

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

Rate/Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Directorate / Department Assigned: \_\_\_\_\_

Check-Out Sheet Issued: \_\_\_\_\_ Date/Time Check-out Completed: \_\_\_\_\_

OFFICE LOCATION HOURS	PURPOSE	ITEMS NEEDED	DATE INITIALS CHECK-IN	DATE INITIALS CHECK-OUT	
Operations Management Department	- Issuing Hospital ID badge/keys	- Work location			
If you already have a @med.navy.mil e-mail than continue to PSD/BLDG 1 for update of certificates. If not, proceed to the Information Management Department first, then to PSD/BLDG 1 for certificates.					
Personnel Support Detachment, NAVSTA	- CAC card certificates/travel claim/copy of orders	- Service record/ travel receipts/ID card			
Management Information Department	- System authorization request	- Information Awareness training			
Management Analyst (MEPRS)	- DMHRSi account/training	- DMHRSi form			
Urinalysis Coordinator	- Urinalysis testing within 72 hours of arrival	- Military ID			
Command Suite	<b>Appointment with CO, XO</b>				
	CO: Date: _____ Time: _____ Initials: _____				
	XO: Date: _____ Time: _____ Initials: _____				
Safety Office	- Departmental training assignment. - Basic fire response orientation. - Referral to Respiratory Protection Manager and Occupational Health as needed.	- Military ID			
AHLTA Training	- Sets up training/AHLTA access	- Military ID			
Mail Room	- Mail box number/code/name tag/orient mail service.	- Military ID			
Education and Training	- Training assignment on staff criteria requirements.	- Military ID			
<b>**MEDICAL CORPS, NURSE CORPS, AND MEDICAL SERVICE CORPS ALLIED HEALTH PROFESSIONALS ONLY**</b>					
Transcription	- Transcription process orientation	- Military ID			
Credentials	- Confirm granting of privileges	-Military ID/ pending information			
<b>HUMAN RESOURCES (LAST STOP)</b>	<b>- Completion of Check-in/Out Sheet</b>	<b>- Check-In/Out Sheet</b>			
<b>Departmental Check-In/Out</b>					
<b>Check-In with</b>	<b>Date Check-In</b>	<b>Initials</b>	<b>Purpose</b>	<b>Date Check-Out</b>	<b>Initials</b>
Dept Safety Representative			- Initial safety orientation - Provide dept specific safety training - Complete safety foms - Refer to Radiation Health for TLD as needed		
Dept Training Officer/Rep			- Copy BLS/ACLS/ATLS/PALS cards - HIPAA training - Training records/certificates		
Dept Head			- Signature of system authorization request		
Director			- Welcome aboard/fair winds and following seas		