

# INSURV Checklist By Serial Number / Equipment

Effective Date of Checklist:

01-Feb-13

| DK | ITEM        | EQUIPMENT                                                                                                                                                                                                                                                             | ADDITIONAL INSTRUCTIONS                                                                   | SAT                      | DEG                      | UNSAT                    | NA                       | RBO                      |
|----|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NE | MD0010      | Medical Space & Equipment Inspection                                                                                                                                                                                                                                  |                                                                                           |                          |                          |                          |                          |                          |
|    | REFERENCES: | OPNAVINST 5100.19E; COMNAVSURFORINST 6000.1; COMNAVAIRFORINST 6000.1; GSO 432, 437, 602, 637, 652; NSTM VOL. 2 CHAP 079, 330; MRC 6521 SERIES; MRC 6531 SERIES; AMMAL 0918, 0920, 0924, 0944; NAVMED P-5010; IH FIELD OPS MANUAL; EQUIP MANUF TECH MAN SHIPS DRAWINGS |                                                                                           |                          |                          |                          |                          |                          |
| -  | 100.        | MEDICAL, MEDICAL EQUIPMENT MAINTENANCE:                                                                                                                                                                                                                               |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 100A.       | ALL MEDICAL EQUIPMENT IS CHECKED BY A BIOMEDICAL REPAIR TECHNICIAN AT LEAST SEMI-ANNUALLY (NON CVN SHIPS).                                                                                                                                                            | COMNAVSURFORINST 6000.1, 3302, c                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 100B.       | ICU EQUIPMENT AND ANESTHESIA MACHINES WERE CHECKED BY A BIOMEDICAL REPAIR TECHNICIAN OR MANUFACTURE'S REPRESENTATIVE AT LEAST ANNUALLY (CVN SHIPS).                                                                                                                   | COMNAVAIRFORINST 6000.1, 7108, c                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101.        | MEDICAL, BATTLE DRESSING STATIONS:                                                                                                                                                                                                                                    |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101A.       | SURGICAL SINK IS OPERATING (INCLUDING KNEE/FOOT OPERATING CONTROL).                                                                                                                                                                                                   | COMNAVSURFORINST 6000.1, 4303, c, 3                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101B.       | AN OPERATING OR FIELD OPERATING TABLE IS AVAILABLE AND FREE OF DAMAGE.                                                                                                                                                                                                | COMNAVSURFORINST 6000.1, 4303, c, 4                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101C.       | THERE ARE AT LEAST 4 BATTLE LANTERNS PER TREATMENT TABLE.                                                                                                                                                                                                             | COMNAVSURFORINST 6000.1, 4303, c, 5; COMNAVAIRFORINST 6000.1, 13105                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101D.       | THERE IS AT LEAST ONE WORKING SURGICAL LIGHT PER TREATMENT TABLE.                                                                                                                                                                                                     | COMNAVSURFORINST 6000.1, 4303, c, 5; COMNAVAIRFORINST 6000.1, 13105                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101E.       | ONE GUN BAG IS AVAILABLE IN EACH BDS.                                                                                                                                                                                                                                 | COMNAVSURFORINST 6000.1, 4306, a; COMNAVAIRFORINST 6000.1, 13203, a                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101F.       | REEVES SLEEVE II AND SPINE BOARD ARE LOCATED IN EACH BDS.                                                                                                                                                                                                             | COMNAVSURFORINST 6000.1, 4308, c                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101G.       | (CVN SHIPS) THE LCPO HAS PERSONALLY INSPECTED EACH BDS WEEKLY AND DOCUMENTED THE COMPLETION AND FINDINGS IN THE MEDICAL DEPARTMENT JOURNAL.                                                                                                                           | COMNAVAIRFORINST 6000.1, 4103, k, 6                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101H.       | ALL BATTLE DRESSING STATION EQUIPMENT WAS INVENTORIED AND DOCUMENTED AT LEAST SEMI-ANNUALLY.                                                                                                                                                                          | COMNAVSURFORINST 6000.1                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 101I.       | COMMUNICATION WAS PROVIDED BETWEEN ALL BATTLE DRESSING STATIONS (PHONE / CIRCUIT)                                                                                                                                                                                     | GSO 432g                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 102.        | MEDICAL, BATTLE DRESSING STATION ROUTE / ACCESS MARKERS:                                                                                                                                                                                                              |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 102A.       | BATTLE DRESSING STATION ROUTE MARKERS CONSISTED OF AN ARROW 12 INCHES LONG AND 1 INCH WIDE, WITH A 4 INCH CROSS AT THE CENTER.                                                                                                                                        | GSO 602j; NSTM VOLUME 2, CHAP 079; COMNAVAIRFORINST 6000.1, 13106                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 102B.       | THE ARROWS AND CROSSES ARE RED WITH WITH AN 8 INCH BORDER OF BLACK.                                                                                                                                                                                                   | GSO 602j; NSTM VOLUME 2, CHAP 079; COMNAVAIRFORINST 6000.1, 13106                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 102C.       | THE RED ARROW INTERRUPTED WITH CROSS IS READILY VISIBLE IN REDUCED/RED LIGHTING.                                                                                                                                                                                      | COMNAVSURFORINST 6000.1, 4303, f; NSTM VOLUME 2, CHAP 079; COMNAVAIRFORINST 6000.1, 13106 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM  | EQUIPMENT                                                                                                                                                                                                                          | ADDITIONAL INSTRUCTIONS                                                                   |                          |                          |                          |                          |                          |                          |
|----|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 102D. | SHIP (IF HAD MORE THAN 2 BATTLE DRESSING STATIONS) HAS SUFFICIENT ARROWS AND CROSSES ON THE WEATHER DECKS AND INTERIOR OF THE SHIP TO INDICATE THE MOST DIRECT ROUTE TO THE NEAREST BDS (CLEAR VIEW OF ONE MARKER FROM THE OTHER). | COMNAVSURFORINST 6000.1, 4303, f; NSTM VOLUME 2, CHAP 079; COMNAVAIRFORINST 6000.1, 13106 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 103.  | MEDICAL, LIGHTING:                                                                                                                                                                                                                 |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 103A. | _ OF _ BATTLE LANTERNS THROUGHOUT MEDICAL ARE OPERABLE.                                                                                                                                                                            | COMNAVSURFORINST 6000.1, 4303, c, 5; COMNAVAIRFORINST 6000.1, 1310                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 103B. | BATTLE LANTERNS ARE WIRED TO ENERGIZE WHEN THE SHIP LOSES POWER.                                                                                                                                                                   | NSTM 330-1.9.2.18                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 103C. | _ OF _ SURGICAL LIGHTS THROUGHOUT MEDICAL ARE OPERABLE.                                                                                                                                                                            | COMNAVSURFORINST 6000.1, 4303, c, 5; COMNAVAIRFORINST 6000.1, 1310                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 104.  | MEDICAL, EXAM TABLES:                                                                                                                                                                                                              |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 104A. | EXAM TABLES IN ALL LOCATIONS ARE FREE FROM MATERIAL DEFICIENCIES.                                                                                                                                                                  | MANUFACTURER TECH MANUAL                                                                  | GSO 650                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 104B. | EXAM TABLES TILT AND MOVE AS REQUIRED (HEAD REST, LEG SECTION, STIRRUPS, FOOT STEP, ETC).                                                                                                                                          | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 104C. | EXAM TABLES WERE NOT MISSING PARTS.                                                                                                                                                                                                | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105.  | MEDICAL, BIOLOGICAL/MEDICATION REFRIGERATORS:                                                                                                                                                                                      |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105A. | IS EQUIPPED WITH A FUNCTIONAL ALARM ALERTING PERSONNEL WHEN TEMPERATURE IS NOT MAINTAINED.                                                                                                                                         | COMNAVSURFORINST 6001.1, 4203, a                                                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105B. | MAINTAINS PROPER TEMPERATURE RANGE (36-46 DEGREES F).                                                                                                                                                                              | COMNAVSURFORINST 6001.1, 4203, a; MRC 6521/504 S-1                                        |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105C. | IS OPERATING.                                                                                                                                                                                                                      | MRC 6521/504 S-1                                                                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105D. | A DAILY TEMPERATURE LOG IS BEING MAINTAINED AND REEFER TEMP. CHECKED ONCE DAILY.                                                                                                                                                   | COMNAVSURFORINST 6001.1, 4101, e                                                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 105E. | VACCINE REFRIGERATOR TEMPERATURES WERE LOGGED TWICE DAILY. (CARRIERS)                                                                                                                                                              | COMNAVAIRFORINST 6000.1, 16202, A, 3, C, 1                                                |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106.  | MEDICAL, BLOOD BANK:                                                                                                                                                                                                               |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106A. | HAS A HIGH / LOW TEMPERATURE SENSOR AND ALARM INSTALLED.                                                                                                                                                                           | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106B. | HAS A LOSS OF POWER ALARM INSTALLED.                                                                                                                                                                                               | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106C. | MAINTAINS PROPER TEMPERATURE.                                                                                                                                                                                                      | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106D. | HAS LOCKING DOORS.                                                                                                                                                                                                                 | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 106E. | HAS AN EMERGENCY POWER SUPPLY.                                                                                                                                                                                                     | MANUFACTURER TECH MANUAL                                                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107.  | MEDICAL, FIRST AID BOXES:                                                                                                                                                                                                          |                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107A. | IS IDENTIFIED WITH RED CROSS AND LABELED, "FOR EMERGENCY USE ONLY" IN RED LETTERS.                                                                                                                                                 | COMNAVSURFORINST 6000.1, 4305, a; COMNAVAIRFORINST 6000.1, 13202, b                       |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107B. | IS PROPERLY SEALED WITH ANTI-PILFERAGE DEVICE.                                                                                                                                                                                     | COMNAVSURFORINST 6000.1, 4305, c                                                          |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107C. | FREE OF DAMAGES (DENTS, RUST, BROKEN HINGES).                                                                                                                                                                                      | COMNAVSURFORINST 6000.1 4305                                                              |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D. | IS INSTALLED AS REQUIRED IN THE FOLLOWING SPACES (NON CVN SHIPS):                                                                                                                                                                  | COMNAVSURFORINST 6000.1 4305, a                                                           |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM    | EQUIPMENT                                                                                                                                                                                                                                    | ADDITIONAL INSTRUCTIONS                                             |                          |                          |                          |                          |                          |                          |
|----|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 107D.1  | AIR CONTROL SPACE.                                                                                                                                                                                                                           |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.10 | HANGARS AND HANGER DECK BAYS.                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.11 | MANNED ENGINEERING SPACES.                                                                                                                                                                                                                   |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.12 | MACHINE SHOPS/INDUSTRIAL WORK CENTERS.                                                                                                                                                                                                       |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.13 | WEAPON CONTROL SPACES.                                                                                                                                                                                                                       |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.2  | ANCHOR HANDLING SPACE.                                                                                                                                                                                                                       |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.3  | BRIDGE                                                                                                                                                                                                                                       |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.4  | CIC                                                                                                                                                                                                                                          |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.5  | DCC                                                                                                                                                                                                                                          |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.6  | AFTER STEERING                                                                                                                                                                                                                               |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.7  | REPAIR LOCKERS                                                                                                                                                                                                                               |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.8  | CARGO HOLDS AND MAGAZINES.                                                                                                                                                                                                                   |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D.9  | MANNED COMMUNICATION SPACES.                                                                                                                                                                                                                 |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107E.   | AN INVENTORY OF ALL FIRST AID BOXES WAS CONDUCTED AT LEAST SEMI-ANNUALLY.                                                                                                                                                                    | COMNAVAIRFORINST 6000.1, 13201, b; COMNAVSURFORINST 6000.1, 4305, b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107F.   | THE PROPER NUMBER OF FIRST AID BOXES WERE NOT ONBOARD. NOTE: THE NUMBER OF REQUIRED FIRST AID BOXES PER SHIP (BY CLASS) CAN BE FOUND IN APPENDIX K OF COMNAVSURFORINST 6000.1.                                                               | COMNAVAIRFORINST 6000.1                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 108.    | MEDICAL, MEDICAL STOREROOMS:                                                                                                                                                                                                                 |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 108A.   | THE MEDICAL STOREROOMS PROVIDE PROPER TEMPERATURE FOR HEAT SENSITIVE ITEMS (MEDICINALS, ETC.; MAX 80 DEG F)                                                                                                                                  | VENTILATION DESIGN CRITERIA MANUAL 0938-LP-018-0010                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 108B.   | THE MEDICAL STOREROOM DID NOT PROVIDE PROPER TEMPERATURE FOR MEDICAL SUPPLY ITEMS (MAX 95 DEG F).                                                                                                                                            | VENTILATION DESIGN CRITERIA MANUAL 0938-LP-018-0011                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109.    | MEDICAL, OVERHEAD SHEATHING:                                                                                                                                                                                                                 |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109A.   | OVERHEAD SHEATHING PANELS IN MEDICAL/DENTAL SPACES ARE CAPABLE OF BEING REMOVED AND REINSTALLED WITHOUT SPECIAL TOOLS AND WITHOUT DETERIORATION OF PANELS, TRIM, GRIDWORK, OR FASTENERS TO ALLOW ACCESS TO THE EMERGENCY POTABLE WATER TANK. | GSO 637c, 652a                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110.    | MEDICAL, OXYGEN CYLINDERS:                                                                                                                                                                                                                   |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110A.   | OXYGEN BOTTLES OF ALL SIZES ARE GRADE "B" SHOCK MOUNTED (VERTICALLY AND HORIZONTALLY SECURED.)                                                                                                                                               | COMNAVSURFORINST 6000.1, 4312; COMNAVAIRFORINST 6000.1, 11103, b    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110B.   | MEDICAL OXYGEN BOTTLES ARE TAGGED WITH A "WARNING TAG FOR MEDICAL OXYGEN" DD FORM 1191 (NSN 0102-LF-011-8000).                                                                                                                               | COMNAVSURFORINST 6000.1, 4312                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110C.   | MEDICAL OXYGEN BOTTLES ARE TAGGED WITH A RECORD OF CHECKS CONTAINING: DATE OF PRESSURE CHECK, POUNDS PER SQUARE INCH READING, AND INITIALS OF PERSON CONDUCTING THE CHECK.                                                                   | COMNAVSURFORINST 6000.1, 4312; MRC 6521, 2W-1                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM   | EQUIPMENT                                                                                                                                                                   | ADDITIONAL INSTRUCTIONS                                             |                          |                          |                          |                          |                          |                          |
|----|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 110D.  | OXYGEN CYLINDERS IN THE MAIN EMERGENCY TREATMENT AREA ARE READY FOR IMMEDIATE USE (FITTED WITH REGULATOR).                                                                  | COMNAVSURFORINST 6000.1, 4312, a; COMNAVAIRFORINST 6000.1, 11103, a | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110E.  | OXYGEN REGULATORS ARE FREE OF DEFICIENCIES. SPECIFY, IF ANY: _____                                                                                                          | COMNAVAIRFORINST 6000.1, 11103, d, 13                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111.   | MEDICAL, PATIENT BENCH:                                                                                                                                                     |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.  | A RECESSED BENCH OR A HINGED, FOLDING, DROP-DOWN TYPE BENCH IS INSTALLED TO PROVIDE WAITING SPACE FOR PERSONNEL IN THE FOLLOWING SPACES:                                    | GSO 652a; COMNAVAIRFORINST 6000.1                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.1 | MEDICAL DEPARTMENT OFFICE.                                                                                                                                                  |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.2 | MEDICAL RECORDS OFFICE.                                                                                                                                                     |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.3 | FLIGHT SURGEON'S OFFICE.                                                                                                                                                    |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.4 | SURGICAL DRESSING ROOM.                                                                                                                                                     |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.5 | PHARMACY.                                                                                                                                                                   |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A.6 | BACTERIOLOGICAL LABORATORY.                                                                                                                                                 |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112.   | MEDICAL, PATIENT CALL BUZZERS:                                                                                                                                              |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112A.  | PATIENT CALL BUZZERS IN THE WARD ARE OPERATIONAL.                                                                                                                           | GSO 437d                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112B.  | PATIENT CALL BUZZERS MEDICAL QUIET ROOM ARE OPERATIONAL.                                                                                                                    | GSO 437d                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112C.  | PATIENT CALL BUZZERS IN THE WARD HEAD ARE OPERATIONAL.                                                                                                                      | GSO 437d                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112D.  | PATIENT CALL BUZZER IN THE WARD HEAD IS LOCATED NEAR THE SHOWER VICE TOILET AS REQUIRED.                                                                                    | GSO 437d                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113.   | MEDICAL, PORTABLE MEDICAL LOCKERS (MASS CASUALTY BOXES):                                                                                                                    |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A.  | THERE IS A SUFFICIENT NUMBER OF PORTABLE MEDICAL LOCKERS. REQUIRED QUANTITY: _____ QUANTITY ONBOARD: _____ SEE APPENDIX K OF COMNAVSURFORINST 6000.1 FOR REQUIRED QUANTITY. | COMNAVSURFORINST 6000.1, 4304, a                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113B.  | AN INVENTORY OF ALL MCB'S WAS CONDUCTED AT LEAST SEMI-ANNUALLY.                                                                                                             | COMNAVSURFORINST 6000.1, 4304, b; COMNAVAIRFORINST 6000.1, 13201, b | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113C.  | MCB'S ARE STENCILED WITH LOCATION NUMBER AND MARKED AS A "MASS CASUALTY BOX".                                                                                               | COMNAVSURFORINST 6000.1, 4304, a                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113D.  | MASS CASUALTY BOXES ARE PADLOCKED.                                                                                                                                          | COMNAVSURFORINST 6000.1, 4304, c                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113E.  | MASS CASUALTY BOXES ARE MARKED WITH A RED CROSS.                                                                                                                            | COMNAVAIRFORINST 6000.1, 13201, a                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 114.   | MEDICAL AND DENTAL, SECURE FOR SEA:                                                                                                                                         |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 114A.  | EQUIPMENT INTENDED FOR CONTINUED USE WERE PROPERLY SECURED TO COUNTERTOPS, BULKHEADS OR DECKS .                                                                             | COMNAVSURFORINST 6000.1, 4203, a                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 115.   | MEDICAL, STERILIZING EQUIPMENT:                                                                                                                                             |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 115A.  | ALL STERILIZERS ARE FREE OF DEFICIENCIES. LIST ANY, IF APPLICABLE (TO INCLUDE DENTAL SPACES):                                                                               | MRC 6521/377 S-1; MANUFACTURER TECH MANUAL                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM    | EQUIPMENT                                                                                                                                                                                                                          | ADDITIONAL INSTRUCTIONS                                                  |                                  |                          |                          |                          |                          |                          |
|----|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 115A.1  | INSPECTOR NOTE: RUN AND TEST ALL STERILIZERS.                                                                                                                                                                                      | COMNAVAIRFORINST 6000.1, 8503;<br>6521/377 S-1                           | MRC                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 115B.   | _ of _ STERILIZERS ARE OPERATING PROPERLY.                                                                                                                                                                                         | MRC 6521/377 S-1;<br>MANUFACTURER TECH<br>MANUAL                         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 115C.   | STERILIZATION LOG IS ADEQUATELY MAINTAINED.                                                                                                                                                                                        | COMNAVSURFORINST 6000.1, 4315;<br>COMNAVAIRFORINST 6000.1, 8501, d       |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116.    | MEDICAL, STRETCHERS AND LITTERS:                                                                                                                                                                                                   |                                                                          |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116A.   | ENSURE THAT THE STEEL STOKES LITTER FRAMES ARE NOT BENT/ BROKEN, SLATS ARE NOT BROKEN AND THE MESH IS INTACT AND IN GOOD CONDITION.                                                                                                | MRC 6521/321 S-1R;<br>13207                                              | COMNAVAIRFORINST 6000.1,         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116B.   | FOUR PATIENT SECURING STRAPS ARE ATTACHED TO THE LOWER 1/4" BAR ON STEEL STOKES STRETCHERS.                                                                                                                                        | COMNAVSURFORINST 6000.1, 4308, b, (1)                                    |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116C.   | PATIENT STRAPS AND HANDLING LINES ARE NOT PLACED ON STEEL STOKES STRETCHERS LOCATED IN THE HANGAR BAY OR ON THE FLIGHT DECK.                                                                                                       | COMNAVSURFORINST 6000.1, 4308, b, (2)                                    |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116D.   | THERE IS A SUFFICIENT NUMBER OF STOKES STRETCHERS. REQUIRED QUANTITY: _____<br>QUANTITY ONBOARD: _____.                                                                                                                            | GSO 652c;<br>AMMAL;<br>13207                                             | COMNAVAIRFORINST 6000.1,         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116E.   | SEA AND AIR RESCUE (SAR) LITTERS(S), HOISTING SLING AND TRAIL ASSEMBLY IS ON BOARD.                                                                                                                                                | GSO 652c;<br>AMMAL;<br>4308, d; COMNAVAIRFORINST 6000.1, 13207, e        | COMNAVSURFORINST 6000.1,         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 116F.   | ALL STRETCHERS AND LITTERS ARE STENCILED WITH THE SHIP'S NAME AND COMPARTMENT NUMBER.                                                                                                                                              | COMNAVAIRFORINST 6000.1, 13207,b;<br>COMNAVSURFORINST 6000.1, 4308       |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117.    | MEDICAL, EMERGENCY RESPONSE KITS:                                                                                                                                                                                                  |                                                                          |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117A.   | EMERGENCY RESPONSE KITS ARE MAINTAINED IN GOOD WORKING ORDER.                                                                                                                                                                      | NAVSEA 03DM;<br>STANDARDS;<br>13205                                      | USPH<br>COMNAVAIRFORINST 6000.1, | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117B.   | ALL EMERGENCY RESPONSE KITS CONTAIN AN INVENTORY WITHIN THE KIT.                                                                                                                                                                   | COMNAVSURFORINST 6000.1, 4302, c;<br>COMNAVAIRFORINST 6000.1, 13205      |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117B.1. | NOTE: NUMBER AND TYPE OF ERK'S CAN BE FOUND IN COMNAVSURFORINST 6000.1, 4302, A,B,C.                                                                                                                                               | COMNAVAIRFORINST 6000.1, 13205                                           |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117B.2  | NOTE: FOR SHIPS WITH MEDICAL OFFICER, UTILIZE ERK (AMMAL 0918/0920). SHIPS WITH IDC UTILIZE ERK (AMMAL 0924). ALL SHIPS WILL UTILIZE JUNIOR CORPSMEN ERK (JERK-AMMAL 0944); 1 PER NON-IDC CORPSMAN (UP TO 5 MAXIMUM) ARE REQUIRED. | AMMAL 0918, 0920, 0924, 0944; COMNAVAIRFORINST 6000.1, 13205             |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117C.   | INVENTORIES OF THE KIT'S ARE PERFORMED AT LEAST SEMI-ANNUALLY.                                                                                                                                                                     | COMNAVSURFORINST 6000.1, 4302, c;<br>COMNAVAIRFORINST 6000.1, 13201      |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 117D.   | INVENTORY MATCHES THE CONTENTS OF THE KIT.                                                                                                                                                                                         | COMNAVSURFORINST 6000.1, 4302, c;<br>COMNAVAIRFORINST 6000.1, 13205      |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 118.    | MEDICAL, WARD:                                                                                                                                                                                                                     |                                                                          |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 118.C   | WARD EQUIPMENT IS IN GOOD CONDITION AND FUNCTIONING PROPERLY. (SPECIFY PROBLEMS):                                                                                                                                                  | COMNAVSURFORINST 6000.1, 4206, d;<br>COMNAVAIRFORINST 6000.1, 4103, k, 6 |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 118A.   | THE NUMBER OF HOSPITAL BERTH IS ADEQUATE. SEE NOTE BELOW.                                                                                                                                                                          | USPH STANDARDS, 49 CFR                                                   |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM                                                                                                                                                                                                               | EQUIPMENT | ADDITIONAL INSTRUCTIONS                                                  |                          |                          |                          |                          |                          |                          |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 118A.1. NOTE: CASUALTY RECEIVING AND TREATMENT SHIPS (CRTS) AND TENDERS SHALL BE COMPUTED AT A MINIMUM 2% OF TOTAL ACCOMMODATIONS. AIRCRAFT CARRIERS SHALL BE COMPUTED AT A MINIMUM OF 1% OF TOTAL ACCOMMODATIONS. |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 118A.2. NOTE: NO LESS THAN 2 HOSPITAL BERTHS SHALL BE PROVIDED ON SHIPS WITH A MEDICAL REPRESENTATIVE ATTACHED.                                                                                                    |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 118B. THE WARD AND WARD HEAD ARE CLEAN, ORDERLY AND IN GOOD CONDITION.                                                                                                                                             |           | COMNAVSURFORINST 6000.1, 4206, c;<br>COMNAVAIRFORINST 6000.1, 4103, k, 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 119. MEDICAL, PREVENTIVE MEDICINE:                                                                                                                                                                                 |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 119A. THE MEDICAL DEPARTMENT REPRESENTATIVE CONDUCTED PRE-OPERATIONAL, ROUTINE AND FOLLOW-UP FOOD SERVICE SANITATION INSPECTIONS AS REQUIRED.                                                                      |           | NAVMED P-5010, CH-1, 6-3.5                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 119B. THE MEDICAL DEPARTMENT REPRESENTATIVE CONDUCTED INSPECTIONS/SURVEYS TO DETERMINE THE SPECIES, SOURCE, LOCATION AND DENSITY OF VECTORS AND FORWARD RESULTS TO THE CO FOR REVIEW.                              |           | NAVMED P-5010, CH-8, SECT 8-3, 1(a) & 8-38, 7(e)1                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 119C. THE MEDICAL DEPARTMENT REPRESENTATIVE MEDICALLY SCREENED ALL FOOD SERVICE AND BARBER SHOP PERSONNEL AND ENSURED THEY WERE FREE FROM COMMUNICABLE DISEASE BEFORE ALLOWING THEM TO WORK IN SUCH FACILITIES.    |           | NAVMED P-5010, CH-1, 9.4.2.D & CH-2 SECT 2-12                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 119D. THE MEDICAL DEPARTMENT REPRESENTATIVE INSPECTED THE BARBER SHOP AT LEAST QUARTERLY                                                                                                                           |           | NAVMED P-5010, CH-2, SECT. 2-18                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 120. MEDICAL / DENTAL, X-RAY EQUIPMENT:                                                                                                                                                                            |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 120A. MEDICAL/DENTAL EQUIPMENT REQUIRED FOR THE X-RAY EXPOSURE ROOM WERE FREE FROM MATERIAL DEFICIENCIES. SPECIFY ANY PROBLEM AREAS:                                                                               |           | MRC 6521/312 A-1;<br>6521/514 A-1                                        | MRC                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 120B. A STANDARD OPERATING PROCEDURE WAS AVAILABLE FOR ALL CAPABLE X-RAY STUDIES.                                                                                                                                  |           | COMNAVSURFORINST 6000.1, 4204, b;<br>COMNAVAIRFORINST 6000.1, 5101, b    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 120C. THE SOP INCLUDES PROCEDURES FOR A RADIOLOGIST TO REVIEW ALL X-RAY FILMS.                                                                                                                                     |           | COMNAVSURFORINST 6000.1, 4204, b;<br>COMNAVAIRFORINST 6000.1, 8302       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 120D. AN X-RAY LOG WAS AVAILABLE AND INCLUDED DATE, PATIENT NAME, STUDY PERFORMED AND RESULTS.                                                                                                                     |           | COMNAVSURFORINST 6000.1, 4204, c;<br>COMNAVAIRFORINST 6000.1, 8302       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 121. MEDICAL, AUDIOMETRIC TESTING BOOTH: (LARGE DECK SHIPS ONLY)                                                                                                                                                   |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 121A. IS CERTIFIED (ANNUAL REQUIREMENT).                                                                                                                                                                           |           | OPNAVINST 5100.19E B0402                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 121B. HAS CALIBRATED AUDIOMETERS.                                                                                                                                                                                  |           | OPNAVINST 5100.19E B0403                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 121C. HAS THE FOLLOWING MATERIAL DEFICIENCIES: _____                                                                                                                                                               |           | MANUFACTURER TECH MANUAL                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 121D. IS CERTIFIED FOR REPRESENTATIVE CONDITIONS (A BOOTH CERTIFIED IN PORT CANNOT BE UTILIZED UNDERWAY UNLESS IT WAS EVALUATED UNDER REPRESENTATIVE UNDERWAY CONDITIONS).                                         |           | IH Field Ops Manual                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 122. MEDICAL, MORGUE:                                                                                                                                                                                              |           |                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 122A. MORGUE UNITS ARE WORKING PROPERLY.                                                                                                                                                                           |           | GSO 652                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM  | EQUIPMENT                                                                                                                                                              | ADDITIONAL INSTRUCTIONS                                             |                          |                          |                          |                          |                          |                          |
|----|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 122B. | MORGUE UNITS MAINTAIN A TEMPERATURE BETWEEN 36-40 DEGREES F.                                                                                                           | COMNAVSURFORINST 6000.1, 4113, e, (3);                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 122C. | MORGUE UNIT LOSS OF POWER ALARM IS WORKING PROPERLY.                                                                                                                   | BUILDER SPECIFICATIONS, SECTION 430                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 122D. | LOCKS ARE PROVIDED AND WORKING FOR EACH MORGUE DOOR.                                                                                                                   | BUILDER SPECIFICATIONS, SECTION 604, b                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123.  | DENTAL, DENTAL SERVICE UNITS: (FOR LARGE DECK SHIPS ONLY)                                                                                                              |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123A. | DENTAL EQUIPMENT IS RELIABLE/OPERATING PROPERLY.                                                                                                                       | GSO 652                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123B. | PUMP CENTRAL VACUUM VACSTAR IS OPERATING.                                                                                                                              | MRC 6531/352 U-1                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123C. | THE DENTAL SERVICE UNIT IS SECURED TO THE DECK.                                                                                                                        | OPNAVINST 5100.19E C0102C                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123D. | DENTAL SERVICE UNIT RAISES / LOWERS AND TILTS PROPERLY TO ALL POSITIONS.                                                                                               | MANUFACTURER TECH MANUAL                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123E. | DENTAL SERVICE UNIT LIGHT IS OPERATING.                                                                                                                                | MANUFACTURER TECH MANUAL                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123F. | DENTAL SERVICE UNIT WATER DISPENSER IS OPERATING.                                                                                                                      | MANUFACTURER TECH MANUAL                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123G. | DENTAL SERVICE UNIT VACUUM SUCTION IS OPERATING.                                                                                                                       | MANUFACTURER TECH MANUAL                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123H. | DENTAL CABINET AND WORKING SURFACES INTACT.                                                                                                                            | COMNAVSURFORINST 6000.1                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123I. | WASTE MERCURY WAS PROPERLY STOWED IN A NON-FERROUS CONTAINER AND DOUBLE PLASTIC BAGGED FOR DISPOSAL.                                                                   | OPNAV 5100.19E, NSTM 670.3.5.4; NAVSEAINST 5100.3                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123J. | DENTAL STERILIZER WAS OPERATIONAL.                                                                                                                                     | COMNAVSURFORINST 6000.1                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123K. | DENTAL X-RAY EQUIPMENT WAS OPERATIONAL.                                                                                                                                | COMNAVSURFORINST 6000.1                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 123L. | DENTAL X-RAY PPE WAS AVAILABLE AND IN GOOD MATERIAL CONDITION.                                                                                                         | COMNAVSURFORINST 6000.1                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 124.  | MEDICAL, DENTAL KIT (SHIPS WITHOUT DENTAL PERSONNEL):                                                                                                                  |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 124A. | IDC MAINTAINED A PACKED/STERILIZED KIT OF DENTAL INSTRUMENTS.                                                                                                          | COMNAVSURFORINST 6000.1; AMMAL\ADAL                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 125.  | MEDICAL / DENTAL, SHELF-LIFE MANAGEMENT:                                                                                                                               |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 125A. | VARIOUS MEDICAL/DENTAL ITEMS (STERILE WATER, TREATMENT ROOM SUPPLIES, ETC.) ARE NOT EXPIRED. NOTE: RANDOM ITEMS ARE CHOSEN THROUGHOUT MEDICAL TO CHECK FOR COMPLIANCE. | COMNAVAIRFORINST 6000.1, 10106, c, 1; COMNAVSURFORINST 6000.1, 3113 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 126.  | MEDICAL / DENTAL, FACILITY:                                                                                                                                            |                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 126A. | USE THIS CARD FOR MISC DEFI's IN MEDICAL FACILITIES NOT COVERED BY OTHER CARDS (CHECKLIST). _____                                                                      | GSO 652; AMMAL\ADAL                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# INSURV Checklist By Serial Number / Equipment

Effective Date of Checklist:

01-Feb-13

| DK                                                          | ITEM   | EQUIPMENT                                                                                                                                           | ADDITIONAL INSTRUCTIONS      | SAT                      | DEG                      | UNSAT                    | NA                       | RBO                      |
|-------------------------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NE                                                          | MD0020 | Medical Emergency Potable Water Tank Inspection                                                                                                     |                              |                          |                          |                          |                          |                          |
| REFERENCES: NAVMED P-5010-6 GSO 532<br>NSTM, SHIPS DRAWINGS |        |                                                                                                                                                     |                              |                          |                          |                          |                          |                          |
| -                                                           | 101.   | EMERG POTABLE WATER, TANK CONSTRUCTION:                                                                                                             |                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101A.  | ARE INSTALLED AND OPERATIONAL IN ALL BATTLE DRESSING STATIONS.                                                                                      | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101B.  | IS DISINFECTED.                                                                                                                                     | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101C.  | IS EQUIPPED WITH SIGHT GLASS OR DRYCOCK.                                                                                                            | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101D.  | SIGHT GLASS IS GUARDED.                                                                                                                             | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101E.  | SIGHT GLASS IS NOT CLOUDED / WATER LEVEL COULD BE DETECTED.                                                                                         | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101F.  | THE EMERGENCY POTABLE WATER TANK IS LABELED "WARNING BATTLE DRESSING STATION GRAVITY TANK...FLUSH AND REPLENISH WITH POTABLE WATER EVERY 3 MONTHS." | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101G.  | HAS A LABEL PLATE INDICATING TANK CAPACITY.                                                                                                         | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101H.  | THE COMBINED VENT AND OVERFLOW ON THE GRAVITY TANK IS INSTALLED.                                                                                    | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101I.  | THE COMBINED VENT AND OVERFLOW ON THE GRAVITY TANK IS FITTED WITH AN INSECT SCREEN                                                                  | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101J.  | THE COMBINED VENT AND OVERFLOW ON THE GRAVITY TANK DIRECTS AWAY FROM DISCHARGING ON EQUIPMENT.                                                      | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 101K.  | BACTERIOLOGICAL TESTING IS CONDUCTED MONTHLY AND WHEN TANK FLUSHED/REFILLED                                                                         | GSO 532B                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 102.   | EMERGENCY POTABLE WATER, TANK OPERATION:                                                                                                            |                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 102A.  | CAN BE ISOLATED FROM THE SHIP'S SERVICE OR EMERGENCY POTABLE WATER SUPPLY AT THE SURGICAL SINK.                                                     | NAVMED P-5010-6 SECTION 6-32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 102B.  | THE REQUIRED PIPING DIAGRAM WITH APPROPRIATE INSTRUCTIONS FOR FILLING AND EMPTYING IS PROVIDED.                                                     | NAVMED P-5010-6 SECTION 6-32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                           | 102C.  | ALL POTABLE WATER TANKS SHALL BE DRAINED AND REFILLED CONTAINING A MINIMUM TRACE HALOGEN RESIDUAL ONCE A QUARTER.                                   | NAVMED P-5010-6 SECTION 6-32 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



# INSURV Checklist By Serial Number / Equipment

Effective Date of Checklist:

01-Feb-13

| DK                                                                 | ITEM   | EQUIPMENT                                                                                                                                                                                                                                            | ADDITIONAL INSTRUCTIONS                | SAT                      | DEG                      | UNSAT                    | NA                       | RBO                      |
|--------------------------------------------------------------------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| NE                                                                 | MD0030 | Potable Water Contamination Points Inspection                                                                                                                                                                                                        |                                        |                          |                          |                          |                          |                          |
| REFERENCES: NAVMED P-5010, NSTM 533, ISO 532, NSTM, SHIPS DRAWINGS |        |                                                                                                                                                                                                                                                      |                                        |                          |                          |                          |                          |                          |
| -                                                                  | 101.   | BROMINATORS:                                                                                                                                                                                                                                         |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 101A.  | BROMINATOR HAS CORRECT WARNING PLATE.                                                                                                                                                                                                                | NSTM 533 FIG 533-3-2                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 102.   | BROMINATOR HOSE STATION:                                                                                                                                                                                                                             |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 102A.  | A COLD POTABLE WATER HOSE STATION IS INSTALLED IN THE VICINITY OF THE BROMINATOR.                                                                                                                                                                    | NSTM 533-3.4.6                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 102B.  | THE POTABLE WATER CONNECTION CONTAINS A QUICK OPENING VALVE.                                                                                                                                                                                         | NSTM 533-3.4.6                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 102C.  | THE POTABLE WATER WASHDOWN CONNECTION IS PROVIDED WITH A 3/4 INCH INTERNATIONAL PIPE STANDARD PIPING, PIPELOCKED-OPEN GLOBE VALVE, PRESSURE REDUCING VALVE SET AT 25 PSI, A BALL VALVE, A VACUUM BREAKER, A HOSE COUPLING, AND A 4-FOOT LENGTH HOSE. | NSTM 533-3.4.6                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 103.   | AIR GAPS:                                                                                                                                                                                                                                            |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 103A.  | THE POTABLE WATER SYSTEM HAS AN AIR GAP (OF AT LEAST TWO PIPE DIAMETERS ABOVE THE OVERFLOW LEVEL OF THE RECEIVING TANK). LOCATIONS WILL INCLUDE PILOT HOUSE WINDSHIELD WIPER TANK, ICE MACHINES.                                                     | NSTM 533-2.3.3.1                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 104.   | BACKFLOW PREVENTION:                                                                                                                                                                                                                                 |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 104A.  | ALL SINK AND SPACE FAUCETS WITH HOSE THREADS ARE EQUIPPED WITH A HOSE CONNECTION VACUUM BREAKER (NSN 4820-00-164-3377).                                                                                                                              | NSTM 533-2.3.5.1                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 105.   | DECK RISER:                                                                                                                                                                                                                                          |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 105A.  | IS LOCATED 18" ABOVE THE DECK.                                                                                                                                                                                                                       | NSTM 533-2.1.2<br>NAVMED P-5010-6 6-8B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 105B.  | IS TURNED DOWN.                                                                                                                                                                                                                                      | NAVMED P-5010-6 6-8B                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 105C.  | WHEN NOT IN USE, POTABLE WATER DECK RISER IS SECURED WITH SCREW CAPS ATTACHED WITH KEEPER CHAINS.                                                                                                                                                    | NSTM 533-2.1.2<br>NAVMED P-5010-6 6-8B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 105D.  | IS LABELED "POTABLE WATER ONLY" IN ONE INCH LETTERING.                                                                                                                                                                                               | NSTM 533-2.1.2                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106.   | POTABLE WATER HOSE LOCKER:                                                                                                                                                                                                                           |                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106A.  | IS VERMIN PROOF / PADLOCKED LOCKER OR CABINET.                                                                                                                                                                                                       | NSTM 533-2.1.3                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106B.  | HAS A HOSE FITTING/ DISINFECTION INSTRUCTIONS POSTED.                                                                                                                                                                                                | NSTM 533-2.1.3                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106C.  | IS LABELED "POTABLE WATER HOSE".                                                                                                                                                                                                                     | NSTM 533-2.1.3                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106D.  | IS FREE FROM CORROSION/RUSTED HINGES. INTERIOR IS CLEAN.                                                                                                                                                                                             | NAVMED P-5010-6 6-8B                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -                                                                  | 106E.  | IS AT LEAST 18" ABOVE THE DECK.                                                                                                                                                                                                                      | NSTM 533-2.1.3                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM  | EQUIPMENT                                                                                                               | ADDITIONAL INSTRUCTIONS                                        |                          |                          |                          |                          |                          |                          |
|----|-------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 107.  | POTABLE WATER HOSES:                                                                                                    |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107A. | ARE PROPERLY STENCILED "POTABLE WATER ONLY" AT 10 FOOT INTERVALS.                                                       | NSTM 533-2.1.3<br>NAVMED P-5010-6 6-19C                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107B. | ARE IN GOOD CONDITION AND USED ONLY FOR POTABLE WATER. (NOT DETERIORATED; CRACKS, ETC).                                 | NSTM 533-2.1.3<br>NAVMED P-5010-6 6-8A                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107C. | ARE STORED WITH ENDS COUPLED OR WITH SCREW TYPE CAPS.                                                                   | NSTM 533-2.1.3<br>NAVMED P-5010-6 6-20                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 107D. | ARE NOT IN OR PARTIALLY SUBMERGED IN THE HARBOR.                                                                        | NAVMED P-5010-6 6-5C                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 108.  | POTABLE WATER PIPING:                                                                                                   |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 108A. | POTABLE WATER LINES ARE LABELED WITH TYPE OF SERVICE OR WITH AN ARROW INDICATING DIRECTION OF FLOW THROUGHOUT THE SHIP. | NAVMED P-5010-6 6-57 NOTE (E)<br>NAVMED P-5010-6 6-19 NOTE (D) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109.  | POTABLE WATER TANK SOUNDING TUBES:                                                                                      |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109A. | IS IDENTIFIED / COLOR CODED (DARK BLUE).                                                                                | NAVMED P-5010-6 6-19 NOTE (A)                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109B. | IS CLOSED WITH SCREW CAPS AND ATTACHED WITH KEEPER CHAINS.                                                              | NAVMED P-5010-6 6-8 NOTE (C)<br>NSTM 533-2.3.6                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109C. | IS SECURED WITH A LOCK.                                                                                                 | NAVMED P-5010-6 6-8 NOTE (C)<br>NSTM 533-2.3.6                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 109D. | SOUNDING ROD IS PERMANENTLY STOWED IN THE TUBE (IF USED).                                                               | NAVMED P-5010-6 6-8 NOTE (C)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110.  | POTABLE WATER TANK VENTS:                                                                                               |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110A. | THE OPENING IS SCREENED WITH 18-MESH OR FINER NON-CORROSIVE METAL WIRE.                                                 | NAVMED P-5010-6 6-12                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110B. | DOES NOT TERMINATE IN ANY FOOD SERVICE SPACE, MEDICAL SPACE, HEAD OR WHERE ELECTRICAL EQUIPMENT IS LOCATED.             | NAVMED P-5010-6 6-12                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 110C. | DOES NOT VENT OUTSIDE THE SHIP.                                                                                         | NAVMED P-5010-6 6-12                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111.  | POTABLE WATER WASHDOWN RISERS:                                                                                          |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111A. | RISER IS LABELED "DISCONNECT HOSE WHEN NOT IN USE".                                                                     | GSO 532 B1                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111B. | RISER IS EQUIPPED WITH VACUUM BREAKERS.                                                                                 | GSO 532 B1                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111C. | RISER IS EQUIPPED WITH CAPS ATTACHED WITH KEEPER CHAINS.                                                                | GSO 532 B1                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111D. | RISER IS LABELED AS TO IDENTIFY THEM AS POTABLE WATER CONNECTIONS.                                                      | GSO 532 B1                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 111E. | RISER IS COLOR CODED FOR POTABLE WATER (NOT REQUIRED ON WEATHER DECKS).                                                 | GSO 532 B1                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112.  | ICE, STORAGE/EMERGENCY TANKS AND SHIP CONNECTION TESTING:                                                               |                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112A. | THE MEDICAL DEPT. REP. CONDUCTED DAILY HALOGEN RESIDUAL TESTING                                                         | NAVMED P-5010-6 6-2 & 55                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DK | ITEM     | EQUIPMENT                                                                                                                                               | ADDITIONAL INSTRUCTIONS   |                          |                          |                          |                          |                          |                          |
|----|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| -  | 112B.    | BACTERIOLOGICAL SAMPLING WAS CONDUCTED ON SHIP'S POTABLE WATER SYSTEM AND 1/4 OF ICE MACHINES AND SHIP'S TANKS WEEKLY.                                  | NAVMED P-5010-6 6-54      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112C.    | BACTERIOLOGICAL TESTING WAS CONDUCTED ON EMERGENCY POT WATER TANKS MONTHLY                                                                              | NAVMED P-5010-6 6-32      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112D.    | POSITIVE BACTERIOLOGICAL SAMPLES WERE PROPERLY RESOLVED AND A REPORT OF FINDINGS FORWARDED TO THE COMMANDING OFFICER WITH A COPY TO ENGINEERING OFFICER | NAVMED P-5010-6 6-55      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 112E.    | MEDICAL DEPARTMENT REP TESTED POT WATER BEFORE CONNECTION TO SHIP OR SHORE SOURCES.                                                                     | NAVMED P-5010-6 6-5       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113.     | MEDICAL POTABLE WATER LOG:                                                                                                                              |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A(1). | EACH TIME A WATER SAMPLE WAS TAKEN, RECORDED THE TIME AND DATE                                                                                          | NAVMED P-5010-6 6-54 & 56 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A(2). | RECORD OF LOCATION TAKEN FROM (TACH NUMBER)                                                                                                             | NAVMED P-5010-6 6-54 & 57 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A(3). | LOCATION OF THE SAMPLING SITE (SCUTTLEBUTT, SINK, ETC.)                                                                                                 | NAVMED P-5010-6 6-54 & 58 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A(4). | SOURCE OF SHIP'S WATER (PIER, SEA, SHIP) AND WHETHER IF FROM APPROVED SOURCE                                                                            | NAVMED P-5010-6 6-54 & 59 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| -  | 113A.    | THE MEDICAL DEPT. REP. MAINTAINED A 2-YEAR, CHRONOLOGICAL POTABLE WATER LOG CONTAINING THE FOLLOWING:                                                   | NAVMED P-5010-6 6-54 & 55 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

# Chapter 1 Checklist Report by Serial

NEP MD0040

|                                                                                                                                                                                                                                                             |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|--------------------------|--------------------------|--------------------------|--------------------------|------------------|--|
| <b>1. EQUIPMENT</b>                                                                                                                                                                                                                                         |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| JBAIDS CONFIRMATORY LABORATORY INSPECTION                                                                                                                                                                                                                   |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| <b>2. MODEL / VERSION OF SYSTEM</b>                                                                                                                                                                                                                         |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| VARIOUS                                                                                                                                                                                                                                                     |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| <b>3. PURPOSE</b>                                                                                                                                                                                                                                           |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| A. To conduct a compliance-focused inspection IAW SECNAVINST 5040.3A and U.S. Code, Title 10, S 7304. B. To implement process-focused inspection when feasible to strengthen the capability of the ship's crew. C. Determine the ability of the ship's crew |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| <b>4. REFERENCES</b>                                                                                                                                                                                                                                        |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| JBAIDS SYSTEM MANUAL v6 NAVAL FORCES CENTRAL COMMAND LTR 3400 SER N00/281 DTD 09 AUG 09<br>NSTM, SHIPS DRAWINGS                                                                                                                                             |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| <b>5. SUBSYSTEM</b>                                                                                                                                                                                                                                         |  |  |                                    | <b>6. INSPECTORS REQUIREMENTS</b>                                                                                  |  |  |                          |                          |                          |                          |                  |  |
|                                                                                                                                                                                                                                                             |  |  |                                    | Uniformed inspector                                                                                                |  |  |                          |                          |                          |                          |                  |  |
| <b>8 DESCRIPTION OF INSPECTION</b>                                                                                                                                                                                                                          |  |  |                                    | <b>9. PREREQUISITES</b>                                                                                            |  |  |                          |                          |                          |                          |                  |  |
|                                                                                                                                                                                                                                                             |  |  |                                    |                                                                                                                    |  |  |                          |                          |                          |                          |                  |  |
| <b>11. APPLICABLE INSPECTION PROCEDURES</b>                                                                                                                                                                                                                 |  |  |                                    | <b>12. LOGISTICS / FUNDING</b>                                                                                     |  |  |                          |                          |                          |                          |                  |  |
|                                                                                                                                                                                                                                                             |  |  |                                    | (INSURV use only): Technical Assistance support including underway (3 days). Normally supported by RMC Code _____. |  |  |                          |                          |                          |                          |                  |  |
| <b>14. SUPPORT SERVICES</b>                                                                                                                                                                                                                                 |  |  |                                    | <b>15. SHIP CLASSES</b>                                                                                            |  |  |                          |                          |                          |                          |                  |  |
|                                                                                                                                                                                                                                                             |  |  |                                    | ALL                                                                                                                |  |  |                          |                          |                          |                          |                  |  |
| <b>16. CHECKLIST ITEMS</b>                                                                                                                                                                                                                                  |  |  | <b>17. ADDITIONAL INSTRUCTIONS</b> |                                                                                                                    |  |  | <b>SAT</b>               | <b>DEG</b>               | <b>UNSAT</b>             | <b>N/A</b>               | <b>18. NOTES</b> |  |
| 129. (15) PICKPEN TIPS, BULK (500/BAG)                                                                                                                                                                                                                      |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 101. CONFIRMATORY LABORATORY:                                                                                                                                                                                                                               |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 120. (6) MINI SPIN PLUS CENTRIFUGE                                                                                                                                                                                                                          |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 121. (7) P-1-10 UL PIPETMAN PIPETTOR                                                                                                                                                                                                                        |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 122. (8) P-10-100 UL PIPETMAN PIPETTOR                                                                                                                                                                                                                      |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 123. (9) P-100-1000 UL PIPETMAN PIPETTOR                                                                                                                                                                                                                    |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 124. (10) PICKPEN, 1-M MAGNETIC TOOL                                                                                                                                                                                                                        |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 125. (11) PICKPEN TIP BOX                                                                                                                                                                                                                                   |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |
| 126. (12) PIPETTOR TIPS – P1-10; CASE OF 5 PACKS                                                                                                                                                                                                            |  |  |                                    |                                                                                                                    |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |  |

- |                                                                                                                                                                                                                                                                |                          |                          |                          |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 118. (4) FISHER DIGITAL DRY BATH INCUBATOR                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 128. (14) PIPETTOR TIPS – P100-1000 (576/PK)                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 117. (3) DISRUPTOR GENIE                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 130. (16) CAPILLARIES; 5PKS/BOX                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 131. (17) CAPILLARY CAPPING TOOL                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 132. (18) EMPTY CAPILLARY BOXES                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 133. (19) TUBE RACKS (5/PK)                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 134. (20) CRYOTUBES (1.5ML, CASE OF 500, USED FOR -20 DEG)                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 135. (21) CRYOLABELS (ROLL/1000)                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 136. (22) MICROCENTRIFUGE TUBES (1.5ML, 500S)                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137. (23) AEROSOL FILTER PIPETTOR TIPS (1000 UL)                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 138. (24) QIAGEN COLLECTION TUBES (2ML)                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 127. (13) PIPETTOR TIPS – P10-100 (960/PK)                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. (3) DAILY TEMPERATURE LOG MAINTAINED ON THE FREEZER, WITH THE AVERAGE TEMPERATURE OVER THE LAST 3 WEEKS BEING NO HIGHER THAN -15°C                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. (a) THERE WAS A JBAIDS ANALYZER AND LAPTOP ONBOARD                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. (b) THE JBAIDS OPERATOR HAD THE JBAIDS SYSTEM MANUAL, THE H1N1 (SWINE) INFLUENZA VIRUS INSTRUCTION BOOKLET AND THE INTEGRATED LOGISTICS SUPPORT (ILS) BINDER                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. ANALYZER AND LAPTOP:                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. (a) THE LAPTOP BOOTED UP WITHOUT PROBLEMS AND CONTAINED APPLICABLE JBAIDS SOFTWARE                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. (b) THE LAPTOP'S HARD DRIVE WAS NO MORE THAN 70% FULL. (IF THE HARD DRIVE IS PARTITIONED, CHECK THE DRIVE THAT THE ANALYZER'S SOFTWARE IS RUNNING OFF OF.) THE LAPTOP SHOULD CONTAIN NO PERSONAL INFORMATION OR FILES THAT DO NOT DIRECTLY PERTAIN TO THE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. (c) WITH THE LAPTOP ATTACHED, THE ANALYZER TURNED ON AND PERFORMED/PASSED A SELF-TEST                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. FREEZER AND REFRIGERATOR:                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. (a) THE FOLLOWING ITEMS WERE PRESENT:                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |                                                                                                                         |                          |                          |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 119. (5) OHAUS ELECTRONIC BALANCE                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. (2) -20°C MANUAL DEFROST FREEZER ONBOARD                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 141. (27) MOLECULAR GRADE WATER (NUCLEASE-FREE WATER BOTTLE)                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. (4) TUBE COOLER (-20°C, HOLDS 32 TUBES)                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. (5) TUBE COOLER (BENCHTOP, 0°C, HOLDS 12 TUBES)                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. (6) CAPILLARY COOLER (32 SPACES)                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. BIO-SAFETY HOOD:                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. (a) THERE WAS A CLASS II BIO-SAFETY HOOD INSTALLED ON THE SHIP, WITH CERTIFICATION PERFORMED WITHIN PAST 12 MONTHS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. CONSUMABLE SUPPLIES:                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. (a) BETWEEN THE "CLEAN" AND "DIRTY" AREAS, THE CONFIRMATORY LAB HAD A MINIMUM OF THE FOLLOWING CRITICAL SUPPLIES:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 115. (1) MINI CENTRIFUGE                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 116. (2) VORTEX GENIE 2 MIXER                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. (1) 4°C REFRIGERATOR                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 172. I. REAGENT, 1-2-3 VIBE KIT (PART 2) [PROTEASE, REFRIGERATE]                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 162. F.TULARENSIS KIT                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 163. B.MELLITENSIS KIT                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 164. BURKHOLDERIA SPP.KIT                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 165. R.PROWAZEKKI KIT                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 166. C.BURNETTI KIT                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 167. SUPERSRIPT III PLATINUM ONE-STEP RT-PCR KIT (H1N1 KIT) (STORED AT -20°C)                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 168. REAGENT KITS                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 169. A. REAGENT, 1-2-3 SCOOP KIT                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 139. (25) UNIVERSAL TRANSPORT MEDIA W/NASOPHARYNGEAL SWAB                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 171. C. REAGENT, 1-2-3 VIBE KIT (PART 1)                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 159. VARIOLA KIT SMALLPOX TARGET 2                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 173. II. REAGENT, 1-2-3 RNA MODULE (REFRIGERATE, FREEZE AFTER OPENED)                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

174. D. QFLOW DNA SAMPLE PURIFICATION KIT, 50  
EXTRACTIONS

175. E. QFLOW RNA SAMPLE PURIFICATION KIT, 50  
EXTRACTIONS

176. A. PLATINUM PATH EXTRACTION KIT

177. EXTRACTION/INHIBITION CONTROL KITS

178. A. DNA EXTRACTION CONTROL KITS, 16 REACTIONS

179. B. RNA EXTRACTION CONTROL KITS, 16 REACTIONS

180. C. DNA INHIBITION CONTROL KITS, 32 REACTIONS

181. D. RNA INHIBITION CONTROL KITS, 32 REACTIONS

170. B. REAGENT, 1-2-3 SWIPE KIT

151. CORE REAGENTS

182. E. QIAGEN QIAMP VIRAL RNA MINI SAMPLE  
PURIFICATION KIT (STORED AT -20°C)

142. (28) ABSOLUTE ETHANOL (RNAse, DNase FREE)

143. (29) GLOVES, MED

144. (30) GLOVES, LG

145. (31) BAGS, BIOHAZARD, SMALL

146. (32) DNA AWAY

147. SOFTWARE AND DATA STORAGE:

147. (a) THE FOLLOWING ITEMS WERE PRESENT:

148. (1) CD/DVD DRIVE FOR INSTALLING SOFTWARE

161. B. ANTHRACIS TARGET 2 KIT

150. (3) EXTERNAL HARD DRIVE OR 30 RECORDABLE CDS  
AND CD CASES FOR DATA TRANSFER

160. B. ANTHRACIS TARGET 1 KIT

151. (a) THE LAB HAD A TOTAL OF 14 DIFFERENT ASSAY KITS,  
5 DIFFERENT REAGENT KITS OR 7 PPEK KITS, 2 EXTRACTION  
CONTROL KITS, 2 INHIBITION CONTROL KITS AND H1N1 KITS

152. ASSAY KITS

153. ENCEPHALITIS VEE KIT

154. ENCEPHALITIS WEE KIT

155. ENCEPHALITIS EEE KIT

156. Y.PESTIS TARGET 1 KIT

157. Y.PESTIS TARGET 2 KIT

158. ORTHOPOX KIT SMALLPOX TARGET 1

140. (26) BOVINE SERUM ALBUMIN, 20 MG/ML SOLUTION

149. (2) JBAIDS 3.0 SOFTWARE