PHNSY & IMF
OFFICER CHECK-IN/OUT SHEET

DEPT. HEAD: _____ **SPONSOR:** _____

PROS. GAINING CODE/DIV: _____ **DATE DET LAST CMD:** _____

BADGE NUMBER: M_____ **REQ. CLEARANCE LVL:** _____

RANK/RATE: _____ **NAME:** _____
LAST FIRST MIDDLE

REPORT DATE: _____

PRD: _____ _ **UIC:** ☐ **32253** ☐ **31190** **(Check One)**

Aloha and welcome to Pearl Harbor Naval Shipyard & Intermediate Maintenance Facility. Please check-in with the offices listed below and ensure all entries are signed and dated. Your sponsor should assist you.

I.	Personnel check-in as indicated:	IN DATE/INITIAL	OUT DATE/INITIAL
A.	**MILPERS OFFICE:** (Bldg 167-4; PLR x2910)	_____	_____
B.	**XO ENLISTED STAFF:** (Bldg 167-4; XO x6314)	_____	_____
C.	**LEGAL:** (Bldg 167-4; x2707)	_____	_____
D.	**CO SECRETARY:** (Bldg 167-5; Provide social roster, schedule with V & W) (Ms. Cece Powell x8814)	_____	_____
E.	**URINALYSIS COORDINATOR:** (0800-0815; Bldg 140; x2172 Report NLT 72 Hrs.) DATE/TIME FOR URINALYSIS_____ INIT_____ ETC McDermott @ 620-1789	_____	_____
F.	**EDQP COORDINATOR:** (ED OFFICERS ONLY) (VT10, Drydock 3; x5150)	_____	_____
G.	**DAWIA COORDINATOR:** (ED OFFICERS ONLY) (Bldg 1; x5302 Mr. Larry Doong)	_____	_____
H.	**MAILROOM:** (Bldg 167-1 Rear Loading Dock inside Document Control; x2972)	_____	_____
I.	**SECURITY OFFICE:** (Bldg 167-4: Safety Brief; Bldg 207: Badge Appt)	_____	_____

		IN DATE/INITIAL	OUT DATE/INITIAL
J.	**DAPA:** **(LSC (SS) UITERWYK @ 368-0446)**	_____	_____
K.	**ADP HELP DESK:** **(Bldg 157; x9155) NMCI, LEGACY, TIM, ATIS, PMC, AIM**	_____	_____
L.	**TRAINING: TIP COMPLETE IN NTMPS** **(FT1 Hansen; Bldg 215; x2752)**	_____	_____
M.	**COMMAND FITNESS COORDINATOR:** **(Sub Base Bldg 683-2; FCC Eaton x2362/473-0624)**	_____	_____
N.	**RADIATION HEALTH:** **(Bldg 140 1st Floor; w/ Medical Record; x2373; Across from Shipyard Medical)**	_____	_____
0.	**WARDROOM TREASURER:** **(Bldg 208-2; LT Ruiz x3381)**	_____	_____
P.	**SENIOR WATCH OFFICER:** **(Sub Base Bldg 1770; LCDR Koszarek @ 306-9325)**	_____	_____
Q.	**MEDICAL/DENTAL/TRI-CARE REP:** **(w/ Medical/Dental Records)** **(Makalapa Clinic; 473-0247; 473-1880)** **(SMART Clinic; 473-2444 x509)**	_____	_____
R.	**ENGINEERING & PLANNING OFFICER:** **(C200) (Bldg 214-2; CAPT Ballou x2668)**	_____	_____
S.	**SURFACE WATERFRONT OPERATIONS & CONTRACTING OFFICER (C400):** **(Bldg 167-4; CDR Dolloff x2778)**	_____	_____
T.	**BUSINESS & STRATEGIC PLANNING OFFICER (C1200):** **(Bldg 167-2; CAPT Hampton x6196**	_____	_____
U.	**OPERATIONS OFFICER (C300):** **(Bldg 214-2; CAPT Temme x5176)**	_____	_____

AFTER ALL OTHER SIGNATURES HAVE BEEN OBTAINED:

V.	**DEPUTY SHIPYARD COMMANDER (C100B):** **(Bldg 167-5; 474-9119)**	_____	_____
W.	**SHIPYARD COMMANDER (C100):** **(Bldg 167-5; x2778)**	_____	_____

PLEASE RETURN CHECK-IN SHEET TO THE MILPERS OFFICE UPON COMPLETION OF CHECK-IN!