

**U.S. NAVAL HOSPITAL ROTA
ENLISTED RESERVE COMMAND CHECK-IN/OUT**

Name: _____ Grade: _____ Directorate / Department Assigned: _____
 Check-in/out Date: _____ Date Check-in/out Completed: _____

| OFFICE LOCATION HOURS | PURPOSE | ITEMS NEEDED | DATE INITIALS CHECK-IN | DATE INITIALS CHECK-OUT |
|---|--|---|------------------------|-------------------------|
| Operations Management Department E122 M-F 0730, 0730-1600, 727-3200 | Issuing Hospital ID Badge/Keys See back for check-out | - Work location | | |
| NAVSTA Operational Support Officer (OSO) Building 1 - 2nd floor, 0830-1600 | Assign the Reservist to come on board | - Orders - Military ID | | |
| If you already have a @med.navy.mil email than go to PSD/BLDG 1 first to have certificates updated. If you have <u>no</u> email account than go to IMD first to get email account, then PSD/BLDG 1 for certificates. | | | | |
| Personnel Support Detachment (PSD) Building 1, M-F 0900-1500 | Get CAC card certificates Submit Travel Claim Copy of orders (if needed) | - Service record - Travel receipts - ID card | | |
| Management Information Department E001 M-F 0900-1530, 727-3582 | Get System Authorization Request | - Current Information Awareness NKO training certificate | | |
| Management Analyst (MEPRS) E019 M-F 0800-1200, 727-3514 | Verifies DMHRSi paperwork Explains about system | - DMHRSi sheet filled out | | |
| Medical Records Block E E-33 M-F 0730-1630, 727-3552 | Update info in CHCS Collect medical record Medical Readiness check-in sheet will refer if needed to: Tricare, Dental, Medical Readiness Occupational Health, Preventive Medicine, | - Medical record | | |
| Command Suite E113 M-F 0800-1630, 727-3500 | Appointment with CO, XO, CMC | | | |
| | CO: Date: _____ Time: _____ Initials: _____ | | | |
| | XO: Date: _____ Time: _____ Initials: _____ | | | |
| | CMC: Date: _____ Time: _____ Initials: _____ | | | |
| Safety Office, Mr. Legge/HM1 Leon D071 M-F 0900-1200, 727-3321 | Assigns training based on Dept. Orients on basic fire response. Refers to Respiratory Protection Manager and/or Occupational Health as needed | -ID Card | | |
| AHLTA Training, Mr. Trammel A035A M-F 0830-1630, 727-953-0000 | Sets up training/access for those who need it | -ID Card | | |
| Mail Room E037 M- F 0730-0945/1100-1600, 727-3533 | Get mail box number/code Name tag Provides info about mail service | -ID Card | | |

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|---|---|--------------------------------------|--|--|
| Education and Training E262 M-F 0730-1600, 727-3489 | Assigns specific training depending on staff criteria requirements. | Access -ID Card | | |
| Human Resources (Last Stop) E121 M-F 0730-1630, 727-3521 | Turn in completed Check-in Sheet | - Completed Check-in/out Sheet | | |

Departmental Check in/out

| Check-in with | Date Check-in | Initials | Purpose | Date Check-out | Initials |
|---------------------------|----------------------|-----------------|--|-----------------------|-----------------|
| Dept Safety Rep | | | Initial safety orientation Provide dept specific safety training Complete 2 safety sheets Refer to Rad Hlth for TLD if needed | | |
| Dept Training Officer/Rep | | | Copy BLS/ACLS/ATLS/PALS cards Get HIPPA training Collect training records/certificates | | |
| Dept Head | | | Sign System Authorization Request | | |
| Director | | | Welcome aboard/Fair winds and following seas | | |