COMNAVRESFOR INSTRUCTION 5040.1G

From: Commander, Navy Reserve Force

Subj: COMMANDER NAVY RESERVE FORCE COMMAND ASSESSMENT PROGRAM

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

Encl: (1) COMNAVRESFOR Command Assessment Guide
     (2) Assessment Matrix
     (3) Certification Statement

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

2. **Cancellation.** COMNAVRESFORINST 5040.1F.

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 (COMNAVAIRFOR) 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 CAP and the assessment team is composed primarily of COMNAVRESFORCOM staff members. Commander, Navy Information Force Reserve (COMNAVIFORES) is responsible to maintain a stand-alone assessment team independent of COMNAVRESFORCOM membership.

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 commanding officers 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 3 and 4 assessments, COMNAVRESFOR IG will perform a short-notice assessment of a randomly selected echelon 5 command subordinate to the echelon 3 or 4 command being assessed. This assessment will reflect on the overall performance of the echelon 3 or 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 IG site visits and exercise overall direction for the CAP.

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

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

      (5) Coordinate COMNAVRESFOR IG 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 IG command assessments and distribute to the responsible echelon 3 and 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 IG and subordinate command assessment reports for a minimum of 6 years, per reference (c).

(6) Ensure the COMNAVRESFOR IG Command Assessment Guide (CAG) is updated to reflect the most recent policy guidance.

c. COMNAVRESFOR Subject Matter Experts (SME) will:

(1) Provide COMNAVRESFOR IG with up-to-date CAG inputs for their area of expertise.

(2) Review subordinate command assessments for compliance and effectiveness and report findings utilizing enclosure (1).

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

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

d. COMNAVRESFOR echelon 3 and 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 that are not specifically mandated within enclosure (1) to this instruction.

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

e. All COMNAVRESFOR activity commanders, COs, and officers-in-charge must take appropriate action to address areas of concern highlighted during the assessment process. The assessed command must 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. Assessment Process. COMNAVRESFOR IG conducts command assessments in three distinct phases spanning approximately 5 months. These phases are a comprehensive self-assessment of both critical and noncritical programs, a virtual assessment of critical programs, and on-site assessment of critical programs and select noncritical programs. Critical programs will always be assessed by COMNAVRESFOR IG. Unless otherwise determined, noncritical programs must be self-assessed by each command and the status of the program reported to COMNAVRESFOR IG.
Note: Programs that contribute directly toward readiness, deployability, and lethality are considered critical programs. Programs with strategic or special interest are also considered critical. These programs will be identified throughout this instruction and annotated on enclosure (2).

a. For echelon 3 and 4 command assessments, COMNAVRESFOR IG will perform an assessment of an echelon 5 command subordinate to the respective echelon 3 or 4 command being assessed. This assessment will serve as an indicator of the echelon 3 or 4 oversight and support of its subordinate commands and will reflect on the overall performance of the echelon 3 or 4 command being assessed.

8. COMNAVRESFOR Notification and Preparation for Assessments

a. Echelon 3 and 4 commands will receive an official notification of assessment from COMNAVRESFOR IG 6 months prior to the scheduled assessment site visit. COMNAVRESFOR IG will provide a copy of this assessment guide, all enclosures, and a self-assessment executive summary matrix. Echelon 5 commands will receive an official notification letter specifying the dates of the visit and the schedule of events 60 days prior to the site visit.

b. Self-Assessment

(1) Utilizing the CAG (enclosure (1)) and Assessment Matrix (enclosure (2)), commands will conduct a self-assessment prior to their scheduled site-visit. As part of the self-assessment, commands will assess their mission, how well they are accomplishing the mission, paying close attention to mission effectiveness. A completed self-assessment, excel-based executive summary, and a certification statement (enclosure (3)) will be forwarded to COMNAVRESFOR IG no later than 30 days before the site visit. Commanders and COs will detail the status of noncritical programs in the certification statement.

(2) Noncritical programs that are self-assessed as noncompliant will be assessed on-site by COMNAVRESFOR IG at no penalty to the command’s overall assessment performance. A teach and train evolution will also be conducted for the noncompliant program areas on site. Regardless of noncritical program compliance, commands may always request a teach-and-train during the on-site assessment. These requests will have no bearing on the command’s overall assessment performance.

c. Virtual Assessment. Utilizing electronic means, COMNAVRESFOR IG will virtually assess program areas identified in enclosure (2). COMNAVRESFOR IG will contact command program managers after receiving the command’s self-assessment to discuss requirements and expectations for the virtual assessment.

d. On-site Assessment. The on-site assessment is characterized by two distinct events, the command climate assessment and the command assessment (process analyses).
(1) Utilizing the most recent Defense Equal Opportunity Management Institute Organizational Climate Survey, the COMNAVRESFOR command climate team will conduct demographically organized focus groups prior to the main assessment team’s arrival. These focus groups are used to gain an understanding of the command climate.

(2) Upon arrival at the assessed command, COMNAVRESFOR IG leadership will conduct an in-brief with assessed command’s executive leadership followed by an introductory brief for key staff participants. This brief will discuss COMNAVRESFOR IG philosophy and further refine the scope of the assessment.

   (a) Upon completion of the in-brief, the main assessment team will conduct on-site assessments (process analysis) of all critical programs and randomly selected spot-checks of noncritical programs over a 2-day period.

   Note: COMNAVRESFOR IG will select approximately 20 percent of the noncritical programs to assess on-site. These programs can be chosen at random or selected based on other criteria. Commands will be notified which noncritical programs will be spot checked approximately one week from the on site assessment to facilitate logistical deconfliction.

   (b) The main assessment team will conduct a teach and train evolution of any critical programs with noted deficiencies, noncritical programs self-assessed as noncompliant, or any critical or noncritical program the command requests.

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

   Note: 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 IG. In order to help ensure confidentiality, the IG leadership should be given a work-space conducive to privacy. To pre-arrange a meeting, individuals may call (757) 322-5678 (IG Hotline) or e-mail nwor_navreshotline@navy.mil.

9. Assessment reports will be provided to COMNAVRESFORCOM (N00) by the Senior Evaluator, with a copy to the assessed command. COMNAVRESFOR IG and the assessed command must maintain file copies of the assessment. Commands must forward reports of corrective action taken to COMNAVRESFOR IG 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.
10. All echelon 3 and 4 commands must submit confirmation of their subordinate commands’ assessment completion to COMNAVRESFOR IG. Assessment reports should not be released outside original distribution or reproduced in whole or in part without prior written approval of the assessing authority.

11. Reporting Procedures

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

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

   c. Commands assessed by COMNAVRESFOR IG will 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 and 4 commands must submit confirmation of subordinate commands’ assessment completion to COMNAVRESFOR IG.

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

12. Reports. The reporting requirements contained within are exempt from reports control per reference (f).

13. 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.

14. Review and Effective Date. Per OPNAVINST 5215.17A, COMNAVRESFOR IG 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 10 years after effective date unless reissued or cancelled prior to the 10-year anniversary date, or an extension has been granted.

Releasability and distribution:
This instruction is cleared for public release and is available electronically only via COMNAVRESFOR Web site, https://www.public.navy.mil/nrh/Pages/instructions.aspx
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 5040.1G, aligning it with my vision to Simplify, Enable, Leverage and Resource (SELR) the Navy Reserve Force. In COMNAVRESFOR’S first step in our effort to Simplify, we eliminated five program areas and reduced the scope of several other assessable areas. As we continue to apply SELR principles to command assessments, we modified and restructured the way we conduct assessments and the expectations we have from you to assess yourselves.

- We’ve organized our programs into critical and noncritical categories based on contribution to lethality.
- We are empowering Commanders to prioritize critical mission areas and manage risk in noncritical mission areas.

I need your input to keep our Reserve Force a learning organization that is continuously improving. We will refine and improve the Command Assessment Program as we further shape 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 and lethality. This instruction is effective immediately; it is applicable to all Navy Reserve Force activities, installations, commands and stations.

The Command Assessment Guide, COMNAVRESFORINST 5040.1G 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:

Commander  
Navy Reserve Force  
Office of the Inspector General  
1915 Forrestal Drive, Bldg. NH-32  
Norfolk, VA 23551-4615

T. W. LUSCHER  
Deputy
## SUMMARY OF CHANGES

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Enclosure (1)
1. The Commander, Navy Reserve Force (COMNAVRESFOR) Command Assessment Program (CAP) Guide will be used for assessment of all echelon 3, 4, and 5 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.

3. COMNAVRESFOR IG will assess all echelon 3 and 4 activities falling under their cognizance; no less than once every three years. Echelon 3 and 4 commands should use the CAP Guide as the basis for developing their assessment guide for subordinate echelon 5 commands. The scope, frequency, and applicability of all assessment areas are at the echelon 3 and 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 must also conduct frequent and routine site visits using assessment guides, virtual presence methods and innovative leadership to maintain oversight and transparency of geographically dispersed 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 COMNAVRESFOR, Commander, Navy Reserve Forces Command, and Commander, Naval Air Force Reserve as applicable. The overall objective of the CAP is to enhance mission effectiveness, prioritize lethality by ensuring compliance with governing directives and establishing program criticality. 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. **Assessments Process.** For a comprehensive description of the assessment process, commands should reference COMNAVRESFORINST 5040.1G.

6. **Program Definition**

   a. Critical Programs are programs that contribute directly toward readiness, deployability, and lethality. Programs with strategic or special interest are also considered critical. Critical programs will always be assessed, whether on-site or virtually.

   (1) CC-1 – Command Managed Equal Opportunity.

   (2) CC-2 – CMDCM/SEL Programs.


   (4) FM-1 – Reserve Personnel Navy.

   (5) FM-2 – Accounting/Fin. Integrity.

   (6) FM-3 – Civilian Budget, Payroll, and Timekeeping.

   (7) FM-4 – Operations and Maintenance.

   (8) FM-5 – Financial Improvement and Audit Readiness.

   (9) HS-1 – Force Health.

   (10) HS-2 – Suicide Prevention Coordinator.

   (11) IT-1 – Information Technology Resources.

   (12) IT-2 – Electronic Key Management System.
(13) LE-1 – Legal Matters.
(14) LE-4 – Drug and Alcohol Program Advisor.
(15) LE-5 – Alcohol and Drug Control Officer
(16) LE-6 – Urinalysis Program Coordinator
(17) LE-7 – Career Development Programs.
(18) LE-8 – Civilian Personnel Management.
(19) LE-9 – Command Fitness Program.
(20) LE-10 – Sexual Assault Prevention Response.
(21) LE-12 – Family Care Program.
(22) LE-14 – Safety Programs.
(23) LE-15 – Family Advocacy Program.
(24) LE-16 – Education Services Officer.
(26) LM-2 – Purchasing/Purchase Card.
(27) LM-3 – Government Travel Charge Card.
(28) MP-1 – Command Assessments.
(29) MP-2 – Pay Management.
(30) MP-4 – Manpower/Reserve Personnel Services.
(31) MP-6 – Operations Department.
(32) MP-7 – Mobilization Readiness and Execution.
(33) MP-9 – New Accession Training.
(34) MP-12 – Personnel Transactions.
(35) OS-4 – Command PASS Coordinator.

(36) OS-6 – Information and Personnel Security.

(37) OS-7 – Operational Security.

(38) OS-8 – Personally Identifiable Information.

(39) ASD-1 – Aviation Safety.

b. Noncritical programs, while important to the mission of the Navy Reserve, will not be routinely assessed on-site. Noncritical programs will be self-assessed and the results of the self-assessments reported to COMNAVRESFOR IG utilizing enclosure (3) to COMNAVRESFORINST 5040.1G. COMNAVRESFOR IG will spot-check 20 percent of noncritical programs during the on-site portion of the command assessment.

(1) CC-3 – Morale, Welfare and Recreation.

(2) CC-4 – “Private Mess” Administration.

(3) LE-2 – Military Awards/Recognition.

(4) LE-3 – Officer Fitness Reports/Enlisted Evaluations.

(5) LE-11 – Personal Financial Management Program.

(6) LE-13 – Victim and Witness Assistance Program.

(7) LE-17 – Federal Voting Assistance Program.

(8) MP-3 – Officer/Enlisted Bonus Management.

(9) MP-5 – Prior Service Reenlistment Eligibility-Reserve.

(10) MP-8 – Special Security Administration.

(11) MP-10 – Funeral Honors.

(12) MP-11 – Telework.

(13) OS-1 – Official Mail Control.

(14) OS-2 – Correspondence, Directives, and Forms Management.
(15) OS-3 – Freedom of Information Act/Privacy Act.

(16) OS-5 – Public Affairs.

(17) TR-1 – General Training.

(18) TR-2 – Specialized Training.


(20) ASD-2 – Non-Combat Expenditure Allowance.

c. Commands can utilize enclosure (2) to COMNAVRESFORINST 5040.1G to determine what programs will be assessed at their command.

Note: If there is any uncertainty concerning program relevancy, contact the COMNAVRESFOR IG.

d. Questions within this guide are annotated for the echelon of relevancy.

Ex. 1. (3/4/5) Will Navy beat Army this year?

This question will be assessed by COMNAVRESFOR IG at echelon 3, 4, and 5 commands. Further, those commands adopting this guide must pose these questions to echelons subordinate to them.

Note: In order to reflect commander’s intent and priorities, subordinate commands that adopt this guide may always add to the question bank.

e. A change request form can be found in Appendix D to this document.
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| FM-3 | Civilian Budget, Payroll and Timekeeping |
| FM-4 | Operations and Maintenance, Navy Reserve |
| FM-5 | Financial Improvement and Audit Readiness |

| HS-1 | Force Health Protection and Readiness |
| HS-2 | Suicide Prevention Coordinator |

| IT-1 | Information Technology Resources |
| IT-2 | Electronic Key Management System |

| LE-1 | Legal Matters |
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Appendix A ............. Sample Opportunity for Personal Consultation with Commander, Navy Reserve Force Inspector General
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CC-1 COMMAND MANAGED EQUAL OPPORTUNITY PROGRAM

Ref:  
(a) OPNAVINST 5354.1G  
(b) OPNAVINST 5300.13  
(c) SECNAVINST 5350.16A  
(d) OPNAVINST 5370.2D  
(e) OPNAVINST 1740.3D  
(f) COMNAVRESFORNOTE 5354  
(g) NAVADMIN 098/10  
(h) OPNAVINST F3100.6J (NOTAL)  
(i) NAVEDTRA 14504

1. **General. Critical Program.**

   CMEO PROGRAM MANAGERS

2. **CMEO Program Manager**

   a. (3/4/5) Is the CMEO program manager’s letter of designation and training documentation maintained?

   b. (3/4/5) Did the CMEO program manager complete the NETC delivered CMEO Manager Course no more than 36 months prior to appointment?

   c. (3/4/5) Did the CMEO program manager complete the Navy EO Correspondence Course (NAVEDTRA 14082)?

   d. (3/4/5) Does the CMEO program manager binder contain at minimum, the following:

   e. (3/4/5) CMEO program manager designation letter.

   f. (3/4/5) CMEO Manager course completion letter.

   g. (3/4/5) Command harassment and unlawful discrimination policy statement(s).

   h. (3/4/5) Results of command climate assessments for the past 3 years.

   i. (3/4/5) Executive summaries from command climate assessments for the past 3 years.

   j. (3/4/5) Formal Harassment and unlawful discrimination reports for the past 3 years.

   k. (3/4/5) Informal Harassment and unlawful discrimination reports for the past 3 years.
l. (3/4/5) CRT Membership documentation.
   (1) Non-Disclosure Agreement.
   (2) Designation.

m. (3/4/5) CRT sustainment training (documented via MFR).

n. (3/4/5) EO chain of command, and CCS point of contact info.


3. Command Resiliency Team (CRT)

   a. (3/4/5) Does the CRT use the Command Assessment Team Guide (NAVEDTRA 7542) as a guide to conduct a climate assessment?

   b. (3/4/5) Does the CRT meet quarterly?

   c. (3/4/5) Are minutes kept of all CRT meetings (via MFR)?

   d. (3/4/5) Did the command conduct a command climate assessment within 90 days of change of command? Are follow-on command assessments conducted annually (every 9-12 months)?

   e. (3/4/5) 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?

   f. (3/4/5) Has the CRT developed a POA&M and does it address areas of concern identified during the command climate assessment?

   g. (3/4/5) Is the command conducting follow-up reviews on POA&M action items and adjusting as required?

   h. (3/4/5) Have command personnel been debriefed on the results of the command climate assessment?

   i. (3/4/5) Is CRT sustainment training being conducted?
j. (3/4/5) Does CRT membership include, at a minimum:

(1) XO (or equivalent) (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) Command Diversity Officer (if assigned)?
(13) EEO Officer (if applicable)?

POLICY AND PROCEDURES

1. (3/4/5) 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?

2. (3/4/5) Is the CMEO manager listed by name on the POW/POD/POM?

3. (3/4/5) Is the command policy consistent with current, DoD, SECNAV, and OPNAV directives?

4. (3/4/5) Are policy statements “visibly” published throughout the command?

5. (3/4/5) Is EO, sexual harassment, and grievance procedures training conducted annually for all hands and is the training documented in FLTMPS?
6. (3/4/5) Who facilitated the EO training and how is the training presented?

7. (3/4/5) Does senior leadership participate in unit EO training as instructors, discussion leaders, or as resources for answering questions?

8. (3/4/5) Are formal harassment and unlawful discrimination reports reported within the guidelines outlined in reference (g)?

9. (3/4/5) Are harassment and unlawful discrimination reports tracked, monitored, reported, and updates provided to respective CCS through resolution?

10. (3/4/5) Are CCSs consulted for assistance as required or needed?

11. (3/4/5) Does the CMEO program manager attend disciplinary proceedings (i.e., disciplinary review boards, XO’s inquiry, non-judicial punishment, etc.)?

12. (3/4/5) Have qualified personnel been identified, encouraged, and counseled to apply for commissions?

13. (3/4/5) Are command personnel apprised of their rights and responsibilities regarding submission of a formal report?

14. (3/4/5) Is the NAVPERS 5354/2 (8/17) Navy EO Formal Report Form readily available to command personnel?

15. (3/4/5) Are posters displayed and filled out so all hands are aware of complaint procedures, the EO/SH Advice Line, and the IRS system?

16. (3/4/5) 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. (3/4/5) Does the command recognize and support ethnic observances?

18. (3/4/5) Are command demographics for collateral duty assignments, retention, discipline, advancement, and awards reviewed by race/ethnicity, sex, and pay grade/rank quarterly and kept for 3 years?

19. (3/4/5) 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. (3/4/5) SECNAVINST 1000.10A DON Policy on Parenthood and Pregnancy?

e. (3/4/5) SECNAVINST 1610.2A, DON Policy on Hazing?

f. (3/4/5) SECNAVINST 1730.8B, Accommodation of Religious Practices?

g. (3/4/5) SECNAVINST 5300.26D, DON Policy on Sexual Harassment?

h. (3/4/5) SECNAVINST 5350.15D, DON Core Values Charter and Ethics Training?

i. (3/4/5) SECNAVINST 5350.16A, EO within the DON?

j. (3/4/5) SECNAVINST 5354.2, DON Policy on Department of the Navy Equal Opportunity, Equal Employment Opportunity, and Diversity Oversight?

k. (3/4/5) SECNAVINST 5370.7D, Military Whistleblower Reprisal Protection?

l. (3/4/5) OPNAVINST 1740.4E, U.S. Navy Family Care Policy?

m. (3/4/5) OPNAVINST F3100.6J Chapter 2, Special Incident Reporting?

n. (3/4/5) OPNAVINST 5354.1G Navy Equal Opportunity Policy?

o. (3/4/5) OPNAVINST 5370.2D, Navy Fraternization Policy?

p. (3/4/5) OPNAVINST 5800.13A, Alternative Dispute Resolution?

q. (3/4/5) OPNAVINST 6000.1D, Navy Guidelines Concerning Pregnancy and Parenthood?

r. (3/4/5) OPNAVINST 5300.13, Navy SH Prevention and Response Program Manual?

**ISIC CMEO MANAGER**

1. (3/4) 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. (3/4) 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. (3/4) Do all subordinate commands have CMEOs designated in writing?
4. (3/4) Have all CMEO Managers under the cognizance of the ISIC CMEO manager successfully completed training requirements as prescribed in reference (a)?

5. (3/4) Does the ISIC CMEO manager maintain a Point of Contact list of all subordinate command CMEO managers?

6. (3/4) Does the ISIC CMEO maintain a 36-month archive of each subordinate command’s executive summary and associated documentation per reference (a)?

7. (3/4) Are Command Climate Executive Summaries endorsed and reviewed by the ISIC Commander prior to forwarding to COMNAVFORSIN?

8. (3/4) Does ISIC CMEO maintain a log of all subordinate commands’ OPREP?

9. (3/4) Are applicable SELRES personnel included in command climate assessments?

10. (3/4) Does the ISIC CMEO Manager provide training for subordinate command CMEO managers?

11. (3/4) Is CMEO Manager training documented via MFR?
1. **Objective. Critical Program.** To assess the CMC/SEL’s performance as required by references (a) through (l). 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. (3/4/5) Does the CMC/SEL meet the requirements outlined in reference (a), chapter 2?

   b. (3/4/5) 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. (3/4/5) Drilling Reserve CMC/SEL: Has he/she attended the Reserve Senior Enlisted Management Course (CIN: R-521-0001)?

   d. (3/4/5) Is a CMC/SEL photo clearly displayed in the command and command Web site?

   e. (3/4/5) Discuss CPO Mess/E-6 and below issues and concerns.


   g. (3/4/5) Does the CMC/SEL set the tone for the command through active involvement in the professional and personal development of Sailors?
h. (3/4/5) 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. (3/4/5) Is there an attitude of trust and mutual respect between the CO, XO, and CMC/SEL?

j. (3/4/5) 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. (3/4/5) 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. (3/4/5) Per reference (f), does the CMC/SEL lead the CPO mess in planning Sailor 360? Does the CO review and approve the schedule? Is the CO invited to events?

b. (3/4/5) Are both Sailor 360 and Chief Petty Officer Initiation conducted per reference (f)?

(1) Does the CMC/SEL lead the CPO mess in planning and coordinating Sailor 360 and Chief Petty Officer Initiation?

(2) Is there a calendar of events for Sailor 360 training which is reviewed and approved by the CO and CMC/SEL?

c. (3/4/5) 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. (3/4/5) If applicable, does the CMC/SEL liaise with SELRES CPOs (other than just drill weekends)?

e. (3/4/5) 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. (3/4) Does the echelon 3/4 CMC liaise with their subordinate commands and keep them abreast of current policy changes and issues along with providing direction and guidance?

b. (3/4/5) If applicable, does the CMC/SEL schedule visits with attached units and assist the unit CPOs with issues as required?
c. (3/4/5) 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. (3/4/5) Does the command have an Ombudsman appointed in writing with a current appointment letter on-file?

b. (3/4/5) Is a DD 2793, DoD Volunteer Agreement, kept on-file for 3 years after the completion of service?

c. (3/4/5) Is the command ombudsman registered in the Ombudsman Registry?

d. (3/4/5) Does the command ombudsman complete quarterly reports in the Ombudsman Registry?

e. (3/4/5) 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. (3/4/5) Is the ombudsman’s contact information listed in the POM/POW/POD, as applicable, and is it accessible to all hands?

g. (3/4/5) Does the command provide a staff roster/report to the command ombudsman, to include new gains; ensuring SSN are not included?

h. (3/4/5) Does the command recognize the ombudsman during the month of September in celebration of Ombudsman Appreciation Day (14 September is the official day)?

i. (3/4/5) Does the command provide administrative supplies, access to official government mail, and assistance with mailing out the ombudsman newsletter?

j. (3/4/5) Does the ombudsman participate in command indoctrination and other family briefings?

6. Command Programs

a. (3/4/5) 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. (3/4/5) Does the command have a mentor program established per reference (a)?

c. (3/4/5) 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) Sailor 360.

d. (3/4/5) 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?

   (3) Is the command utilizing references (c) and (d) when submitting an FTS/SELRES SOY, JSOY, and BJOY to COMNAVRESFORCOM for Force?

7. Religious Ministries References (references (g) – (l))

   a. (3/4/5) To avoid any mandatory reporting requirements, Religious Ministry Team (RMT) members must not be assigned as a command Suicide Prevention Coordinator (SPC) or as a Unit Victim Advocate (UVA). Do RMT members serve as an SPC or UVA?

   b. (3/4/5) Is the name and contact information of a chaplain available to command members and reservists?

   c. (3/4/5) Rooms where scheduled counseling occurs must have a door with a window. If counseling takes place in a room that does not have a door with a window, the door should be kept ajar. Does the room where scheduled counseling occurs have a door with a window?

   d. (3/4/5) Commanders must not establish a Religious Offering Fund or collect funds related to any religious function, however commanders may establish places of worship or prayer to accommodate all religious preferences. Has the Commander established a religious offering fund or collected funds related to any religious function?
CC-3 MORALE, WELFARE, AND RECREATION MANAGEMENT

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


   a. (3/4/5) Is the Recreation Fund Custodian someone other than the person who handles appropriated funds?

   b. (3/4/5) Is the MWR fund audited annually?

   c. (3/4/5) Are recreation funds deposited in the checking account weekly or when the amount collected reaches $100?

   d. (3/4/5) Do all checks bear the name of the echelon 3/4/5 recreation fund?

   e. (3/4/5) Are checks pre-numbered and properly made out avoiding the use of "CASH" or "BEARER?"

   f. (3/4/5) Are checkbooks and financial materials secured in a locked compartment with only the Fund Custodian having access?

   g. (3/4/5) Are bank statements reconciled monthly?

   h. (3/4/5) Are bank statements reconciled by someone who is independent of cash collection functions and does not have check signing authority?

   i. (3/4/5) 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. (3/4/5) Does the command maintain a combination journal/ledger with all entries supported by receipts/invoices?

   k. (3/4/5) 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. (3/4/5) 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. (3/4/5) Did CNIC authorize the fund? (Provide the original authorization letter).
n. (3/4/5) Has the depository been notified by letter that CNIC is the successor in interest to the bank?

o. (3/4/5) If a change fund is maintained, has it been authorized in writing by the CO?

p. (3/4/5) Have all prohibitions on the use of the Recreation Fund been strictly adhered to?

q. (3/4/5) Is an annual inventory of recreation property conducted and annotated on the property record?

r. (3/4/5) Does the fund custodian prepare a monthly financial statement?

u. (3/4/5) Were the Annual Recreation Fund financial statements and unit allocation requests submitted to CNIC (N252D) via the ISIC by 15 October each year?

v. (3/4/5) Is all recreation fund property secured, and does the command use some type of system to check property in/out?

w. (3/4/5) Does the CO approve/disapprove minutes of the MWR meetings and sign such authorizations?

x. (3/4/5) Are audits, minutes and funding records maintained for the required minimum periodicity?

   a. (3/4/5) Does the command have any Private Mess organizations (e.g., Wardroom/CPOA/FCPOA)?

   b. (3/4/5) Are the Private Mess organizations approved in writing by the CO?

   c. (3/4/5) 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. (3/4/5) Are “dues,” “fees,” and/or “funds” collected by the Private Mess? What accounting and oversight procedures are in place?

   e. (3/4/5) What controls are in place to ensure the monies are accounted for?

   f. (3/4/5) Are the Private Mess organizations routinely audited? When? Does the CO receive a copy of the audit report?

   g. (3/4/5) Are audits, minutes, and funding records maintained for the required minimum periodicity?
1. **General. Critical Program.**

   a. (3/4) Does the command have access to references (a) through (i)?

   b. (3/4) Please provide a listing of the current echelon 4 and echelon 5 commanders and their report date to the command.

   c. (3/4/5) 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 3, 4 and 5 EEOO? During the current EEOO’s tenure, have the policy statements been re-issued annually? Where are these statements displayed?

   d. (3/4) Does the echelon 4 and echelon 5 chain of command communicate their support of all DON EEO policies through the ranks?

   e. (4/5) 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.

   f. (3/4) Provide a copy of sign-in sheets or documented tracking method used to confirm completion of mandatory RA training for managers/supervisors.

   g. (3/4/5) What efforts have been made to recruit individuals with disabilities as required by references (c) and (h)?

   h. (3/4) Has the command submitted their annual self-assessment for the MD-715?

   i. (3/4) 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 Alternative Dispute Resolution (ADR)?
j. (3/4) 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?

k. (3/4/5) 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?

l. (3/4) Have all employees been informed about what behaviors are inappropriate in the workplace and that inappropriate behavior may result in disciplinary actions?

m. (3/4) 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?

n. (3/4) Are supervisors and managers involved in barrier analysis efforts?

o. (3/4) 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?

p. (3/4) Please describe the community outreach that is conducted by the command?

q. (3/4) 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?

r. (3/4) Has the command posted/disseminated to employees the ADR program POC information so that managers/employees can obtain information on the process?
Ref:  (a) DoD FMR Volume 3, Chapters 8 and 15  
(b) DoD FMR Volume 9, Chapters 4,5 and 8  
(c) COMNAVRESFOR 7100.1E  

Note: The questions within FM1, Reserve Personnel, Navy (RPN) section, applies to echelon 3 and 4 commands. 

1. **General. Critical Program.**

2. **NROWS Orders and 30/60/90 Day Report**
   a. (3/4) Are unliquidated, partially liquidated, and canceled orders for both current and prior FYs, continuously reviewed (at least once per month) using NROWS fund management tools/reports? What reports are being used to validate? 
   b. (3/4) Do you review the volume of unliquidated or partially liquidated orders exceeding a period of over 30 days with any plans to reduce the volume if you review them monthly? If monthly review is not performed, explain if there are any other complementary procedures. 
   c. (3/4) 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? If no notifications are sent to members, provide the justification. 
   d. (3/4) 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? If no notifications are sent to members, provide the justification. 
   e. (4) 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? 

3. **Budget Execution and Monitoring**
   a. (3/4) Provide the details of budget variances that have occurred within your OPTAR. What actions have been take to identity, resolve variances and how can you avoid future occurrences? 
   b. (3/4) Is the budget execution of sub-allocations to echelon 5 commands reviewed daily to accurately track the financial status of entitlements?
(1) If the budget execution is reviewed daily, provide the process descriptions to monitor the execution of sub-allocated funds. The process should ensure that obligations, balances, and commitments from echelon 5 commands are reviewed promptly upon receipt.

(2) If the budget execution is not reviewed daily, provide the current process in detail.

c. (3/4) 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? How is the validation of budget execution documented and approved?

d. (3/4) 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-participators)?

e. (3/4) Describe your fund allocation process to your subordinate commands.

f. (3/4) How is the “Comptroller Fund Allocation” summary screen in the NROWS reviewed daily?

4. Roles and Responsibilities

a. (3/4) How do you ensure that Funds Administrators (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?

b. (3/4) Have Financial Managers (FM) and FAs completed the appropriate Job Qualification Requirements (JQR)? Provide documentation evidencing qualifications.

c. (3/4) Are profiles of command FAs in NROWS reviewed and updated on an annual basis? If they are not updated annually, provide the justification.

d. (3/4) How do echelon 4 FAs review fund execution on a daily basis?

5. Status of Funds

a. (3/4) 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?

b. (3/4) Are Status of Funds reports being sent to the CO/CSO on a weekly basis? Who does review the latest Status of Funds report?
c. (3/4) 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?

d. (3/4) 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?

e. (3/4) What is the objective of your mid-year review request?

f. (3/4) What tools/information is used to calculate end of year projects?

6. DD 577 and AO

a. (3/4) Is an AO assigned to the region? How is the review of DD 577 being conducted by the AO?

b. (4) Are DD 577s (indicating appointment/termination) retained in the comptroller office for echelon 5 AOs?

c. (3/4) What evidence can be provided confirming regional AO has completed appropriate training?

7. Travel

a. (3/4) Are your personnel using the travel tracking tool?

   (1) If the tool is being used, explain how it identifies and resolves the transactions in question.

   (2) If you do not use the tool, provide the justifications.

b. (3/4) 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.

c. (3/4) 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.

d. (3/4) 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 1351-2 (Travel Voucher or Sub voucher), 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.

e. (3/4) Are travel claims reviewed and submitted for processing within 2 days of the AO receiving a claim?

f. (3/4) 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 1351-2? Review a sampling of travel claims that indicate use of a GTCC.

g. (3/4) Are travel vouchers, supporting documentation, and required forms retained for 6 years and 3 months?

h. (3/4) Is there an excessive variance between the estimated and liquidated cost of orders?

i. (3/4) Are O&MNR funds used to pay for conference fees attendant to AT/ADT/IDTT orders?
j. (3/4) Are cancelled orders promptly processed and reports regularly reviewed to ensure credits are received for unused commercial airline tickets?

k. (3/4) Is there a significant increase or decrease to account balances after the year end expiration of the appropriation?

l. (3/4) Of the AT orders authorized by NAVOPSPTCEN/OWA, are less than 5 percent of those orders for duty at the NAVOPSPTCEN?
FM-2 ACCOUNTING/FINANCIAL INTEGRITY

Ref:  (a) DoD FMR, Volume 3, Chapter 8  
     (b) DoD FMR, Volume 3, Chapter 15  
     (c) NAVSUP Guide for Managing Travel-Incurred Debt

Note: The questions within FM2, Accounting/Financial Integrity section, applies to echelon 4 commands.


   a. (4) 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?
      
      (4) should it be recorded as an obligation in STARS/SABRS?

   b. (4) 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
      
      (3) if goods and services received or provided, accrued expenditures, or accrued earnings are reconciled with related accounts payable and accounts receivable accounts?

   c. (4) Are all commitments and obligations, for the period ending 30 September, reviewed to meet the FY-end confirmation statement requirements?

   d. (4) Are commitments and obligations recorded in the system validated to a paper or an EDI representation source document?

   e. (4) 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. (4) Are commitments and obligations that cannot be substantiated or validated after a thorough review by the funds holder de-committed or de-obligated?
g. (4) Do reviews of obligations include reviews of problem disbursements? How often are these reviews performed?

h. (4) 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. (4) 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. (4) 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. (4) Identify what actions have been taken to preclude identified problems from recurring in the future.

l. (4) 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 indefinitely following the completion of the review?

m. (4) Are USSGL account balances verified to identify that obligations do not exceed authorization (31 U.S.C. §1517)?

n. (4) Are USSGL Trial Balance Reports and NC 2168-1 Resource Authorization (6 years) analyzed and compared?

o. (4) 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. (4) Are Research Development Test and Evaluation, National Guard and Reserve Equipment, and open purchases sampled to determine that the appropriate funds were applied?

q. (4) 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. (4) Are research and corrective actions beginning as soon as it is apparent that a disbursement transaction has resulted in an Unmatched Transaction (UMT) or a Negative Unliquidated Obligation (NULO)?
s. (4) 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. (4) Are procedures for identifying and resolving UMTs reviewed?

(1) Are reviews of suspense reports included?

(2) Is documentation evidencing reconciliation and justification for any adjustments retained indefinitely?

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

(4) Is there a UMT tracking mechanism in place to monitor resolution and performance?

u. (4) Do Reimbursable Agreement/General Terms & Conditions (GT&C) exist for all reimbursable accounts/funding documents?

v. (4) Are reimbursable accounts billed and reimbursable amounts collected/reviewed?

(1) Are standardized establishment and approval of reimbursable JONs/Financial Information Pointers (FIP) reviewed (yearly)?

(2) Is there a review for assurances of appropriate JON/FIP posting and approval?

(3) Are reimbursable accounts reviewed for timely closeout?

w. (4) Are tri-annual reviews performed of outstanding reimbursable obligations to determine propriety?

x. (4) Explain procedures (tri-annual review) for identifying and resolving outstanding obligations, ensuring that review of the ADL, or similar, is included.

y. (4) 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).

z. (4) Describe reconciliation actions performed when discrepancies are noted between official accounting records and OPTAR records. Do you analyze OPTAR from general ledger system (e.g., STARS-FL, SABRS, etc.) and compare to memorandum accounting feeder system OPTAR (e.g., FASTDATA, CFMS-C, etc.)?

aa. (4) Are documentation/reconciliation records reviewed? Are files of documents supporting OPTAR entries maintained only at the OPTAR level?
ab. (4) How long do you retain official OPTAR documents? Provide evidence to corroborate the command’s financial document retention approach and explain any deviations that does not comply with ASN(FM&C)’s memo dtd 29 Jan 2015, document retention requirement(s) guidance.

ac. (4) Is comprehensive file retention practiced for all FYs?

ad. (4) 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?

ae. (4) How often are financial system user access accounts reviewed for validity?

(1) Explain your command’s procedures for identifying and resolving a discrepancy.

af. (4) Explain your command’s procedures for ensuring Funds Control Delegation of Authority (DOA) letters are reviewed and training is current.

(1) How long do you retain DOA letters?

ag. (4) Explain your command’s procedures for identifying and resolving outstanding DTS travel debt.

(1) What follow-up actions are taken for outstanding travel after a Due US letter has been issued?
FM-3 CIVILIAN BUDGET, PAYROLL, AND TIMEKEEPING

Ref: (a) DoD FMR Volume 8, Chapter 1

Note: The questions within FM3, Civilian Budget, Payroll and Timekeeping section, applies to echelon 3 and 4 commands.

1. **General. Critical Program.**

   a. (3/4) Provide the CSR’s, alternate CSR’s and Supervisors’ System Authorization Access Request (SAAR) forms for Standard Labor Data Collection and Distribution Application (SLDCADA) access.

   b. (3/4) 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? Provide evidence to corroborate the command’s internal training requirement(s) for CSR, alternate CSR, and command personnel is properly completed.

   c. (3/4) If hard copy time cards are utilized, can you provide applicable signature cards or other substantiating documentation for all supervisors?

   d. (3/4) Has each employee completed the SLDCADA “Roles and Responsibilities” agreement that authorizes access to SLDCADA?

   e. (3/4) Can you provide official overtime authorization document(s) and justification for overtime worked during the past 12 months? Can you provide the overtime request and approvals from SLDCADA?

   f. (3/4) (3/4) Are all SF 52s and Resource Authorization maintained on file to support recruitment actions and promotions?

   g. (3/4) For each pay period: Provide documentation that is maintained to show the Defense Civilian Pay System (DCPS) Master Pay Report reconciliation to the SLDCADA certified hours.

   h. (3/4) Are exceptions for time keeping, certifications, and reconciliation resolved in a timely manner?


   j. (3/4) Are civilian personnel cost estimates accurate, reflecting all known labor acceleration costs, special pay/differentials, awards, etc.?
k. (3/4) Have you reviewed Budget Builder Payroll Differences Report number 42?

l. (3/4) Is budget builder used on a daily basis as a financial management tool versus just for preparation of CIVPERS submissions to COMNAVRESFOR? Provide evidence to corroborate the command’s usage of budget builder as a financial management tool, and explain any impediment that prevents the command from expanding budget builder’s functionality to just more than CIVPERS submissions.

m. (3/4) 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 P7100.1E

Note: The questions within FM4, Operations and Maintenance, Navy Reserve (O&MNR) section, applies to echelon 4 commands.

1. General. **Critical Program.**

   a. (3/4) 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. (3/4) Are all restrictions assigned on the COMNAVRESFOR Resource Authorization/Financial Authority (Command Financial Management System - Consolidated (CFMS-C)) strictly adhered to? Are all such restrictions being identified on applicable OPTAR authorizations? Provide evidence to corroborate the command’s adherence to the restrictions assigned and explain any non-compliance of those restrictions.

      (1) NAVCOMPT Form 2168-1 Resource Authorization (RA system)/Financial Authority (CFMS-C)?

      (2) OPTAR Authorizations?

   c. (3/4) 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 the Budget Fund Status Report via FASTDATA for FY14 –FY18. (the process does not apply to FY19 status report review and any future fiscal year due to financial system mitigation from FASTDATA to CFMS-C).

      (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.)

   d. (3/4) Review OPTAR Authorizations and NAVCOMPT Form 2168-1 Resource Authorization/Financial Authority (CFMS-C) for current and prior fiscal years.

   e. (3/4) Are all OPTAR funds issued in CFMS-C against the detail budget line items versus totals such as SAG or overall OPTAR total?
(1) Are OPTAR holder status of funds reports received at a minimum of monthly from OPTAR holders for current FY?

(2) Quarterly for prior FYs?

f. (3/4) 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/Financial Authority (CFMS-C)?

g. (3/4) Site documentation/correspondence. Do you ensure that at least 80 percent of the annual authorized funds are obligated by 31 July? Provide evidence to confirm that the obligation rate was met by the due date, and explain any shortcomings that inhibited the command from accomplishing the target percentage.

h. (3/4) 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?


j. (3/4) STARS-FL Reimbursable Reports: Are procedures adequate to ensure obtaining reimbursable funding documents prior to incurring reimbursable charges?

k. (3/4) Have you reviewed funding documents?

l. (3/4) 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? Provide evidence to confirm that a prompt review of the reimbursable orders was made before the end of the FY, and explain any deviations that adversely impact the fulfilment of this review.

m. (3/4) Is there a current command instruction on management of financial resources; budgeting for resources; OPTAR record keeping procedures and reporting?

n. (3/4) 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?

o. (3/4) Have you reviewed FASTDATA/CFMS-C OPTAR logs?

p. (3/4) Are annual budget calls and mid-year review calls sent to the OPTAR holder?

q. (3/4) Can you provide records of budget call/mid-year review correspondence and the responses received?

r. (3/4) 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?

s. (3/4) Are unfunded requirements continuously presented to the CO along with identification of current fund availability for management decision?

t. (3/4) Are the NAVCOMPT Forms 2171 report and 2168-1 Resource Authorization/Financial Authority (CFMS-C) reconciled to the command financial plan prior to budget calls, reviews, and/or update submission to COMNAVRESFOR?

u. (3/4) Are the automated O&MNR budget databases (CFMS-C, SMARTS, and Budget Builder for labor) 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 (series)  
(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


2. Civilian Pay (CIVPAY)

   a. (3/4/5) CP04 – Time and Attendance Verification: Prior to approval, did an authorized individual, appointed by the T&A Administrator, confirm the employee’s time and attendance is accurate and complete, including approval of all sick and annual leave, overtime, and other compensatory time recorded in the applicable time and attendance system; as well as any prior period corrections? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

   b. (3 and CNRFC N00CP only) CP06 – HR Personnel Transaction Validation: Prior to approval, did an authorized individual confirm that the personnel action referenced on the SF 52 (or equivalent out bound command file) is valid and supports the organization's mission, that the budget necessary to complete the action is available and authorized, and that all required documentation is included? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

3. Complimentary User Entity Controls (CUEC)

   Note: For all CUEC related questions, key supporting documentation will be required to corroborate attestation of the complementary controls for service organization IT system(s).

   a. (4) System/Physical Access: KSD1 (SAAR) or KSD2 (AMPS Log) - Are the member’s signature and date complete? Is the date of member signature (AMPS Log: Use the date of request) prior to supervisor approval date?

   b. (4) System Access: KSD1 (SAAR) or KSD2 (AMPS Log) with KSD4 (User Listing) or KSD3 (AMPS Screenshot) - Does the supporting documentation reference the appropriate system and role/level of privilege within the system?

   c. (4) System Access: KSD1 (SAAR) or KSD2 (AMPS Log) - Is the Cyber Awareness certification block checked and is the date of the certification completion prior to submission date on the SAAR or prior to request date on the SAAR log?
d. (4) System Access: KSD1 (SAAR) or KSD2 (AMPs Log) - Are the supervisor’s signature (SAAR only) and supervisor date of approval complete?

e. (4) (DCPS Only) System Access: KSD7 (Form 2929) - Is the level of system access consistent with the SAAR? Is the signature of both the requestor and approver prior to the system access date? If system being tested is not DCPS, mark attribute as N/A.

f. (4) System Access: KSD1 (SAAR) or KSD2 (AMPs Log) with KSD4 (User listing) or KSD3 (AMPs Screenshot) - Was system access approved by the Supervisor prior to system access date? AMPS only: View request completion date under "Request History" section from the "My Information" module.

g. (4) Security Management: KSD5 (IA Certificate) - Is the date on IA - Cyber Awareness Challenge Completion Certificate within the last year?

h. (4) Approval Authority: KSD6 (Org Chart) - Is the supervisor(s) who has endorsed the user's access appropriate based on the organizational relationship?

i. (4) Least Privilege Principle: KSD1 (SAAR) or KSD2 (AMPs Log) - Is justification for access annotated and is the reasoning consistent with role and responsibility of the member’s position?

j. (4) Least Privilege Principle: KSD1 (SAAR) or KSD2 (AMPs Log) - Did the supervisor verify need to know (Block 16)? If AMPS Log was provided in lieu of SAAR/DD 2875, the approval/endorsement of the supervisor will justify the need to know of user and therefore attribute is N/A.

k. (4) (DPAS Only) Least Privilege Principle: KSD8 (DOA) - If user requires Property Administrator for Navy role within DPAS, do they have the appropriate DOA? Confirm it dated before the system access date. If system being tested is not DPAS, mark attribute as N/A.

4. Contract Vendor Pay (CVP)

a. (3/4) CP01 – Authorization of Acquisition Review: Prior to approval, did an authorized individual confirm that the funding request/purchase request has all the appropriate data, is a valid request, aligns with the mission of the command, and adheres to all applicable laws, regulations, and management policy? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

b. (3/4) CP03 – Authorization of Contractual Commitment Review: Prior to approval/award of a contract, did an authorized individual confirm that the contract/modification contains the correct data; Specifically, that the period of performance, the purpose, and the LOAs/funding level match the Funding Document/PR Purchase Request? Provide evidence of
your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

c. (3/4) CP04 - Proper Receipt and Acceptance (CP04): Prior to acceptance, did an authorized individual confirm the goods/services received are in compliance with the requirements of the contract and according to the supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

d. (3/4) CP05 - Three-Way Match of Invoices, Contract, and Receiving Reports (CP05): Prior to payment, did an authorized individual confirm the payment request for accuracy and completeness, it is validated against the applicable supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

5. General Equipment -Remainder

a. (4/5) CP01 - Receipt and Acceptance Documentation: Prove with key supporting documentation and explain how asset receiver physically accepts the asset into the custody of the command and is responsible for signing and dating the Receipt and Acceptance Documentation to establish the accountability and depreciation start date for that asset.

b. (3) CP02 – Secondary Review of Acquisitions: Prove with key supporting documentation and explain how the HQ-Level Personal Property Manager (PPM) performs a secondary-level review of new Defense Property Accountability System (DPAS) acquisition records and the associated data elements against key supporting documents to ensure accuracy, completeness and timeliness of the DPAS asset record. Evidence of review will be shown via signed and dated GE Asset Coversheet evidencing review and approval of the transaction. The HQ-PPM has the appropriate authority to perform the review and approved system access to record assets into DPAS.

c. (3/4) CP03 – Quarterly Reconciliation of Acquisitions: On a quarterly basis, did the Personal Property Manager (PPM)/Accountable Property Officer (APO) or other designated official obtains:

(1) SABRS generated report showing all accountable assets received for the quarter being reviewed, -AND-

(2) A Defense Property Accountability System (DPAS) Increase/Decrease Report of all records created for General Equipment - Remainder (GE-R) assets for the quarter being reviewed?

Note: Any discrepancies between the SABRS generated report and the DPAS Increase/Decrease Report are reviewed to ensure accuracy and any issues identified are resolved.
reconciliation is completed, the PPM/APO (or other designated official) signs and date-stamps the CNRF General Equipment Asset Reconciliation Coversheet and retains for a period of 10 years. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

d. (3/4) CP04 – Physical Inventory: Did the PPMs/APOs ensure that physical inventories are performed per SECNAVINST 5200.45? Provide a completed SECNAV 5200-4 General Equipment Inventory Progress Certification forms for each echelon 3/4. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

e. (3/4/5) CP05 – Disposition Authorization: Prove with key supporting documentation and explain how a General Equipment disposition (e.g., missing, stolen, or change in condition to “unusable,” “obsolete,” or “requiring repair”) request for accountable property is created by a Custodian and requires proper review and approval by the PPM/APO (or other designated official). The authorization is evidenced by a dated signature on the disposition KSD. For stolen/lost items, the form requires a dated signature by custodial organization's commanding officer (CO) for approval. The PPM/APO (or other designated official) should have a “Delegation of Authority” to provide disposition approval for the file.

f. (3) CP06 – Secondary Review of Dispositions: Prove with key supporting documentation and explain how the Responsible Officer (PPM, APO, equivalent, etc.) performs 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. If the APSR has built-in functionality to automate the secondary-level review, evidence of the review will be shown via the transaction summary report or similar report (i.e., print screen) displaying the asset record lifecycle events. For the manual "as-is" solution, evidence of review will be shown via signed and dated KSDs that support the transaction.

g. (3/4/5) CP07 – Quarterly Reconciliation of Dispositions: On a quarterly basis, did the PPM/APO or other designated official obtain:

(1) A Defense Property Accountability System (DPAS) Increase/Decrease Report of all records created for General Equipment - Remainder (GE-R) assets for the quarter being reviewed.

(2) Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

6. Government Purchase Card (GPC)

a. (3/4/5) CP03 - Warrant to Obligate Funds (CP03): Prior to approval/award of an obligation, did an authorized individual confirm that the obligation document contains the
correct data; specifically, that the period of performance, the purpose, and the LOAs/funding level match the funding document/PR? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

b. (3/4/5) CP04 - Proper Receipt and Acceptance (CP04): Prior to acceptance, did an authorized individual confirm the goods/services received are in compliance with the requirements according to the supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

c. (3/4/5) CP05 - Three-Way Match of Invoices, Contract, and Receiving Reports (CP05): Prior to payment, did an authorized individual confirm the payment request for accuracy and completeness, it is validated against the applicable supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

d. (3/4/5) CP07 - Prior to payment, did the authorized individual confirm all charges on the bank statement are correct and have been reconciled by the card holder with the supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

c. (3/4) KSD4 - Did an authorized individual verify that obligations are posted to appropriate LOA as cited on the Obligation Document and that obligations do not exceed the funding amount authorized? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

7. MILSTRIP Segment

a. (5/ASD only) CP01 – Change Notice: Monthly, did an authorized individual confirm material data and prices have been updated in appropriate logistic systems per Change Notice Files and all exceptions have been resolved? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

b. (3/4/5) CP02 – Requisition Approval: Prior to approval, did an authorized individual confirm that the MILSTRIP Requisition/Purchase Request has all the appropriate data, is a valid request, aligns with the mission of the command, and adheres to all applicable laws, regulations, and management policy? This includes a review for purpose, time, and amount. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

c. (3/4/5) CP03 – Material Receipt: At Delivery, did an authorized individual confirm that the good received are exactly what was requested, verifying that the quantity and condition comply with the MILSTRIP order? This control is performed in a timely manner based on
current regulations. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

d. (5) CP04 – Fuel Receipt: Monthly, did an Authorized individual confirm the reconciliation has been completed validating the reasonableness of the transactions recorded in EEBP by DLA, this reconciliation is done between the transactions in EEBP with the receipt documentation and the Operations Plan? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

8. Military Payroll (MILPAY)

a. (3/4/5) CP02 – Military Payroll Master File Updates: Prior to release to DJMS, did an authorized individual confirm the military member's entitlement/allowances is accurate and complete by validating it against the supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

b. (3/4/5) CP13 – Personnel Gain: Prior to approval, did an authorized official confirm the accuracy and completeness of the Navy strength gain transaction by validating the personnel information and service contract? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

c. (3/4/5) CP14 – Pay Transaction Review: Prior to payment, did the certifying official confirm the payment request for accuracy and completeness, and it is validated against the applicable supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

d. (3/4/5) CP16 – Personnel Separation: Prior to processing a separation, did an authorized individual confirm the completeness and accuracy of the separation orders according to the separation documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

e. (3/4/5) CP19 – IDT Drill: Prior to entry in DJMS, did an authorized individual confirm the Inactive Duty Training (IDT) participation records, reconciling it against the printed IDT Verification records verifying all members that participated in drill were accounted for in the system? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

9. Reimbursable Work Order – Grantor (RWO-G)

a. (3/4/5) CP01 – Authorizing Official’s Review: Prior to approval, did an authorized individual confirm that the Funding Document/PR has all the appropriate data, is a valid request, aligns with the mission of the command, and adheres to all applicable laws, regulations, and
management policy? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

10. Reimbursable Work Order – Performer (RWO-P)

   a. (3/4/5) CP01 – Authorizing Official’s Review: Prior to Acceptance, did the authorized individual confirm that the Funding Document has all the appropriate data, is a valid request, aligns with the mission of the command, does not exceed reimbursable authority, and adheres to all applicable laws, regulations, and management policy? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

11. Transportation of People (ToP)

   a. (3/4/5) CP01 – Authorization Approval: Prior to approval, did an authorized individual confirm that the Funding/Travel Request has all the appropriate data, is a valid request, aligns with the mission of the command, and adheres to all applicable laws, regulations, and management policy? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

   b. (3) CP02 – Rejects Review: Monthly, did an authorized individual confirm the Approved Status Report has been generated correctly and that report line items that have "Reject" or "AR Reject" as the Current Status (indicating a financial rejection by the accounting/financial system) have corrective action documented? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

   c. (3) CP03 – Separation of Duties: Quarterly, did an authorized individual confirm that permission levels within DTS have been reviewed and follow-up action has been completed for all listed Approving Officials (AO) with permission levels 5 and/or 6? Additionally, authorized individuals confirm that all AOs who can approve/certify have correct authoritative/appointment documentation on file and individuals that have either no or incorrect documentation have completed follow-up action? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

   d. (3) CP04 – Un-submitted Vouchers: Monthly, did an authorized individual confirm that the Un-Submitted Voucher Report has been reviewed and that follow-up action has been completed for all vouchers remaining un-submitted for greater than 30 days? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

   e. (3/4/5) CP05 – Voucher Approval: Prior to approval, did an authorized individual confirm that the travel expenditure reimbursement/voucher is accurate and complete and that all supporting documentation is included? Also, that the approved entitlements are under all
applicable laws, regulations, and policies. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

f. (3/4) CP06 – Centrally Billed Account Authorization Review: Prior to approval, did an authorized individual confirm the traveler's eligibility to travel including the use of the CBA? Also, that the travel is in compliance with regulations and policies. Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

g. (3/4) CP07 – Centrally Billed Account Reconciliation: Prior to certification, did an authorized individual confirm the transactions listed on the CBA invoice are accurate and match the travel transactions according to the supporting documentation? Provide evidence of your internal control engagement method and explain any deviations that adversely impact the intent of the control objective.

h. (4) CP ToP Debt - On a quarterly basis, did an authorized individual ensure that debts aligned to Travelers within the Defense Travel System (DTS) are being managed according to applicable instructions and guidance. Provide evidence of your internal control engagement method related to the DTS Debt Management Program, and explain any deviations that adversely impact the intent of the control objective.
HS-1 FORCE HEALTH PROTECTION AND READINESS

Ref:  
(a) RESPERSMAN 6000-010  
(b) BUMEDINST 6110.15A (Medical Dept. Responsibilities)  
(c) SECNAVINST 6120.3 (PHA for IMR)  
(d) BUPERSINST 1001.39F (Admin Procedures)  
(e) MOD 13/PPG TAB A  
(f) MANMED CH 6, 16, &18  
(g) NAVADMIN 233/07 (IMR)  
(h) DoD Instruction 6025.19 (IMR)  
(i) MILPERSMAN 1910-158 (ADSEP)  
(j) OPNAVINST 1300.20 (Deployability)  
(k) OPNAVINST 6100.3A (Deployment)  
(l) COMNAVRESFORINST 3060.7C (Mobilization)  
(m) OPNAVINST 3591.1F (Small Arms Quals)  
(n) BUMEDINST 6224.8C (Tuberculosis Surveillance)  
(o) BUMEDINST 6320.103 (Patient Services)  
(p) SECNAVINST 1770.5 (LOD)  
(q) DoD Instruction 1241.2 (LOD)  
(r) BUMEDINST 6230.15B (IMMS)  
(s) OPNAVINST 5100.23G CH-1 (Safety and OCC Health)  
(t) OSHA 29 CFR 1910 (OSHA)  
(u) BUMEDINST 6110.13B (Health Promotion)  
(v) MILPERSMAN 1300-1306 (Pregnancy)  
(w) COMNAVRESFORINST 6000.1D (Pregnancy)  
(x) OPNAVINST 6000.1C (Pregnancy)  
(y) NAVMED P-5132 (Equipment Management)  
(z) OPNAVINST 5100.29 (AED)  
(aa) DoD Instruction 6040.45 (STR)  
(ab) SECNAV M-5210.1 (STR)  
(ac) NAVADMIN 173/17 (STR)  
(ad) NAVADMIN 181/17 (STR)  
(ae) Public Law 104-191 (HIPAA)  
(af) DoD Instruction 6025.18 (PII)

1. **General.** **Critical Program.**

2. **Training Requirements**

*Note:* Echelon 3/4 commands must ensure compliance for subordinate echelon 5 commands. Demonstrate tracking method.

*Note:* Ensure personnel are properly trained and certified per DoD guidelines. Provide completion certificates for all courses and trainings.
a. (3/4/5) Have the MDRs attended the Reserve Medical Administration (RMA) course within the last 5 years?

b. (3/4/5) Have the MDRs completed the training requirements for CHCS/AHLTA access?

c. (3/4/5) Have the MDRs completed the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Act training? The mandatory HIPAA and Privacy Act training must be completed within 30 days of checking on-board and annually thereafter.

d. (3/4/5) Do the MDRs have access to: MRRS, AHLTA/JLV/HAIMS, EDHA, VIALS, PHA portal, WEBWAVE II, ANACOMP, and NSIPS STR? Demonstrate login and proficiency for all systems.

e. (3/4/5) Have the MDRs completed the TRICARE training course (every 2 years)?

f. (3/4/5) Are the MDRs BLS qualified?

g. (3/4/5) Have the MDRs completed the annual ESAMS Blood Borne Pathogen training?

h. (3/4/5) Have the MDRs completed the Defense Health Agency Immunization Healthcare Branch (DHA IHB), Project Immune Readiness training requirements or equivalent?

(1) Personnel administering vaccines must complete at least 8 hours of annual continuing education, in line with DHA-IHB and CNRFC guidance. The following baseline of trainings and comprehensive immunization standards are sufficient to establish competency. Trainings must be completed upon checking on-board and every 3 years thereafter.

(a) Anaphylaxis and Contraindications.

(b) Immunization Standards & Competency.

(c) Quality Assurance.

(d) Storage and Handling.

(e) Introduction to Vaccinations.

(f) Administration Techniques.

(g) Adverse Events (VAERS).

Note: Resident courses – Medical personnel may attend either the Immunization Lifelong Learners Course (ILLC), formerly SQIPC, or the Immunization Lifelong Learners Short Course (ILLSC), formerly IPLC. These resident courses will satisfy the 3-year requirement.
(2) All medical personnel administering the Influenza vaccine must complete annual Seasonal Influenza Vaccine training.

(3) Personnel administering immunizations in addition to the Individual Medical Readiness (IMR) requirements, must be certified and trained for each vaccine.

(4) Supporting units’ medical personnel (i.e., OHSU, EMF) who administer immunizations must complete the same DHA IHB standards, Project Immune Readiness and all required trainings, as stated above.

3. Administration Management

Note: Provide reports and documentation as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) Does the SMDR have direct access to the CO?

b. (4/5) Does the SMDR communicate with leadership about all medical requirements, deficiencies, and status of injury cases?

(1) In case of non-compliance, are members appropriately notified? (i.e., pg. 13, certified mail, internal tracking.)

(2) Are non-compliance files maintained for a minimum of 2 years?

(3) Are members who fail to comply when notified referred to the administration department for separation process (ADSEP)?

(4) Is the MAS code updated to reflect AAP?

c. (4/5) Is the SMDR notified of personnel gains and losses from the manpower department?

d. (4/5) Are monthly reconciliation reports conducted utilizing command Alpha Roster and MAS Code Accountability reports with the NSIPS operator?

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

e. (4/5) Is MRRS being used to track IMR?

f. (4/5) Is the SMDR an active member in PB4T?
g. (4/5) Is there a current self-assessment on file (12 months) utilizing the most current assessment guide?

h. (4/5) Does the SMDR have a current assumption of duty letter, and an all-inclusive medical department turnover assessment on file?

   (1) The turnover assessment should include a comprehensive evaluation of the status of the medical department within 30 days of assumption of duty.

i. (4/5) Is there documentation of all physical examinations completed?

j. (4/5) Is there a medical department Standard Operating Procedures (SOP) binder? SOP should include a minimum of:

   Note: Regions and activities may develop their own SOPs. The SOPs should incorporate local DoD MTFs’ guidance, processes, and protocols as applicable for some required sections.

   (1) Supporting OHSU/EMF unit POCs, local Military Treatment Facilities (MTF), etc.

   (2) Procedures for contacting Emergency Medical Services (EMS).

   (3) Accidental needle stick protocol.

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

   (5) Immunization cold chain management (normal routine/duty routine).

   (6) Anaphylaxis response plan.

   (7) Procedures for Vaccine Adverse Event Reporting System (VAERS).

   (8) Procedures for conducting/processing blood work.

   (9) Defense Health Agency Great Lakes (DHA-GL) processes and procedures.

   Note: Maintain DHA-GL worksheets for 36 months.

4. Individual Medical Readiness (IMR)

   Note: Provide MRRS reports and documentation as applicable.

   a. (4/5) Does the IMR meet or exceed the following criteria?

      (1) Fully Medically Ready ≥ 85%.
(2) Partially Medically Ready ≤ 5%.

(3) Medically Ready Indeterminate ≤ 5%.

(4) Not Medically Ready ≤ 5%.

(5) Full + Partial Medical Readiness ≥ 90%.

b. (4/5) Does dental readiness reflect current standards? (reference (g))

(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. Service Treatment Records (STR) Management

Note: Provide MRRS reports and documentation as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) Where are the STRs maintained, and is security of STRs preserved?

b. (4/5) Are STRs (medical/dental) properly filed?

c. (4/5) Is there a STR for each member, and are they in current jackets and good condition?

d. (4/5) Is STRs’ inventory conducted quarterly and retained on file?

e. (4/5) Are NAVMED 6150/7 (Pink Cards) used as STR placeholder for accountability?

f. (4/5) Does MRRS and AHLTA data reflect the same information in the STRs?

g. (4/5) Are STRs verified annually (MRRS and AHLTA data), and more often as applicable? (check-in, check-outs, MOBs, and PHAs)

h. (4/5) Are laboratory results filed in section IV for G6PD, sickle cell, and blood type?

i. (4/5) Are physical examinations and PHAs reviewed for completeness and accuracy?
j. (4/5) Have medical warning tags been documented in MRRS, issued to personnel who require them and filed accordingly?

k. (4/5) Are STRs retired/transferred per current guidance? (NSIPS STR tracking database)

l. (4/5) Are transmittal forms DD 2963 submitted within 5 days of members’ separating?

m. (4/5) Are DD 2963 attached to STRs when transferred to Navy Medicine Records Activity (NMRA) and ANACOMP?

n. (4/5) Are NSIPS loss reports submitted to the echelon 4 N9 department with amplifying information on the status of the separating STRs?

o. (4/5) Is CNRFC’s N9 STR tracker updated weekly as per current guidance?

6. **Health Protection/Immunizations**

Note: Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

a. (4/5) **Anaphylaxis Management**

   (1) In the event of an adverse immunization reaction, is there a pocket mask and EPI-PEN on station?

   (2) Can the MDRs demonstrate proficiency to treat anaphylaxis?

b. (4/5) **Immunization Management**

   (1) Does the medical department have an appropriate BIOMED refrigerator for the storage of vaccines?

   (2) Is the refrigerator identified as “Biological/Immunization Storage Only, No Food or Drinks” and actually void of food and drinks?

   (3) Is refrigerator monitored for temperature control?

      (a) Is a Sensaphone in place and alarm tested at least monthly? Are batteries replaced as per manufactures’ specifications?

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

      (c) Does the MDRs and duty personnel monitor and record refrigerator temperatures?
(4) Are the MDRs monitoring immunization expiration dates?

(5) Are Vaccine Information Sheets (VIS) available and current?

(6) Are MRRS deferred immunizations valid and properly diagnosed by a credentialed health care provider?

7. **PHA/MHA Management**

   **Note:** Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

   a. (4/5) Is leadership notified in advance (preferably 90 days) of personnel due for a PHA and annual Mental Health Assessments (MHA)? Explain notification process.

   b. (4/5) Are members completing annual MHAs and receiving appropriate referrals?

8. **Deployment Health Management**

   a. (4/5) Assess the state of health after deployment outside the United States in support of military operations and identify present and future medical care.

   **Note:** Provide documentation and reports as applicable. Retain/archive files must be maintained for a minimum of 2 years.

   (1) Are members completing the required Pre-DHA DD 2795, Post-DHA DD 2796, and PDHRA DD 2900 when due?

      (a) Current month PDHRA status: ______________.

      (b) Total Due: ______________.

      (c) Compliant: ______________.

      (d) Completed (not certified):

   (2) Enter PDHRA combined totals for the past 3 months below:

      (a) PDHRAs > 30d __________.

      (b) PDHRAs 30-15d __________.

      (c) PDHRAs < 15d __________.
(d) PDHRAs overdue ________.

(3) Are all required deployment health assessment screenings completed via EDHA, documented in MRRS, and placed in members’ STRs?

(4) Are members found not fit on the Pre-DHA placed in an appropriate injury case management status?

(5) Are Post-DHA and Post-DHRA referrals managed properly through LOD process?

(6) Is the Plan of the Month (POM) or other correspondence used to spotlight deployment health resources such as Psychological Health Outreach Program (PHOP) or Return Warrior Workshops (RWW), on-site activities, and call center events?

9. Medical Mobilization Screening

Note: Provide documentation and reports as applicable. Retain files must be maintained for a minimum of 2 years.

a. (4/5) Is NAVMED 1300/4 initiated upon members’ notification (RC1 date) of mobilization?

b. (4/5) Is NAVMED 1300/4 completed within 60 days of deployment notification (RC2 date)?

c. (4/5) Are AOR medical waivers submitted to appropriate AOR surgeon via the RCC?

d. (4/5) Are small arms waivers completed and approved prior to members’ departure for ECRC?

10. Injury Case Management

Note: Provide documentation and reports. Injury cases retain files must be maintained for a minimum of 2 years.

a. (4/5) Medical Retention Review (MRR) Management

   (1) # of MRR NPQ/RR cases: ________.

   (2) # of overdue MRR NPQ/RR cases: ________.

   (3) Are MRR cases effectively managed and updated in MRRS to reflect current status?

   (4) Is a signed pg. 13 and a MRRS generated SF 600 available for each MRR case file?
(5) Is the appropriate MAS code assigned?

(6) Is there a case file for each MRR case (separate from health record)?

(7) Are MRR cases submitted within 60 days?

(8) For members completing MRR process, is the appropriate documentation available?
   (a) MRRS generated SF 600 and MRR releasing pg. 13 in case files.
   (b) MRR case closed and status removed in MRRS.
   (c) Is the appropriate MAS code updated?
   (d) PERS message and BUMED letter in case files.
   (e) Update submitted at required time interval set by BUMED.

(9) MRR returned by BUMED for further documentation: ______.

(10) # of MRR cases returned: ______.
   (a) Verify timelines and MAS code assignment.

b. (4/5) Physical Evaluation Board (PEB) Management

   (1) # of PEB packages submitted: ______.

   (2) # of overdue MRR NPQ/RNR election of options (10 days to elect): ______.
   (a) Verify timelines and MAS code (MPQ) assignment.

c. (4/5) Line of Duty (LOD) Management

   (1) # of LOD cases: ______.

   (2) # of overdue LOD cases: ______.

   (3) # of LOD extensions: ______.

   (4) # of Medical Evaluation Board (MEB) scheduled cases: ______.
   (a) Verify timelines and MAS code assignment.
(5) Are LOD cases effectively managed and updated in MRRS to reflect current status, entitlements, and disability decisions?

(6) Is a signed pg. 13 available for each LOD case file?

(7) Is the appropriate LOD MAS code assigned?

(8) Is there a case file for each LOD case? (separate from STR)

(9) Are LOD cases endorsed and submitted as per guidance?

(10) Are monthly medical status reports supplied by members?

(11) For members completing LOD process, is the appropriate documentation available?

   (a) Closing SF 600 in case files.

   (b) LOD case closed and status removed in MRRS.

   (c) Is the appropriate MAS code updated?

   (d) Determination letter in case files.

   (e) Submissions of extensions at required time intervals.

d. (4/5) Temporarily Not Physically Qualified (TNPQ) Management

   (1) # of TNPQ cases: ______.

   (2) # of overdue TNPQ cases: ______.

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

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

   (5) # of TNPQ extensions: ______.

      (a) Verify timelines and MAS code assignment.

   (6) Are TNPQ cases effectively managed and updated in MRRS to reflect current status?

   (7) Is a signed pg. 13 and a MRRS generated SF 600 available for each TNPQ case file?

   (8) Is the appropriate MAS code assigned?
(9) Is there a case file for each TNPQ case (separate from health record)?

(10) Are monthly updates supplied by members?

(11) Are TNPQ > 6 months monitored and submitted for extension, conversion to MRR or ADSEP process?

(12) Are TNPQ >12 months monitored and submitted for conversion to MRR or ADSEP process?

(13) For members completing TNPQ process, is the appropriate documentation available?

(a) SF 600 and TNPQ releasing pg. 13 in case files.

(b) TNPQ case closed and status removed in MRRS.

(c) Is the appropriate MAS code updated?

e. (4/5) Temporarily Not Dentally Qualified (TNDQ) Management

(1) # of TNDQ cases: ______.

(2) # of overdue TNDQ cases: ______.

(3) # of TNDQ > 6 months: ______.

(4) # of TNDQ > 12 months: ______.

(5) # of TNDQ extensions: ______.

(a) Verify timelines and MAS code assignment.

(6) Are TNDQ cases effectively managed and updated in MRRS to reflect current status?

(7) Is a signed pg. 13 and a MRRS generated SF 600 available for each TNDQ case file?

(8) Is the appropriate MAS code assigned?

(9) Is there a case file for each TNDQ case (separate from health record)?

(10) Are monthly updates supplied by members?
(11) Are TNDQ > 6 months monitored and submitted for extension, conversion to MRR or ADSEP process?

(12) Are TNDQ > 12 months monitored and submitted for conversion to MRR or ADSEP process?

(13) For members completing TNDQ process, is the appropriate documentation available?
   
   (a) SF 600 and TNDQ releasing pg. 13 in case files.
   
   (b) TNDQ case closed and dental class updated in MRRS (Class I or II).
   
   (c) Is the appropriate MAS code updated?

f. (4/5) Dental Class III Management

   (1) # of Class III cases: _______.

   (2) # of overdue Class III cases: _______.

   (3) Are dental Class III cases effectively managed and updated in MRRS to reflect current status?

   (4) Is a signed pg. 13 and a MRRS generated SF600 available for each Class III case file?

   (5) Is the appropriate MAS code assigned?

   (6) Is there a case file for each Class III case? (separate from STR)

   (7) Are monthly updates supplied by members?

   (8) Are NAT personnel drilling for > 1 year, placed TNDQ?

   (9) For members with active orthodontic treatment (braces):

      (a) Are cases effectively managed and updated in MRRS to reflect current status?

      (b) Is a signed pg. 13 active orthodontic appliance available?

      (c) Are members who accept orders for > 30 days placed in a stabilized/inactive status prior to order execution?

      (d) Is a stabilization letter maintained on file?
g. (4/5) Dental Class IV Management
   (1) # of Class IV cases: _______.
   (2) # of overdue Class IV cases: _______.
   (3) Are dental Class IV cases effectively managed and updated in MRRS to reflect current status?
   (4) Is a signed pg. 13 and a MRRS generated SF 600 available for each Class IV?
   (5) Is the appropriate MAS code assigned?
   (6) Are monthly updates supplied by members?

11. Pregnancy Administration Management

   Note: Provide documentation and reports. Retain files must be maintained for a minimum of 2 years.

   a. (4/5) Pregnancy Management
      (1) # of pregnancies: _______.
      (a) Verify timelines.
      (2) Are pregnancy cases effectively managed and updated in MRRS to reflect current status?
      (3) Are due dates being monitored in MRRS?
      (4) Do members’ record have medical documentation indicating prospective due dates?
      (5) Is the appropriate MAS code assigned?
      (6) Are pregnant members performing active or inactive duty training?
      (7) Is return to duty/clearing documentation available?

12. Equipment/Supply Management

   Note: Provide documentation. Retain files must be maintained for a minimum of 2 years.

   a. (4/5) Equipment Management
(1) Is medical diagnostic equipment managed and maintained as per manufacturer’s specifications?

(2) Are applicable BIOMED certifications, calibration, and repairs documented and maintained? Expiration dates monitored?

(3) Is there an AED available on each floor? Are AEDs being tested?

(4) Is there a Chinook medical kit available on each floor? Expiration dates monitored?

b. (4/5) Supply Management

(1) Are medical consumables inventoried and managed with the supply department?

(2) Is the budget adequate to accomplish the mission?

13. Health Promotion and Wellness Program. To establish policy and assign responsibilities for the Navy and Marine Corps Health Promotion and Wellness (HPW) Program, in support of the CNO’s “Sailor 2025” initiative.

Note: Provide documentation.

a. (4/5) Health Promotion Management

(1) Is a Command Health Promotion Coordinator (HPC) appointed/designated in writing to serve as the principal advisor for health promotion services?

(2) As the HPC completed (within 60 days of appointment) the Navy Health Promotion Basics course online or attended other Navy health promotion courses?

(3) Are HPC assistants identified/designated in writing?

(4) Is a health promotion committee established?

(5) Are monthly health promotions activities and observances implemented?

(6) Are health promotions literacy resources readily available and displayed in common areas? (i.e., pamphlets, catalogs, brochures, posters).

(7) Is the POM or other routine correspondence used to spotlight health promotion activities, health fairs and local events?

(8) Is the Blue-H Navy Surgeon General’s Health Promotion and Wellness Award being submitted?
HS-2 SUICIDE PREVENTION COORDINATOR

Ref: (a) OPNAVINST 1720.4B
(b) DoD Instruction 6490.16 of 6 November 2017
(c) DoD Instruction 6490.08 of 17 August 2011
(d) OPNAVINST F3100.6J (NOTAL)
(e) DoD Instruction 6490.04 of 4 March 2013
(f) Navy Suicide Prevention Handbook, January 2018
(g) OPNAVINST 6100.2A
(h) SECNAVINST 6320.24A
(i) MILPERSMAN Article 1770
(j) OPNAVINST F3100.6J
(k) OPNAVINST 6520.1A
(l) NAVADMIN 208/16
(m) NAVADMIN 027/17
(n) NAVADMIN 263/14
(o) OPNAVINST 1730.1E

1. General Critical Program.

   a. (3/4/5) Is the Suicide Prevention Coordinator (SPC) designated by the Commanding Officer and appointed in writing?

   b. (3/4/5) Has the SPC received OPNAV SPC training and is a record of completion on hand and recorded in Fleet Training Management and Planning System (FLTMPS)?

   c. (3/4/5) Is General Military Training (GMT) conducted annually and a record of completion on hand and recorded in FLTMPS? Does the training include:

      (1) Basic education on suicide, including an emphasis that anyone can be at risk regardless of rank, gender, race, or status.

      (2) Recognition of risk factors, warning signs, and protective factors provided in reference (a) enclosure (1).

      (3) Familiarization with “Ask, Care, Treat” – the Navy’s call-to-action to encourage early intervention when a Sailor may be at risk for suicide or is experiencing difficulty navigating stress.

      (4) Protocols and resources for responding to crises (local crisis response plan) involving those who may be at high risk for suicide.

      (5) Awareness of firearms safety, to include the use of gun locks, gun safes, and voluntary storage of personal weapons.
(6) Postvention (actions following a death by suicide to promote healing and return to mission-readiness.

(7) Confidential communications to Navy chaplains.

(8) Life Skills Training that encourages health, fitness, and quality of life to enhance coping skills and reduce the incidence of destructive behavior.

d. (3/4/5) Are leadership messages routinely distributed to provide current suicide prevention-related information and guidance to all personnel?

e. (3/4/5) Do personnel and supervisors have ready access to information about seeking help for stress and psychological health issues? (i.e., Duty binders, Posters, wallet cards, magnets, and other products from the Naval Logistics Library)

f. (3/4/5) Are supervisors trained in identifying personnel who may be at-risk or in need of additional support? (i.e., Sailors experience loss of a major relationship, financial difficulties, legal or disciplinary issues, loss of status, career or personal transitions, etc.)

g. (3/4/5) Are procedures in place to assist personnel in need of support resources and treatment? (i.e., time allocated for appointments, transportation access and overcoming logistical barriers, etc.)

h. (3/4/5) Are educational materials and information readily available and accessible throughout the command? (i.e., Psychological Health Outreach Program (PHOP), Operational Stress Control (OSC), psychological and emotional well-being, Total Sailor Fitness, and other 21st Century Sailor health promotion topics, etc.)

i. (3/4/5) Is a written and tailored crisis response plan in place, easily accessible, and updated as needed? (i.e., duty binders, SPC binder, etc.)

j. (3/4/5) Is a crisis response plan exercise completed annually?

k. (3/4/5) Are contact information for local support and psychological health resources visible throughout the command and communicated regularly?

l. (3/4/5) Does the command’s Web site display the “Life is Worth Living” image and is it hyperlinked to the Military Crisis Line (http://militarycrisisline.net)?

m. (3/4/5) Is a written postvention/reintegration plan in place, easily accessible, and updated as needed?

(1) Does the postvention/reintegration plan facilitate the grieving process, stabilize the environment, and help reduce risk for those affected by suicide?
(2) Does the postvention/reintegration plan aid Sailors in returning to normal operations to the greatest extend possible as soon as practical?

n. (3/4/5) Are reporting procedures readily available to include DODSER, SAIL and/or PHOP, as required?

(1) Does the SITREP/OPREP contain all required information?

(2) Is a SAIL/PHOP referral done and annotated in the SITREP/OPREP

(3) Does the SPC know how to obtain DoDSER access?

o. (3/4/5) Is there collaboration with other SPCs, health promotion and wellness coordinator, command fitness leaders and other members of the command resilience team to incorporate suicide prevention into all Total Sailor Fitness efforts?
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. General. **Critical Program.**

2. IT General Operations

   a. (3/4/5) Explain how the IT asset demand model in reference (c) is applied in your organization.

   b. (3/4/5) Provide a copy of your command's inventory control sheet.

   c. (3/4/5) 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. (3/4/5) How many FTS are in your organization?

   e. (3/4/5) 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. (3/4/5) How many FTS have desktops?

   g. (3/4/5) 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. (3/4/5) How many personnel have more than one type of device? Which devices do they have?

i. (3/4/5) How many SELRES are in your organization?

j. (3/4/5) 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. (3/4/5) 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. (3/4/5) How many laptops are on inventory but not issued? Provide justification?

m. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) How does the command track completed SAAR form and annual training requirements (i.e., IAAT/PII/OPSEC) for each user?

t. (3/4/5) How does the command track user status to ensure that accounts are deactivated as required?

u. (3/4/5) 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. (3/4/5) Utilizing eMarketplace, how does the command CTR ensure NMCI pre-invoices are validated before the pre-invoice due-date?
w. (3/4/5) 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. (3/4/5) How does the command ACTR ensure all MLSD requests are completed and submitted to their CO? Provide a copy.

y. (3/4/5) 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. (3/4/5) Is your command familiar with NAV-IDAS? How do you submit ITPR’s into NAV-IDAS?

3. Wi-Fi (Wireless)

a. (3/4/5) Is the router/access point in a secured, locked space?

b. (3/4/5) Is the IAM/IAO/IT point of contact familiar with and maintaining the router per router passphrase requirements (i.e., changing the password every 30 days, minimum 14-character password, etc.)?

c. (3/4/5) What is the signal footprint?

   (1) Does it broadcast into unauthorized spaces?

   (2) If so, how is the broadcast mitigated?

d. (3/4/5) Does the IAM/IAO ensure that all members requesting access to NNWF have completed IAAT/PII/OPSEC training for the fiscal year?

e. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the IAM/IAO/IT point of contact conduct random walk-throughs of the wireless spaces to verify proper usage of NNWF?

h. (3/4/5) What actions does the IAM/IAO/IT point of contact take if a user is found to be in violation of the NNWF policy?
4. IA/PII

a. (3/4/5) Is the echelon 4 (regional) IAM qualified per DoDD 8570? If yes, is it annotated in TWMS?

b. (3/4/5) Does the echelon 4 IAM maintain a list of NAVOPSPTCEN IAOs and their qualifications?

c. (3/4/5) Is the command prepared to take the required actions in the event of a PII breach?

d. (3/4/5) What is the procedure for reviewing site content to ensure IA and PII integrity?

5. SIPRNET

a. (3/4/5) 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. (3/4/5) Is there an active Intrusion Detection System?

c. (3/4/5) Was the inspector’s clearance verified? Does the staff member have the appropriate clearance?

d. (3/4/5) Is there an access list available at all entrances to the space?

e. (3/4/5) Is a sign-in sheet present for those not on the access list?

f. (3/4/5) Do all assets have appropriate classification stickers?

g. (3/4/5) Are all the assets up and operational? If not, are there trouble tickets in for the assets?

h. (3/4/5) 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. (3/4/5) Is the destruction/shipment of classified hard drives logged?
j. (3/4/5) Are classified printouts verified and logged?

k. (3/4/5) Is there an accurate inventory of SIPR assets?

l. (3/4/5) Is the TACLANE/SecNET properly secured?

m. (3/4/5) Does the space meet all SIPR space requirements (i.e., windows, false overheads/decks, etc.)?

n. (3/4/5) What are the required actions that the command must take in the event of a classified material spill?

o. (3/4/5) What are the command’s procedures in the event of a lost SIPR hard drive?

p. (3/4/5) If the command has a SIPR laptop(s), what procedures are followed in the event of a lost SIPR laptop?

q. (3/4/5) Are there any classified safes in the space? If yes, is an up to date SF 702 available?

r. (3/4/5) Are materials such as classification stickers, folder cover pages, etc. available?

6. TA/SIPR Token

a. (3/4/5) How many TAs are designated at this command?

b. (3/4/5) At what point are DD 2842s submitted to the Local Registration Authorities?

c. (3/4/5) Where are DD 2842s submitted?

d. (3/4/5) Do all SIPR workstations have 90METER CIW installed?

e. (3/4/5) Does the TA have the updated token order form?

f. (3/4/5) Does the TA know how to associate the SIPR token with an account?

g. (3/4/5) 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?

7. **Portals**

   a. (3/4/5) Are the site owners appointed to manage the command SharePoint site(s)?

   b. (3/4/5) Have the site owners completed Microsoft SharePoint Power User training or similar course(s)?

   c. (3/4/5) Are the site owners familiar with the process to limit access to PII and other sensitive information? Explain.

   d. (3/4/5) Are the site owners participating in the COMNAVRESFORCOM SharePoint training?

   e. (3/4/5) Are the site owners reviewing their site(s) monthly to remove/update outdated content?

   f. (3/4/5) Are the site owners familiar with the process to escalate challenges/incidents to resolve site(s) issues?

   g. (3/4/5) Are the site owners familiar with the SharePoint training material hosted on SharePoint?

   h. (3/4/5) Are the site owners familiar with the various SharePoint roles and associated responsibilities?

   i. (3/4/5) Are the site owners roles periodically reviewed to ensure the appropriate members are assigned elevated permissions?

   j. (3/4/5) Does the command have the required material posted to their command's site?

      (1) SAPR.

      (2) Suicide Prevention.

      (3) ATFP.

8. **C2OIX**

   a. (3/4/5) What are the steps to set up a new account in the C2OIX?

   b. (3/4/5) What are the steps to request Org Admin access in OIX?
c. (3/4/5) 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. Critical Program

   a. (4/5) Is the COMSEC facility outwardly identified as a "RESTRICTED AREA?"  
   (OPNAVINST 5530.14, article 210g4, 218a4)

   b. (4/5) 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. (4/5) Are applicable security controls (e.g., guards and alarms) in place per SECNAV-M 
   5510.36, Chapter 10?  (EKMS 1, article 520a(3))

   d. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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)

l. (4/5) 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. (4/5) Have all personnel who have access to COMSEC keying material been authorized in writing by the CO? (EKMS 1 article 505d)

n. (4/5) Is unescorted access limited to individuals whose duties require such access and who meet access requirements? (EKMS 1 article 550e(1)(a))

o. (4/5) 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)(b); SECNAV M5510.36 article 7-11)

p. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) Are sealed combination records inspected for signs of tampering and documented monthly? (EKMS 1 article 515f(6))

u. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) 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. (4/5) Are completed SF 701s and SF 702s retained for 30 days beyond the last date recorded? (EKMS 1 annex T)

aa. (4/5) 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. (4/5) Are applicable security controls (e.g., guards, alarms) in place per SECNAV-M 5510.36 Chapter 10? (EKMS 1 article 520a(3))

ac. (4/5) 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. (4/5) 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. (4/5) Has the command issued 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. (4/5) Are required files (reports, messages, and correspondence) maintained by the LE as directed by issued guidance from the EKMS Manager? (EKMS 1 Article 703 (NOTE 2))

ag. (4/5) Does the LE maintain an A/I summary following the instructions/guidance published by the EKMS Manager?

ah. (4/5) Have all LE personnel executed a Responsibility Acknowledgement form?

ai. (4/5) 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. (4/5) Are COs/OIC’s of external LE’s conducting spot checks within their organization? (EKMS 1 article 450i (NOTE 1)

ak. (4/5) 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. (4/5) 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. (4/5) Are all authorized personnel at the command/facility made aware of the existence of the EAP? (EKMS 1 annex M subparagraph 6d(2))

an. (4/5) 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. (4/5) 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. (4/5) Does the EDP include provisions for Precautionary and Complete emergency destruction? (EKMS 1 annex M paragraph 7)

aq. (4/5) 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. (4/5) 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. (4/5) Are EAP/EDP training exercises conducted and documented annually and documented? (EKMS 1 (Series) annex M paragraph 6)

at. (4/5) 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. (4/5) 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

Ref:  
(a) JAGINST 5800.7 (series) (JAGMAN)  
(b) MILPERSMAN 1900 to 1999  
(c) Manual for Courts-Martial  
(d) NJS USN/USMC Commander’s Quick Reference Legal Handbook  
(e) DoD 5500.7-R, Joint Ethics Regulation

1. **General. Critical Program.**

   a. (3/4/5) Are all legal personnel (SJA, Legal Officer, LN, Legal Yeoman, as applicable) trained properly and/or certified at the Legal Officer/Legal Yeoman course run by Naval Justice School? How long ago was training completed? How often is refresher training attended? Provide training documentation.

   b. (3/4/5) The legal team must demonstrate knowledge and familiarity of the following:

      (1) NJP.

      (2) NJP Appeal.

      (3) Adverse Administrative Separation (to include routing procedures for different bases (reasons)/categories of personnel as well as ADSEP procedures when there are parallel medical separation actions).

      (4) Courts-Martial.

      (5) JAGMAN Investigation (to include when to investigate and what types of investigation may be appropriate or required in different circumstances).

      (6) Article 138 and Navy Regulation 1150 complaints.

      (7) Congressional Inquiry.

      (8) Command-directed mental health evaluation.

      (9) Ethics issues (to include major categories such as gift giving among service members, gift acceptance from outside sources, endorsements, logistical support, and fundraising). Does the person understand the general concept of “conflict-of-interest”?

   c. (3/4/5) 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)? Does the legal team at least have a copy of the “USN/USMC Commander’s Quick Reference
Legal Handbook” produced by Naval Justice School and can legal personnel demonstrate how to reference it properly?

d. (3/4/5) 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. (3/4/5) How do you know that military and civilian personnel are familiar with grievance procedures and the availability of legal assistance?

f. (3/4/5) Are legal files properly organized? Are they protected properly (locked cabinet for hard copies and limited-access folders for electronic files)? Are outdated files properly disposed of or forwarded for archiving?

g. (3/4/5) What legal training has the legal team provided the command? Has the legal team invited any outside trainers (e.g., 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)


   a. (3/4/5) 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. (4/5) Are awards tracked to ensure timely submission to the echelon 3/4 command prior
      to member’s departure?

   c. (3/4/5) 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. (3/4/5) Is the awards clerk familiar with NDAWS? How is the award information in
      block 19 of OPNAV 1650/3 form verified?

   e. (3/4/5) 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) COMNAVRFORINST 5200.8 
(b) SECNAVINST 5200.35F 
(c) BUPERSINST 1610.10D CH-1 
(d) OPNAVINST 6110.1J 

   
a. (3/4/5) 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. (3/4/5) Explain the process by which members submit input to their FITREP/EVAL.

c. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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?
Ref: (a) OPNAVINST 5350.4D


Note: Echelon 3/4 commands will ensure compliance for subordinate echelon 5 commands. Demonstrate tracking method. Provide documentation as applicable.

Note: Ensure personnel are properly trained and certified. Provide completion certificates for all courses and trainings.

   a. (3/4/5) Is the DAPA a graduate of the DAPA course?
   b. (3/4/5) Is the command DAPA and assistant designated in writing?
   c. (3/4/5) Does the assigned DAPA meet OPNAV requirements? If no, have waivers been issued?
   d. (3/4/5) Does the DAPA have ADMITS Program access?
   e. (3/4/5) Does DAPA utilize NADAP Web site: http://www.nadap.navy.mil on available resources?
   f. (3/4/5) 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.
   g. (3/4/5) Is the DAPA free from direct involvement in the command’s Urinalysis Program?
   h. (3/4/5) Does the DAPA receive copies of all positive Navy Drug Lab messages? IFTDTL.
   i. (3/4/5) Is the DAPA in receipt of current Drug Abuse Program advisories?
   j. (3/4/5) Has GMT on Drug and Alcohol Abuse been conducted periodically? Has the training been documented? Provide documentation.
k. (3/4/5) Does the command DAPA participate in the Indoctrination Program?

l. (3/4/5) Does the DAPA ensure prevention and educational tidbits are included in the POM?

m. (3/4/5) Have the CO, XO, and CMC completed the ADAMS for Leaders seminar?

n. (3/4/5) Is the command complying with current policy regarding ADAMS attendance requirements?

o. (3/4/5) Does the DAPA teach the AWARE course? Has the training been documented? Provide documentation.

p. (3/4/5) Does the DAPA ensure the command is achieving a minimum of 15% sampling for the month of all assigned personnel? If not, is DAPA familiar with submitting a non-compliance letter to OPNAV N170D per instruction?

q. (3/4/5) Are DAPA screening forms completed for all substantiated alcohol incidents and self/command referrals?

r. (3/4/5) Is the CO or designated representative able to sign and electronically approve DARs?

s. (3/4/5) Are DARs submitted within 30 days of the referral or incident? (For Reserve personnel, submit DARs within 90 days).

t. (3/4/5) Are there unsigned DARs in ADMITS without legitimate reason?

u. (3/4/5) Are drug DARs filed in the member’s service record? Applicable NAVPERS 1070/613 Administrative Remarks forms are used in cases of substance abusers.

v. (3/4/5) Are records of members with drug and/or alcohol problems kept confidential?

w. (3/4/5) Does the command DAPA maintain separate (individual) documentation-files for all personnel administratively screened for drug or alcohol related incidents? Does each file contain, at a minimum, a copy of the DAPA screening form and a Privacy Act Statement?

x. (3/4/5) How many drug and alcohol related incidents has the command DAPA screened in the past 12 months? How many DARs have been submitted for the above incidents?

y. (3/4/5) How many members received SARP recommended treatment? If CO does not Concur was letter submitted to OPNAV via ISIC?
z. (3/4/5) Has DAPA monitored the individual's progress and participation in the aftercare program? Does the CO meet with the DAPA and members with an active aftercare plan to evaluate progress?

aa. (3/4/5) If a positive urinalysis is determined not to be a drug abuse incident, has the command DAPA sent a “No Wrongful Use” letter to OPNAV N170D via the command's ISIC? Assess DAPA’s familiarity with the process of notifying OPNAV N170D of all cases determined not to be drug abuse.

ab. (3/4/5) Does the command notify the NCIS whenever a FTS member tested positive for illicit drug use?

ac. (3/4/5) Is a final or close-out DAR submitted after administrative action(s) have been taken?

ad. (3/4/5) Does the command discipline and/or process for ADSEP, members with alcohol related misconduct, repeat offenders, and/or whom does not respond favorably to treatment?

ae. (3/4/5) Does the command submit administrative separation waiver requests to OPNAV N170D for E-5 and above personnel involved in a subsequent alcohol related incident, provided 3 years have elapsed since the previous incident and the CO evaluates member as possessing exceptional potential useful Navy services? Member had to have received treatment for previous alcohol incident.

af. (3/4/5) Does the command have “Keep What You Earned”, “Prescription for Discharge” and “That Guy” information posted in various locations within the command?

Note: This program is applicable only to Commander, Naval Air Force Reserve (CNAFR) Headquarters staff, Commander, Naval Information Force Reserve (CNIFR) Headquarters staff, and Reserve Component Commands (RCC) staff.

Note: Ensure personnel are properly trained and certified. Provide completion certificates for all courses and trainings.

   a. (3/4) 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. (3/4) Is the ADCO and assistant(s) designated in writing?

   c. (3/4) Has OPNAV (N170A) and the COMNAVRESFORCOM (ADCO) been notified of the Command ADCO appointment?

   d. (3/4) 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. (3/4) 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, XOs, OICs, CMCs, and prospective COs, XOs, and OICs complete ADAMS for Leaders.

f. (3/4) Is the ADCO in receipt of all the current Drug Abuse Program Advisories and ensure receipt to subordinate commands?

g. (3/4) Does the ADCO have access to the ADMITS and IFTDTL programs?

h. (3/4) Does the ADCO track and ensure all subordinate 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. (3/4) Does the ADCO ensure COMNAVRESFORCOM (ADCO) is notified of drug positives for subordinate commands in a timely manner?

j. (3/4) Does the ADCO ensure subordinate command DAPAs and UPCs have no direct overlap of prescribed duties?
LE-6 URINALYSIS PROGRAM COORDINATOR

Ref: (a) OPNAVINST 5350.4D

1. **General. Critical Program.**

   **Note:** Echelon 3/4 commands will ensure compliance for subordinate echelon commands. Demonstrate tracking method. Provide documentation as applicable.

   **Note:** Ensure personnel are properly trained and certified. Provide completion certificates for all courses and trainings.

   a. (3/4/5) Is the UPC Program executed as outlined in reference (a) and enclosure (2) to reference (a)?

   b. (3/4/5) Is the UPC designated in writing? Is the UPC assistant designated?

   c. (3/4/5) Has the UPC completed the Urinalysis Program Course? Has the assistance completed the course? Provide documentation.

   d. (3/4/5) 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. (3/4/5) Does the UPC have ADMITS and iFTDTL programs access? Does the UPC access drug lab results from iFTDTL?

   f. (3/4/5) Does the UPC use Navy Drug Screening Program (NDSP) version 5.4? Is NDSP set to "randomize testing day selection" and is it checked on a daily basis to see if it is a testing day?

   g. (3/4/5) Are all command personnel entered in NDSP?

   h. (3/4/5) Is the command conducting random urinalysis testing four times a month and a minimum of 15% of all assigned personnel under IR premise code? Is the urinalysis "premise/authority" properly identified?
i. (3/4/5) Are all newly reported personnel tested under IU premise code within 72 hours of arrival?

j. (3/4/5) Is an end of FY unit sweep conducted under IU premise code for all personnel who have not been tested in the course of the current FY?

k. (3/4/5) If command failed to test four times a month and the minimum 15% of assigned personnel, did the UPC contact their echelon 3/4 ADCO to report non-compliance? Were corrective actions taken?

l. (3/4/5) Are CPO or above used as UPCs and observers to greatest extent possible, as recommended?

m. (3/4/5) Does the UPC train assistants and observers?

n. (3/4/5) Are chain-of-custody procedures used when handling samples?

o. (3/4/5) Are correct specimen bottles used? NSN 6640-165-5778 (male) or 6530-00-837-7472 (female)?

p. (3/4/5) Does the UPC maintain a urinalysis ledger documenting date of collection, batch number, specimen number, member’s SSN, testing premise, signature and printed name of the observer, signature of member, and identification of new batch number and specimen numbers if changed with printed name and signature of person making change and a witness?

q. (3/4/5) Does the UPC ensure each specimen is collected under direct observation? Does the observer sign the ledger certifying the specimen bottle which contains urine provided by member was not contaminated or altered?

r. (3/4/5) Is the UPC, alternate UPCs and observers’ samples submitted in a separate batch from all other command urine samples?

s. (3/4/5) Does the UPC confirm data on DD 2624 and verify that the information on the label and DD 2624 match? Does UPC sign and date block 12 of DD 2624 when collection of all samples is completed?

t. (3/4/5) Are samples mailed as soon as possible after collection? If samples are stored overnight, are they secured with lock and key, refrigerated if possible and documented on the DD 2624? Are samples prepared for shipment and transported per guidance?

u. (3/4/5) Are all uncollected samples documented and given a reason for no collection? Were corrective actions taken?

v. (3/4/5) Are the past 36 months of ledgers, DD 2624 forms and iFTDTL messages on file?
w. (3/4/5) Does the UPC have a list of all discrepancies reported via the drug lab for the past 6 months with solutions and follow-up dates?

x. (3/4/5) Has the UPC retested members whose samples discrepancy is identified as "untestable" within 24 hours?

y. (3/4/5) Are members who wrongfully use controlled substance analogues, possessing, promoting, manufacturing, or distributing drugs and/or drug abuse paraphernalia been screened, disciplined as appropriate and processed for administrative separation and offered treatment if diagnosed as drug dependent?

z. (3/4/5) If a positive urinalysis is determined not to be a drug abuse incident, has the command sent a letter to OPNAV N170D and the command's ISIC?

aa. (3/4/5) Is command DAPA notified of all positive test results to prepare DARs?

bb. (3/4/5) Is there a quarterly inspection (audit) of the UPC program being conducted and documented?
LE-7 CAREER DEVELOPMENT PROGRAMS

Ref: (a) OPNAVINST 1040.11D
    (b) NAVPERS 15878L Career Counselors Handbook
    (c) OPNAVINST 1740.3D
    (d) BUPERSINST 1430.16G
    (e) OPNAVINST 1900.2C
    (f) RESPERS M-1001.5


   a. (3/4/5) 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. (3/4/5) In addition to the requirements of reference (b), when assessing the MGIB-SR program complete the following:

      (1) (5) Review SOU and NOBE on-file to ensure completeness.

      (2) (5) Review all MGIB-SR Kicker packages that have been submitted to COMNAVRESFORCOM (N1C2).

      (3) (5) How does the command determine if a Sailor is eligible for an MGIB-SR Kicker?

      (4) (3/4/5) Does the command have the current COMNAVRESFORCOM MGIB-SR instruction?

      (5) (3/4/5) Does the command have the current MGIB-SR Field Users Guide?
LE-8 CIVILIAN PERSONNEL MANAGEMENT

Ref: (a) SECNAVINST 5211.5E
(b) OPNAVINST 1000.16L
(c) COMNAVRESFORINST 12300.3A
(d) COMNAVRESFORINST 12511.1
(e) COMNAVRESFORINST 12351.2E
(f) COMNAVRESFORINST 5320.2B
(g) COMNAVRESFORINST 12550.2
(h) 5 CFR Part 353
(i) 5 CFR 752
(j) SECNAVINST 12752.1A
(k) 5 CFR 610
(l) 5 CFR 630
(m) 5 CFR 412
(n) COMNAVRESFORINST 12410.5
(o) COMNAVRESFORINST 12410.3C
(p) COMNAVRESFORINST 12410.4A
(q) 5 CFR 430
(r) DON CHRM 430.01
(s) DON CHRM 432.1
(t) DoD Instruction 1400.25 V431
(u) DON CHRM 451.1
(v) COMNAVRESFORINST 12410.7
(w) SECNAVINST 12271.1
(x) DoD Instruction 1035.01
(y) COMNAVRESFORINST 12610.2A
(z) OPNAVINST 6100.2A
(ab) DON CHRM 792.4
(ac) COMNAVRESFORINST 12792.2A
(ad) COMNAVRESFORINST 12451.4A
(ae) DON CHRM 451-02
(af) DONCEAP (Navy Civilian EAP Services)
(ag) SECNAVINST 12810.2
(ah) DoD Instruction 1400.25M, Subchapter 810


   a. (3/4/5) How is civilian personnel information communicated to employees across the area of responsibility?
2. **Staffing and Classification** (references (a) through (h))

   a. (3/4/5) Does the command have access to references (a) through (h)?

   b. (3/4/5) What recruit/fill documents are maintained and how is the documentation stored? Critical documentation:

      (1) 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;

      (2) RPA Notepad funding approval annotated;

      (3) Position description;

      (4) Job announcement;

      (5) USA Staffing certificate of eligibles with selections annotated;

      (6) Resumes; supporting documents of appointment 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);

      (7) Documentation of method of selections, resume crediting plans (to determine which candidates will be interviewed), interviewer/interviewer panel notes and scores;

      (8) Recruitment incentives;

      (9) Other supporting documents.

   **Note:** Documents applicable to a specific recruitment action must be maintained by the selecting official for at least 3 years from the effective date of the action. Hiring official documents may be maintained by the hiring official, or forwarded to the RCC for safekeeping, but must be available when requested.

   c. (3/4/5) 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 (includes military supervisors). This must be completed prior to making a selection decision on a certificate of eligibles.

   d. (3/4/5) Have civilian employees completed/submitted Reserve Status Information Form as applicable?
Have civilian employees who are Reservists, and their supervisors, 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?

(4) 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. (3/4/5) (CNIFR and NOSC Puerto Rico) 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.

f. (3/4/5) (CNIFR and NOSC Puerto Rico) 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.

g. (3/4/5) Are position descriptions reviewed periodically for accuracy? When and how are they reviewed?

h. (3/4/5) Are major duties assigned to employee(s) by the major duties described in position description?

3. Employee/Labor Relations (references (i) through (l))

a. (3/4/5) Does the command have access to references (a) through (e) and current command leave, time and attendance, and discipline instructions?

b. (3/4/5) Do commands with bargaining units have access to the applicable union contracts?

c. (3/4/5) What is 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 the work schedules (i.e., basic, flexible, compressed, etc.) offered to civilian employees within the area of responsibility, and the number of employees on each schedule.

d. (3/4/5) How do supervisors monitor leave use for potential abuse?

4. **Employee Development** (references (m) through (p))

a. (3/4/5) Does the command have access to references (m) through (p)?

b. (3/4/5) Who administers the new employee orientation and what topics are covered?

c. (3/4/5) Provide a copy of all documents provided to new employees during the orientation process.

d. (3/4/5) Provide a copy of sign-in sheets or documented tracking method used to confirm participation in mandatory/required training during the last 3 years for civilian employees and civilian/military supervisors of civilian employees. (N00CP: Provide list of applicable mandatory/required training).

e. (3/4/5) Have supervisors and managers supervising civilian employees completed required mandatory training per reference (d)? Provide a copy of sign-in sheets or documented tracking method used to confirm participation in supervisory training during the last 3 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. (3/4/5) How many civilian employees received formal training during the past FY?

g. (3/4/5) 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. (3/4/5) Does the command have access to references (a) through (f)?
b. (3/4/5) 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. (3/4/5) Are the requirements for establishing performance plans, conducting mid-year progress reviews, and completing ratings of record met on a timely basis?

d. (3/4/5) 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. (3/4/5) Does the command have access to references (w) through (aa)?

b. (3/4/5) Is there a local telework instruction and is it in line with reference (y)?

c. (3/4/5) 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. (3/4/5) Has the supervisor completed Telework Training for Supervisors?

e. (3/4/5) Has each employee who teleworks on a recurring or situational basis completed required training and documentation within the last 2 years and has a current telework agreement on file. 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).


   (4) Telework Training certificates.

f. (3/4/5) Are the supervisors aware that Telework can be a form of Reasonable Accommodation and can also be used for employees covered by the Federal Employee’s Compensation Act (FECA)?

g. (3/4/5) 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. (3/4/5) Does the command have access to reference (l)?
   
   b. (3/4/5) 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. (3/4/5) Does the command have access to references (ab) and (ac)?
   
   b. (3/4/5) 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. (3/4/5) Did each employee submit to the supervisor the Civilian and Wellness Program Record (NAVRES 12792/2)?
   
   d. (3/4/5) 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. (3/4/5) 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 3 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. (3/4/5) Are your supervisors aware that beyond the initial program of short duration (not to exceed three months), employees participating in a wellness program who wish to continue participation 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. (3/4/5) 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. (3/4/5) Are the employees coding their participation in the wellness program correctly in SLCDADA as LV for excused absence (during an initial approved program), and correctly coding flex or leave time thereafter?
   
   i. (3/4/5) Provide samples of employee wellness program agreements.
9. **Civilian Awards (references (u), (ad) and (ae))**
   
a. (3/4/5) Does the command have access to references (u), (ad) and (ae)?
   
b. (3/4/5) 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. (3/4/5) What awards have been given to civilian employees within the last 3 years?
   
   (1) Cash Awards?
   
   (2) Time-Off?
   
   (3) Quality Step Increases?
   
   (4) Meritorious Civilian Service?
   
   (5) Superior Civilian Service?
   
   (6) Length of Service?
   
   (7) Civilian of the Quarter and Civilian of the Year
   
   (8) Other?
   
   d. (3/4/5) 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. (3/4/5) Are supervisors aware of, and utilize, non-monetary awards?

10. **Department of Navy Civilian Employee Assistance Program (DONCEAP) (reference (af))**
   
a. (3/4/5) Does the command have access to reference (af)?
   
   b. (3/4/5) Is the current CEAP referral contact information posted/disseminated to employees and supervisors?

11. **Workers’ Compensation Program (references (ag) and (ah))**
   
a. (3/4/5) Does the command have access to references (ag) and (ah)?
b. (3/4/5) Are the procedures for reporting an on-the-job injury or illness, filing an injury compensation claim, and FECA Program requirements/responsibilities posted?
LE-9 COMMAND FITNESS PROGRAM

Ref: (a) OPNAVINST 6110.1J


   a. (3/4) The echelon 3/4 Physical Readiness Control Officer (PRCO) has the administrative oversight of the Physical Readiness Program for all commands within their respective AOR, advises the echelon commander on the status of command Physical Readiness Programs, and maintains quality assurance of overall program elements under their cognizance. Specifically, the PRCO must:

      (1) Be designated in writing, paygrade E-6 or above and attend at least one CFL Seminar every 12 months.

      (2) Conduct assessments using the Physical Readiness Control Officer Checklist (or equivalent) on subordinate commands to ensure program compliance per Operating Guide 2 (Inspection and Command Self-Assessment Guide).

      (3) Ensure subordinate commands are conducting two Physical Fitness Assessments (PFA) each year to include Reserve units under their area of responsibility. There must be a minimum of 4 months between PFAs and only one per Navy cycle. PFAs must include:

         (a) a medical screening (Periodic Health Assessment (PHA)),

         (b) Physical Activity Readiness Fitness Assessment Questionnaire (PARFQ),

         (c) Pre-Physical Activity Questions,

         (d) Body Composition Assessment,

         (e) Physical Readiness Test.

      (4) Review and track all letters of correction submitted by subordinate commands and ensure all requests requiring follow-on action are forwarded to the Physical Readiness Program Office via COMNAVRESFORCOM PRCO.

      (5) Encourage support of local ShipShape and other Bureau of Medicine and Surgery (BUMED) endorsed health, nutrition and wellness related programs.

      (6) Encourage support of local Morale, Welfare, and Recreation (MWR) fitness and nutrition events and programs.
b. (3/4/5) The remainder of the assessment will be conducted as outlined in OPNAVINST 6110.1J Physical Readiness Control Officer Inspection Checklist located at http://www.public.navy.mil/bupersnpc/support/21st_Century_Sailor/physical/Pages/default2.aspx.
LE-10 SEXUAL ASSAULT PREVENTION AND RESPONSE

Ref: (a) OPNAVINST 1752.1C
     (b) OPNAVINST 3100.6
     (c) CNICINST 1752.2A
     (d) COMNAVRESFORINST 1752.1
     (e) COMNAVRESFORINST 5040.1

1. **General. Critical Program.**

2. **Command Requirements**

   a. (3/4/5) 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. (3/4/5) 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 (a)? Provide documentation confirming this brief was conducted.

   c. (3/4/5) Has the commander/CO and triad received training from the judge advocate for training on the MRE 514 privileges per reference (a)? Provide documentation.

   d. (3/4/5) Has the CO reviewed the commander’s checklist per reference (a)?

   e. (3/4/5) 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 (a)?

   f. (3/4/5) Does the CO/OIC review all Service member personnel records for sex-related offenses within 30 days of check-in per reference (a)? Explain how this is accomplished and documented.

   g. (3/4/5) 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 per reference (a)? Describe and provide documentation. Query random staff members to ensure reporting options are understood.

   h. (3/4/5) Have all watch standers received training to ensure all telephone calls and inquiries related to sexual assault are handled properly per reference (d)? Provide documentation.
i. (3/4/5) Is the current CDO script available to all watch standers in the duty binder and/or at the duty desk as per reference (d)? Show assessors where scripts are located.

j. (3/4/5) Did the command sponsor any SAAPM activities in April? Describe and provide documentation for all events and activities.

3. Training Requirements

a. (3/4/5) Does the command conduct annual sexual assault awareness and prevention education GMT per reference (a)?

b. (3/4/5) 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. (3/4) Does command track SAPR GMT compliance for all subordinate commands in their area of responsibility? Provide a copy of SAPR GMT training tracker.

4. SAPR Audit Requirements:

a. (3/4/5) 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 (c)? Review command Web site.

b. (3/4/5) Are 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 (d)?

c. (3/4) Are monthly audit reports sent to the COMNAVRESFORCOM Force SAPR officer no later than the fifth of the following month per reference (d)? Provide a review of SAPR audit records since the last command assessment.

d. (3/4) Has the echelon 3 SAPR officer or echelon 4 SAPR POC taken action to resolve all SAPR audit discrepancies per reference (d)? Provide examples and documentation of this resolution.

5. SAPR Program Requirements

a. (3) Do echelon 3 commands have a designated SAPR officer/MOU/MOA per reference (a)?

b. (3/4/5) Is a SAPR POC designated in writing per reference (a)? Provide a copy of the designation letter or collateral duty listing.
c. (3/4/5) Has the SAPR POC received the required training on sexual assault responsibilities under the SAPR program by a SARC per reference (a)? Provide training completion certificate.

d. (3/4/5) Does the SAPR POC coordinate and implement command awareness and prevention education training per reference (a)? Describe and provide documentation.

e. (3/4/5) Does the SAPR command POC maintain current information on available victim support services in the geographical area per reference (a)? Describe and provide documentation.

f. (3/4/5) Does the SAPR POC have direct access to the commander/CO per reference (a)?

g. (3/4/5) Are all command SAPR VAs credentialed through D-SAACP and designated as a unit SAPR VA in writing per reference (a)? Provide a copy of the credentialing certificate and designation letter or collateral duty listing.

h. (3/4/5) How does the command ensure that all unit SAPR VAs credentials are current per reference (a)? What is the procedure to ensure any expired unit VAs are removed from the role of unit SAPR VA?

i. (3/4) Does the echelon 3 SAPR officer or echelon 4 SAPR POC actively track each echelon 5 SAPR program to ensure billet compliance as per reference (a)? Provide documentation.

j. (3/4) Is the echelon 3 SAPR officer or echelon 4 SAPR POC actively tracking all sexual assaults reported within their area of responsibility? Provide a copy of tracker.

6. Command SAPR Reporting Requirements

a. (3/4/5) 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 per reference (b)? Review sexual assault messages.

b. (3/4/5) Are follow-up messages released as required and are close-out messages sent when the case has closed per reference (b)? Review follow up and final messages.

c. (3/4/5) 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 per reference (a)?
d. (3/4/5) Is a SAIRO report completed within 8 calendar days for all unrestricted sexual assault reports and submitted as required in reference (a)? Review SAIRO reports.

e. (3/4/5) 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 (a)?

f. (3/4/5) Is a SADR completed and submitted per reference (a) for all unrestricted sexual assault reports upon final disposition? Review a copy of each SADR.

g. (3/4/5) 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 (a)? Provide documentation.

7. Command Assessment Management

a. (3) Do echelon 3 commands conduct SAPR program assessments for all echelon 4 commands for which they are responsible per reference (e)? Provide documentation.

b. (4) Do echelon 4 commands conduct SAPR program assessments for all echelon 5 commands for which they are responsible per reference (e)? Provide documentation.

c. (3/4) Are copies of echelon 4 and 5 SAPR program assessments retained on-file per reference (e)?
LE-11: PERSONAL FINANCIAL MANAGEMENT PROGRAM

Ref:  (a) OPNAVINST 1740.5D
     (b) National Defense Authorization Act (NDAA) for Fiscal Year 2016
     (c) NAVADMIN 161/16


   a. (3/4/5) Does the Command Financial Specialist (CFS) have the most current Personal Financial Management Program instruction on hand?

   b. (3/4/5) Has the command established a command financial management program per reference (a) and the applicable references outlined therein?

   c. (3/4/5) Does the CO oversee the command personal financial management program for compliance?

   d. (3/4/5) Are there an appropriate number of CFS personnel to maintain the ratio prescribed? If more than one CFS, one must be designated as the lead CFS.

   e. (3/4/5) Are all CFS personnel designated in writing and have they received appropriate training?

   f. (3/4/5) Has the CFS assisted the command in establishing, organizing, and administering the command personal financial management program?

   g. (3/4/5) Does the CFS disseminate financial management information within the command through GMTs, POD or POW notes, newsletters, e-mail, and social media, etc?

   h. (3/4/5) Does the CFS submit quarterly personal financial reports to the CO?

   i. (3/4/5) Does the CFS present personal financial management training as part of the command GMT program, and provide divisional, departmental, and branch personal financial management training as required?

   j. (3/4/5) Does the CFS provide basic personal financial management education, counseling, financial information, and referral to individual members of the command, upon request?

   k. (3/4/5) Are personal financial management counseling records are maintained to ensure confidentiality and compliance with applicable Privacy Act regulations?

   l. (3/4/5) Does the CFS refer members with serious financial problems to the appropriate agency capable of providing necessary assistance and counseling?
m. (3/4/5) Does the command financial specialist identification and contact information appears on the masthead of the command plan of the day/week?

n. (3/4/5) Does the CFS participate in continuing education (i.e., periodic command financial specialist forums)?

o. (3/4/5) Has the CFS successfully completed command financial specialist refresher training every 3 years, at a minimum?

p. (3/4/5) Does the CFS submit a quarterly report on all personal financial management activities and command financial issues and trends?

q. (3/4/5) Does the CFS schedule meetings with the command leadership to ensure that personal financial management issues and trends are communicated?

r. (3/4/5) Does the CO encourage the use of personal financial management services by Sailors and their families?

s. (3/4/5) Does the CO meet with the CFS at least one per year to discuss personal financial management issues and trends?

t. (3/4/5) Is the CFS is included in the command indoctrination program?

u. (3/4/5) Is the CFS is included on the command check-in and check-out sheets?

v. (3/4/5) Does the CO ensure when personnel are the subject of a bad check report or letter of indebtedness, a determination is made as to whether or not financial mismanagement by the individual is involved?

w. (3/4) Does the command inspection program include oversight of subordinate command’s personal financial management program?

x. (3/4/5) Is financial literacy training being administered as required including at various touchpoints throughout a Sailors careers per references (b) and (c)? Is training being documented in FLTMPS?

y. (3/4/5) Does the CFS have the local points of contact to refer Sailors to at the local Fleet and Family Support Center (FFSC)? The CFS must maintain close liaison with the FFSC personal financial management staff, where possible.
LE-12 FAMILY CARE PROGRAM

Ref: (a) OPNAVINST 1740.4D
(b) OPNAVINST 1750.1G
(c) OPNAVINST 1754.5B
(d) OPNAVINST 1754.8


2. Command Family Readiness Program
   a. (3/4/5) Has the CO’s family readiness vision, goals, and directives been articulated? To whom and how?
   b. (3/4/5) Does the CO communicate with families on family readiness matters? By what means (e.g., letter, e-mail, Facebook)?
   c. (3/4/5) Does the CO actively encourage family members to participate in command and local area family readiness events and activities?

3. FRG
   a. (3/4/5) Is the command supported by an FRG?
   b. (3/4/5) If so, are the guidelines (as established in OPNAVINST 1754.5B) regarding fundraisers, awards, and donations followed?

4. FRC
   a. (3/4/5) Does the command have an FRC?
   b. (3/4/5) Is the FRC designated in writing?
   c. (3/4/5) Does the FRC liaise with local FFSCs, FRGs, chaplains, and ombudsmen?
   d. (3/4/5) Does the FRC maintain an updated family recall roster, including e-mail addresses?

5. Ombudsman
   a. (3/4/5) Per reference (b), does the command have an ombudsman designated in writing?
   b. (3/4/5) Is there a current volunteer agreement (DD 2793) on file for all ombudsmen?
c. (3/4/5) Did the command ombudsman attend Ombudsman Basic Training within 6 weeks of appointment?

d. (3/4/5) Are the command designee and command ombudsman registered in the Ombudsman Registry on the FFSC Web site, http://www.ombudsmanregistry.org?

e. (3/4/5) Does the command ombudsman complete ombudsman quarterly reports in the Ombudsman Registry?

f. (3/4/5) If the echelon 5 has a unit ombudsman, is the command ombudsman assigned with the unit ombudsman in the Registry per reference (b)?

g. (3/4/5) Does the ombudsman submit and distribute a newsletter at least quarterly?

h. (3/4/5) Per reference (b), is the ombudsman contact information listed in the POW? Made accessible to all hands in some venue?

i. (3/4/5) Does the command provide a roster to the command ombudsman without any SSNs present?

j. (3/4/5) Does the echelon 5 provide administrative supplies, paper, access to government mail, and assistance with mailing out the ombudsman newsletter?

k. (3/4/5) Does the echelon 5 CO recognize the ombudsman on Ombudsman Appreciation Day?

6. Family Care Plan

a. (3/4/5) Does the command have a family care plan program established, per OPNAVINST 1740.4D?

b. (3/4/5) Are family care plans reviewed annually?

c. (3/4/5) Is the Family Care Plan Coordinator designated in writing?

d. (3/4/5) Are current Family Care Plan Certificates (NAVPERS 1740/6) and Family Care Plan Arrangements (NAVPERS 1740/7) maintained in a consolidated file?

e. (3/4/5) 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. (3/4/5) Has the echelon 5 established a Family Care Plan Coordinator as a collateral duty assignment for the command?
g. (3/4/5) Have all SELRES personnel required to maintain a Family Care Plan been assigned the appropriate MAS code?

7. Dependency Application/Record of Emergency Data

a. (3/4/5) Does the command require personnel to review and update their NAVPERS 1070/602, Dependency Application/Record of Emergency Data, annually?

b. (3/4/5) Does the command require personnel to review their NAVPERS 1070/602 prior to extended deployments?

8. SGLI/FSGLI

a. (3/4/5) 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. (3/4/5) Has the command appointed a FSGLI Coordinator?

c. (3/4/5) Does the coordinator have a current SAAR on file? Does the coordinator have a current FSGLI account and password?

d. (3/4/5) Has the FSGLI Coordinator completed Information Awareness Training?

e. (3/4/5) 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. (3/4/5) Does the coordinator have a copy of the FSGLI user manual on file?

g. (3/4/5) What process is in place to ensure demobilized personnel do not incur unnecessary FSGLI deductions?

9. Family Communication Plan

a. (3/4/5) Does the command have a family communications plan?

b. (3/4/5) Are the communications targeted towards family members?

c. (3/4/5) Are family readiness themes, programs, events, and updates incorporated into unit public affairs planning and products?

d. (3/4/5) Are multiple methods of communication utilized (e.g., e-mail, Web sites, social media sites)?
10. Command Indoctrination Program
   a.  (3/4/5) Does the command indoctrination program include information for families?
   b.  (3/4/5) Does the command provide an opportunity for families to attend indoctrination training with the member?

11. Command Sponsor Program
   a.  (3/4/5) Does the Command Sponsor Program target members and families?
   b.  (3/4/5) Do welcome-aboard packages include local family support resources available to families?
   c.  (3/4/5) Do single Sailors authorize sending information to their extended family?

12. NFAAS
   a.  (3/4/5) Does the command require members and their families to establish NFAAS accounts?
   b.  (3/4/5) Does the command require members and their families to verify NFAAS data at least annually and prior to any extended deployment?

13. DEERS.
   a.  (3/4/5) 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.** Noncritical Program.
   
a. (3/4/5) Is a VWAC (E-5 and above) appointed in writing and trained per reference (a)?

b. (3/4/5) Is the VWAC regularly coordinating with the legal yeoman/officer or legal department to remain informed of any investigations involving victims?

   c. (3/4/5) Does the VWAC educate command personnel as to the rights of crime victims and witnesses? How is this accomplished? Provide examples.

   d. (3/4/5) Does the VWAC obtain and distribute DD 2701 forms per reference (a)? Do these forms have the appropriate contact information?

   e. (3/4/5) Does the VWAC maintain and report data annually to the command’s ISIC in a DD 2706 form per reference (a)?

   f. (3/4/5) Does the VWAC have a copy of the most recent DD 2706 form input provided to the ISIC?

   g. (3/4/5) 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 3500.39D  
(e) OPNAVINST 5100.25C  
(f) OPNAVINST 5100.12J  
(g) ALNAVRESFOR 005/09  
(h) 29 CFR 1910  
(i) ALSAFE Msg 15-005  
(j) SECNAVINST 5100.13E  
(k) NFPA 101  
(l) OPNAVINST 5100.29  
(m) SECNAVINST 5100.13E  
(n) NIOSH Pub 97-117


2. Navy Safety and Occupational Health (SOH) Program

   a. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Has the command posted the DON Occupational Safety and Health Protection Poster (Formerly Form DD 2272), (with current safety POC information) in prominent locations per OPNAVINST 5100.23G, subparagraph 0207b(25)?
f. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Are completed annual safety self-assessments and improvement plans reviewed, approved, signed, and dated by CO per OPNAVINST 5100.23G, subparagraph 0505b?

l. (3/4) Is the headquarters command reviewing subordinate command SOH annual self-assessments and improvement plans per OPNAVINST 5100.23G, subparagraph 0505c?

m. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the command provide initial and work site specific HAZCOM training per OPNAVINST 5100.23G, subparagraph 0702g(10)(g)?

   p. (3/4/5) 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) (3/4/5) Has the command received the required IH assessments? If, yes, what is the periodicity for IH reassessments per OPNAVINST 5100.23G, subparagraph 0802?

   (2) (3/4/5) Have all previous IH assessment recommendations been implemented per OPNAVINST 5100.23G chapter 8? If no, explain.

   (3) (3/4) 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) (3/4) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Hazards can be identified through zone inspections, annual inspections, IH assessments, employee hazard reports and other inspections. Is the command managing hazard abatement/ corrective actions based upon the assigned Risk Assessment Code (RAC) per OPNAVINST 5100.23G chapter 12?

(1) Does command have any RAC 1, 2, or 3 hazards/deficiency notices exceeding 30 days and not yet corrected?

u. (3/4/5) 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. (3/4/5) Does the command ensure mishaps, near miss events and/or property damage reports are reported to COMNAVRESFOR and/or COMNAVSACEN via ESAMS and/or WESS as applicable per COMNAVRESFORINST 5100.4G, OPNAVINST 5100.23G chapter 14, and OPNAVINST 5102.1D, chapter 3?

w. (3/4/5) 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 15-005?

x. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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?
3. Safety Investigation Reporting and Record Keeping
   
a. (3/4/5) 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 COMNAVSAFCEN and COMNAVRESFOR (as the controlling command) within 8 hours of mishap per OPNAVINST 5102.1D, subparagraph 3002(1)?

4. Navy Recreation Off-Duty Safety (RODS) Program
   
a. (3/4/5) 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. (3/4/5) If the command has fitness equipment onboard, has it reviewed CNICINST 1710.1 (sections 4 and 5)? Commands must utilize the information as a guide to evaluate the fitness equipment and take corrective action(s) to ensure safety of personnel.

5. Navy Traffic Safety Program
   
a. (3/4/5) 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) 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. (3/4/5) 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. (3/4/5) 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 must obtain an active ESAMS account and complete required ESAMS training.
d. (3/4/5) 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 must be submitted to the first flag officer in the commander’s chain of command.

e. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the command ensure personnel who meet the Navy's requirement for driver improvement training successfully complete a COMNAVSAFCEN approved 8 hours course of Driver Improvement training per OPNAVINST 5100.12J, subparagraph 8c?

j. (3/4/5) 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?

6. Fire Safety

a. (3/4/5) Has the command implemented and maintained a fire prevention program per 29 CFR 1910.39, NFPA 101 chapter 3-9 all pertain & Local Fire & Emergency Services (F&ES) Instructions?

b. (3/4/5) Are Fire Warden inspections being performed monthly with written documentation available for review to include the following:


(2) Exits – labeled and easily accessible per 29 CFR 1910.36, NFPA 101, and local F&ES Instructions?
(3) Emergency lights – working per 29 CFR 1910.37, NFPA 101, and local F&ES Instructions?

(4) Flammable storage – properly stored and segregated per 29 CFR 1910.106 and F&ES Instructions?

(5) Janitorial closets – cleaned with no flammable items stored per 29 CFR 1910.106 and local F&ES Instructions?

(6) Smoking areas – positioned at least 50 feet away from main areas of egress, flammables, and combustibles per SECNAVINST 5100.13E, subparagraph 6e(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 1910.157, NFPA 101, and local F&ES instructions?

c. (3/4/5) Are annual fire safety inspections being performed on all fixed (sprinkler or other automated) fire extinguishing, detecting, and transmitting systems per 29 CFR 1910.159, NFPA 101.9.7, and local F&ES Instructions?

(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. (3/4/5) Is annual fire prevention training provided to all personnel per 29 CFR 1910.157g(1), NFPA 101.4.7 and 39.7.3, CNIC region, installation, or local fire safety directives?

e. (3/4/5) 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?

7. **Navy ORM Program**

a. (3/4/5) Has the command implemented the Navy ORM program per OPNAVINST 3500.39D?

(1) Has the command CSO/ACSO/XO or equivalent been designated in writing as the ORM Program Manager per OPNAVINST 3500.39D, subparagraph 6g(1)?
(2) Has the command ORM Manager designated at least one officer and senior enlisted person, or a civilian equivalent as ORM assistants per OPNAVINST 3500.39D, subparagraph 6h(2)?

**Note:** Commands or detachments of less than 20 personnel may select either one officer or senior enlisted or civilian equivalent, as an ORM assistant, or utilize major command assets (e.g., ORM assistants to review command ORM program requirements and processes).

(3) Have command ORM assistants completed required training per OPNAVINST 3500.39D, subparagraph 6h(2)(a)?
LE-15 FAMILY ADVOCACY PROGRAM

Ref: (a) OPNAVINST 1752.2B
     (b) SECNAVINST 1752.3B


   a. (3/4/5) Is the FAP coordinator designated in writing?
   b. (3/4/5) Did the FAP coordinator complete the required annual and quarterly trainings through the FFSC?
   c. (3/4/5) Did the command triad complete required training?
   d. (3/4/5) Was the annual GMT completed on FAP?
   e. (3/4/5) Is the training documented on a NAVPERS 3500?
   f. (3/4/5) Is the FAP coordinator listed in the POW/POM and a note listed?
   g. (3/4/5) Does the command have a tracking system of all open FAP cases?
   h. (3/4/5) Were all required Navy Domestic Violence Incident and Consequent Command Action Report completed?
LE-16 EDUCATION SERVICES OFFICER

Ref: (a) BUPERSINST 1430.16G

1. **General. Critical Program.**

   a. (3/4/5) Is the ESO an E-7 or above per reference (a)? (page 1-8, section 103)

   b. (3/4/5) Have the ESO and assistant ESO been appointed in writing per reference (a)? (page 1-8, section 103)

   c. (3/4/5) Does the ESO act as liaison between the local PSD and does the command ESO agree to administer examinations? (page 1-8, section 103)

   d. (3/4/5) Upon receipt of examinations, was verification completed to ensure all exams ordered were received? Are all examination packing lists signed, dated, and retained for the past 2 years? (page 5-2, section 502)

   e. (3/4/5) Are examinations properly maintained in a secure location (safe, vault, or other secure locked space fastened with a three tumbler lock)? (page 5-1; section 501)

   f. (3/4/5) Is the secure location only accessible to an E-7 and above or civilian identified by the CO/OIC? How is access controlled? (page 5-1; section 501)

   g. (3/4/5) Are the dates of examinations, deadline for completion of requirements, and the requirement for signing worksheets disseminated throughout the command? How? (page 1-7 section 103)

   h. (3/4/5) 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? (page 5-3 section 502)

   i. (3/4/5) Is guidance being followed in administering Navy-wide examinations for candidates who are pending deployment to or are deployed and operating in designated combat zones, and approved contingency operation areas? (page 6-12 section 614)

   j. (3/4/5) Are NSIPS Advancement Eligibility Listing (AEL) verified and maintained by command/unit each cycle per reference (a)?

   k. (3/4/5) Were eligibility requirements completed prior to NAVADMIN message deadline? If not, was a waiver authorized? (page 2-1, section 201)

m. (3/4/5) Do ESOs have access to the NEAS Web site? Are NSIPS TIR lists verified with the NEAS TIR eligibility lists? (page 4-1 section 400)

n. (3/4/5) Were supplemental examinations ordered in correct timeframe and format? (page 4-3 section 401)

o. (3/4/5) Are eligible PRISE-R candidate’s names provided to COMNAVRESFORCOM via echelon 4 commands? (NETPDC mandated)

p. (3/4/5) Are the advancement worksheets verified, and signed by members and ESO per reference (a)? (page 3-1 section 300)

q. (3/4/5) Are all required items on the advancement worksheet properly computed? (page 3-1, section 300)

(1) Enlisted evaluations per current cycle NAVADMIN? (page 3-1 section 308)

(2) Award points verified per reference (a)? (page 3-3 section 307)

(3) High Year Tenure (HYT) verified? (page 2-1 section 200)

r. (3/4/5) Were advancement exams administered per reference (a)? (page 6-1 section 612)

s. (3/4/5) Were advancement exams destroyed and forwarded per reference (a) to NETPDC? Are destruction letters and transmittals letters maintained on file per reference (a)? (page 6-11 section 600)

t. (3/4/5) Have all eligible members completed the required Petty Officer Leadership Course? (page 2-11 section 210)

u. (3/4/5) Are examination discrepancies corrected and forwarded to NETPDC (N321) per reference (a)? (page 7-11, table 7-3)

v. (4/5) Is the command following guidance put forth by COMNAVRESFORCOM and submitting the ESO POA&M tasker to their ISIC command during each advancement cycle? (COMNAVRESFORCOM mandated)
LE-17 Voting Assistance Program

Ref:  (a) OPNAVINST 1742.1B  
     (b) NAVADMIN 087/18


Note: Utilize reference (b) to determine applicability requirements for command.

Note: The below data will be collected annually as part of the Department of Defense annual audit of Federal Voting Assistance Programs.

   a. (3/4/5) Is the VAO designated in writing?
   b. (3/4/5) Does the VAO have electronic or hard copies of the following documents?
      (1) The current Federal Voting Assistance Guide?
      (2) SF 76, Federal Post Card Application?
      (3) SF 186, Federal Write-in Absentee Ballot?
   c. (3/4/5) Has the VAO registered current command information in the Voting Information Management System database?
   d. (3/4/5) Has the VAO completed VAO training?
   e. (3/4/5) Did the VAO develop comprehensive command-wide voting awareness, assistance, and activities?
   f. (3/4/5) Did the VAO ensure that all Service members received at least one training period devoted to absentee registration and voting annually?
   g. (3/4/5) Is the VAO included on the command check-in sheet and Indoctrination?
   h. (3/4/5) Has the VAO ensured the command telephone directory includes the telephone numbers for VAOs?
   i. (4) Did the Regional VAO ensure VAOs were assigned to all subordinate commands, if applicable per reference (b)?
   j. (3/4/5) Is command submitting metrics to the FVAP portal on a quarterly basis?
LM-1 PLANS AND POLICIES

Ref:  (a) COMNAVRESFORINST 4000.1 (Series)
     (b) NAVSUP P-485
     (c) SECNAVINST 7320.10A
     (d) DoN Simplified Acquisition Procedures (SAP) Guide
     (e) NAVSUPINST 4200.99C
     (f) NAVFAC P-300
     (g) KYLOC Administrator Guide
     (h) Reserve Clothing Program QuikGuide
     (i) EUMS User Guide
     (j) RESFORTAC QuikGuide
     (k) DPAS USER GUIDE
     (l) SECNAVINST 5430.92C
     (m)COMNAVAIRPAC/COMNAVAIRLANTINST 4415.1
     (n) RIMS-FM RPN Credit Card Expense Guide


   a. (4) Are assessments conducted by echelon 4 commands of subordinate commands conducted per guidance set forth in this instruction?

      (1) (3/4/5) Section 1 – Supply Administration.

      (2) (3/4/5) Section 2 – Procurement.

      (3) (NOSC Only) Section 3 – Clothing.

      (4) (NOSC Only) Section 4 – Subsistence.

      (5) (NOSC Only) Section 5 – Berthing.

   b. (3/4/5) Is the recurring tickler file for supply reports being maintained? Is the CO reviewing and signing required monthly reports per reference (a)?

   c. (3/4/5) Are expenditure and survey files maintained by FY for all material that was expended and surveyed per reference (b)?

   d. (3/4) Is the Personal Property Manager (PPM) logging into the system at least monthly to check status of items?

   e. (3/4/5) Is the Personal Property Custodian (PPC) designated in writing by the echelon 5 CO, per reference (a)? Upon receipt of new or discovery of existing accountable property, is the GE Asset Coversheet completed and forwarded along with all procurement and receipt
paperwork to the echelon 4 PPM for upload into Defense Property and Accounting System (DPAS) system within 7 working days of receipt or discovery, per references (a) and (k)? Is disposal documentation, including the GE Asset Coversheet maintained on file and a copy forwarded to the echelon 4 PPM for upload into DPAS system within 7 working days of the expenditure, per references (a) and (k)?

f. (3/4/5) 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 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. (3/4/5) Are there adequate controls in place to maintain accountability during check-out and check-in of government vehicles? Is there control in place for tracking fuel cards or fuel FOBs per reference (a)?

h. (3/4/5) Is vehicle maintenance kept current? Are vehicles driving distance limited to 100 mile or does the command have a permissible operating distance (POD) letter on file per reference (f)?

i. (3/4/5) Are supply spaces properly labeled with warning signs limiting access to only those individuals delegated in writing by the CO per reference (a)?

j. (RCC and NOSC only) Is the clothing coordinator utilizing the KYLOC program to ensure all requests are approved weekly?

k. (RCC and NOSC only) Is funding (KYLOC and/or RPN funds) properly managed and distributed? Is it monitored for excessive spending trends?

l. (RCC and NOSC only) Is NOSC screening and requesting excess uniforms for SELRES, E-6 and below, prior to ordering uniform items in KYLOC per reference (a)? Applies only to replacement uniform requests.
m. (RCC and NOSC only) Are Prior Service Re-Enlistment Eligibility-Reserve (PRISE-R) Sailors’ uniforms being properly tracked per reference (a)? Is a full seabag inspection conducted prior to member departure to school?

n. (RCC and NOSC only) Are rations-in-kind provided only to eligible personnel per reference (a)?

o. (RCC and NOSC only) Are rations-in-kind procured using mandatory sources of supply per reference (a)?

p. (RCC and NOSC only) Are the meal prices for rations-in-kind within established limitations per reference (a)? If not, are approved waivers on-file per reference (a)?

q. (RCC and NOSC only) Are proper funding documents prepared for all meals procured per reference (a) and (e)?

r. (RCC and NOSC only) Are Meal Signature forms used and monitored to ensure that only eligible personnel are provided rations-in-kind per reference (e)?

s. (RCC and NOSC only) Are documents prepared for all meals procured for Deployment Readiness Training (DRT) events per reference (a) and (e)?

t. (RCC and NOSC only) Are monthly audits of messing being conducted and corrective actions being taken for misuse per reference (a), to include DRT events

u. (RCC and NOSC only) 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 per reference (a)? Eligibility is established using berthing eligibility procedures listed in reference (a)

v. (RCC and NOSC only) Are all financial documents, signature sheets and completed DD 1131 retained on file for Meals Ready-to-Eat per reference (a)?

w. (RCC and NOSC only) Are RPN funds being properly tracked for messing and uniform accessories/alterations funding lines?

x. (RCC and NOSC only) Do all CHs and AOs have access to Reserve Integration Management System-Financial Management (RIMS-FM) per reference (n)?

y. (RCC and NOSC only) Are totals from the monthly GPC statements accurately entered into RIMS-FM for meals and uniform accessories/alterations per reference (n)?

z. (RCC and NOSC only) Are Berthing Eligibility Certificates on file for all personnel who use contract berthing per reference (a)?
aa. (RCC and NOSC only) Are monthly audits of berthing being conducted and corrective actions taken as established in the NOSC’s local berthing instruction and as per reference (a), to include DRT events?
Ref:  
(a) COMNAVRESFORINST 4000.1 (Series)  
(b) DON Simplified Acquisition Procedures (SAP) Guide  
(c) NAVSUPINST 4200.99C  
(d) OPNAVINST 4614.1H  
(e) NAVSUP P-485 (Series)  
(f) NAVSUPINST 4200.82G  
(g) CCPMD Desk Guide  

1. **General. Critical Program.**

   a. (3/4/5) Are the Agency/Organization Program Coordinator (APC), Approving Official (AO), and Cardholders (CH) appointed in writing on command letterhead per reference (c)? Do dollar amounts cited on letters match established limits in US BANK?  

   b. (3/4/5) Have Head of Activity (HA), APCs, AOs, and CHs completed all required training per reference (c)? Is periodic refresher training conducted per reference (c)? (i.e., refresher training every 2 years and annually for ethics training.)  

   c. (3/4/5) Do AOs and CHs have DD 577s on-file per reference (c)?  

   d. (3/4/5) Do AOs and CHs have form OGE 450 on file, if applicable, per reference (a)?  

   e. (3/4/5) Do CHs who exceed the micro-purchase threshold (MPT) have an SF 1402 on file per reference (c)? Do dollar values listed on the SF 1402 match limits established in US BANK and their designation letter per reference (c)?  

   f. (3/4) Are AOs and CHs profiles monitored to ensure they have the appropriate limits to support their command’s mission per reference (c)?  

   g. (3/4/5) Has a PPMAP been completed within the last 18 months per reference (f)? If not, what was the date of the last PPMAP and what were the findings? Were all discrepancies corrected?  

   h. (3/4/5) Is there a local Internal Operating Procedure (IOP) established to provide management control over the Government Purchase Card (GPC) program per reference (c)?  

   i. (3/4/5) Do the ultimate end users of supplies or services complete the Purchase Request (PR) with all the required information per reference (a)?  

   j. (3/4/5) Are purchases screened for mandatory sources of supply (i.e., Ability One, FEDMALL) per reference (a) and (c)? Are all purchase requests approved prior to actual
material purchase per reference (c)? Are funding documents being entered into CFMS-C and approved by the AO prior to actual material purchase per reference (c)?

k. (4/5) Are monthly GPC audits being reviewed and completed in the bank electronic access system (EAS) per reference (a)?

l. (4/5) Are GPC statements being certified by the cardholder and AO within established timelines per reference (a)?

m. (4/5) Are cardholders reallocating to the correct Standard Document Number (SDN), Line of Accounting (LOA), and contract number in US BANK prior to certification per reference (c)?

n. (4/5) Are AOs performing 100 percent transactional review (to include validation of SDN, LOA and contract number) in US BANK on all purchases prior to AO certification per reference (c)?

o. (4/5) Are purchases “split” to circumvent the micro-purchase threshold or avoid competition requirements, refer to reference (c)?

p. (3/4/5) Are copy and print services and multifunction device leases obtained from the nearest Defense Logistics Agency Document Services or Document Services Online, per reference (b)?

q. (3/4/5) 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 per reference (a)? Is documentation maintained in the procurement folder per reference (a)?

r. (4/5) 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 micro purchase threshold (MPT) and $100,000 per reference (b)?

s. (3/4/5) Is the APC verifying that their subordinate command’s GPC monthly statements are certified within 10 working days of statement availability per reference (c)? Five working days for CHs and 5 working days for AOs.

t. (3/4/5) Is the SF 182 used for procurement of training requirements and the GPC used as the payment method per reference (c)?

u. (3/4/5) Are Information Technology requests approved via COMNAVRESFORCOM (N6) per reference (a)?
v. (3/4/5) Are CHs completing all reconciliation procedures and maintaining an accurate Purchase Card Log per reference (c)?

w. (3/4/5) 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 (e)?

x. (3/4/5) Are external Material Obligation Validation requests being processed and retained on-filed per reference (e)?

y. (3/4/5) Are claims for reimbursement (SF 1164) being utilized to reimburse individuals making unauthorized purchases or to circumvent the supply system per reference (a)?

z. (3/4/5) Review 25 percent of micro-purchases and 100 percent of purchases over MPT for accuracy per references (c) and (f).

aa. (3/4/5) Does the AO review and approve all MILSTRIP items for purpose and amount prior to release in CFMS-C?

ab. (3/4/5) Are personnel approved to obligate and de-obligate fund via a delegation authority letter per reference (a)?

ac. (3/4/5) To ensure that correct appropriations are used, does the command cite the correct fund code and lines of accounting when requisitioning via MILSTRIP?

ad. (3/4/5) Are all printed names and dates in approval signature blocks of the purchase request legible per reference (a)?

ae. (3/4/5) Are all documents being properly receipted in Command Financial Management System-Consolidated (CFMS-C) per reference (a)?

af. (3/4/5) Is receipt and acceptance of GPC item(s) evidenced by circling quantity and a legible printed name, signature, date, office designator code, and phone number of end user on the hard copy receipt per reference (c)? Is receipt and acceptance of MILSTRIP item(s) evidenced by circling quantity and a legible printed name, signature, and date received on the hard copy receipt per reference (e)?

ag. (3/4/5) Are receipts itemized and contain the minimum data attributes per reference (a)? GPC invoices will be itemized and have the vendor name and address, item description, quantity, unit price and total cost. MILSTRIP receipts will have document number, stock number/part number, quantity, unit of issue, unit price and total cost.
ah. (3/4/5) Does the command observe segregation of duties, function, and span of control for all purchasing functions (minimum three-way separation of function is required unless circumstances preclude.) per reference (c)?

ai. (3/4/5) Are “Administrative Receipts” for material received without a receipt standardized and consistent per reference (e)?

(1) Document Number.

(2) NSN.

(3) Quantity and Unit of Issue.

(4) Unit Price and Date.

(5) Purpose of Receipt.

(6) Substantiating Documentation.
Ref:  (a) DoD 7000.14-R, Volume 9, Chapter 3  
(b) NAVSUPINST 4650.7A DATED JULY 2018  
(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  
(g) DoD Instruction 5154.31 Volume 4 (December 2018)

1. **General. Critical Program.**

   a. (3/4/5) Has the commanding officer, Agency Program Coordinator (APC), and Alternate APC received mandatory training (to include refresher training) in the Travel Card program and are certificates retained on file?

   b. (3/4/5) Is the APC paygrade E-7/GS-7 or above and has the APC and alternate APC been appointed in writing via command letterhead per reference (c)?

   c. (3/4/5) Does the command have an Internal Operating Procedures (IOP) and/or Instruction for the GTCC Program?

   d. (3/4/5) How often does the APC perform account maintenance? Validate against command roster.

   e. (3/4/5) Are APCs monitoring excess credit balances per reference (b)?

   f. (3/4/5) Are credit/cash limits being reviewed monthly per reference (f)?

   g. (3/4/5) Are copies of all CH mandatory training certificates retained on file?

   h. (3/4/5) Is refresher training conducted every three years for all CHs? Is training documentation retained on file?

   i. (3/4/5) What methods are in use to disseminate information to CHs?

   j. (3/4/5) Are copies of all CH Statement of Understanding (SOU) and required training on file?

   k. (3/4/5) Is the APC included in the command check-in/out procedure?
1. (3/4/5) Are the mandatory reports listed in reference (c) ran at least once per billing cycle and maintained for 2 years?

   (1) Account Activity Text Report.
   
   (2) Account Listing Report
   
   (3) Declined Authorizations Report
   
   (4) Delinquency Report-Hierarchy
   
   (5) DoD Travel IBA Aging Analysis or IBA Aging Analysis Summary Report.

   m. (3/4/5) Are travel cards deactivated for members not on Travel per reference (c)? Are travel cards activated no more than 10 days for CONUS and no more than 14 days for OCONUS before official travel and deactivated when official travel is completed?

   n. (3/4/5) Are members placed in NROWS hard hold if CH has a delinquent account per reference (d)?

   o. (3/4/5) Are GTCC accounts being used for official travel only? How does the APC determine this?

   p. (3/4/5) Are travel vouchers submitted within 5 working days following completion of travel per reference (c)?

   q. (3/4/5) Are delinquency notifications (e-mails) sent to CHs and their Supervisors at the 45, 61, 91, and 121-day delinquent mark per reference (c)?

   r. (3/4/5) Is CH’s transaction activity for personal use, misuse, abuse or fraud being monitored and reported to Commanders/Supervisors when identified?

   s. (3/4/5) Do APCs ensure credit limits are appropriate to meet mission requirements and consider reducing the credit limit and automated teller machine limit for CHs with prior misuse?

   t. (3/4/5) Are unused accounts closed?

   u. (3/4/5) If misuse is discovered, has a review of past transactions been conducted to identify additional instances of misuse and the CH was monitored more closely going forward?

   v. (3/4/5) Is appropriate administrative and/or disciplinary action taken by the chain of command when fraudulent, improper, and/or abusive travel card transactions are found?
w. (3/4/5) 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?

x. (3/4) Is IntelliLink being monitored at least monthly per reference (b)?

y. (3/4/5) Is the chain of command knowledgeable and involved in the oversight and administration of the program?

z. (RCC and NOSC only) Are PRISE-R Sailors’ GTCC being properly tracked to ensure receipt prior to member attending school?

aa. (3/4/5) Is the GTCC Automated Notification Tool (GANT) being utilized? Is the GANT questionnaire being properly filled out within required timeframes?

Note: Be prepared to discuss assessment philosophy and Commander’s priorities.

   a. (3/4) How often does your command conduct assessments of subordinate commands? How do you ensure oversight?

   b. (3/4) Do you conduct trend analysis to identify problem areas?

   c. (3/4) How are problem areas addressed with subordinate commands?

   c. (3/4) Do you identify best practices found during assessments and share them with the rest of your subordinate commands? Describe the mechanism to disseminate best practices.

   d. (3/4) What best practices have been identified in the past 2 calendar years?

   e. (3/4) Is your Command Assessment Guide aligned with the COMNAVRESFOR Command Assessment Guide? (This is not a requirement.) If not, how and why is it different?

   f. (3/4) Are the results of assessments stored and easily accessible?

   g. (3/4) Do command assessments include some part of a drill weekend in order to observe subordinate support of SELRES? (This is not a requirement)

   h. (3/4) Provide a copy of your command assessment schedule.

   i. (3/4) Provide copies of the last three command assessment results.
Ref: (a) RESPERS M-1001.5  
(b) COMNAVRESFORINST 5210.1

1. **General. Critical Program.**

   a. (3/4/5) Proper documentation and retention of the following documents are critical to Pay Management program compliance. Are DD Form 577s, Appointment/Termination Record-Authorized Signature, retained in HP TRIM at the echelon 4 and subordinate echelon 5 commands?

   b. (3/4/5) Who is responsible for having an approved/terminated DD Form 577 on file? Why?

   c. (3/4/5) How long shall DD Form 577s be retained in HP TRIM?

   d. (3/4/5) Do echelon 4 commands provide oversight, training, and assistance for Reserve pay processing to subordinate commands?

   e. (3/4/5) Do NRAs use and adhere to the CNRFC-approved standard operating procedures (SOP) posted on ProcessQuik to perform drill pay transactions and process special pays?

   f. (3/4/5) What steps are taken to ensure all Reserve Pay Clerks are knowledgeable on the processing and liquidation of Reserve Pay entitlements?

   g. (3/4/5) Are all drills and pay related documents submitted, verified and processed per reference (a)?

   h. (3/4/5) What internal controls are utilized to ensure Reserve Sailors perform a minimum duration of 4 hours for paid IDT and 2 hours for non-paid IDT?

   i. (3/4/5) What procedures are implemented to ensure IDTs are scheduled prior to approval of IDTT orders?

   j. (3/4/5) Demonstrate knowledge, required use, and limitations of the following types of drills:

      (1) Additional Training Periods (ATP)  __________

      (2) Additional Training Flight Periods (ATFP)  __________

      (3) Readiness Management Periods (RMP)  __________
(4) Funeral Honors Duty (FHD)

k. (3/4/5) What procedures are in place to verify SELRES are approved for additional IDTs prior to execution of drills?

l. (3/4/5) Demonstrate knowledge, required use, and maintenance of the following reports required to be in compliance with FIAR objectives:

   (1) Retain Transmittal Log
   (2) Feedback Report
   (3) Pending Feedback Report
   (4) Earnings Statement Report
   (5) Unadjudicated IDT Report
   (6) IDT Authorized Absence Report
   (7) Unexcused IDT Report

m. (3/4/5) Do NRAs record unexcused absences on NAVRES 1570/2, Satisfactory Participation Requirements/Record of Unexcused Absences, and send a signed copy to the Sailor within 5 working days of the unexcused IDT period? What are the approved methods of formally notifying members of an unexcused absence?

n. (3/4/5) Are all scheduled drills in NSIPS adjudicated by the NRA from the past 2 fiscal years? What processes are in place to adjudicate unadjudicated drills from the past 2 fiscal years?

 o. (3/4/5) Per reference (b), are Unit and Individual IDT Folders containing all KSDs maintained for 10 years by all echelon 4 and 5 commands?

 p. (3/4/5) Do echelon 4 and 5 commands research IMAPMIS, NSIPS, and DJMS-RC/AC to resolve pay problems?

 q. (3/4/5) Do NRAs initiate corrective action to resolve Sailors’ pay discrepancies within 5 business days of receipt/ notification? How are they tracked?

 r. (3/4/5) Do NRAs monitor all ITSM Trouble Tickets (TT) on a daily basis? What action is taken when a TT exceeds 10 days?
s. (3/4/5) Do echelon 4 commands ensure NRAs complete action within 10 business days from receipt of Information Technology Service Management (ITSM) service request and/or Space and Naval Warfare Systems (SPAWAR) Reserve Pay Help Desk trouble tickets?

t. (3/4/5) Do echelon 4 commands contact Commander, Navy Reserve Forces Command (CNRFC N11/RPAT) for any issues not sufficiently resolved through SPAWAR Help Desk?

u. (3/4/5) Are procedures in place to ensure pay accounts for SELRES identified for administrative separation (ADSEP) verified and closed prior to the member’s separation as directed by PERS-9?

2. Special Pay

a. (3/4/5) Are all echelon 4 and NRA pay clerks trained in Special Pay and Incentive processing procedures?

b. (3/4/5) Are all special and incentive pay certification/re-certification letters routed per reference (a)?

c. (3/4/5) Are certifications/re-certifications and command letters generated and forwarded per the most current ALNAVRESFOR message to include: Dive Pay, Special Duty Assignment Pay (SDAP), Aviation Incentive Pay (AvIP), Career Enlisted Flight Incentive Pay (CEFIP), Hazardous Duty Incentive Pay (HDIP), Officer Responsibility Pay, Hostile Fire Pay (HFP) or Imminent Danger Pay (IDP), Combat Zone Tax Exclusion (CZTE), Assignment Incentive Pay (AIP), Foreign Language Proficiency Bonus (FLPB), and Command Responsibility Pay (CRP)?

3. SDAP/Dive Pay

a. (3/4/5) Demonstrate your knowledge of SDAP and Dive Pay?

b. (3/4/5) What method(s) do you use to track SDAP and Dive Pay?

c. (3/4/5) What steps are taken when member(s) are no longer eligible for SDAP and Dive Pay?

d. (3/4/5) What steps are taken when members in receipt of SDAP and Dive Pay are mobilized/demobilized?

e. (3/4/5) What Key Supporting Documents (KSD) are required to be retained in HP TRIM?

4. AvIP/CEFIP

a. (3/4/5) What method(s) do you use to track member(s) who are entitled to AvIP and CEFIP?
b. (3/4/5) What steps are taken when member(s) are no longer eligible for AvIP/CEFIP?

c. (3/4/5) Demonstrate how CEFIP effective dates are updated in a member’s NSIPS personnel record?

5. HDIP

a. (3/4/5) How do you determine eligibility of HDIP?

b. (3/4/5) What method(s) do you use to track HDIP?

6. FLPB

a. (3/4/5) What is used to determine if a member is eligible for FLPB?

b. (3/4/5) How are FLPB entitlements tracked?

c. (3/4/5) What steps are taken when a member is no longer eligible to receive FLPB?

7. Command Responsibility Pay (CRP)

a. (5) How is eligibility determined?

b. (5) When is a member no longer eligible to receive CRP?
MP-3 OFFICER/ENLISTED BONUS MANAGEMENT

Ref: 
(a) RESPERSMAN M-1001.5  
(b) CURRENT CNRFC ENLISTED BONUS POLICY  
(c) CURRENT CNRFC OFFICER BONUS POLICIES  
(d) SECNAV M-5210.1  
(e) COMNAVRESFORINST 5210.1  
(f) MILPERSMAN 1306-1505


   a. (3/4/5) Do you and subordinate commands (if applicable) have the current versions of the above references and actively utilize the COMNAVRESFORCOM (N112) SharePoint site?

   b. (3/4/5) Do you and subordinate commands (if applicable) have a designated Incentive Program Coordinator (IPC)?

   c. (3/4/5) Do you and subordinate commands (if applicable) have copies of IPC designation letters on file and are roles and responsibilities reviewed periodically?

   d. (3/4/5) Do echelon 4 commands ensure subordinate NRAs maintain appropriate KSDs for all personnel bonus transactions per references (a) through (c)?

   e. (3/4/5) Do NRAs use and adhere to the COMNAVRESFORCOM-approved SOP posted on ProcessQuik to submit bonus requests?

   f. (3/4/5) How are packages for eligible personnel being tracked?

   g. (3/4/5) Have bonus packages for SELRES members been submitted through RBAM? How many within the last six months?

   h. (3/4/5) Do NRAs properly counsel enlisted reserve Sailors, who decline an eligible bonus via NAVPERS 1070/613?

   i. (3/4/5) Do IPCs track all bonus submissions including members that transfer in from other NRAs?

   j. (3/4/5) Are bonuses submitted within 30 days of affiliation/enlistment/reenlistment?

   k. (3/4/5) Are bonus requests submitted timely with zero discrepancies? Are bonuses that are submitted incorrectly being tracked and corrected? If so, what is the process? Provide Tracker.
l. (3/4/5) How many bonus eligible personnel are currently receiving a bonus? Provide Tracker.

m. (3/4/5) How many bonus eligible personnel are identified as UNSAT drillers? Are termination/suspension letters forwarded to COMNAVRESFORCOM (N112) within 30 days?

n. (3/4/5) Do NRAs maintain copies of approved Conditional Release and IRR Requests and bonus termination letters?

o. (3/4/5) Are KSDs maintained per references (d) and (e)?

p. (3/4/5) What implementation is used to track and request Remission of Indebtedness for Sailors who have transferred from Reserve Component to Active Component (RC2AC)?
Ref:  
(a) BUPERSINST 1001.39F  
(b) RESPERS M-1001.5  
(c) COMNAVRESFORNOTE 5400

1. General.  **Critical Program.**

   a. (4/5) 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. (3/4/5) Do echelon 3/4 and 5 commands have RFMT access for attached RUIC(s)?

   c. (5) 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. (3/4/5) Do echelon 3/4 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. (3/4/5) 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. (5) 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. (5) Do echelon 5 commands request PRD adjustments due to mobilization for enlisted members via PMR?

h. (5) 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. (5) 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. Noncritical Program. Only applicable for commands with PRISE-R SELRES.

   a. (3/4/5) Does the command and subordinate commands have copies of the current directives?

   b. (3/4/5) Does the command have a tracker established to ensure the PRISE-R requirements are met within the required timeline?

   c. (5) Are Sailors who have affiliated under the PRISE-R program assigned the appropriate MAS code and NEC?

   d. (5) Are quota requests for A-school submitted within 30 days following the Sailor’s first drill weekend?

   e. (5) Does the ESO ensure the lateral exam for the temporary rate is administered?

   f. (5) Are CDBs conducted with the Sailor per MILPERSMAN 1133-061?

   g. (5) Does the PRISE-R Sponsor have a checklist on file for all PRISE-R members and are retains kept for 24 months?
Ref: (a) COMNAVRESFORCOMINST 4650.1 series  
(b) DoD Foreign Clearance Guide  
(c) Joint Travel Regulations (JTR)  
(d) DoD Instruction 5154.31 series

1. **General.** **Critical Program.**

2. **Navy Reserve Order Writing System (NROWS)**

   a. (3/4/5) **General**

      (1) The OWA/AOWA is the required point of contact for NROWS.

      (2) Provide the following information:

         (a) Number of SELRES assigned. ________

         (b) Number of NROWS cancellations. ________

   b. (3/4/5) **Demonstrating Understanding**

      (1) Are cancelled orders processed within 5 days of report date? How is this process monitored?

      (2) Are country area clearances verified for overseas AT/ADT/IDTT requirements? How are overseas AT/ADT order requests screened for overseas requirements? Explain the process.

      (3) Explain sanctuary. When are members assigned the SAD MAS code? How does sanctuary effect the ability for a Reservist to complete AT/ADT?

      (4) Are IDTT orders always issued at a location other than the permanent assigned drill site?

      (5) Are IDTT orders issued for duty in an imminent danger/combat zone? How is this monitored?

      (6) What process is in place to verify drills are scheduled prior to the issuance of IDTT orders?

      (7) Does the echelon 5 verify the check-in/check-out endorsements with the dates in the orders to verify the complete period of training? Who is authorized to endorse the orders? If a discrepancy is noted, what does the echelon 5 do?
(8) What procedure is in place to handle hard holds flagged for NROWS applications?

(9) Is the APC Lock (GTCC) utilized for anything other than GTCC delinquency? If yes, under what authority?

(10) How are the following NROWS reports used at the command?

   (a) On Orders Report. 
   (b) SELRES Report.

(11) Who is allowed to sign designation of authority letters?

(12) How does the NRA reconcile the NROWS User Roles report with the designation of authority letters on file? Does the NRA maintain the DOAs on file in HPE-Manager?

(13) When a Reservist is cross-assigned out, how does the NRA assist in finding a point of contact for the unit approver/unit reviewer?

(14) How does the NRA provide training or inform Sailors of NROWS policies?

(15) Explain the plan of action to assist Reservists in cases of a travel emergency after normal working hours?

(16) Explain when Certificates of Non-Availability (CNA) are required.

(17) Explain the different modes of transportation and what is the significance of each. What is the order in which modes of transportation should be considered?

(18) What is a reimbursement letter and how does the NRA track and file the letters?

(19) What is the procedure for submitting a non-DTS travel voucher? How are the travel vouchers tracked for payment and retained?


Note: Review the following (Inspector: Anything less than DoD audit standards of 90 percent correct is unsatisfactory).

(1) Demonstrate where to locate the following:

   (a) COMNAVRESFORINST 4650.1 series.
(b) BUPERSINST 1001.39F.

(c) COMNAVRESFORCOMNOTE 1001 (current fiscal year).

(d) DoD instruction 5154.31 series

(e) Navy Passenger Transportation Manual.

(f) Joint Travel Regulations.

(g) DoD Foreign Clearance Guide.

(h) COMNAVRESFORCOM N33 SOPs.

(2) Download the following reports and explain their use:

(a) User Roles Report.

(b) Personnel Listing Report.

(3) Are the following command NROWS designation of authority letters current? Are the letters uploaded to HPE-Manager and role assignments reviewed per reference (a)?

<table>
<thead>
<tr>
<th>User Role</th>
<th># Assigned in NROWS</th>
<th># of DOA on file</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) AOWA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) APC Lock</td>
<td></td>
<td></td>
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<tr>
<td>(c) Hard Holds</td>
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<td>(d) OS</td>
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<tr>
<td>(e) OWA</td>
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<tr>
<td>(f) Security</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(g) Unit Approver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(h) Unit Reviewer</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(4) Periodicity of review of NROWS roles.

(a) How often does the echelon 4/5 command review the NROWS User Roles report? Does the command have the signed/dated reports retained in HPE-Manager?

(b) How does the echelon 4 command verify all echelon 5 commands have completed the monthly NROWS User Roles report? How often is this verification required?

(5) Does the NRA have more than four OWA/AOWAs (one OWA and three alternates to include the CO). If so, why has the command deviated from the policy in reference (a).

(6) Demonstrate where to locate and explain the following information:

(a) Government quarters use/availability. (JTR/COMNAVRESFORINST 4650.1)

(b) Confirmation orders. (COMNAVRESFORINST 4650.1)

(c) Premium Class Travel. (COMNAVRESFORINST 4650.1)

(d) POV use advantageous/non-advantageous. (JTR/COMNAVRESFORINST 4650.1)

(e) Items Not Mentioned. (JTR)

(f) Leave while on ADT. (COMNAVRESFORINST 4650.1)

3. Defense Travel System (DTS)

a. (3/4/5) General

(1) The ODTA (N3 if no ODTA assigned) is the required point of contact for DTS.

(2) Provide the following information:

(a) Number of SELRES assigned. 

(b) Number of AOs trained in DTS.

(c) Number of staff attended RC DTS AO course at NRPDC.

b. (3/4/5) Demonstrating Understanding

(1) Are copies of DD 577s for Authorizing Officials (AO) retained in HPE-Manager? Are all training certificates with the DD 577s?
(2) What procedures are in place to ensure travel claims are submitted within 5 days?

(3) How are the following DTS reports used at the command?
   
   (a) Unsubmitted Voucher Report.
   
   (b) Routing Status Report.
   
   (c) Depart Status Report.

(4) Discuss how often the following reports are run:
   
   (a) People report.
   
   (b) Routing Lists.

(5) How does the NRA provide training or inform Sailors of DTS policies?

(6) What is the NRA’s process for unpaid vouchers or disputed vouchers?

(7) How would the AO handle a doubtful claim?

(8) Explain the procedures when a DTS travel order is rejected.
   
   (a) Import rejects.
   
   (b) Accounting rejects.

(9) Explain the procedures when a DTS travel order is pending approval.

(10) Are all DTS travel vouchers processed and approved per references (a) and (c)? How many days does the Authorizing Official have to process a travel voucher?

(11) How does the NRA ensure profiles for active component/civilian personnel are detached upon checkout from the command?

   Note: Never manually detach Reserve Component profiles in DTS.


   Note: Review the following (Inspector: Anything less than DoD Audit standards of 90 percent correct is unsatisfactory).
(1) Demonstrate where to locate the following:

(a) COMNAVRESFORINST 4650.1 series.
(b) Joint Travel Regulations.
(c) DoD instruction 5154.31.
(d) DoD Foreign Clearance Guide.
(e) DTS Authorizing Official Checklist.
(f) COMNAVRESFORCOM N33 SOPs.

(2) Download the following reports and explain their use:

(a) Un-submitted Voucher Report (for the last 12 months).
(b) Routing Status Report.
(c) Depart Status Report.
(d) Approved Status Report (last 3 months for vouchers only).

(3) Provide listing of users at all permission levels from DTS using DTA Maintenance Tool > People > View Person Lists > Basic Traveler Info List.

(a) Do personnel have more permission levels in DTS than is required for their access per reference (a)?
(b) Verify DTS permission levels match the DTS routing list.

(4) Verify DD 577s and COL annual training certificates are retained in HPE-Manager.

(5) Provide training certificates required for DTS users (RO/AO, ODTA, and NDEA).

(6) Provide all routing lists from DTS for authorizations and vouchers for all routing lists.

(a) Do all authorizing officials have a DD 577?
(b) Do all Reviewing Officials have a DOA?

(7) Demonstrate how the command provides monthly validation for rejected orders?
(8) Demonstrate how the command provides monthly validation for unliquidated orders?

(9) Provide the monthly review of all users requiring a separation of duties waiver per reference (a). Provide the last three separation of duty waiver changes.

(10) Are all monthly un-submitted voucher reports from COMNAVRESFORCOM N33 signed and dated? Provide last 3 months.

(11) Demonstrate approving a DTS travel voucher.

(12) Provide the Approved DTS Authorization List (active component only) for last 6 months. Were all of the authorizations approved prior to the start date? If not, is there an oral order letter of confirmation included in the DTS voucher?

(13) Review paid DTS vouchers for compliance with references (a) and (c).

Note: Any voucher not 100% correct is an unsatisfactory voucher.

3. N31

a. (3/4/5) General

(1) Provide the following information:

(a) Number of SELRES assigned. ________

(b) Number of personnel completed AT requirement. ________

(c) Number of Exceptional AT waivers. ________

(d) Number of AT over 30 days. ________

b. (3/4/5) Demonstrating Understanding

(1) When does the echelon 5 provide unit COs AT completion/waiver reports? How is this accomplished?

(2) How are the following NROWS reports used at the command?

(a) Execution of Funds Report. ________

(b) AT/ADT Completion Report. ________

(c) 30/60/90 Day. ________
(3) Did the command assign more than two FAs? If so, why were more than two FAs assigned?

(4) Is the NRA in compliance with current COMNAVRESFORCOMNOTE 1001? Explain.


(1) Are the following command NROWS designation/termination DD 577/designation of authority letters current? Are they on file and role assignments reviewed per reference (a)?

(a) FA.

(b) FM.

(2) Are the following command NROWS SAAR-Ns current? Are they on file and role assignments reviewed per reference (a)?

(a) M/E.

(b) Resource Owner.

(c) Requirement Owner.

(3) Does the command maintain a file of DD 577s assigning personnel to perform the FA role?

(4) Run samples of reports and explain the use of each:

(a) Financial Reports.

(b) AT ADT IDTT Completion Report.
COMNAVRESFORINST 5040.1G
1 Apr 2019

MP-7 MOBILIZATION READINESS AND EXECUTION

Ref: (a) OPNAVINST 3060.7C
     (b) COMNAVRESFORINST 3060.7D
     (c) RESPERS M-1001.5
     (d) MILPERSMAN Article 1300-318
     (e) COMNAVRESFORNOTE 1001

1. **General.** Critical Program.

   a. (4/5) Is the Mobilization Coordinator for the echelon 4 Command and subordinate echelon 5 Commands designated in writing per the RESPERSMAN 3060-020? Provide a current list of subordinate command mobilization coordinators.

   b. (3/4/5) Mobilization readiness tracking

      (1) (4/5) Do subordinate echelon 5 commands update MAS and IMS codes in NSIPS per the requirements outlined in reference (b)? Where can the current MAS and IMS code guidance be found?

      (2) (4/5) Do echelon 4/5 commands have access to the COMNAVRESFORCOM IMS/MAS delinquency list?

      (3) (3/4/5) What is the required time frame to update MAS and IMS codes?

      (4) (3/4/5) What is your process for tracking TS1 and AS1 MAS codes? Who is eligible for TS1 and AS1 MAS codes? How do you verify eligibility?

      (5) (4/5) How do echelon 4 and 5 commands track medical MAS codes for accuracy (e.g., pregnancy)?

      (6) (3/4/5) When can a Reservist with a TS1, AS1, or MPP get SELECTED for mobilization?

      (7) (4/5) For Sailors onboard less than 1 year, are they ready to be mobilized (e.g., current family care plan, applicable affiliation, or training deferments updated in NSIPS, etc.)? How is this tracked?

      (8) (4/5) How do echelon 4 and 5 commands track and ensure all Sailors have approved, up-to-date clearances?
c. (4/5) Mobilization sourcing and notification  

(1) What is the process for Sailors to volunteer for mobilizations? Are there any roadblocks to a Reservist who wishes to volunteer for a mobilization?

(2) How do echelon 4 and 5 commands know when members in their command have been identified for mobilization? How does the mobilization coordinator identify members who are identified (R##) for mobilization?

(3) What is the required timeframe for notifying Reservists of their mobilization?

(4) What is the minimum information required to be given to Reservists when notifying them of their mobilization?

(5) What are the actions that need to be completed by the echelon 5 command to contact the member prior to applying the RU1 IMS code? How does the command track notification?

d. (4/5) Mobilization screening

(1) (4/5) How is official message traffic monitored for mobilization/demobilization orders and orders modifications?

(2) (4/5) What entitlement is available to Reservists once orders are received?

(3) (4/5) What checklist is the command using to screen Reservists that have been selected for mobilization?

(4) (4/5) What is the process to ensure the checklist from question (3) is being issued and started as soon as a member is identified for mobilization?

(5) (4/5) What is the required timeline for Reservists to complete their medical screening and have an RC2 IMS code placed in their record? How many Sailors have not completed their medical screening within the required timeline in the past 12 months?

(6) (4/5) 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?

(7) (5) Is the command 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. (4/5) Mobilization cancellations

(1) (4/5) Where can the Mobilization Cancellation Portal be found? Who at the command has access?

(2) (5) Does the command always submit mobilization cancellation requests via the COMNAVRESFORCOM Cancellation Portal?

(3) (4/5) What documentation is required with cancellation requests?

(4) (4) How many days does the RCC have to review and process Cancellations submitted from the echelon 5?

(5) (5) 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?

(6) (5) 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. (5) Demobilization and Deactivation

(1) How does the command ensure the appropriate administrative and medical support is available to the Reservists returning from mobilization after being released from the ECRC?

(2) What is the command’s process for granting Reservists authorized absences after returning from their mobilization?

(3) How does the command determine when a Reservist’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.)?

(6) Is a NAVPERS 1300-23 checklist completed for each demobilizing Reservist and kept on file for 2 years?
1. **General.** Noncritical Program.
   a. (3/4/5) SCIF.
      (1) Designation Date.
      (2) Last inspection.
      (3) SCIF status.
   b. (3/4/5) Do all personnel working in the SCIF have TS/SCI clearance/access granted? If not, what is the status of clearances?
   c. (3/4/5) Are SSR personnel properly designated in writing?
   d. (3/4/5) Where is the regional Special Security Office (SSO)?
      (1) CNRF Security Manager recommends frequent communication with the SSO. What drives communication with the SSO? Are there scheduled recurring communications?
      (2) Do you have any outstanding SSO issues/concerns?
   e. (3/4/5) 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. (3/4/5) Are Standard Forms 700, 701, and 702 properly filled out and displayed?
   g. (3/4/5) Do you have a SCIF access roster?
   h. (3/4/5) Do you maintain a SCIF visitor sign-in list?
   i. (3/4/5) 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 Selected Reserve Enlisted Recruiting and Retention Incentives Policy

1. **General. Critical Program.**

2. **Echelon 3 and 4**
   a. (3/4) 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. (3/4) Do echelon 4 commands provide oversight and training to subordinate commands for NAT Program Management?

2. **NAT Regional Representatives**
   a. (4/5) Are Regional Reps contacting NAT Sailors within 10 days of arrival to A/C School?
   b. (4/5) Are Regional Reps in contact with NETC for tracking of all students enrolled in class and in a ‘hold’ status?
   c. (4/5) Are Regional Reps reporting potential delays for Sailors with medical, academic, legal, or disciplinary concerns to CNRFC N113 and reporting NRA?
   d. (4/5) Is the Regional Rep submitting monthly updates to the NAT tracker via CNRFC N113 SharePoint?
   e. (4/5) What method do NAT Regional Representatives have to ensure NAT Sailors report to the correct NRA upon graduation of A/C school?
   f. (4/5) Through no fault of their own, are NAT Sailors who fail to complete A/C School, reclassified into a qualified rating before being transferred to the NRA? Are NAT Regional Representatives tracking reclassification?

3. **NRA NAT Sponsor Coordinator**
   a. (4/5) How does the sponsor initiate contact with the NAT Sailor?
   b. (4/5) Explain the reporting process of NAT Sailors.
c. (4/5) From the time a NAT member report to the NRA, how many days are all required documents forwarded to the servicing PSD for release from active duty?

d. (4/5) Do NRAs exceed the authorized 2-day limit for contract berthing for NAT Sailors living outside of the geographic area?

e. (4/5) Do NRAs enter the 6-year SELRES drilling obligation in NSIPS with the MDC 1 and MOD 4 for all NAT Sailors?

f. (4/5) Do NRA NAT Sponsor Coordinators have a local method for tracking NAT Sailors?
MP-10 FUNERAL HONORS PROGRAM

Ref: (a) RESPERSMAN 1570-020
(b) RESPERSMAN 7220-010
(c) COMNAVRESFORINST 5210.1


a. (4/5) Are FHD Coordinators appointed in writing via designation letter or DD 577?

b. (4/5) How many NRA staff members and SELRES/ASP are enrolled in the FHD program?

c. (4/5) Demonstrate what is required by FHD members when requesting to be enrolled in the program?

d. (4/5) What method is utilized to notify members of a pending Funeral Honors Request?

e. (4/5) Demonstrate the selection process when assigning FHD members to a request?

f. (4/5) Is EDM utilized to schedule FHD prior to the execution of funeral honors?

g. (4/5) Within 3 days of completion, are NRAs forwarding Funeral Honors Duty Allowance (FHDA) to COMNAVRESFORCOM (N11)?

h. (4/5) Do NRAs use and adhere to the COMNAVRESFORCOM approved SOP posted on ProcessQuik to perform FHD and to process FHDA payments?

i. (4/5) Do NRAs process FHDA in EDM for SELRES and VTU Sailors upon receipt of the CNIC FHD After Action report and within 3 days of FHD completion?

j. (4/5) Are FHDA pay entries only released when supported by the proper KSDs (CNIC Request for Funeral Honors and CNIC FHD After Action Report) or when authorized FHD training is justified by appropriate documentation?

k. (4/5) Does the NRA muster personnel visually or by telephone prior to and after the scheduled funeral/memorial service?

l. (4/5) How are NRA FHD Coordinators 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

   a. (3/4/5) Does the supported command have a telework policy (in writing) determining if telework is or is not appropriate for their command?
   b. (3/4/5) Who is designated as the Command Telework Program Coordinator (CTPC)?
   c. (3/4/5) Has the required telework training been completed and documented for all supervisors?
   d. (3/4/5) Has the required telework training been completed and documented for all participants?
   e. (3/4/5) Do all participants have a signed NAVPERS 1070/613, acknowledging the member’s accountability and personal responsibility with regards to the telework program? Are page 13’s stored in HPE TRIM?
   f. (3/4/5) Is the unit commanding officer or officer-in-charge the approving authority for all requests?
   g. (3/4/5) Do all participating Sailors follow the procedures established in reference (a)?
   h. (3/4/5) 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?
   i. (3/4/5) Does the Reserve Unit CTPC maintain approved telework packages to include: training certifications, Telework Eligibility, Approval and Agreement forms, and NAVPERS 1070/613 in HPE TRIM?
1. **General. Critical Program.**

2. **Echelon 3 and 4 responsibilities**
   
   a. (3/4) Do echelon 4 commands provide oversight and training to subordinate commands for personnel gain and loss transactions per references (b) and (c)?
   
   b. (3/4) Do echelon 4 commands ensure subordinate NRAs maintain appropriate KSDs for all personnel gain and loss transactions per references (b), (c), and (d)?
   
   c. (3/4) 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)?
   
   d. (3/4) Is NSIPS Retirements and Separations (RnS) module utilized to submit IRR requests?

3. **Personnel Gain Transactions**
   
   a. (3/4/5) 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 Sailor’s affiliation?
   
   b. (3/4/5) Do NRAs counsel new affiliates via NAVPERS 1070/613, Administrative Remarks, on mandatory enrollment in Electronic Funds Transfer (EFT)?
   
   c. (3/4/5) Do NRAs use and adhere to the COMNAVRESFORCOM approved SOPs posted on ProcessQuik to perform gain transactions?
   
   d. (3/4/5) Per reference (d), is the 10-year document retention standard followed by NRAs for maintaining KSDs for gains in Individual IDT Folders within HPE TRIM? And OMPF?
   
   e. (3/4/5) Do the effective gain dates in NSIPS match the corresponding dates on the gain KSDs? What efforts are taken when NSIPS gain effective dates and CTO/Recruiter KSDs are inconsistent?
f. (3/4/5) Upon receipt of gain guidance from NSIPS Helpdesk, are gain transactions processed in NSIPS within 3 business?

g. (3/4/5) Does the NRA schedule the Sailor’s drills for the remainder of the fiscal year in NSIPS after completion of gain?

h. (3/4/5) In what timeframe are gain packages reviewed for Bonus or Drilling obligations (i.e., PRISE-R, Bonus, NAT, DCO)? How are SELRES members tracked through fulfilment of obligations?

4. Personnel Loss Transactions

a. (3/4/5) Do NRAs use and adhere to the COMNAVRESFORCOM approved SOPs posted on ProcessQuik to perform loss transactions?

b. (3/4/5) Do NRAs properly counsel reserve Sailors on their affected benefits and incentives when transitioning from a Selected Reserve status via NAVPERS 1070/613, Administrative Remarks?

c. (3/4/5) Except for administrative separation cases, are loss transactions processed within 10 business days of receipt of a completed loss package?

d. (3/4/5) Demonstrate your ability to process the following loss transactions:

(1) Active Duty for Special Works (ADSW).

(2) Definite Recalls.

(3) Indefinite Recall.

(4) Individual Ready Reserve (IRR).

(5) Reserve Component to Active Component (RC/AC).


e. (3/4/5) 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 Letter of Transmittal (LOT) forwarded to PERS-9 for administrative separations?

f. (3/4/5) Per reference (d), are KSDs for loss transactions retained within HPE TRIM for 10-years? And OMPF?
g. (3/4/5) Do the effective loss dates in NSIPS match the corresponding dates on the loss KSDs?

h. (3/4/5) For non-regular (Reserve) retirements, did the NRA request PRD adjustments using RFMT via echelon 4 command to coincide with the requested retirement date?

i. (3/4/5) Are IRR transfer requests for Sailors with a pending drilling/bonus obligation forwarded to COMNAVRESFORCOM (N11) via RnS?

j. (3/4/5) Do NRAs generate and maintain IRR Transfer Orders for Sailors who are approved by PER-9 to transferred to the IRR?

k. (3/4/5) Demonstrate when and how a bonus should be terminated?
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.** Noncritical Program.

   a. (3/4/5) 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. (3/4/5) What are the responsibilities of the OMM?

   c. (3/4/5) 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. (3/4/5) 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. (3/4/5) Are mail clerks/orderlies/personnel that receive and handle official mail issued a DD 285?

   f. (3/4/5) Are mail orderlies a U.S. citizen, possess a NACLC clearance, completed high school (or equivalent), and possess a valid driver’s license?

   g. (3/4/5) Do the mail orderlies know what to do in the event of a situation involving receipt of hazardous mail?

   h. (3/4/5) Does the activity make a reasonable and common-sense effort to send postage using the most effective 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


   a. (3/4/5) Does the command maintain an effective tracking system for action correspondence, directives review, and forms?

   b. (3/4/5) 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. (3/4/5) Is a correspondence manager designated in writing?

   d. (3/4/5) Does outgoing correspondence contain only the last four digits of the Social Security Number (PII)?

   e. (3/4/5) Is a serialization filing system used? If so, who maintains the serial files?

   f. (3/4/5) Are records disposal/retention functions standards performed per reference (g)?

   g. (3/4/5) Is there a directive that contains the titles of individuals authorized to sign “By direction” facsimile stamp designated?

   h. (3/4/5) Are directives reviewed annually for revision, updating, consolidating, or cancellation?

   i. (3/4/5) Are directives case files properly maintained per reference (e), enclosure (1), page 2-4, and subparagraph 7(b)?

   j. (3/4/5) Describe your tracking system used for directives.

   k. (3/4/5) 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. (3/4/5) Is the Forms Manager designated in writing?

m. (3/4/5) Per reference (c), do forms case files contain appropriate documentation?

n. (3/4/5) Does the command conduct an annual review of local forms?

o. (3/4/5) Is there a command listing or forms register of approved command generated forms?

p. (3/4/5) Do locally generated forms have a Privacy Act Statement as required by reference (g)?
OS-3 FREEDOM OF INFORMATION ACT/PRIVACY ACT REQUESTS

Ref: (a) SECNAVINST 5720.42 (series)
     (b) SECNAVINST 5211.5 (series)

1. General. Noncritical Program

   a. (3/4/5) Does the command have a representative designated to handle requests for records when the requestor makes the request for other-than-official purposes?

   b. (3) Does this representative (legal officer or other person) have training in responding to Freedom of Information Act (FOIA) and Privacy Act (PA) requests?

   c. (4/5) Does this representative know the point of contact information for the echelon 3 FOIA/PA officer (often the Staff Judge Advocate (SJA)) and know to call the FOIA/PA officer as soon as the command receives a request for records that was made for other-than-official purposes?

   d. (4/5) Does this representative contact the echelon 3 FOIA/PA officer when required (does he/she recognize that a request needs to be forwarded to the FOIA/PA officer and then does he/she actually forward it)?

   e. (3) Are FOIA/Privacy Act requests logged, tracked, and responded to appropriately?

   f. (3/4/5) Are requests forwarded properly when activity determines that request should be denied in whole or in part?

   g. (3/4/5) Are requesters notified properly when activity forwards a request to the initial denial authority?

   h. (3) Are appeal rights provided to requesters when the activity claims a “No Records” response?
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. **Critical Program.**

   a. (3/4/5) Does the activity have sound communication procedures with the supporting PSD, normally a single CPPA?

   b. (3/4/5) Does the CPPA attend PSD meetings, if so, how often? Provide copies of minutes for review, if applicable.

   c. (3/4/5) Does PSD provide the necessary customer service with regard to Reserve support?

   d. (3/4/5) What tracking system is in place to ensure action or correspondence submitted to PSD is completed in a timely manner?

   e. (3/4/5) Does the CPPA have MMPA view-only access per reference (c)?

   f. (3/4/5) Does the command have a local leave policy? What is the command’s policy for checking in/off leave?

   g. (3/4/5) Is the command utilizing NSIPS e-Leave per reference (f)?

   h. (3/4/5) What processes are in place to ensure leave is charged correctly (i.e. checking in/out early/late)?

   i. (3/4/5) 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 CH-1
     (b) SECNAVINST 5720.47C
     (c) SECNAVINST 5720.48
     (d) OPNAVINST 5726.8
     (e) OPNAVINST 3104.1A
     (f) Collateral Duty PA Guide/NAVSO P-5728.11
     (g) Navy Community Service Guidebook
     (h) News Release Template

1. **General.** Noncritical Program.

2. **Echelons 3 and 4 only**
   a. (3/4) Is the PAO familiar with references (a) through (h) and do they have copies?
   b. (3/4) Does PAO hold echelon 5 accountable for references (a) through (h)?
   c. (3/4) Does PAO maintain monthly contact with echelon 5 PAO?
   d. (3/4) Does PAO provide monthly PA summary report to echelon 3 PAO (CNRF)?
   e. (3/4) Are PAO roles and responsibilities published in the command’s SORM?
   f. (3/4) Is the PAO registered in the CHINFO PA Directory?
   g. (3/4) Does PAO have a Navy.mil account and know how to provide content?
   h. (3/4) Does PA staff have a proper VISN ID?
   i. (3/4) Does PA staff have a DVIDS account and know how to provide content?
   j. (3/4) Are the command’s internet and social media sites registered with Navy.mil?
   k. (3/4) Do the command’s internet and social media sites comply with reference (b), including letter of designation for webmaster?
   l. (3/4) Does the PAO report directly to the CO, XO, CSO or CMC? If not, who?
   m. (3/4) Does the command receive adequate numbers of The Navy Reservist magazine?
n. (3/4) 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?

o. (3/4) Do PA personnel have appropriate multimedia software to fulfill the mission?

p. (3/4) Do PA personnel have professional-grade photography equipment, to include digital camera, flash, variety of lenses, SD or Flash memory cards?

q. (3/4) Do PA personnel have sufficient computer hardware, either NMCI provided or command purchased to fulfill the mission?

3. Echelon 5 only

a. (5) Does PAO or Collateral Duty PAO maintain monthly contact with echelon 4 PAO?

b. (5) If no assigned SELRES, does the command have collateral duty PAO assigned? Is the PAO designated in writing by the CO as required?

c. (5) Does the PAO coordinate local community outreach (COMREL) events?

d. (5) Are PAO roles and responsibilities published in the command’s SORM?

e. (5) Is the PAO familiar with references (a) through (h) and do they have copies?

f. (5) Is the PAO registered in the CHINFO PA Directory?

g. (5) Does PAO staff have a Navy.mil account and know how to provide content?

h. (5) Does PA staff have a proper VISN ID?

i. (5) Does PA staff have a DVIDS account and know how to provide content?

j. (5) Are the command’s internet and social media sites registered with Navy.mil?

k. (5) Do the command’s internet and social media sites comply with reference (b), including letter of designation for webmaster?

l. (5) Does the PAO report directly to the CO, XO, CSO or CMC? If not, who?

m. (5) Does the command receive adequate numbers of The Navy Reservist magazine?
n. (5) 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?

o. (5) Do PA personnel have appropriate multimedia software to fulfill the mission?

p. (5) Do PA personnel have professional-grade photography equipment, to include digital camera, flash, variety of lenses, SD or Flash memory cards?

q. (5) 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) SECNAVINST 5510.36B  
(d) SECNAV M-5510.36  
(e) COMNAVFRESHORINST 5510.9  
(f) Executive Order 13526  
(g) DoD 5220.22-M

1. **General. Critical Program.**

2. **Personnel Security**
   
a. (3/4/5) Does the command hold references (a) through (g)?

b. (3/4/5) Does the command have a current, written security instruction?

c. (3/4/5) Is the Security Manager/Assistant Security Manager/Clerks designated in writing?

d. (3/4/5) Has the Security Manager’s designation letter been forwarded to ISIC?

e. (3/4/5) Does the Security Manager have a SSBI/T5 favorably adjudicated or submitted reinvestigation within the previous 6 years?

f. (3/4/5) Does the CO have a SSBI/T5 favorably adjudicated or submitted reinvestigation within the previous 6 years?

g. (3/4/5) Has the Security Manager attended the Navy Security Manager Course (S-3C-0001) within 6 months of assignment?

h. (3/4/5) Does the Security Manager, Assistant and/or Clerks have access to JPAS/DISS, and e-QIP?

i. (3/4/5) Have all command personnel been "In-Processed" into the command JPAS SMO?

j. (3/4/5) Does the command have a security education program that includes orientation, annual refresher and counter-intelligence briefings?

k. (3/4/5) Is there written documentation of security briefings and indoctrinations? Is access annotated in JPAS?

l. (3/4/5) Do all command personnel have correct IT designations annotated in JPAS?
m. (3/4/5) Do all members who have SIPRNet access have NATO indoctrination on file? Is NATO access annotated in JPAS or in-house records?

n. (3/4/5) Is Derivative Classification training being completed by all personnel with SIPRnet access?

o. (3/4/5) 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. (3/4/5) Are JPAS records cross referenced to ALPHA roster to ensure all personnel are annotated within PSM? How often are records scrubbed?

q. (3/4/5) Is the command tracking PSI submissions from initiation of application to adjudication?

r. (3/4/5) Is Interim access being granted when necessary?

s. (3/4/5) How often are follow-up actions taken when interim access has been granted?

t. (3/4/5) Are all accesses removed from member upon transfer (including IRR)?

u. (3/4/5) Does the command use Security Termination Statements upon member’s separation from all forms of service?

v. (3/4/5) Are the member's personnel security files being maintained for 2 years after transfer/separation?

w. (3/4/5) Are all civilian position descriptions correctly designated?

x. (3/4/5) Are foreign travel awareness briefings conducted and documented in DISS for command personnel prior to travel as required?

y. (3/4/5) 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. (3/4/5) Are end of day security checks being completed by command personnel? (Duty Section or space occupants?)
b. (3/4/5) Have all classified spaces been certified by appropriate security professionals for storage of classified material? Approved access listing? Is there a visitor log for documenting entry and exit? How long is log maintained?

c. (3/4/5) Is classified material properly stored in GSA-approved security containers?

d. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Do sufficient controls exist to prevent access to the secure space or container? Access listing, CYPHER lock, or badging system?

h. (3/4/5) Are combinations to security containers changed when first put in service?

i. (3/4/5) How often or what situations leads to are combinations changes?

j. (3/4/5) Are combinations to security containers changed when taken out of service? What is the default combination set to?

k. (3/4/5) Are SF 702s utilized for access to secure space access door or security containers?

l. (3/4/5) Does each security container have an inventory maintained in the front of each drawer?

m. (3/4/5) Are officials designated to approve the reproduction of classified material?

n. (3/4/5) Is specific equipment designated for the reproduction of classified material and posted in immediate vicinity?

o. (3/4/5) Is classified information transmitted or transported only by approved methods (i.e., courier, STE, SIPRnet)?
p. (3/4/5) Does the CO establish at least one 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. (3/4/5) Do destruction procedures require witness by two appropriately cleared personnel? Is all destruction documented?

r. (3/4/5) Are shredders approved for the level of destruction required?

s. (3/4/5) 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. (3/4/5) Are areas housing critical information technology systems or Protected Distribution Systems (PDS) originating and terminating within spaces designated in writing as restricted area requiring adequate protection for classified material?

u. (3/4/5) 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?

3. INDUSTRIAL SECURITY – Teach and Train only. Non-gradable.

a. 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.)

b. Is the Command Security Manager knowledgeable of the number of contract personnel on-site?

c. Does the Command Security Manager maintain personnel files for all contractor personnel on-site?

d. Did the contracting company Facility Security Officer (FSO) send a Visit Authorization Letter (VAL) via JPAS for all contract personnel working on classified and non-NISP contracts, NISP?

e. Is a current VAL in contractor personnel’s file? (JPAS or on company command letterhead if non-NISP contract.)

f. Does the command have a “servicing” relationship in JPAS with contract personnel?

g. Does the Command Security Manager have a copy of the Government Sponsor’s designation letter?
h. Does the Command Security Manager have a copy of contract personnel’s SAAR-N for personnel accessing Navy systems?

i. 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?

j. (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-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. Critical Program.**

   a. (3/4/5) Does the command maintain a copy of references (a) through (e)?

   b. (3/4/5) Has the command appointed an OPSEC program manager or coordinator in writing? Does the appointee have the appropriate investigation and eligibility?

   c. (3/4/5) Has the OPSEC manager or coordinator completed the appropriate training (Navy OPSEC course (J-2G-0966)) and certification sent to ISIC?

   d. (3/4/5) Is an OPSEC briefing part of command check in/indoctrination and annual refresher trainings?

   e. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the command have an OPSEC working-group that provides for program development, training, assessments, surveys, and readiness training?

   h. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the command have a Critical Information List (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. (3/4/5) Has a risk analysis and vulnerability analysis been performed? Are OPSEC measures and/or countermeasures in place to protect sensitive and critical information?

m. (3/4/5) Does the command ensure classified and unclassified contract requirements properly reflect OPSEC responsibilities and that these responsibilities are included in contracts when applicable?

n. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Does the command have a published shredding, personal electronic device, and other supporting policies?

t. (3/4/5) 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. (3/4/5) Is there an OPSEC review process in place for contracts?

v. (3/4/5) Is OPSEC planning integrated into antiterrorism/force protection?
w. (3/4/5) Does the command provide and document OPSEC training prior to access to any computer networks or other information technology?

x. (3/4/5) If command has Sensitive Compartmented Information Facilities (SCIF), does the command include OPSEC requirements into Technical Surveillance Countermeasures support?
OS-8 PERSONALLY IDENTIFIABLE INFORMATION/PRIVACY ACT

Ref:  (a) COMNAVRESFORINST 5239.3A  
(b) DON CIO 291652Z Feb 08  
(c) DoD Instruction 1000.30  
(d) CNRFCOMNA VRESFOR 0082026Z Feb 17  
(e) SECNAVINST 5211.5E


   a. (3/4/5) 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. (3/4/5) 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. (3/4/5) Is the command following governing directives to ensure the removal or destruction of records when retention is no longer required? Records reviewed must include:

      (1) Paper records containing PII.

      (2) Electronic files on share drives, SharePoint, electronic records management systems, command Web sites, and e-mails.

   d. (3/4/5) 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), i.e., FOUO, Privacy Act Statement? Provide examples.

   e. (3/4/5) 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. (3/4/5) 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. (3/4/5) 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. (3/4/5) Are the training objectives being accomplished for all command members? Query random staff members to 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 Web site for DON PII?

i. (3/4/5) Is the command actively engaged in reducing SSN use per reference (c)?

j. (3/4/5) Is the Command Forms Manager designated in writing? Provide designation letter or collateral duty listing.

k. (3/4/5) 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)?

l. (3/4/5) Does the command publish POD or POW notes on good practices for protecting PII (see the DON CIO site for ideas)? If yes, provide example.

2. Physical

a. (3/4/5) Are all physical command records containing PII properly labeled? (E.g., forms, letters, memos, documents faxed, etc.) Header/footer must read: “FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE – Any misuse or unauthorized disclosure can result in both civil and criminal penalties.” Query random forms.

b. (3/4/5) 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? Conduct random non-invasive search of command spaces.

c. (3/4/5) Does the command utilize/display PII signs available on the DON’s Privacy Web site?
d. (3/4/5) Do all command routed folders containing PII utilize the Privacy Cover Sheet, DD 2923, March 2009, or a command generated cover sheet? (Best Practice).

e. (3/4/5) 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. (3/4/5) Are all records containing PII properly destroyed and rendered unrecognizable and beyond reconstruction? Discuss mechanism for destruction.

g. (3/4/5) 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. (3/4/5) Are shredders used for PII material at the command cross-cut shredders per 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. (3/4/5) Is the Navy Reserve Homeport used as the primary means of PII dissemination?

b. (3/4/5) Are all e-mails sent by any member of the command containing PII in compliance with the requirements listed in reference (a)? Be prepared to provide examples to assessor.

   (1) Is the e-mail sent only to recipients with an official need-to-know?

   (2) The subject line must contain the phrase “FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE.”

   (3) The body of the e-mail must 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. (3/4/5) Ensure members of the command are not storing prohibited PII on personally owned electronic devices.

d. (3/4/5) Per reference (a), fax machines may be used to send information containing PII. Under the governing directive do all faxes sent containing PII meet the correct criteria?
e. (3/4/5) Are all mobile computing devices properly issued with a DD 2501 and verified annually?

f. (3/4/5) 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? Review access against collateral duties list.
TR-1 GENERAL TRAINING

Ref: (a) COMNAVRESFORNOTE 1001  
(b) COMNAVRESFORINST 4650.1A  
(c) NAVRESPRODEVCECNOTE 1500  
(d) ALNAVRESFOR 018/18  
(e) DoD Instruction 1215.07  
(f) RESPERMAN 1500-010  
(g) ASN Approved Correspondence Course List  
(h) OPNAVINST 3120.32D CH-1  
(i) COMNAVRESFORCOMINST 1412.1D


   a. (3/4/5) Does the Training Department have the current versions of references (a) to (c)?

   b. (3/4/5) Does the Training Department have a current long-range staff training plan that includes required schools per reference (h)?

   c. (3/4/5) Does the long-range training plan list all required staff schools (NEC and non-NEC) and identify who is fulfilling each position/duty?

   d. (3/4/5) Does the Training Department have access to FLTMPS?

   e. (3/4/5) Are FLTMPS and TFMMS used to determine future school requirements, both FTS and SELRES?

   f. (3/4/5) Does the long range training plan account for gains and losses?

   g. (3/4/5) Are unfilled requirements identified?

   h. (3/4/5) Does the command hold PB4T or similar meeting to coordinate and plan training per reference (h)?

      i. (NOSC only) Do echelon 6 commands participate in PB4T?

      j. (3/4/5) Has a short range training plan been developed per reference (h)?

      k. (5) Are the echelon 6 commands required to provide a unit training plan? If so, provide example.

      l (3/4/5) Does the Training Department act on SELRES schools requests in a reasonable amount of time? Discuss time to act. Provide examples if applicable.
m. (3/4/5) Does the Training Department have access to CANTRAC as a resource for course and prerequisite information per reference (b)?

n. (3/4/5) Is the process for obtaining quotas used per reference (a) and (b)?

o. (NOSC only) Has the echelon 5 CO attended the Navy Operational Support Center Commanding Officer (NAVOPSPTCEN CO) Course (R-7A-0010) per reference (i)? If not, has the CO been scheduled to attend?

p. (NOSC only) Are officer leadership training completion and delinquency lists provided to echelon 6 CO/OIC for tracking and action to meet the 5-year requirement in reference (d)?

q. (3/4/5) Is GMT administered as identified by the latest CNO’s guidance?

r. (3/4/5) Is all face-to-face training documented in FLTMPS per COMNAVRESFORCOM guidance?

s. (3/4/5) Do Training Department personnel subscribe to the COMNAVRESFORCOM N7 GovDelivery?

t. (3/4/5) Is the most current FY Assistant Secretary of Navy list of approved correspondence courses maintained by the Training Department?

u. (3/4/5) Is authorizing and awarding non-pay retirement point credit for completion of correspondence courses being executed per references (f) and (g)?
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 5450.71  
(i) NAVEDTRA 43075


2. Direct Commission Officer Program

   a. (5) Does the Administration Department have access to PRIDE MOD II?

   b. (5) If the DCO sponsor is not the echelon 5 CO, has a DCO sponsor been assigned in writing?

   c. (5) Does the DCO sponsor have access to the CNRFC N7 DCO SharePoint?

   d. (5) Does the DCO sponsor routinely check the CNRFC N7 DCO SharePoint for prospective gains?

   e. (5) Are DCOs being contacted within 30 days once the echelon 5 has been made aware of the new gain?

   f. (3/4/5) Are DCOs completing the ODS or LDO/CWO Academy within 1 year of commissioning per reference (b)?

   g. (3/4/5) Is the gain package sent to the DCO Program Manager at CNRFC N7 once the gain process is complete?

   h. (5) Is the ENTRS student profile updated once the DCO/LDO/CWO is fully gained?

   i. (5) Is the DCO checklist being utilized for all DCO/LDO/CWO onboarding and gain process?

3. NAVOPSPTCEN Personnel Qualification Standard

   a. (NOSC Only) Has the echelon 5 command implemented the PQS for NAVOPSPTCEN Staff Program per reference (h)?
b. (NOSC Only) Has the command designated a command PQS Coordinator in writing per reference (h)?

c. (NOSC Only) Has the command identified PQS signatories in writing per reference (h)?
TR-3 SCHOOLHOUSE TRAINING PROGRAMS

Ref:  (a) NAVEDTRA 135 Series  
     (b) NAVEDTRA 136 Series  
     (c) NETCINST 1500.5 Series  
     (d) NETCINST 1500.2 Series  
     (e) NETCINST 1510.1 Series


2. Staff and Administration Requirements (NAVEDTRA 135 chapter 3 and NETCINST 1500.5)
   
   a. (4) Does the command have a written instructor certification plan?
   
   b. (4) Does the command have instructor records to verify instructors are following the certification plan?
   
   c. (4) Has the LSO completed the command’s In-Service (IS) training requirements for instructional management?
   
   d. (4) Are course supervisors qualified as instructors for the courses they supervise? Provide the letter(s) of designation.
   
   e. (4) Does the command have an instructor recognition program (IOY/IOQ/Awards) in place and functioning?
   
   f. (4) Based on the last IOY/IOQ board records, did the board and its members follow their own instruction?
   
   g. (4) Has the CO, XO, OIC, and CMC conducted at least one instructor evaluation spot check per quarter? Is it documented?

3. In-Service (IS) Training Program (NAVEDTRA 135, appendix B and NETCINST 1500.5)
   
   a. (4) Does the LSO
      
      (1) Develop, schedule and conduct the IS Training Program?
      
      (2) Analyze the effectiveness of IS Training Program?
      
      (3) Retain IS training records for 3 years?
4. **Student Management** (NAVEDTRA 135 chapter 8 and NETCINST 1510.1)
   
a. (4) Does the command have written processes in place for the following student management areas (as applicable):
   
   (1) Pipeline management?
   
   (2) Student recognition program?
   
   (3) Student counseling?
   
   (4) Remediation program?
   
   (5) Retesting program?
   
   (6) Academic Review Boards?
   
   (7) Student record management?
   
   (8) Class scheduling procedures?
   
   (9) Student quota management?
   
   b. (4) Have all recently graduated (2 weeks window) classes been graduated in CeTARS)?
   
   c. (4) Are quota records maintained for 2 years and are the records maintained per PII requirements?

5. **Curriculum Management** (NAVEDTRA 135, chapter 8)
   
a. (4) Are curriculum managers qualified and designated in writing, as needed? Provide the letter(s) of designation.
   
   b. (4) Does the command have processes in place for curriculum review, development, revision, and maintenance per NAVEDTRA 135 and 136?

6. **Assessment** (NAVEDTRA 135, chapter 5)
   
a. (4) Does the command have written assessment programs/processes in place for the following areas as (applicable):
   
   (1) Testing program?
   
   (2) Instructor evaluation program?
(3) Student critique program?

(4) Training Analysis Review Program?

(5) Safety Requirements Review Program?

(6) Does the command collect and use available external assessments, such as HPRR?

7. Master Training Specialist (MTS) Program

a. (4) Does the command have an MTS program?

b. (4) Does the command have a current signed MTS instruction?

c. (4) Does the command instruction align with NETCINST 1500.2 Series?

d. (4) Is the MTS instruction approved through COMNAVFORCOM N7?

e. (4) Is the command MTS Coordinator designated in writing? Provide the letter(s) of designation.

f. (4) Are mentors designated in writing and is a complete list of mentors made available to the command? Provide the letter(s) of designation.

g. (4) Are MTS certificates serialized? Are the certificates and medallions locked in a container with limited access?

h. (4) Is an MTS mentor assigned to each candidate enrolled in the program?

i. (4) Are request chits signed to participate in the MTS program and retained for each candidate enrolled in the program?

j. (4) 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?

k. (4) Is the command utilizing the Navedtra 43100-7 MTS Personal Qualification Standards (PQS)?

l. (4) 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?

m. (4) Are online tests proctored?
n. (4) 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?

o. (4) 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?

p. (4) Does admin complete a Page 13 and submit to member’s record for each newly designated MTS?

q. (4) Does each newly qualified MTS complete the online survey and is it tracked?
ASD-1: AVIATION SAFETY

Ref: (a) OPNAVINST F3100.6 series
     (b) OPNAVINST 3120.32 series
     (c) OPNAVINST 3500.39 series
     (d) OPNAVINST 3710.7 series
     (e) OPNAVINST 3750.6 series
     (f) OPNAVINST 5102.1 series
     (g) USFFC MSG DTG 102117ZSEP15
     (h) COMNAVAIRFORRESINST 3750.1 series


2. Training/Qualification/Staffing
   a. (4/5) Is the Safety Officer designated in writing?
   b. (4/5) Is the Safety Department properly staffed per OPNAVINST 3750.6 series?
   c. (4/5) Is the Safety Officer/Department Head an Aviation Safety Officer (ASO) school graduate?
   d. (4/5) If Safety Officer/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?
   e. (4) Has the Safety Officer served as a squadron or major detachment safety department head?
   f. (4/5) Who are command/staff’s ASO/ASC qualified officers?
   g. (5) Have the CO/XO attended the Aviation Safety Command course? Are the dates correctly annotated in the Air Boss Safety Tracker?

2. Communication/Planning and Documentation/Resources
   a. (4) 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?
   b. (4/5) Are resources adequate (funding, manning, IT, etc.)?
(1) (4) If not, specifically what do you require?

(2) (4) What is the impact of inadequate resources?

c. (4/5) Are there major planning efforts? Is there a long-range aviation safety plan?
   (1) (4) If yes, please describe?
   (2) (4) Is there a Command Strategic Plan? Describe/Summarize?

d. (4/5) What negatively impacts ability to perform your mission?

e. (4) Is a complete 2-year file kept of all Reserve Force Squadron aircraft flight mishap and ground mishap Safety Investigation Reports (SIR)? Are SIRs properly disposed of? If SIRs are retained as a training aid, are they expunged per OPNAVINST 3750.6 series?

f. (4) What method is used to follow up and ensure corrective actions recommended by the SIR are completed at the RESFORON and staff level?

   g. (4/5) Do you have a good working relationship with the squadron/wing Aviation Safety Officer(s) (ASO)?

h. (4/5) Are publications/instructions current?

   i. (4) Is there an active bi-directional communications channel between the staff and RESFORONs concerning safety matters?

   j. (4) What means are established to disseminate safety information from the staff level to the RESFORONs?

   k. (4) Is there some means of documenting RESFORON safety statistics (i.e., years mishap-free and hours since last class “A” flight mishap)?

   l. (4) How does the Safety Officer monitor aircrew qualifications and Naval Aviation Training and Operations Procedures Standardization (NATOPS) currency requirements for staff aircrew? If not, who does?

   m. (4) How are RESFORONs inspected? Are previous discrepancies tracked for recommendation compliance?

3. Mishap Investigation Kit

   a. (5) Is there a Mishap Investigation Kit readily available?
b. (5) 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?

4. Pre-Mishap Plan (PMP)

a. (5) Is the unit's Mishap Plan current and in compliance with COMNAVAIRFOR distributed standardized Pre-Mishap Plan? Are changes tracked via a “Record of Changes?”

b. (5) How often is the PMP reviewed?

c. (5) How often are Aviation Mishap drills conducted? Is appropriate drill documentation on hand?

d. (5) 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)?

5. AMB - Aircraft Mishap Board

a. (5) Are AMB members appointed by name and in writing?

b. (5) Does the senior member of the AMB or ASO ensure the training and readiness of the AMB?

c. (5) At what periodicity is AMB training conducted? Is there documentation of personnel present for training (i.e., Memo to CO with: name and billet, summary of training)?

6. ORM/CRM Training (Annual Requirement)

a. (4/5) Documented in MNP/NATOPS?

b. (4/5) Tracked in FLTMPS/SHARP/ESAMS?

7. MCAS/CSA (Required within 90 days of change of command, then within 9 months)

a. (5) Date latest survey was completed? If next survey is due within next 2 months, has it been requested yet?

b. (5) Were the results shared with Safety Department? Squadron? (optional)
8. **Naval Safety Center Aviation Operational Safety Assessment**
   a. (5) Date of latest? Are results on hand? Were the issues addressed?

9. **Aviation Safety Council (Quarterly Requirement)**
   a. (5) Participants designated in writing?
   b. (5) Was there a review of pertinent ESC notes?
   c. (5) Did they cover status of old business? Assign tasking for new business?
   d. (5) How is the evolution documented (i.e., Memo to CO with: names and billets, old/new business status/tasking)?

10. **Base Aviation Safety Council**
    a. (5) Does a Safety representative regularly attend the Safety Council meetings held by the air station? Who else attends?
    b. (5) How is information disseminated and is pertinent info covered in ESC and/or ASC?

11. **Enlisted Safety Council (ESC)**
    a. (5) Who are the participants? Are the majority of participants the same personnel from month to month (consider changing it up)?
    b. (5) Does the ESC cover aviation related and non-aviation related topics?
    c. (5) Is evolution documented and memo sent through Safety Officer to CO?
    d. (5) How is information disseminated? All read board?
    e. (5) Are action items assigned? What is the follow-up system?

12. **Human Factors Council (Quarterly Requirement)**
    a. (5) Are the participants designated in writing?
    b. (5) Are HFCs conducted per the requirements of OPNAVINST 3750.6 series?
    c. (5) Is the HFC documented? Is confidentiality maintained?
    d. (5) How are significant factors addressed?
13. Safety Officer Surveys
   a. (5) Are Safety Officer Monthly Surveys being conducted?
   b. (5) What subject matter is addressed? Does the Safety Officer Survey include any
      relevant enclosures?
   c. (5) Are memos forwarded to CO via XO and kept on file?

14. Flight Surgeon availability
   a. (5) Is a flight surgeon assigned to the command?
   b. (5) Does the flight surgeon participate in the Command Aviation Safety Program
      activities such as pilot training, stand downs, AMBs, safety councils, etc.?

15. Mishaps/HAZREPs/Endorsements
   a. (5) Are all submitted reports documented? Serialized correctly?
   b. (5) Explain all mishaps in the past 12 months by type, category, and severity.
   c. (4) Discuss mishap endorsements in the past 12 months. Have deficiencies been
      corrected? Recommendations followed?
   d. (5) Explain all HAZREPS in the past 12 months by BASH and Non-BASH.
ASD-2 NON-COMBAT EXPENDITURE ALLOCATION

Ref:  (a) NOSSAINST 8020.14
     (b) OPNAVINST 8010.12
     (c) NAVSUP P-724
     (d) OPNAVINST 3591.10 series
     (e) NAVSEAINST 8370.2
     (f) COMNAVRESFORINST 8011.2
     (g) NAVSUP P-806
     (h) NAVSEAINST 8370.2
     (i) OPNAVINST 8023.24C
     (j) OPNAVINST 3591.1F
     (k) OPNAVINST 5530.14E
     (l) NAVSEA SW020-AF-HBK-010
     (m) OPNAVINST 5530.13C
     (n) COMNAVAIRFORINST 4790.2C


   a. (5) Is the command in compliance with reference (f)?


   c. (5) Has ammunition inventory accuracy been maintained?

   d. (4/5) Has the echelon 4 NCEA manager developed an SOP outlining procedures for ordering, receiving, issuing, and expending ammunition? Is the SOP approved by Type Commander?

   e. (5) Are there procedures in place for maintaining inventory, accuracy, and accountability when ammunition is stored by another service MOA/MOU?

   f. (5) Has the NCEA manager attended either the Ammunition Administration course or the OIS-R operator course? Within 90 days of assignment?

   g. (5) COMNAVAIRFORES echelon 5 commands complete COMNAVAIRFORRESINST 5040.1 ASD-2 checklist.
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

<table>
<thead>
<tr>
<th>STATUS AS OF (DATE)</th>
<th>REPORTED BY (ACTION OP/BUREAU/COMMAND)</th>
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<tbody>
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</table>

<table>
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<tr>
<th>ACTION OFFICER (NAME AND EXTENSION)</th>
<th>COORDINATING ACTION (OP/BUREAU/COMMAND)</th>
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</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:

Result: **Marginally Compliant**

Root Cause: **Didn’t Know**

COMNAVRESFOR POC: LSCS Richardson
COMMAND POC: YNC Rodriguez

Ref: (a) OPNAVINST 5354.1F CH-1

1. GENERAL COMMENTS:

   a. The CMEO Program is managed per 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 Commander’s 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. NON-TRACKED DISCREPANCIES: None.

3. 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. COMANAVRESFORCOM-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).

4. RECOMMENDATIONS: Add NP&P workshop requirements to the Commander, Navy Region Southwest CMEO training tracker.

5. BRAVO ZULUS: None.

6. 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.
# Command Assessment Guide Change Request Form

**APPENDIX D**

## Change Request Form for Commander, Navy Reserve Force

**Command Assessment Guide Change Request**

<table>
<thead>
<tr>
<th>COMMAND:</th>
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<tr>
<td>UIC:</td>
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<tr>
<td>DEPARTMENT:</td>
<td></td>
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<tr>
<td>NAME (RANK FIRST NAME, M, LAST NAME):</td>
<td></td>
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<tr>
<td>DATE:</td>
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</tbody>
</table>

### Action Request:

- [ ] Update Section ___________
- [ ] Add Section _____________
- [ ] Remove Section ______________

Reason for the Request:

Request Change Content (Attach additional changes if necessary):

---

### Action Taken by Commander, Navy Reserve Force Inspector General (N002)

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<td>DISAPPROVED</td>
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<tr>
<td>RETURNED WITHOUT ACTION (SEE ATTACHMENT)</td>
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______________________________
SIGNATURE

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COMNAVRESFOR 5040/1
APPENDIX E
LIST OF ACRONYMS

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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<tbody>
<tr>
<td>AAP</td>
<td>Administrative Action Pending</td>
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<tr>
<td>AC</td>
<td>Active Component</td>
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<tr>
<td>ACSO</td>
<td>Assistant Chief Staff Officer</td>
</tr>
<tr>
<td>ACTR</td>
<td>Activity Customer Technical Representative</td>
</tr>
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<td>AD</td>
<td>Active Duty</td>
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<tr>
<td>ADAMS</td>
<td>Alcohol and Drug Abuse Managers/Supervisors</td>
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<td>ADCO</td>
<td>Alcohol and Drug Control Officer</td>
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<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>
</tr>
<tr>
<td>ADEP</td>
<td>Administrative Separation</td>
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<tr>
<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>
</tr>
<tr>
<td>AEL</td>
<td>Advancement Eligibility Listing</td>
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<td>AHLTA</td>
<td>Armed Forces Health Longitudinal Technology Application</td>
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<tr>
<td>AIP</td>
<td>Assignment Incentive Pay</td>
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<td>AMB</td>
<td>Aircraft Mishap Board</td>
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<tr>
<td>AMPS</td>
<td>Account Management and Provisioning System</td>
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<tr>
<td>AO</td>
<td>Approving Official</td>
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<tr>
<td>AOR</td>
<td>Area of Responsibility</td>
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<tr>
<td>AOWA</td>
<td>Assistant Order Writing Authority</td>
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<tr>
<td>APC or A/OPC</td>
<td>Agency/Organization Program Coordinator</td>
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<td>APO</td>
<td>Accountable Property Officer</td>
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<tr>
<td>APSR</td>
<td>Accountable Property System of Record</td>
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<td>ASC</td>
<td>Aviation Safety Command</td>
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<td>Aviation Support Division</td>
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<td>Aviation Safety Officer</td>
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<td>Annual Training</td>
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<td>ATFP</td>
<td>Anti-Terrorism and Force Protection</td>
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<td>Additional Training Flight Period</td>
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<td>ATP</td>
<td>Additional Training Period</td>
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<td>BASH</td>
<td>Bird/Animal Aircraft Strike Hazard</td>
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<td>Blue Jacket of the Year</td>
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<td>BPA</td>
<td>Blanket Purchase Agreements</td>
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<td>BRAC</td>
<td>Base Realignment and Closure</td>
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<td>BUMED</td>
<td>Bureau of Medicine and Surgery</td>
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<td>BUPERS</td>
<td>Bureau of Naval Personnel</td>
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<td>C2OIX</td>
<td>C2 Official Information Exchange</td>
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<td>Cross-assigned In</td>
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<td>CANTRAC</td>
<td>Catalog of Navy Training Courses</td>
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<td>CAO</td>
<td>Cross-assigned Out</td>
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<td>CCS</td>
<td>Command Climate Specialist</td>
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<td>Career Development Board</td>
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<td>Command Duty Officer</td>
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<td>CDSO</td>
<td>Collateral Duty Safety Officer</td>
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<td>CEFIP</td>
<td>Career Enlisted Flight Incentive Pay</td>
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<td>CeTARS</td>
<td>Corporate Enterprise Training Activity Resource System</td>
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<td>Command Fitness Leader</td>
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<td>CFMS</td>
<td>Command Financial Management System</td>
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<td>Command Financial Management System - Consolidated</td>
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DEOCS  DEOMI Organizational Climate Survey
DEOMI  Defense Equal Opportunity Management Institute
DFAS  Defense Finance and Accounting Service
DH  Department Head
DHA  Defense Health Agency
DHA-GL  Defense Health Agency Great Lakes
DISS  Defense Information System for Security
DJMS  Defense Joint Military Pay System
DJMS-RC  Defense Joint Military Pay System-Reserve Component
DLA  Defense Logistics Agency
DOA (FM-2/FM-5)  Designation of Authority
DoD  Department of Defense
DodSER  Department of Defense Suicide Event Report
DON  Department of the Navy
DONCEAP  Department of Navy Civilian Employee Assistance Program
DPAS  Defense Priorities and Allocations System
DRT  Deployment Readiness Training
D-SAAP  Defense-Sexual Assault Advocate Certification Program
DTA  Defense Travel Administrator
DTS  Defense Travel System
DUI  Driving Under the Influence
DVIDS  Defense Visual Information Distribution Service
DWI  Driving while intoxicated
EAP  Emergency Action Plan
EAS  Electronic Access System
ECRC  Expeditionary Combat Readiness Command
EDHA  Electronic Deployment Health Assessment
EDI  Electronic Data Interchange
EDM  Enhanced for Drill Management
EDP  Emergency Destruction Plan
EDVR  Enlisted Distribution and Verification Report
EEBP  Enterprise External Business Portal
EEO  Equal Employment Opportunity
EEOO  Equal Employment Opportunity Officer
EFT  Electronic Funds Transfer
EKMS  Electronic Key Management System
EMF  Expeditionary Medical Facility
EMS  Emergency Medical Service
EO  Equal Opportunity
EP  Early Promote
EPI  Epinephrine
e-QIP  Electronic Questionnaires for Investigations Processing
ESAMS  Enterprise Safety Applications Management System
ESC  Enlisted Safety Council
ESO  Educational Services Officer
EVAL  Evaluation
F&ES  Fire & Emergency Services
FA  Fund Approver
FA (FM-1)  Funds Administrator
FAD  Force/Activity Designator
FAP  Family Advocacy Program
FASTDATA  Fund Administration and Standardized Document Automation
FCPOA  First Class Petty Officer Association
FECA  Federal Employee Compensation Act
FFSC  Fleet and Family Support Center
FHD  Funeral Honors Duty
FHDA  Funeral Honors Duty Allowance
FIAR  Financial Improvement and Audit Readiness
FIP  Financial Information Pointer
FITREP  Fitness Report
FLPB  Foreign Language Proficiency Bonus
FLTMTPS  Fleet Training Management and Planning System
FM  Financial Managers
FM  Fund Manager
FM&C  Financial Management and Comptroller
FMR  Financial Management Regulation
FOB  Forward Operating Base
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
FVAP  Federal Voting Assistance Program
FY  Fiscal Year
GANT  GTCC Automated Notification Tool
GE  General Equipment
GE-R  General Equipment - Remainder
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<td>NAVPERS 1070/613 Administrative Remarks</td>
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<td>Personal Responsibility and Values Education and Training</td>
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COMNAVRESFORINST 5040.1G
1 Apr 2019

PSI Personnel Security Investigation
PSM Personnel Security Management
RA Reasonable Accommodation
RAC Risk Assessment Code
RAP Requirements to Award Process
RBAM Reserve Bonus Application Module
RC Reserve Component
RC2AC Reserve Component to Active Component
RCC Reserve Component Command
RESFORON Reserve Force Squadron
RESFORTAC Reserve Forces Transaction Card
RESPAY Reserve PAY
RFMT Reserve Force Manpower Tool
RIF Reduction in Force
RIMS-FM Reserve Integration Management System-Financial Management
RMA Reserve Medical Administration
RMPM Readiness Management Period
RMT Religious Ministry Team
RNR Retention Not Recommended
RnS Retirements and Separations
RO Responsible Officer
RODS Recreation Off-Duty Safety
RPA Request for Personnel Action
RPAT Reserve Pay Assistance Team
RPN Reserve Personnel, Navy
RUAD Reserve Unit Assignment Document
RUIC Reserve Unit Identification Code
RWO-G Reimbursable Work Orders - Grantor
RWO-P Reimbursable Work Orders - Performer
RWW Return Warrior Workshop
SA Safety Authority
SAAPM Sexual Assault Awareness Prevention Month
SAAR System Authorization Access Request
SAAR-N System Authorization Access Request - Navy
SABRS Standard Accounting, Budgeting, and Reporting System
SACMG Sexual Assault Case Management Group
SADR Sexual Assault Disposition Report
SAG Subactivity Group
SAIRO Sexual Assault Incident Response Oversight
SAPR Sexual Assault Prevention Response
<table>
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## ASSESSMENT MATRIX

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Notes:
- * Critical Program
- 1. Partial
- 2. Contact Assessor
- 3. NOSC GREENSBORO and NOSC ST LOUIS only
- 4. Echelon 4 and 5
- 5. Squadron only
- 6. CFSW only
- 7. Required for commands with staffs of 25 or greater assigned personnel.

Enclosure (2)
CERTIFICATION STATEMENT

[COMMAND LETTER HEAD]

From: Commander, [Command]
To: Commander, Navy Reserve Force N002

Subj: CERTIFICATION STATEMENT OF NONCRITICAL PROGRAM COMPLIANCE OF [COMMAND]

Ref: (a) COMNAVRESFORINST 5040.1G
     (b) Initial Notification Letter

Encl: (1) [Command] Self-Assessment
      (2) [Command] Executive Summary
      (3) [Command] Program Manager List

1. [Brief description of Command’s mission and overall Command Officer’s assessment of mission accomplishment and effectiveness.]

2. Per references (a) and (b), [Command] completed a self-assessment of all critical and noncritical programs defined as applicable per enclosure (2) to reference (a). Results of the self-assessment of critical programs can be found within enclosure (1). Results of the self-assessment of noncritical programs are listed below.

   a. Compliant Noncritical Programs

   b. Marginally Compliant Noncritical Programs

   c. Noncompliant Noncritical Programs

3. Commander, [Command] hereby certifies these results to be true and accurate and acknowledges that noncritical programs that are self-assessed as compliant will not all require an on-site assessment. Noncritical programs that are self-assessed as marginally compliant or noncompliant will result in an on-site teach and train evolution only. The results of the self-assessment of noncritical programs will not be calculated into the overall grade of the assessment.

4. Commander, [Command] requests a teach and train evolution for the following noncritical program areas. This teach and train evolution will not be calculated into the overall grade of the assessment.

   a. Programs Requested for teach and train evolution.
5. Commander, [Command] acknowledges that COMNAVRESFOR N002 will assess approximately 20 percent of noncritical programs that are self-assessed as compliant and that these programs are chosen randomly and will be communicated to [Command] prior to the on-site assessment. The results of the on-site assessment of randomly selected noncritical programs will be calculated into the overall grade of the assessment.

I. M. COMMANDER