per reference (b), breach reports should be maintained for 2 years. Are the records available for review?

   g. Have all command members (military, civilians, and contractors) completed annual privacy training, with newly reporting members completing the training upon arrival (or showing proof of completion within 12 months from a previous command)? Provide copies of all PII training certificates for all staff members.
h. Are the training objectives being accomplished for all command members? Can all members identify:

   (1) Their responsibilities in the use and safeguarding of PII?

   (2) Documents containing PII in their office?

   (3) What is required to collect and maintain PII?

   (4) Areas where sensitive data is particularly susceptible and describe measures to mitigate those risks?

   (5) How to respond to PII breaches using the appropriate procedures and according to policy?

   (6) Where to look and who to contact if there are questions about PII or privacy? What is a good all-inclusive website for DON PII?

i. Is the command actively engaged in reducing SSN use per reference (c)? Is the Command Forms Manager designated in writing? Has a review been conducted of all official forms, unofficial forms, spreadsheets, rosters, electronic collections, etc., to locate collections of the SSN and where found, provide justification for continued use or elimination/substitution (using DoD ID)?

j. Does the command publish POD or POW notes on good practices for protecting PII (see the DON CIO site for ideas)?

2. Physical

a. Are all physical command records containing PII properly labeled? (E.g., forms, letters, memos, documents faxed, etc.) Header/footer shall read: “FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE – Any misuse or unauthorized disclosure can result in both civil and criminal penalties.”

b. Are measures in place to ensure that PII is not left out in the open (e.g., all bulletin boards, individual workspaces, and unsecured filing cabinets, etc.) or circulated to individuals not having an official need to know?

c. Does the command utilize/display PII signs available on the DON’s Privacy Web site?

d. Do all command routed folders containing PII utilize the Privacy Cover Sheet, DD Form 2923, Mar 2009, or a command generated cover sheet? (Best Practice).
e. Does the command utilize recycle bins?
   
   (1) Are ALL unlocked/unsecured bins clearly labeled with “NO PII” placards?
   
   (2) Are all locked bins clearly labeled for PII/FOUO?
   
   f. Are all records containing PII properly destroyed and rendered unrecognizable and beyond reconstruction?
   
   g. If records containing PII are not destroyed at the command, are large volumes of records transferred in bulk to an authorized disposal activity for destruction?
   
   h. Are shredders used for PII material at the command cross-cut shredders in accordance with reference (d)? It is recommended that ALL shredders be of the cross-cut variety to avoid potential accidents where improper destruction of PII material occurs.

3. Electronic
   
   a. Is the Navy Reserve Homeport used as the primary means of PII dissemination?
   
   b. Are all e-mails sent by any member of the command containing PII in compliance with the requirements listed in reference (a)?
      
      (1) Is the e-mail sent only to recipients with an official need-to-know?
      
      (2) The subject line shall contain the phrase “FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE.”
      
      (3) The body of the email shall contain the phrase "FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE – Any misuse or unauthorized disclosure can result in both civil and criminal penalties."
      
      (4) Is the e-mail digitally signed and encrypted?
   
   c. Ensure members of the command are not storing prohibited PII on personally owned electronic devices.
   
   d. Per reference (a), fax machines may be used to send information containing PII. In accordance with the governing directive do all faxes sent containing PII meet the correct criteria?
   
   e. Are all mobile computing devices properly issued with a DD 2501 and verified annually?
   
   f. Are your system administrators/site owners enforcing the appropriate electronic
permissions on command shared drives, SharePoint portals, or Electronic Records Management systems to ensure access on a need to know basis only?
TR-1 GENERAL TRAINING

Ref:  (a) COMNAVRESFORNOTE 1001
     (b) COMNAVRESFORINST 4650.1A
     (c) NAVRESPRODEV/CENNOTE 1500
     (d) ALNAVRESFOR 005/11
     (e) OPNAVINST 1740.5D
     (f) DoD Instruction 1215.07
     (g) RESPERMAN 1500-010
     (h) ASN Approved Retirement Points List

1. General

   a. Does the Training Department have the current FY Force Execution Guidance on hand as well as references (b) and (c)?

   b. How does the Training Department determine resource requirements for future FYs?

   c. Are the EDVR and RUAD reviewed and managed to ensure proper and required levels of operational readiness are achieved? Explain how.

   d. What process is used to determine future school requirements, both FTS and SELRES, and how is that translated into school requests/planning?

   e. Does the command hold a PB4T or similar forum to coordinate/plan both current and future training? Are supported commands included?

   f. Has a training plan been established? Are the supported commands required to provide a training plan? Are unit AT/IDTT inputs included in the plan?

   g. What controls are in place to ensure timely review of school applications/requests?

   h. Does the Training Department utilize CANTRAC as a resource for course and prerequisite information?

   i. Is the process for obtaining quotas used per reference (a) and current FY Force Execution Guidance?

   j. Are the most recent FY mission and prescribed funding lines utilized when requesting ADT funding?

   k. Are Training Resource Requests from echelon 5 commands acted upon efficiently and forwarded to COMNAVRESFORCOM (N7) via the echelon 4 command? What time constraint has been established?
1. Has the NAVOPSPTCEN requested/used Civilian Augmented Training funds to support exportable and other forms of training?

m. Has the echelon 5 CO(s) attended the Navy Operational Support Center Commanding Officer (NAVOPSPTCEN CO) Course (R-7A-0010)? If not, has the CO been scheduled to attend?

n. Are officer leadership training requirements being completed at least once every 5 years as instructed by the latest ALNAVRESFOR? What process is in place to track the requirement?

o. How does the Training Department utilize the FLTMPS?

p. Is GMT administered as identified by the latest CNO guidance?

q. Is the command encouraging use of personal financial management services by Sailors and their families?

r. Is financial literacy training being administered as required including mandatory touchpoints in Sailors careers?

s. Is annual mandatory DON training completed via e-Learning and MNP?

t. Is all face-to-face training documented in FLTMPS per COMNAVRESFORCOM guidance?

u. Does the Training Department promote Navy Reserve training opportunities for both officers and enlisted personnel? How?

v. Is the most current FY Assistant Secretary of Navy list of approved correspondence courses maintained by the Training Department?

w. What is the process for authorizing and awarding non-pay retirement point credit for completion of correspondence courses?
TR-2 SPECIALIZED TRAINING

Ref:  
(a) SECNAVINST 1920.6C  
(b) OPNAVINST 1120.3B  
(c) OPNAVINST 1420.1B  
(d) OPNAVINST 1740.3C  
(e) COMNAVRESFORINST 1120.3 CH-1  
(f) ProcessQuik COMNAVRESFORCOM DCO Onboarding Process  
(g) RESPERSMAN 1200-010  
(h) COMNAVRESFORCOMINST 5450.7  
(i) NAVEDTRA 43075

1. Direct Commission Officer Program
   
a. Has the echelon 4 command assigned a DCO Coordinator?

   b. Has the echelon 5 command assigned a DCO Sponsor in writing? Provide the letter(s) of designation.

   c. What process is in place to verify that contact has been established between the DCO and the coordinator or sponsor?

   d. Are DCOs completing the DCOIC within 1 year of commissioning? What process is in place to verify this requirement?

   e. Are all DCOs tracked through the completion of DCOIC via ProcessQuik COMNAVRESFORCOM DCO Onboarding process?

2. NAVOPSPTCEN Personnel Qualification Standard
   
a. Has the echelon 5 command implemented the PQS for NAVOPSPTCEN Staff Program?

   b. Has the command designated a command PQS Coordinator in writing? Provide letter(s) of designation.

   c. Has the command identified PQS signatories in writing? Provide letter(s) of designation.
TR-3 TRAINING TECHNOLOGY/SIMULATORS

Ref:  
(a) COMNAVRESFORCOMINST 3574.1B  
(b) SECNAVINST 7320.10A

1. General.

   a. Is a FATS Custodian designated in writing? If FATS is being stored at a subordinate command, does the parent command have a copy of the FATS Custodian designation letter?

   b. Is a FATS Key Custodian designated in writing?

   c. Have all FATS operator personnel completed the 3-day Meggitt L7 FATS Simulator Operator Training course? Certifications will be maintained in a binder and kept with the system.

   d. Do the FATS operators complete and sign an equipment inventory log prior to and upon completion of all training? The FATS Custodian/Operator is required to record the date and time of FATS access, closures, and inventory of the weapons. The log will also include any pertinent information such as power outages, computer problems, weapon simulator problems, or any other situations that may arise during the course of training.

   e. Does the FATS Custodian maintain the cleanliness of the FATS equipment spaced?

   f. Is FATS equipment stored in a locked, climate controlled storage area with limited access per FATS M7 Operation and Maintenance Manual? Ensure simulator weapons are secured in their appropriate storage racks with low security locks installed. All storage racks must be stored inside an appropriately secured room; all weapons stored on firing line will be locked in place using security cables.

   g. Are all issues with or deficiencies noted of the FATS documented and tracked via proper maintenance tracking procedures and corrective action taken as required to include a DD Form 1149?

   h. Does the activity conduct periodic spot checks of the Navy Reserve FATS system to verify material condition?

   i. How does the echelon 4 monitor effectiveness of training? What metrics are used to capture utilization?

   j. Does the FATS Custodian account for FATS in the DPAS annually?
TR-4 SCHOOLHOUSE TRAINING PROGRAMS

Ref:  (a) NA Ved Tra 135 Series  
(b) Netcinst 1500.5 Series  
(c) Netcinst 1500.2 Series

<table>
<thead>
<tr>
<th>STAFF &amp; ADMINISTRATION REQUIREMENTS:</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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<tbody>
<tr>
<td>Does the command have a written instructor certification plan?</td>
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<td>Does the command have instructor records to verify instructors are following the certification plan?</td>
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<tr>
<td>Has the LSO completed the command’s In-Service (IS) training requirements for instructional management?</td>
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<td>Are course supervisors qualified as instructors for the courses they supervise?</td>
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<td>Does the command have an instructor recognition program (IOY/IOQ/Awards) in place and functioning?</td>
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<tr>
<td>Based on the last IOY/IOQ board records, did the board and its members follow their own instruction?</td>
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<tr>
<th>IN-SERVICE (IS) TRAINING PROGRAM (NA Ved Tra 135, chapter 2 and appendix A):</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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<tbody>
<tr>
<td>Does the LSO:</td>
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<tr>
<td>a. Develop, schedule and conduct the IS Training Program?</td>
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<td>b. Analyze the effectiveness of IS Training Program?</td>
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<td>c. Retain IS training records for 3 years?</td>
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<tr>
<th>STUDENT MANAGEMENT (NA Ved Tra 135, Chapter 3):</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
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<tr>
<td>Does the command have written processes in place for the following student management areas (as applicable):</td>
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<tr>
<td>a. Pipeline management?</td>
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<td>b. Student recognition program?</td>
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<td>c. Student counseling?</td>
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<td>d. Remediation program?</td>
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<td>e. Retesting program?</td>
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<td>f. Academic Review Boards?</td>
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<td>g. Student record management?</td>
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<td>h. Class scheduling procedures?</td>
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<tr>
<td>i. Student quota management?</td>
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Have all recently graduated (2 weeks window) classes been graduated in CcTARS)?
Are quota records maintained for 2 years and are the records maintained IAW PII requirements?

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<thead>
<tr>
<th>CURRICULUM MANAGEMENT (NA Ved Tra 135, chapter 4):</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are curriculum managers JQR qualified and designated in writing, as needed?</td>
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<tr>
<td>Does the command have processes in place for curriculum review, development, revision and maintenance in accordance with NA Ved Tra 130, 135, and 136)?</td>
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<table>
<thead>
<tr>
<th>ASSESSMENT (NA Ved Tra 135, chapter. 5):</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the command have written assessment programs/processes in place for the</td>
<td></td>
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</tbody>
</table>
following areas (as applicable):

a. Testing program?

b. Instructor evaluation program?

c. Student critique program?

d. Training Analysis Review Program?

e. Safety Requirements Review Program?

f. Does the command collect and use available external assessments, such as HPRR?

<table>
<thead>
<tr>
<th>MASTER TRAINING SPECIALIST (MTS) PROGRAM</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the command have an MTS program?</td>
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<tr>
<td>Does the command have a current signed MTS instruction?</td>
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<tr>
<td>Does the command instruction align with NETCINST 1500.2 Series?</td>
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<tr>
<td>Is the MTS instruction approved through COMNAVRESFORCOM?</td>
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<tr>
<td>Is the command MTS Coordinator designated in writing?</td>
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<tr>
<td>Are mentors designated in writing and is a complete list of mentors made available to the command?</td>
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<tr>
<td>Are MTS certificates serialized? Are the certificates and medallions locked in a container with limited access?</td>
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<tr>
<td>Is an MTS mentor assigned to each candidate enrolled in the program?</td>
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<tr>
<td>Are request chits signed to participate in the MTS program and retained for each candidate enrolled in the program?</td>
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<tr>
<td>Does the command have a mechanism to track progress and an assigned mentor for each candidate enrolled in the program? How often is it updated?</td>
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<tr>
<td>Is the command utilizing the NAVEDTRA 43100-7 MTS Personal Qualification Standard (PQS)?</td>
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<tr>
<td>Are all prerequisites being met by each candidate as stated in the PQS? Does each candidate have the required 135 contact hours and are they being tracked?</td>
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<tr>
<td>Are online tests proctored?</td>
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<tr>
<td>How many personnel attend the Oral board? (Note: a minimum of three MTS personnel are required.) Are MTS board member names recorded for each board and does it align with the command instruction?</td>
<td></td>
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</tr>
<tr>
<td>Are copies of the signed PQS sign-off page, designation letter, and MTS certificate being maintained by the command MTS coordinator for at least two years?</td>
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<tr>
<td>Does admin complete a Page 13 and submit to member’s record for each newly designated MTS?</td>
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<tr>
<td>Does each newly qualified MTS complete the online survey and is it tracked?</td>
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</tbody>
</table>
ASD-1: AVIATION SAFETY

Ref: (a) OPNAVINST F3100.6J CH-3
     (b) OPNAVINST 3120.32D CH-1
     (c) OPNAVINST 3500.39C
     (d) OPNAVINST 3710.7V
     (e) OPNAVINST 3750.6S
     (f) OPNAVINST 5102.1D CH-2
     (g) USFFC MSG DTG 102117ZSEP15
     (h) COMNAVAIRFORINST 7490.2C CH-2
     (i) COMNAVAIRESINST 3750.1
     (j) COMNAVAIRESINST 5420.2

1. Echelon 4
   
   a. Is the Safety Officer designated in writing?
   
   b. Is the Safety Officer an ASO school graduate?
   
   c. Has the Safety Officer served as a squadron or major detachment safety department head?
   
   d. How well are you performing?
      
      (1) What measures of effectiveness do you use to determine level of success?
      
      (2) Are there formal feedback mechanisms in place?
   
   e. Are resources adequate (funding, manning, IT, etc.)?
      
      (1) If not, specifically what do you require?
      
      (2) What is the impact of inadequate resources?
   
   f. Are there major planning efforts? Is there a long-range aviation safety plan?
      
      (1) If yes, please describe?
      
      (2) Is there a Command Strategic Plan? Describe/Summarize.
   
   g. What negatively impacts ability to perform your mission?
h. Is a complete 2-year file kept of all Reserve Force Squadron aircraft flight mishap and ground mishap SIR? Are SIRs properly disposed of? If SIRs are retained as a training aid, are they expunged per OPNAVINST 3750.6S?

i. What method is used to follow up and ensure approved and endorsed corrective actions at the RESFORON and staff level as recommended by the mishap investigation have been completed?

j. Do you have a good working relationship between yourself and the squadron ASO?

k. Are publications/instructions current?

l. Is there an active bi-directional communications channel between the staff and RESFORONs concerning safety matters?

m. What means are established to disseminate safety information from the staff level to the RESFORONs?

n. Is there some means of documenting RESFORON safety statistics (i.e., years mishap-free and hours since last class “A” flight mishap)?

o. How does the Safety Officer monitor aircrew qualifications and NATOPS currency requirements for staff aircrew? If not, who does?

p. How are RESFORONs inspected? Are previous discrepancies tracked?

2. Echelon 5

a. Training/Qualification/Staffing

(1) Who are the command’s ASO/ASC qualified officers?

(2) Have the CO/XO attended the ASC course? Are the dates correctly annotated in the Air Boss Safety Tracker?

(3) Is Safety Department Head an ASO School graduate?

(4) If Safety Department Head will be detaching or changing jobs within next 6 months, has the replacement been identified? If so, is the replacement an ASO School graduate or obtained a quota to attend ASO School prior to assuming duties of Safety Department Head?

(5) Is the Safety Department properly staffed in accordance with OPNAVINST 3750.6S?

b. Mishap Investigation Kit
(1) Is there a Mishap Investigation Kit readily available?

(2) Is an inventory conducted at regular intervals? Are the records of inventory checks tracked, including the correction of noted discrepancies and expiration date of items with shelf-life?

c. PMP

(1) Is the unit's Mishap Plan current and in compliance with OPNAV 3750.6S and COMNAVAIRES distributed standardized Pre-Mishap Plan? Are changes tracked via a “Record of Changes”?

(2) How often are Aviation Mishap drills conducted? Is appropriate drill documentation on hand?

(3) Who is authorized by the command to release required notifications (WESS/OIX/Personnel Casualty Report)? Where is the list of authorized releasers kept? Is the listing current with appropriate contact information for after-hours mishap response? Do the authorized personnel have required systemic permissions (WESS/OIX)?

d. AMB

(1) Are AMB members appointed by name and in writing?

(2) Does the senior member of the AMB or ASO ensure the training and readiness of the AMB?

(3) At what periodicity is AMB training conducted?

(4) Documentation of personnel present for training?
   (a) Memo to CO with:
   (b) Attendees name and billet.
   (c) Summary of training conducted.

e. ORM/CRM Training (Annual Requirement)

(1) Documented in MNP/NATOPS?

(2) Tracked in FLTMP/SHARP/ESAMS?

(3) Annotated in logbooks.
f. MCAS/CSA (Required within 90 days of CoC, then within 9 months)
   
   (1) Date latest survey was completed? If next survey is due within next 2 months, has it been requested yet?

   (2) Results shared with Safety Department? (optional)

g. Naval Safety Center Aviation Operational Safety Assessment
   
   (1) Date of latest?

   (2) Results on hand?

   (3) Issues addressed?

h. Aviation Safety Council (Quarterly Requirement)
   
   (1) Participants designated in writing?

   (2) Review pertinent ESC notes?

   (3) Cover status of old business?

   (4) Assign tasking for new business?

   (5) How is the evolution documented?

      (a) Memo to CO with:

      (b) Attendees’ names and billets

      (c) Old business/status

      (d) New business/tasking

i. Base Aviation Safety Council
   
   (1) Does a Safety representative regularly attend the Safety Council meetings held by the air station?

   (2) Who attends?

   (3) How is information disseminated?
(4) Is pertinent info covered in ESC/ASC?

j. **ESC (Monthly Requirement)**

   (1) Who are participants? Are the majority of participants the same personnel from month to month?

   (2) Does the ESC cover aviation related and non-aviation related topics?

   (3) Is evolution documented and memo sent through Safety Officer to CO?

      (a) Memo to CO with:

      (b) Date and Attendees Name and work-center.

   (4) How is information disseminated? All read board?

   (5) Are action items assigned?

   (6) Is there a follow-up system?

k. **HFC (Quarterly Requirement)**

   (1) Are the participants designated in writing?

   (2) Are HFCs conducted in accordance with the requirements of OPNAVINST 3750.6S and COMNAVAIRESINST 5420.2?

   (3) Is the HFC documented?

   (4) Is confidentiality maintained?

   (5) How are significant factors addressed?

   (6) Have HFC’s resulted in any HFBs in the last 24 months? How have those documents been retained?

l. **Safety Officer Surveys**

   (1) Are Safety Officer Monthly Surveys being conducted?

   (2) What subject matter is addressed? Does the Safety Officer Survey include any relevant enclosures?
(3) Memos forwarded to CO via XO and kept on file?

m. **Flight Surgeon availability**

(1) Is a flight surgeon assigned to the command?

(2) Does the flight surgeon participate in the Command Aviation Safety Program activities such as pilot training, stand downs, AMBs, safety councils, etc.?

n. **Mishaps/HAZREPs/Endorsements**

(1) Are all submitted reports documented? Serialized correctly?

(2) How many in past 12 months?

   (a) Mishaps:

      1. Type: (Category/Severity).

   (b) HAZREPS
ASD-2 NON-COMBAT EXPENDITURE ALLOCATION

Ref:  
(a) NOSSAINST 8020.14F  
(b) OPNAVINST 8010.12G  
(c) NAVSUP P-724  
(d) OPNAVINST 3591.10  
(e) NAVSEAINST 8370.2  
(f) COMNAVRESFORINST 8011.2B  
(g) NAVSUP P-806  
(h) OPNAVINST 8023.24C  
(i) OPNAVINST 3591.1F  
(j) OPNAVINST 5530.14E CH-3  
(k) NAVSEA SW020-AF-HBK-010  
(l) OPNAVINST 5530.13C  
(m) COMNAVAIRFORINST 4790.2C CH-2

1. General

a. Is the command in compliance with reference (f)?


c. Has ammunition inventory accuracy been maintained?

d. Has the RCC NCEA manager developed an SOP outlining procedures for ordering, receiving, issuing and expending ammunition? Is the SOP approved by Type Commander?

e. Are there procedures in place for maintaining inventory, accuracy, and accountability when ammunition is stored by another service MOA/MOU?

f. Has the NCEA manager attended either the Ammunition Administration course or the OIS-R operator course? Within 90 days of assignment?

g. COMNAVAIRES echelon 5 commands complete COMNAVAIRESINST 5040.1 ASD-2 checklist.

ASD-2-1  Enclosure (1)
APPENDIX A
SAMPLE OPPORTUNITY FOR PERSONAL CONSULTATION WITH THE COMMANDER, NAVY RESERVE FORCE INSPECTOR GENERAL

1. ______________, the COMNAVRESFOR Inspector General, will be available at ______ from _______ to ______ on __________, for consultation with Navy personnel.

2. This is an opportunity for personnel to seek advice or present information to the Inspector General regarding the discipline, efficiency, or economy of the Navy Reserves. It is not intended to abrogate or supplant established traditional channels of communication or to encourage deviation from the chain of command. It is intended to complement communication channels as are provided by civilian employee grievance procedures and other consultative services.

3. Appointments to consult with the COMNAVRESFOR Inspector General may be arranged by calling _____, extension _____ during the period from ______ to ______. Personnel should report to the designated meeting location 10 minutes prior to their appointment.

4. Personnel desiring a greater degree of anonymity may make appointments with the Inspector General personally by visiting room ____ during the hours of consultation, or by calling the office of COMNAVRESFOR Director of Assessments: DSN: 262-5672 or commercial: (757) 322-5672.
## APPENDIX B

### SAMPLE IMPLEMENTATION STATUS REPORT

**OPNAV FORM 5040/2 (11-68) S/N-0107-774-1000**

<table>
<thead>
<tr>
<th>STATUS AS OF (DATE)</th>
<th>REPORTED BY (ACTION OP/BUREAU/COMMAND)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION OFFICER (NAME AND EXTENSION)</th>
<th>COORDINATING ACTION (OP/BUREAU/COMMAND)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

**IDENTIFICATION OF REPORT** (NAVINSGEN/COMMAND INSPECTION/AUDIT/AREA COORDINATION. INCLUDE SERIAL AND DATE.)

**IDENTIFICATION OF ACTION ITEM** (RECOMMENDATION NUMBER/PARAGRAPH NUMBER)

**RECOMMENDATION:**

**CURRENT IMPLEMENTATION STATUS** (IF ACTION CONSIDERED COMPLETE, SO STATE.)

**NEXT STEP IN IMPLEMENTING ACTION** (INCLUDE ESTIMATED DATE OF COMPLETED ACTION.)
APPENDIX C
SAMPLE SUBJECT AREA REPORT

CC-1: Command Managed Equal Opportunity (CMEO) Program:

Compliant

COMNAVRESFOR POC: LSCS Richardson
COMMAND POC: YNC Rodriguez

Ref: (a) OPNAVINST 5354.1F CH-1

1. GENERAL COMMENTS:

a. The CMEO Program is managed in accordance with reference (a). Commanders are required to conduct Equal Opportunity (EO), Equal Employment Opportunity (EEO) and Sexual Harassment (SH) training for DON personnel; however, EEO and SH training are not being conducted for civilian personnel. Civilian personnel EO training will be addressed in the CC-5: Equal Employment Opportunity program review.

b. Reference (a) also requires Commanders to conduct Navy Pride and Professionalism (NP&P) workshop/training. NP&P training is not being conducted by the Command Training Team (CTT) on a consistent basis. The Navy Region Southwest Reserve Component Command (NRSW RCC) CMEO Manager must work with the CTT to ensure that NP&P training is completed for all NRSW RCC staff.

c. Reference (a) also requires Commanders to maintain command demographics for retention, discipline, advancement, and awards by race/ethnicity, sex, and pay grade/rank so that they can be reviewed periodically. Currently no such file exists.

2. COMPLIANT WITH COMMENTS:

a. Is EO training documented in each member's training record via FLTMPS? Yes, however, two new Sailors have checked in to the command since the last EO training session. EO training is held monthly in conjunction with Indoctrination training and annually thereafter. The newly arrived Sailors are on the roster for the next scheduled class.

b. Is SH training documented in each member's training record via FLTMPS? Yes, however, two new Sailors have checked in to the command since the last SH training session. SH training is held monthly in conjunction with Indoctrination training and annually thereafter. The newly arrived Sailors are on the roster for the next scheduled class.

3. NON-TRACKED DISCREPANCIES: None.

C-1  Enclosure (1)
4. **TRACKED DISCREPANCIES:**

   a. NP&P training is not being conducted by Command Training Team (CTT). COMANAVRESFORCOM-002-09: CTT conduct NP&P training. Forward signed OPNAV 3500 to COMNAVRESFOR Command Climate Specialist after training is conducted and update in FLTMPS.

   b. There is no file that documents retention, discipline, advancement, and awards by race/ethnicity, sex and pay grade/rank. COMNAVRESFORCOM-003-09: NRSW RCC CMEO Manager must work with both the Command Career Counselor and Administrative Leading Chief Petty Officer to establish and maintain required demographic information for periodic review by CMEO and Command Assessment Team (CAT).

5. **RECOMMENDATIONS:** Add NP&P workshop requirements to the Commander, Navy Region Southwest CMEO training tracker.

6. **BRAVO ZULUS:** None.

7. **BEST PRACTICES:** The tracker system used by NRSW RCC CMEO for required EO/SH/Grievance Procedures training is the best seen in the last two years. COMNAVRESFOR Climate Specialist will push to the Force as an additional tool to help manage requirements.
## COMMANDER, NAVY RESERVE FORCE
### COMMAND ASSESSMENT GUIDE CHANGE REQUEST

<table>
<thead>
<tr>
<th>COMMAND:</th>
<th>UIC</th>
<th>DEPARTMENT</th>
<th>NAME (RANK FIRST NAME, MI, LAST NAME)</th>
<th>DATE</th>
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<tbody>
<tr>
<td>ACTION REQUEST:</td>
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<tr>
<td>☐ UPDATE SECTION</td>
<td>☐ ADD SECTION</td>
<td>☐ REMOVE SECTION</td>
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<td>REASON FOR THE REQUEST</td>
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<tr>
<td>REQUEST CHANGE CONTENT (ATTACH ADDITIONAL CHANGES IF NECESSARY)</td>
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## ACTION TAKEN BY COMMANDER, NAVY RESERVE FORCE INSPECTOR GENERAL (N002)

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<tbody>
<tr>
<td>DISAPPROVED</td>
<td>DATE</td>
</tr>
<tr>
<td>RETURNED WITHOUT ACTION (SEE ATTACHMENT)</td>
<td>DATE</td>
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______________________________
SIGNATURE

COMNAVRESFOR 5040/1
These acronyms, listed in alphabetical order, will aid in interpreting this guide, and in the continued administration of the Command Assessment Program.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>A/I</td>
<td>Accountable Item</td>
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<tr>
<td>AAP</td>
<td>Administrative Action Pending</td>
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<td>AC</td>
<td>Active Component</td>
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<tr>
<td>ACRN</td>
<td>Accounting Classification Reference Number</td>
</tr>
<tr>
<td>ACSO</td>
<td>Assistant Chief Staff Officer</td>
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<tr>
<td>ACTR</td>
<td>Activity Customer Technical Representative</td>
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<tr>
<td>AD</td>
<td>Active Duty</td>
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<tr>
<td>ADAMS</td>
<td>Alcohol and Drug Abuse Managers/Supervisors</td>
</tr>
<tr>
<td>ADCO</td>
<td>Alcohol and Drug Control Officer</td>
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<tr>
<td>ADL</td>
<td>Active Document Listing</td>
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<td>ADMITS</td>
<td>Alcohol and Drug Management Information Tracking System</td>
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<td>ADR</td>
<td>Alternative Dispute Resolution</td>
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<td>ADSEP</td>
<td>Administrative Separation</td>
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<td>ADSW</td>
<td>Active Duty for Special Work</td>
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<tr>
<td>ADT</td>
<td>Active Duty for Training</td>
</tr>
<tr>
<td>AED</td>
<td>Automated External Defibrillator</td>
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<tr>
<td>AEL</td>
<td>Advancement Eligibility Listing</td>
</tr>
<tr>
<td>AHLTA</td>
<td>Armed Forces Health Longitudinal Technology Application</td>
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<tr>
<td>AIF</td>
<td>Adjustment-in-Force</td>
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<td>AMB</td>
<td>Aircraft Mishap Board</td>
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<td>AO</td>
<td>Approving Official</td>
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<tr>
<td>AOR</td>
<td>Area of Responsibility</td>
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<td>APC</td>
<td>Agency Program Coordinator</td>
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<td>APPN</td>
<td>Appropriation</td>
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<td>Accountable Property System of Record</td>
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<td>Additional Training Flight Period</td>
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<td>Description</td>
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<tr>
<td>BASH</td>
<td>Bird/Animal Aircraft Strike Hazard</td>
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<td>Budget Estimator</td>
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<td>Blue Jacket of the Year</td>
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<td>Blanket Purchase Agreement</td>
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<td>Base Realignment and Closure</td>
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<td>CAAC</td>
<td>Counseling and Assistance Center</td>
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<td>Common Access Card</td>
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<td>CAI</td>
<td>Cross-assigned In</td>
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<td>Catalog of Navy Training Courses</td>
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<td>CMA</td>
<td>Centrally Managed Accounts</td>
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</table>
CMC  Command Master Chief
CMEO  Command Managed Equal Opportunity
CNI  Commander Naval Installations
CNIC  Commander, Navy Installations Command
CNO  Chief of Naval Operations
CO  Commanding Officer
COL  Certifying Officer Legislation
COMNAVIFORES  Commander, Naval Information Force Reserve
COMNAVAIRFORES  Commander, Naval Air Force Reserve
COMNAVRESFOR  Commander, Navy Reserve Force
COMNAVRESFORCOM  Commander, Navy Reserve Forces Command
COMNAVSAFCEN  Commander Naval Safety Center
COMSEC  Communications Security
CONUS  Continental United Status
CPO  Chief Petty Officer
CPOA  Chief Petty Officer Association
CPPA  Command Pay and Personnel Administrator
CRT  Command Resiliency Team
CSA  Command Safety Assessment
CSO  Chief Staff Officer
CSR  Customer Service Representative
CTPC  Command Telework Program Coordinator
CTR  Contract Technical Representative
CTT  Command Training Team
CVP  Contractor/Vendor Pay
D-SAACP  Defense-Sexual Assault Advocate Certification Program
DAAR  Drug and Alcohol Abuse Report
DAO  Departmental Accountable Official
DAPA  Drug and Alcohol Program Advisor
DASN FO  Deputy, Assistant Secretary of the Navy for Financial Operations
DCO  Direct Commission Officer
DCOIC  Direct Commission Officer Indoctrination Course
DCPDS  Defense Civilian Personnel Data System
DCPS  Defense Civilian Payroll System
DD  Department of Defense
DDRS  Defense Department Reporting System
DEERS  Defense Eligibility Enrollment System
DEOCS  DEOMI Organizational Climate Survey
EP  Early Promote

e-QIP  Electronic Questionnaires for Investigations Processing

ESAMS  Enterprise Safety Applications Management System

ESC  Enlisted Safety Council

ESO  Educational Services Officer

EUMS  Excess Uniform Management System

EVAL  Evaluation

FA  Fund Approver

FAD  Force Activity Designator

FAP  Family Advocacy Program

FASTDATA  Fund Administration and Standardized Document Automation

FATS  Fire Arms Training System

FCPOA  First Class Petty Officer Association

FECA  Federal Employee Compensation Act

FFSC  Fleet and Family Support Center

FHDA  Funeral Honors Duty

FHDA  Funeral Honors Duty Allowance

FIAR  Financial Improvement and Audit Readiness

FITREP  Fitness Report

FLTMPS  Fleet Training Management and Planning System

FM  Fund Manager

FMO  Financial Management Office

FMR  Financial Management Regulation

FOIA  Freedom of Information Act

FOUO  For Office Use Only

FPDS-NG  Federal Procurement Data System - Next Generation

FRC  Family Readiness Coordinator

FRG  Family Readiness Group

FSGLI  Family Service members’ Group Life Insurance

FSO  Facility Security Officer

FTS  Full Time Support

FY  Fiscal Year

GCPC  Government Commercial Purchase Card

GE  General Equipment

GL  General Ledger

GMT  General Military Training

GPC  Government Purchase Card

GS  General Schedule
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>GSA</td>
<td>General Services Administration</td>
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<tr>
<td>GT&amp;C</td>
<td>General Terms &amp; Conditions</td>
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<td>GTCC</td>
<td>Government Travel Charge Card</td>
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<td>Head of Activity</td>
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<td>HAIMS</td>
<td>Health Artifact and Image Management Solution</td>
</tr>
<tr>
<td>HAZCOM</td>
<td>Hazard Communication</td>
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<td>Hazardous Material</td>
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<td>HAZREP</td>
<td>Hazard Report</td>
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<td>Naval Education and Training Professional Development Center</td>
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<td>OIC</td>
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</table>
OIG    Office of the Inspector General
OIS-R  Ordnance Information System - Retail
OIX    Official Information Exchange
OMM    Official Mail Manager
OMPF   Official Military Personnel File
OPNAV  Chief of Naval Operations
OPR    Open Purchase Request
OPREP  Operational Report
OPSEC  Operational Security
OPTAR  Operating Target
ORM    Operational Risk Management
OS     Order Specialist
OSHA   Occupational Safety and Health Administration
OWA    Order Writing Authority
PA     Public Affairs
Page 13 NAVPERS 1070/613 Administrative Remarks
PAO    Public Affairs Officer
PAT    Program Audit Tool
PB4T   Planning Board for Training
PBIS   Program Budget Information System
PCS    Permanent Change of Station
PDHA   Post-Deployment Health Assessment
PDHRA  Post-Deployment Health Re-assessment
PDS    Protected Distribution System
PEB    Physical Evaluation Board
PED    Personal Electronic Device
PERS   Navy Personnel Command
PFA    Physical Fitness Assessment
PFM    Personal Financial Management
PHA    Physical Health Assessment
PHOP   Psychological Health Outreach Program
PII    Personally Identifiable Information
PIP    Performance Improvement Plan
PLAD   Plain Language Address Directory
PM     Program Manager
PMP    Pre-Mishap Plan
PMR    Personnel Move Request
POA&M  Plan of Action and Milestones
POC  Point of Contact
POD  Plan of the Day
POM  Plan of the Month
POW  Plan of the Week
PPE  Property, Plant, and Equipment
PPE (LE-14)  Personal Protective Equipment
PPM  Personal Property Manager
PPMAP  Procurement Performance Management Assessment Program
PQS  Personnel Qualification Standard
PRD  Projected Rotation Date
PREVENT  Personal Responsibility and Values Education and Training
PRIMS  Physical Readiness Information Management System
PRISE-R  Prior Service Reenlistment Eligibility-Reserve
PSD  Personnel Support Detachment
PSI  Personnel Security Investigation
PSM  Personnel Security Management
PWS  Performance Work Statement
RA  Reasonable Accommodation
RAC  Risk Assessment Code
RAP  Requirements to Award Process
RAMCAS  Recreation and Mess Centralized Accounting System
RBAM  Reserve Bonus Application Module
RC  Reserve Component
RCC  Reserve Component Command
RDOC  DOC/ACRN Inquiry Display
RESFOR  Reserve Force
RESFORON  Reserve Force Squadron
RESPERSMAN  Reserve Personnel Manual
RFMT  Reserve Force Manpower Tool
RHRP  Reserve Health Readiness Program
RHS  Reserve Headquarters System
RIF  Reduction-in-Force
RMA  Reserve Medical Administrator
RMP  Readiness Management Period
RO  Responsible Officer
RODS  Navy Recreation and Off-Duty Safety
RP  Religious Program Specialist
RPA  Request for Personnel Action
<table>
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<th>Acronym</th>
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<td>RPAT</td>
<td>Reserve Pay Assistance Team</td>
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<td>Recruit Training Command</td>
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<td>Reimbursable Work Orders-Performer</td>
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<td>SAAR-N</td>
<td>System Authorization Access Request-Navy</td>
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<td>Special Compartmented Information Facility</td>
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</tr>
<tr>
<td>SIPR</td>
<td>Secret Internet Protocol Router</td>
</tr>
<tr>
<td>SIPRNet</td>
<td>Secure Internet Protocol Router Network</td>
</tr>
<tr>
<td>SIR</td>
<td>Safety Investigation Report</td>
</tr>
<tr>
<td>SITREP</td>
<td>Situational Report</td>
</tr>
</tbody>
</table>
SJA             Staff Judge Advocate
SLDCADA         Standard Labor Data Collection and Distribution Application
SMDR            Senior Medical Department Representative
SME             Subject Matter Expert
SMO             Security Management Office
SOH             Safety and Occupational Health
SOM             Sailor of the Month
SOP             Standard Operating Procedure
SOQ             Sailor of the Quarter
SORM            Standard Organization and Regulations Manual
SOU             Statement of Understanding
SOY             Sailor of the Year
SPAWAR          Space and Naval Warfare
SPC             Suicide Prevention Coordinator
SQIPC           Standards for Quality Immunization Practice Course
SSBI            Single Scope Background Investigation
SSN             Social Security Number
SSO             Special Security Officer
SSR             Special Security Representative
STARS           Standard Accounting and Reporting System
STARS-FL        Standard Accounting and Reporting System - Field Level
STE             Secure Terminal Equipment
STR             Service Treatment Record
SAG             Sub Activity Group
T&A             Time and Attendance
TA              Trusted Agent
TAC             Transportation Account Code
TACLANE         Tactical Local Area Network Encryption
TB              Tuberculosis
TEMADD          Temporary Additional Duty
TIR             Time-in-Rate
TNDQ            Temporarily Not Dental Qualified
TNPQ            Temporarily Not Physically Qualified
TNR             The Navy Reservist
ToP             Transportation of People
ToT             Transportation of Things
TRIM            Total Records Information Management
TRUIC           Training Reserve Unit Identification Code
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>TS/SCI</td>
<td>Top Secret/Sensitive Compartmented Information</td>
</tr>
<tr>
<td>TSC</td>
<td>Traffic Safety Coordinator</td>
</tr>
<tr>
<td>TT</td>
<td>Trouble Ticket</td>
</tr>
<tr>
<td>TWMS</td>
<td>Total Workforce Management System</td>
</tr>
<tr>
<td>UA</td>
<td>Unit Approver</td>
</tr>
<tr>
<td>UCC</td>
<td>Unit Career Counselor</td>
</tr>
<tr>
<td>UIC</td>
<td>Unit Identification Code</td>
</tr>
<tr>
<td>UMD</td>
<td>Unmatched Disbursement</td>
</tr>
<tr>
<td>UND</td>
<td>Urgency of Need Designator</td>
</tr>
<tr>
<td>UNSAT</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>UPC</td>
<td>Urinalysis Program Coordinator</td>
</tr>
<tr>
<td>UR</td>
<td>Unit Reviewer</td>
</tr>
<tr>
<td>USCENTCOM</td>
<td>United States Central Command</td>
</tr>
<tr>
<td>USERRA</td>
<td>Uniformed Services Employment and Reemployment Rights Act</td>
</tr>
<tr>
<td>USSGL</td>
<td>United States Standard General Ledger</td>
</tr>
<tr>
<td>VA</td>
<td>Victim Advocate</td>
</tr>
<tr>
<td>VAERS</td>
<td>Vaccine Adverse Events Reporting System</td>
</tr>
<tr>
<td>VAL</td>
<td>Visit Authorization Letter</td>
</tr>
<tr>
<td>VERA</td>
<td>Voluntary Early Retirement Authority</td>
</tr>
<tr>
<td>VIALS</td>
<td>Vaccine Information and Logistics System</td>
</tr>
<tr>
<td>VIS</td>
<td>Vaccine Information Statement</td>
</tr>
<tr>
<td>VISN ID</td>
<td>Vision Identification</td>
</tr>
<tr>
<td>VSI</td>
<td>Voluntary Separation Incentive Pay</td>
</tr>
<tr>
<td>VTU</td>
<td>Voluntary Training Unit</td>
</tr>
<tr>
<td>VWAC</td>
<td>Victim and Witness Assistance Coordinator</td>
</tr>
<tr>
<td>VWAP</td>
<td>Victim and Witness Assistance Program</td>
</tr>
<tr>
<td>WAWF</td>
<td>Wide Area Work Flow</td>
</tr>
<tr>
<td>WESS</td>
<td>Web-Enabled Safety System</td>
</tr>
<tr>
<td>XO</td>
<td>Executive Officer</td>
</tr>
</tbody>
</table>