

NHB RESERVE ENLISTED CHECK-IN/CHECK-OUT SHEET

NAME :

DEPARTMENT :

***All sections must be completed prior to OSO signature. You do not have to complete these tasks in any particular order.**

| | IN | OUT |
|--|------------------|--------------------------------------|
| Check in/out with Department Supervisor. | | |
| IMD- Room S201 on the Sublevel. Completed SAAR and CHCS forms; (CHCS forms only if you will do patient care). | | (CLOSE ACCOUNT) |
| Outpatient Records- First Deck near the Pharmacy. CHCS Registration, (if you will do patient care). | | |
| (Command CFL) - Room 2302 HEIGHT/WEIGHT/BCA | | |
| Tri-Care Service Center- Third Deck near Family Medicine. Please inquire with any Healthcare Eligibility concerns that you may have. | | |
| CMC's Office- Third Deck. Please Schedule a briefing with The CMC via the Secretary. **FIRST AT WITH NHB ONLY** | | |
| RM 6023- Sixth Deck Command Urinalysis, report the same day the "official command" email notifies NHB staff members, reserve members name will not be on the list but still must report. | | |
| Pass And ID- BLDG HP 16 (Near Front Gate) ID Badge, nametag, and scrub tag (if applicable). Register vehicle if you do not have decals or a car rental agreement. | | *Place ID in Drop Box at Front Gate. |
| COMMAND SAFETY POWER POINT (OSO) To be completed with OSO SPOC or via email. | Via email | |
| DATA QUALITY/TIMECARD, RM. S403G (SUBLEVEL) * Return Timecard for checkout. | | |
| OSO- First Deck check in/out with OSO after all above sections have signatures. Keep folder until the day you check out | | |