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AIRS DETAILED INSPECTION CHECKLIST

2/21/2008

FA SC STMT TEXT

500 MEDICAL
Functional Area Manager: MED
Point of Contact: CAPT ANDERSON - HMC KAREN CARTER DSN 224-4478 (
Date Last Revised: 15 February 2008

500 01 HEALTH RECORDS

500 01 001
Were health records afforded adequate security?
Reference
NAVMED P-117 (MANMED) CHP 16 ARTS 9 AND 10

500 01 002
Was verification of health records accomplished annually?
Reference
NAVMED P-117 (MANMED) CHP 16 ARTS 9 AND 10

500 01 003
Was identification data documented on forms contained in the Health records?
Reference
NAVMED P-117 (MANMED) CHP 16 ART 15

500 01 004
Was a charge-out control system for managing/tracking health records used?
Reference
NAVMED P-117 (MANMED) CHP 16 ARTICLES 10 AND 37

500 01 005
Was immediate action taken upon discovery of loose treatment records/forms to effect proper disposition?
Reference
NAVMED P-117 (MANMED) CHP 16 ART 21

500 01 006
Was a proper record of transfer maintained when health record was transferred?
Reference
NAVMED P-117 (MANMED) CHP 16 ART 10

500 01 007
Was the DD-2005 Privacy Act Statement in the medical record signed?
Reference
NAVMED P-117 (MANMED) CHP 16 ART 36

500 01 008
Were all health records requested for review by inspectors located or accounted for?
Reference
NAVMED P-117 (MANMED) CHP 16 ART 10

500 01 009

Were sensitivities or allergies recorded in the health record?

Reference

NAVMED P-117 (MANMED) CHP 16 ARTICLES 58 AND 59

500 01 010

Are medical warning tags issued and properly recorded?

Reference

BUMEDINST 6150.35 SERIES

500 01 011

Was blood grouping and typing properly recorded in the health record?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 58

500 01 012

Was each record checked to ensure before member deployed that is the member requires corrective lenses a spare pair of lenses is available, and gas masks inserts have been issued?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 28 PARA 2(7)

500 01 013

Are health records maintained for all attached personnel?

Reference

MANMED 16-36

500 01 014

Was an entry including specific facts, time, place, persons involved and circumstances made in the health record on personnel who had incurred an injury which might result in permanent disability or which resulted in physical inability to perform duty for a period exceeding 24 hours?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 58 (PAR 13,B)

500 01 015

Were signatures of health care providers made in accordance with the instruction?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 15, PAR 7

NAVMED P-117 (MANMED) CHP 16 ART 28, PAR 3

500 01 016

Were all dates recorded on component forms of the health record entered using the proper format?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 15, PAR 9

500 01 017

Did health records contain the required forms?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 23, PAR 1.B

500 01 018

Did the abstract of service (NAVMED 6150/4) reflect the current chronological history of ships and stations for which a member has been assigned for duty or treatment?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 62

500 01 019

Are HIV antibody test results filed in the medical record and recorded on DD 2766?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 23

500 01 020

Were personnel bi-ennially tested (as appropriate) for HIV in accordance with the instruction?

Reference

SECNAVINST 5300.30 C, PAR 6, A.

500 01 021

Are test results for sickle cell trait and G6PD deficiency properly recorded?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 63

500 01 022

Are the health records being closed upon the member's separation from active duty and delivered to the command maintaining the member's service record as required?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 20

500 01 023

Are all immunizations tracked utilizing the Medical Readiness Reporting Medical System (MRRS) database?

Reference

NONE

500 02 PHYSICIANS EXAMINATIONS

500 02 001

Were the results of physical examinations reported in accordance with the appropriate programs directives?

Reference

NAVMED P-117 (MANMED) CHP 15 ART 12

500 02 002

Prior to separation from active duty, were personnel being provided a physical examination?

Reference

NAVMED P-117 (MANMED) CHP 15 ART 29

500 02 003

Were pap smears, pelvic examinations, and manual breast examinations being provided to female personnel as required?

Reference

NAVMED P-117 (MANMED) CHP 15 ART 9

500 02 004

Are screening mammography for female personnel requiring such examinations being completed?

Reference

NAVMED P-117 (MANMED) CHP 15 ART 9

500 03 PREVENTIVE MEDICINE

500 03 001

Were monitoring hearing tests being performed and/or was the appropriate follow-up being conducted?

Reference

OPNAVINST 5100.23 SERIES PARAGRAPH 1806(B) (HCP) PROCEDURES MANUAL NEHC TM 6260.21.99-1 PARAGRAPH 46(2)

500 03 002

Was the medical department meeting its responsibility with regard to the program for the prevention and control of malaria?

Reference

NAVMEDCOMINST 6230.2 SERIES PARAGRAPH 4B

500 03 003

Are Preventive Health Assessments (PHA) being conducted annually by the supporting Medical Clinic?

Reference

OPNAVINST 6120.3 PARA 4

500 03 004

Is the DD2766, Adult Preventive and Chronic Care Flow-sheet being used to document Preventive Health Assessments (PHA)?

Reference

OPNAVINST 6120.3 PARA 5

500 03 005

Are all required immunizations current and up to date for all Marines assigned to the unit?

Reference

BMEDINST 6230.15 TABLE 1

BUMEDNOTE 6230.4 ALL INCLUSIVE

500 03 006

Are Pre and Post Deployment Health Assessments being conducted and submitted IAW Naval message 1031331Z NOV 04 DEPLOYMENT HEALTH ASSESSMENT QUALITY ASSURANCE PROGRAM?

Reference

1031331Z NOV 04 DEPLOYMENT HEALTH ASSESSMENT QA PROGRAM

500 04 MEDICAL LEADERSHIP

500 04 001

Are treatments and services planned, designed and monitored so that they are consistent with the operational unit's vision, mission, and goals?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-4

500 04 002

Do leaders provide for adequate facilities, equipment and resources to directly support space, equipment and other resource requirements needed to deliver quality health care, treatment and services?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-4

500 04 003

Do leaders continuously monitor the effectiveness of a performance improvement program?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-4

500 04 004

Are priorities for performance improvement initiatives and patient health outcomes determined by giving high priority to high-volume, high-risk, or problem-prone processes?

Reference

NAVMED P-117 (MANMED)

CHANGE 129 CHP 13 ART 13-4

500 04 005

Were adverse privileging actions or limitations of a providers privileges related to the focused review of a privileged provider's performance or peer review fair hearing and appeals are compliant with BUMEDINST 6320.67A?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-4

500 05 PROVISIONS OF CARE

500 05 001

Are at least two identifiers are used whenever administering medications, drawing blood samples and other specimens for clinical testing, or performing treatments or procedures?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 002

Is emergent or urgent transfer of seriously ill or injured patients to a higher echelon of care should be accomplished cooperatively with local emergency services?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 003

When a patient is routinely referred for consultative evaluation or continued care, was appropriate information related to the care, treatment or services provided by the aid station communicated to the outside provider(s), to include the reason for referral, the patient's physical and psychosocial status, a summary of care, treatment, and services provided and progress toward goals, and a list of current medications?

Reference

NAVMED P-117 (MANMED)

CHANGE 129 CHP 13 ART 13-5

500 05 004

Were patients routinely educated about the consult referral process and how to obtain the care?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 005

Were responses to life-threatening emergencies in accordance to policy and procedures?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 006

Are emergency medications sealed and stored in containers in such a way that staff can readily determine that the contents are complete and have not expired?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 007

Are emergency medications and supplies replaced prior to expiration or as soon as possible after their use?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 05 008

Are there policies and procedures regarding the use of minimal complexity diagnostic tests, including identifying staff members who are permitted to perform testing?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-5

500 06 ENVIRONMENTAL OF CARE

500 06 001

Have environmental improvement efforts resulted in a safe environment that maintains the safety and security of patients and their property while ensuring the right of every patient to personal dignity, confidentiality, and privacy?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 002

Are environmental tours to identify environmental deficiencies, hazards, and unsafe practices, conducted at least every six months

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 003

Has a policy to prohibit smoking and other uses of tobacco in and around the Aid Station, in compliance with federal standards, been implemented and enforced?

Reference

NAVMED P-117 (MANMED)

CHANGE 129 CHP 13 ART 13-6

500 06 004 Is there convenient access to hand washing stations to facilitate compliance with the current hand hygiene guidelines of the Centers for Disease Control (CDC)?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 005

Does the Aid Station control access to and egress from security-sensitive areas, to include medical records and medication storage areas and computer information display terminals, as appropriate?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 006

Is there a written management plan that is developed and maintained describing the processes established and implemented for the selecting, labeling, handling, storing, transporting, using, and disposing of infectious and regulated medical wastes, including sharps from receipt or generation through use and/or final disposal?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 007

Has the Aid Station established their role in relation to a base-wide or community-wide emergency management program?

Reference

NAVMED P-117 (MANMED)CHANGE 129 CHP 13 ART 13-6

500 06 008

Have Fire Bills been created and critiqued fire drills performed at a frequency no less than recommended by the National Fire Protection Association (NFPA) Standards?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 009

Are all fire drills are critiqued to identify deficiencies and opportunities for improvement?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 010

Are there processes for regularly inspecting, testing, and maintaining fire protection and fire safety systems, equipment, and components?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 011

Are all heat detectors, manual fire alarm boxes, and smoke alarms tested at least annually?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 012

Are all portable fire extinguishers clearly identified, inspected by Aid Station staff at least monthly, and maintained by certified personnel at least annually?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 013

Are Aid Station spaces clean and well maintained, with means of access and egress unencumbered?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 014

Were activities developed and implemented to protect occupants during periods when a building does not meet the applicable provisions for a safe environment?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 06 015

Is there an appropriate inspection and maintenance process for achieving effective, safe and reliable operation of all equipment on the inventory?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-6

500 07 MEDICATION MANAGEMENT

500 07 001

Was only medication approved in writing by the aid station's respective Division, Wing, or Group Surgeon maintained, stocked, dispensed, or administered by the aid station?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 002

Was the minimum amount of patient information available in the medical record for use by those involved in medication management, to include age, gender, current medications, diagnoses and currently occurring conditions, allergies, and where appropriate, height and weight and pregnancy/lactation status?

Reference

NAVMED P-117 (MANMED) CHP 16 ART ??

500 07 003

Are medications stored in a manner that ensures product stability and prevents access by unauthorized persons?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 004

Is there a process to address how unused, expired or returned medications are managed and all expired, damaged and/or contaminated medications are segregated until they are removed?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 005

When there is a medication recall or discontinuation by the manufacturer or the Food and Drug Administration (FDA) for safety reasons, are medications retrieved and handled per policy and law or regulation?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 006

Are preprinted order sheets (overprints) approved by a designated Aid Station Medical Officer and are they reviewed and updated as needed to support clarity, accuracy and safety?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 007

Is there is a peer review process to evaluate appropriateness of drug prescriptions?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 008

Before a medication is administered, is there a verification to ensure the medication is the correct one, that it has not expired, and that the correct dose is being given to the correct patient?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 07 009

Are there policies and procedures that address prescriber notification along with entry into the performance improvement process in the event of an adverse drug reaction or medication error?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-7

500 08 HUMAN RESOURCES

500 08 001

Are services within the aid station provided based on the availability of an adequate number and mix of staff and licensed practitioners?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-8

500 08 002

Are each privileged provider's qualifications consistent with their responsibilities in compliance with BUMEDINST 6320.66E (Credentials Review and Privileging Program)?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-8

500 08 003

Upon assignment to the Aid Station, is each staff member oriented to aid station policies, procedures, specific job duties and responsibilities?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-8

500 08 004

Does training related to job orientation occur not only upon initial arrival to the workspace but whenever job responsibilities or duties change?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-8

500 08 005

Is on-going training documented along with intermittent assessments that validate an individual's competence to perform job responsibilities?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-8

500 08 006

Do non-credentialed health care providers function under an individually specified listing of duties, responsibilities, and limitations?

Reference

OPNAVINST 6400.1 SERIES PARA K 3 AND APPENDIX A

500 08 007

Were non-credentialed health care providers properly supervised?

Reference

OPNAVINST 6400.1 SERIES PARA K 2

500 08 008

Is a physician supervisor performing and documenting by signature, an evaluation or review of the treatment rendered by each non-credentialed provider at required intervals?

Reference

OPNAVINST 6400.1 SERIES ENCL (2) PARA 4 (5A - C)

500 08 009

Was periodic in-service education or refresher training in applicable areas of medical treatment provided and/or documented for each non-credentialed provider?

Reference

OPNAVINST 6400.1 SERIES ENCL (3)

500 08 010

Has documentation of certification, training and use of Independent Duty Hospital Corpsmen (IDC's) been accomplished?

Reference

OPNAVINST 6400.1 SERIES ALL INCLUSIVE

500 08 011

Was the command formally served by a credentials committee and/or an executive committee of the medical staff

Reference

BUMEDINST 6320.23 PARA 4A

OPNAVINST 6320.7

500 08 012

Was a credentials file available on each individual required to have same?

Reference

BUMEDINST 6320.23 PARA 4B

OPNAVINST 6320.7

500 09 INFORMATION MANAGEMENT

500 09 001

Is there a written policy addressing the privacy and confidentiality of information that is communicated to staff?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 1

500 09 002

Are controls to safeguard information and data, including patient records, against loss, destruction, and tampering developed and implemented?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 003

Is compliance with the policy of information security, information privacy, and confidentiality monitored by the Aid Station?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 004

Does the aid station have a complete and accurate medical record for patients assessed, cared for, treated, or served in the aid station?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 005

Are entries made by non-independent practitioners that require countersignature defined?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 006

Are all medical record entries dated and authenticated by a written or electronic signature with the providers printed signature block?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 007

Is there sufficient information in each medical record entry to identify the patient, support the diagnosis, justify the care and treatment, and promote continuity of care between providers?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 008

Is there is a policy that ensures the timely entry of information into the patient's medical record?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 009

Are referrals or communications made to external or internal care providers documented in the medical record?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 010

Is there an effective process to ensure consultation reports are included in the medical record?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 011

Are records of communication with the patient regarding care, treatment, and services documented in the medical record?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 012

Does the medical record contain a summary list of significant diagnoses, procedures, drug allergies, and medications?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 013

Does a review of medical records based on defined indicators that address the presence, timeliness, readability, quality, consistency, clarity, accuracy, completeness, and authentication of data and information contained within the record occur on an ongoing basis?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 014

Are comparative performance data and information from the aid station used within the major subordinate commands for decision making?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 09 015

Do providers and staff have ready access to current and authoritative knowledge-based information resources in print, electronic, internet, or audio forms to acquire and maintain the knowledge and skills needed to maintain and improve competence, assist with clinical/service and management decision making, provide appropriate information and education to patients and families, and support performance improvement and patient safety activities?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-9

500 10 PATIENT RIGHTS

500 10 001

Is there a Patient Bill of Rights that is employed by patients, health care providers, and clinic staff?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-10

500 10 002

Is informed consent documented according to local procedures to ensure patient education about the nature of the proposed procedure, treatment or service, to include potential risk, benefits and alternatives?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-10

500 10 003

Do clinical areas have designated spaces where privacy can be maintained during patient interactions with corpsmen and providers?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-10

500 10 004

Are patients kept apprised of the effects of care delivered to include information related to results of treatment and services that have been provided even if the resulting outcome was unanticipated and/or adverse in nature?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-10

500 10 005

Does a process exist for patients to submit compliments, comments, or complaints?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-10

500 11 INFECTION CONTROL

500 11 001

As part of an emergency plan, is there a plan for managing the influx of potentially infectious patients over an extended period?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-11

500 11 002

Does the aid station appropriately store, clean, disinfect, sterilize and/or dispose of supplies and equipment?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-11

500 11 003

Do patients and staff appropriately use personal protective equipment?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-11

500 11 004

Does the aid station appropriately limit unprotected exposure to pathogens, to include minimizing the risk of transmitting infections associated with the use of procedures and medical equipment?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-11

500 11 005

Are enhanced hand hygiene practices apparent in accordance with the CDC hand hygiene Guidelines?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-11

500 12 PERFORMANCE IMPROVEMENT

500 12 001

Does every healthcare provider within the Aid Station actively participate in a performance improvement plan that supports the mission and ensures the continuous improvement of care delivered to the patients entrusted to their care?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-12

500 12 002

Is data collected for priorities identified by leaders, to monitor and improve performance?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-12

500 12 003

Is collected data aggregated and analyzed, and compared internally over time and externally with other sources of information when available?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-12

500 12 004

Are undesirable patterns or trends in performance analyzed?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-12

500 12 005

Is an ongoing, proactive program for identifying and reducing unanticipated adverse events and safety risks to patients defined and implemented?

Reference

NAVMED P-117 (MANMED) CHANGE 129 CHP 13 ART 13-12

500 13 TRAINING

500 13 001

Were training records current and maintained on each enlisted member?

Reference

OPNAVINST 3120.32 CHP 8 PARA 803

500 13 002

Is Tactical Combat Casualty Care (TCCC) training being tracked in accordance with the reference?

Reference

MCO 6200.1 SERIES CH-1

500 13 003

Is Combat Life Saver (CLS) Course training to Marines being tracked in accordance with the reference?

Reference

MARADMIN 363/06

500 13 004

Basic Life Support (BLS) certification current for all medical personnel assigned?

Reference

MARADMIN 363/06

500 13 005

Do all Navy personnel receive required General Military Training IAW the annual NAVADMIN?

Reference

BUMEDINST 1500.15 SERIES PARA 5B.1

500 13 006

Is physical readiness testing being conducted semiannually and recorded via PRIMS for all Navy personnel?

Reference

OPNAVINST 1500.22 SERIES PARA 4A PARA 5C

500 13 007

Is physical readiness testing being conducted semiannually and recorded via PRIMS for all Navy personnel?

Reference

OPNAVINST 6110.1 SERIES ENCL (1) PARA 11 J. & K.

500 14 ADMINISTRATION

500 14 001

Is the AIRS (Automated Inspection Reporting System) Checklist readily available and used by both the Marine Unit and supporting Medical Clinic as a guide to review medical areas?

Reference

MCO 5040.6 SERIES

500 14 002

Are personnel rosters provided to the supporting medical facility?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 28

500 14 003

Does the Marine unit receive medical readiness status reports from the supporting medical facility? How often?

Reference

NONE

500 14 004

Does the Marine unit ensure the delivery of medical records to the supporting medical facility?

Reference

NAVMED P-117 (MANMED) CHP 16 ART 28 PARA 2(B)