

INSURV Checklist By Serial Number / Equipment

Effective Date of Checklist:

01-Feb-13

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	SAT	DEG	UNSAT	NA	RBO
NE	OH0010	ASBESTOS PROGRAM						
	REFERENCES:	OPNAVINST 5100.29 SERIES AEL 2-330024045 (ASBESTO WORK PROTOCOL AEL ITEMS). OPNAVNOT 6260 29 CFR 1910.1001 MCPHC Technical Manual, Industrial Hygiene Field Operations Manual, latest revision MCPHC Technical Manual, Medical Surveillance Procedures Manua NSTM, SHIPS DRAWINGS						
-	101. Asbestos management plan			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A. Does the ship have an Industrial Hygiene Survey that evaluated all the work centers to identify areas that may have asbestos containing materials and recommend actions to eliminate?	OPNAVINST 5100.19E B0104		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B. Did the ship implement and maintain, at a minimum, the asbestos protocol for ship's force?	OPNAVINST 5100.19E B0102		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C. Does the ship hold a copy of the appropriate asbestos protocol(s)?	OPNAVINST 5100.19E B0102 OPNAVINST 5100.19E APP B1-B & B1-C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102 ASBESTOS WORK RELEASE CRITERIA.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A. Was Appendix B1-F checklist from OPNAVINST 5100.19 Series used by the ship to inspect spaces where asbestos work was performed, prior to release of those spaces to unrestricted access (applicable to brake assembly and EART)?	OPNAVINST 5100.19E B0106		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103. Asbestos work ael items.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A. Were all AEL 2-330024045 items required for the Asbestos Work Protocol(s) onboard?	OPNAVNOTE 6260		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104. EART PROTOCOL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A. Does the ship have an emergency asbestos response team (EART) designated, consisting of at least a supervisor, a cutter, and a cleaner?	OPNAVINST 5100.19E B0108		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B. Has the Safety Officer approved access to work areas where asbestos work (repair or removal) was performed using the release criteria checksheet?	OPNAVINST 5100.19E B0108		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105 Eart Training			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A. Are all EART personnel graduates of the shipboard asbestos response course, (CIN A-760-2166)?	OPNAVINST 5100.19E B0108		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B. Is EART training documented in the member's service record?	OPNAVINST 5100.19E B0108		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106. SAMPLE ANALYSIS PROFICIENCY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A. Did the ship have at least one individual qualified to analyze asbestos bulk and air samples, who was rated proficient in the Research Triangle Institute (RTI) testing and/or Proficiency Analytical Testing (PAT) programs?	Industrial Hygiene Field Operations Manual CHAP 7 PARA 6G.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107. Medical Surveillance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A. Were personnel with previous asbestos exposure entered into the AMSP?	Medical Surveillance Procedures Manual and Medical Matrix #115		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	107B.	Were asbestos past workers spirometry, x-rays, and physical exams conducted within the correct periodicity?	Medical Surveillance Procedures Manual and Medical Matrix #115	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107D.	Are physical exams, spirometry and x-rays evaluated annually for personnel considered current asbestos workers?	Medical Surveillance Procedures Manual and Medical Matrix #113	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107E.	Were all designated EART asbestos personnel screened and placed in the AMSP?	OPNAVINST 5100.19E B0108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107F.	Were Brake and Clutch assembly workers screened for placement in the AMSP?	OPNAVINST 5100.19E B0107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107G.	Did the Engineering / Repair Dept. provide a list to the MDR of all personnel involved in EART asbestos operations?	OPNAVINST 5100.19E B0108	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	NON-FRIABLE ASBESTOS TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	Was documentation available to verify that all personnel currently exposed to or with potential exposure to non-friable asbestos had received asbestos training prior to or at the time of their initial assignment?	OPNAVINST 5100.19E B0107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108B.	Was documentation available to verify that DIVOs and Work Center Supervisors of personnel currently exposed to or with potential exposure to non-friable asbestos had received asbestos training?	OPNAVINST 5100.19E B0107	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109.	NON-FRIABLE MATERIAL STOWAGE	OPNAVINST 5100.19E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	Were non-friable asbestos-containing materials (such as GARLOCK gasket material and packing) stored in double, heavy-duty plastic bags or impermeable containers?	OPNAVINST 5100.19E B0104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109B.	Were non-friable asbestos-containing materials labeled with standard asbestos labels? Warning labels must contain the words "DANGER, CONTAINS ASBESTOS FIBERS. AVOID CREATING DUST. CANCER AND LUNG DISEASE HAZARD."	OPNAVINST 5100.19E B0104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH0020	ELECTRICAL SAFETY						
REFERENCES: OPNAVINST 5100.19 SERIES, OPNAVINST 5102.1 SERIES								
NSTM, SHIPS DRAWINGS								
-	100.	CPR TRAINING:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100A.	Was documentation available to verify that at least 50% of all electrical/electronics associated ratings (GSE, STG, EM, IT, ET, AE, IC, FC, CT) were certified in basic life support?	OPNAVINST 5100.19E, B0708, b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100B.	Did the ship have a certified American Red Cross/American Heart Association CPR instructor on board?	OPNAVINST 5100.19E, B0708, b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101.	ELECTRICAL HAZARDS:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	Were dead-ended cables properly identified and isolated?	NSTM 300, 300-4.6.7. 1f & 4.6.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	Were there unauthorized power strips on the ship? (Authorized power strips are EFI, Electronics corporation models MPS-453EFI-120A amd MPS-6, Brooks power system model Z6 (62P), International power technologies (IPT) Model navy controller V, an	OPNAVINST 5100.19E, C0903, r; NSTM 300, 300-2.7.3, 5e; MIP 3000, A4R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	Were there unauthorized personal electrical/electronic items located aboard the ship?	OPNAVINST 5100.19E, B0702, e, 3; NSTM 300, 300-2.7.3.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	Were there multiple surge suppressors being fed from a single isolated circuit?	NSTM 300, 300-2.7.3.5, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101N NOTES.	THE FOLLOWING PERSONAL ITEMS ARE PROHIBITED FROM SHIPBOARD USE: FANS, PORT EXT CORDS, HI-INTENS LAMPS, READING LAMPS, ELEC BLNKTS, HEAT PDS, TOOLS EXCEPT HOBBY, HEAT/SUN LAMPS, HOT PLATES AND GRIDDLES,	ELEC CLOCKS, MICRWVE OVNS, PORT EXT LIGHTS, ELEC HEATERS, PORT FRIG AND A/C, IMMERSION TYPE WATER HEATERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	EQUIPMENT SAFETY CHECKS:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	Were all personal, mobile and portable equipment tagged with color coded tape or approved NSN supplied tags?	NSTM 300, 300-2.7.3.6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	Were electrical safety checks performed within the correct periodicity?	OPNAVINST 5100.19E, B0702, 2; NSTM 300, 300-2.7.3.6.1 & 2.7.5.2.1; SEE NOTE 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	Was all personal electric/electronic equipment safety checked IAW NSTM 300?	OPNAVINST 5100.19E, B0702, e, 3; NSTM 300, 300-2.7.3.6.4 through 2.7.3.6.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	Were the correct periodicities assigned to mobile and portable equipment?	SEE NOTE 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102N NOTES1.	ALL ELEC EQPMNT SHALL BE SAFETY CHECKED ACCORD PMS. PORT EQPMNT REQ A QTRLY SAFETY CHECK (2 PRNG Q-1R & 3 PRNG Q-2R). MOB EQPMNT REQ 1 TIME SITUA CHCK (2 PRNG R-6 3 PRNG R-5)	SURGE SUPP. PERIODICITY IS A-4R. BATT CHARGER PERIODICITY IS Q-1R/Q-2R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102N NOTES2.	ELEC SAFETY CHCKS FOR PERSONAL ELEC EQPMNT ACCOMP IN ACCORD WITH NSTM 300.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102N NOTES3.	MOB ELEC EQPMNT DEF AS A UNIT NOT HARDWIRED, CAN BE MOVED, BUT NORM STATIONARY WHILE IN OPERATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	103.	INDOC SAFETY TRAINING:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	Was documentation available to verify that all personnel when reporting aboard received indoctrination training on basic electrical safety, including the requirements regarding use of personal protective equipment and recognizing symptoms of ele	OPNAVINST 5100.19E, B0702, b & B0708, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	Was documentation available to verify that all hands received annual training on electrical hazardawareness, shock prevention and general electrical safety precautions.	OPNAVINST 5100.19E Appendix A5-A; NSTM 300, 305, 9, b, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	PERSONAL PROTECTIVE EQUIPMENT (PPE):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	Were electrical safety gloves deteriorated and/or damaged?	NSTM 300, 300-2.5.3.2; MIP 3000, R, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	Were electrical safety gloves being used for an incorrect type of hazard?	OPNAVINST 5100.19E B0706, a & b; OPNAVINST 5100.19E C0903, a, 3; NSTM 300, 300-2.5.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	Were electrical safety gloves PMS'ed and placed in original box for storage?	OPNAVINST 5100.19E B0706, b & C0903, a, 3; MIP 3000, R, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	Were electrical safety gloves used improperly for chemical handling or cleaning?	OPNAVINST 5100.19E B0706, b & C0903, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	Were leather over-gloves available to protect rubber gloves from damage during use?	NSTM 300, 300-2.3.2i; 300-2.4.5.1, b; 300-2.5.3.4, 6 & 300-2.7.1, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	Were safety goggles available for issue?	OPNAVINST 5100.19E B0506, a & b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G.	Were face shields available for issue?	OPNAVINST 5100.19E B0506, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104H.	Were safety goggles in working condition?	OPNAVINST 5100.19E B0506, c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104I.	Were face shields were in working condition?	OPNAVINST 5100.19E B0506, c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104J.	Were safety goggles dirty?	OPNAVINST 5100.19E B0506, c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K.	Were face shields dirty?	OPNAVINST 5100.19E B0506, c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104L.	Were the proper type of safety goggles used based upon the type of hazard?	OPNAVINST 5100.19E B0504, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104M.	Were face shields being used correctly based upon the type of hazard?	OPNAVINST 5100.19E B0504, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104N	NOTES. IF GLOVES ARE DAMAGED OR DETERIORATED THEN THIS IS A PART 2 SAFETY	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	QUALIFICATIONS:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	Has the Electrical Safety Officer completed watchstation 304, Electrical Safety Officer, of the Safety Programs Afloat PQS (NAVEDTRA 43460-Series)? <input type="checkbox"/> (Prerequisite NAVEDTRA 43241-G 304 3M Division Officer and CPR qualified)	OPNAVINST 5100.19E B0708, d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	Had personnel who operate the portable tool issue room completed the electrical tool issue room watchstation 313 in the safety programs afloat PQS (43704, CH2 (2009) Engineering Collaterals and Qualifications? Prerequisite NAVEDTRA 43241-G, 301	OPNAVINST 5100.19E B0708, c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	TOOL ISSUE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	106A.	Were workcenters and divisions without electrical/electronic ratings maintaining portable tools in their workcenters?	OPNAVNST 5100.19E B0707, d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	Were portable electrical tools visually inspected prior to issue and was quarterly safety testing within periodicity?	OPNAVINST 5100.19E B0707, b; NSTM 300, 300-2.7.5.1, a; MIP 3000 series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	Were extension cords visually inspected prior to issue and was annual continuity testing within periodicity?	OPNAVINST 5100.19E B0707, b; NSTM 300, 300-2.7.5.2.4; MIP 3000 series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106D.	Was PMS accomplished on electrical safety gloves prior to issue and after they were returned?	OPNAVINST 5100.19E B0707, b; NSTM 300, 300-2.5.3.3; MIP 3000 series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106E.	Are personnel assigned to issue portable electric tools issuing required personal protective equipment?	OPNAVINST 5100.19E B0707, c; NSTM 300, 300-2.7.1, a through c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106F.	Are unsafe electrical tools clearly marked "OOC", rendered incapable of being energized, and kept locked in storage separate from the other tools? (Exception: tools in which immediate repair is to be accomplished).	OPNAVINST 5100.19E B0707, f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106N	NOTES. IF TOOL ISSUE AND LARGE WORKCENTERS WITH ELEC TOOLS HAVE 50% DISCREPANCIES THE PROGRAM WILL BE DEGRADED OR UNSAT.	NONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH0030	EYEWASH STATIONS						
REFERENCES: OPNAVINST 5100.19 SERIES SHIP SPEC 6446 SO 6446 ANSI Z358.1-2004 MIP 6600 SERIES 2 NSTM, SHIPS DRAWINGS								
-	100.	EYEWASH/DELUGE SHOWER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100E.	SHOWER HEAD HEIGHT WAS NOT LESS THAN 82 INCHES FROM THE USER STANDING SURFACE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100F.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100G.	SHOWER MET ANSI STANDARDS REQUIRING A STAY-OPEN VALVE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100H.	EYEWASH HAD A ONE-MOTION, STAY-OPEN VALVE.	OPNAVINST 5100.19E 0508, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100I.	VALVE ACTUATOR WAS EASILY LOCATED AND READILY ACCESSIBLE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100J.	SHOWER MET THE MINIMUM OF 20 GALLONS PER MINUTE WATER FLOW FOR 15 MINUTES.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100K.	EYEWASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100L.	ROOT VALVE WAS ADJUSTED PROPERLY SO THAT FLOW FROM BOTH NOZZLES MET EQUIDISTANT AT THE CENTER OF THE BOWL.	OPNAVINST 5100.19E B0508, a, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100M.	OUTLET HEADS WERE PROTECTED FROM AIRBORNE CONTAMINANTS.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100N.	EYEWASH NOZZLE COVERS DID NOT BLOCK FLOW OF WATER WHEN UNIT WAS ACTIVATED.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100O.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100P.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH/SHOWER.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100Q.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100R.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100S.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100T.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	100U.	WAS PMS'ED QUARTERLY.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100V.	HAD THE ROOT VALVE LOCKED OPEN WITH A METAL TAMPER-PROOF LANYARD.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100W.	HAD THE ROOT VALVE MARKED AS A "W" OR "CIRCLE W" FITTING.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100X.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100Y.	HAD AN OPERABLE ALARM (OUTSIDE THE SPACE AND/OR IN CCS IF APPLICABLE (PLUMBED)).	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100Z.	WAS PROVIDED WITH AN INSTRUCTIONAL SIGN FOR THE ALARM.	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	100Z1.	WAS PROVIDED WITH A PROPERLY LOCATED AND LABELED AUDIBLE ALARM THAT INTERLOCKS WITH THE ACTUATION DEVICE (IF LOCATED IN A REMOTE LOCATION).	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101.	EYEWASH STATION/FAUCET MOUNTED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101F.	EYEWASH HAD A ONE-MOTION STAY-OPEN VALVE.	OPNAVINST 5100.19E B0508, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101G.	VALVE ACTUATOR WAS EASILY LOCATED AND READILY ACCESSIBLE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101H.	EYEWASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101I.	ROOT VALVE WAS ADJUSTED PROPERLY SO THAT FLOW FROM BOTH NOZZLES MET EQUIDISTANT.	OPNAVINST 5100.19E B0508, a, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101J.	OUTLET HEADS WERE PROTECTED FROM AIRBORNE CONTAMINANTS.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101K.	EYEWASH NOZZLE COVERS DID NOT BLOCK FLOW OF WATER WHEN UNIT WAS ACTIVATED.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101L.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101M.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101N.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101O.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101P.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	101Q.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101R.	WAS PMS'ED.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101S.	HAD THE ROOT VALVE LOCKED OPEN WITH A METAL TAMPER-PROOF LANYARD.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101T.	HAD THE ROOT VALVE MARKED AS A "W" OR "CIRCLE W" FITTING.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101U.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	MISSING EYEWASH STATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	MAIN AND AUXILIARY MACHINERY SPACES; IC GYRO; AND BATTERY CHARGING AREAS HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	MEDICAL TREATMENT AREA HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	CHEMICAL; WATER TESTING; AND MEDICAL LABORATORIES HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	DARKROOMS AND X-RAY DEVELOPING AREAS (IF LIQUID CHEMICALS ARE USED) HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102E.	HAZARDOUS MATERIAL ISSUE/STOREROOMS (IF HM IS DISPENSED) HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102F.	PAINT MIXING AND ISSUE ROOMS HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102G.	LAUNDRY AREA HAD AN EYEWASH.	OPNAVINST 5100.19E C2002, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102H.	OTHER AREAS DETERMINED BY THE INDUSTRIAL HYGIENE SURVEY HAD AN EYEWASH.	OPNAVINST 5100.19E B0508, b, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	EYEWASH STATION, MEISSING SHOWER/EYEWASH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	OXYGEN-NITROGEN PRODUCER ROOM HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	BATTERY SHOP OR LOCKER (WET CELL TESTING; ELECTROLYTE HANDLING) HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C.	COMBAT SYSTEM AREAS HANDLING ISOPAR FLUIDS HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103D.	BOILER REPAIR SHOP HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103E.	RUBBER AND PLASTIC SHOP HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103F.	COMPOSITE MATERIAL REPAIR SHOP HAD A COMBINATION SHOWER/EYEWASH	OPNAVINST 5100.19E B0508, d, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103G.	NON-DESTRUCTIVE TEST AND INSPECTION SHOPS HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103H.	OTHER AREAS DETERMINED BY THE INDUSTRIAL HYGIENE SURVEY HAD A COMBINATION SHOWER/EYEWASH.	OPNAVINST 5100.19E B0508, d, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	EYEWASH STATION, PLUMBED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	EYEWASH HAD A ONE-MOTION STAY-OPEN VALVE.	OPNAVINST 5100.19E B0508, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G.	VALVE ACTUATOR WAS EASILY LOCATED AND READILY ACCESSIBLE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104H.	EYE WASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104I.	ROOT VALVE WAS ADJUSTED PROPERLY SO THAT FLOW FROM BOTH NOZZLES MET EQUIDISTANT AT THE CENTER OF THE BOWL.	OPNAVINST 5100.19E B0508, a, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104J.	OUTLET HEADS WERE PROTECTED FROM AIRBORNE CONTAMINANTS.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K.	EYEWASH NOZZLE COVERS DID NOT BLOCK FLOW OF WATER WHEN UNIT WAS ACTIVATED.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104L.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104M.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104N.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104O.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104P.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104Q.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104R.	WAS PMS'ED.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104S.	HAD THE ROOT VALVE LOCKED OPEN WITH A METAL TAMPER-PROOF LANYARD.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104T.	HAD THE ROOT VALVE MARKED AS A "W" OR "CIRCLE W" FITTING.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104U.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104V.	HAD AN OPERABLE ALARM (OUTSIDE THE SPACE AND/OR IN CCS IF APPLICABLE (PLUMBED)).	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104W.	WAS PROVIDED WITH AN INSTRUCTIONAL SIGN FOR THE ALARM.	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104X.	WAS PROVIDED WITH A PROPERLY LOCATED AND LABELED AUDIBLE ALARM THAT INTERLOCKS WITH THE ACTUATION DEVICE (IF LOCATED IN A REMOTE LOCATION).	OPNAVINST 5100.19E B0508, g	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	EYEWASH STATION, PORTABLE PLASTIC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105E.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105F.	EYEWASH MET ANSI STANDARDS (MUST BE 14-16 GALLON SIZE TO DELIVER CORRECT FLOW RATE).	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105G.	EYEWASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105H.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105I.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105J.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105K.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105L.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105M.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105N.	WAS PMS'ED.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105O.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	EYEWASH STATION, PORTABLE PRESSURIZED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106E.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106F.	EYEWASH HAD A ONE-MOTION STAY-OPEN VALVE.	OPNAVINST 5100.19E B0508, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106G.	VALVE ACTUATOR WAS EASILY LOCATED AND READILY ACCESSIBLE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	106H.	EYEWASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106I.	FLOW FROM BOTH NOZZLES MET EQUIDISTANTLY.	OPNAVINST 5100.19E B0508, a, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106J.	OUTLET HEADS WERE PROTECTED FROM AIRBORNE CONTAMINANTS.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106K.	EYEWASH NOZZLE COVERS DID NOT BLOCK FLOW OF WATER WHEN UNIT WAS ACTIVATED.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106L.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106M.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106N.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106O.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106P.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106Q.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106R.	WAS PMS'ED.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106S.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	EYEWASH STATION, SINK MOUNTED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	WAS OPERABLE.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	WAS NOT DAMAGED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107C.	HAD NO MISSING PARTS.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107D.	WAS CORRECTLY INSTALLED.	OPNAVINST 5100.19E B0508, a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107E.	EYEWASH NOZZLES WERE NOT LOWER THAN 33 INCHES OR HIGHER THAN 45 INCHES OFF THE DECK OR LESS THAN 6 INCHES FROM A BULKHEAD OR OBSTRUCTION.	OPNAVINST 5100.19E B0508, a, 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107F.	EYEWASH HAD A ONE-MOTION STAY-OPEN VALVE.	OPNAVINST 5100.19E B0508, a, 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107G.	VALVE ACTUATOR WAS EASILY LOCATED AND READILY ACCESSIBLE.	ANSI Z358.1-2004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107H.	EYEWASH MET THE MINIMUM FLOW RATE OF 0.4 GALLONS PER MINUTE FOR 15 MINUTES.	OPNAVINST 5100.19E B0508, a, 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107I.	ROOT VALVE WAS ADJUSTED PROPERLY SO THAT FLOW FROM BOTH NOZZLES MET EQUIDISTANT.	OPNAVINST 5100.19E B0508, a, 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107J.	OUTLET HEADS WERE PROTECTED FROM AIRBORNE CONTAMINANTS.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107K.	EYEWASH NOZZLE COVERS DID NOT BLOCK FLOW OF WATER WHEN UNIT WAS ACTIVATED.	OPNAVINST 5100.19E B0508, a, 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	107L.	TEMPERATURE OF WATER DID NOT EXCEED 100 DEGREES FAHRENHEIT.	OPNAVINST 5100.19E B0508, a, 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107M.	WAS NOT OBSTRUCTED. NOTE: UNITS SHALL BE UNOBSTRUCTED FROM ANYTHING THAT WILL PREVENT THE USER FROM GAINING ACCESS TO THE EYEWASH.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107N.	WAS WITHIN 10 SECONDS OR 100 TRAVEL FEET OF THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107O.	WAS LOCATED ON THE SAME LEVEL AS THE HAZARD.	OPNAVINST 5100.19E B0508, a, 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107P.	TRAVEL ROUTE WAS FREE FROM TRIP HAZARDS OR OVERHEAD STRIKE HAZARDS.	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107Q.	EYEWASH WAS NOT LOCATED SUCH THAT IT CREATED A HAZARD TO THE USER (NEAR ELECTRICAL FIXTURE; DOWN A LADDER; ETC).	OPNAVINST 5100.19E B0508, a, 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107R.	WAS PMS'ED.	OPNAVINST 5100.19E B0508, a, 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107S.	HAD THE ROOT VALVE LOCKED OPEN WITH A METAL TAMPER-PROOF LANYARD.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107T.	HAD THE ROOT VALVE MARKED AS A "W" OR "CIRCLE W" FITTING.	OPNAVINST 5100.19E B0508, a, 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107U.	HAD A GREEN SIGN WITH WHITE LETTERING STATING "EMERGENCY EYEWASH STATION" TO MARK THE EYEWASH LOCATION.	OPNAVINST 5100.19E B0508, a, 11	<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	OH0040	GENERAL SAFETY						
REFERENCES: OPNAVINST 5100.19 SERIES 29 CFR 1910.94(A)(3) MIP 6613/029 SHIP SPEC 602, 622, 624, 665, 071, 612E, 634B, 602J MIP 6603/002 NAVSEA GSO 665C, 573G, 602, 665, 071B, 612E, 072, 665 I and F, 634C SHIP SPEC 665B (DDG-51, LPD-17 AND LHD2) NSTM 600(V1), 572 MIP NSTM, SHIPS DRAWINGS								
-	101.	ABRASIVE BLAST CABINET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	THE CABINET WAS OPERATIVE.	OPNAVINST 5100.19E C1304 29CFR 1910.94	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	OBSERVATION WINDOW WAS NOT BROKEN/CRACKED/MISSING.	OPNAVINST 5100.19E C1304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	INSERT GLOVES WERE NOT TORN/MISSING/INCORRECT TYPE.	OPNAVINST 5100.19E C1304	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	GASKETS TO PREVENT DUST LEAKAGE WERE NOT DETERIORATED/MISSING.	OPNAVINST 5100.19E C1304 MRC 6613/002-47 (R-15) MRC 6613/009-C0 (U-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E.	CABINET WAS PROVIDED WITH A DUST COLLECTION SYSTEM.	TECH MANUAL MRC 6613/002-47 (R-15) MRC 6613/009-C0 (U-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	BENCH/PEDESTAL GRINDERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	WHEEL DID NOT HAVE IMBEDDED NON-FERROUS MATERIAL.	OPNAVINST 5100.19E C1304 G6F MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	WHEEL WAS NOT CRACKED OR DAMAGED.	OPNAVINST 5100.19E C1304 G5B MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	TOOL REST WAS PRESENT.	OPNAVINST 5100.19E C1304 G5T MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	TOOL REST WAS NOT GREATER THAN 1/8 INCH FROM WHEEL.	OPNAVINST 5100.19E C1304 G5L MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102E.	SHATTERPROOF SHIELD (EYE GUARD) WAS PRESENT.	OPNAVINST 5100.19E C1304 G5G MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102F.	TONGUE GUARD WAS PRESENT.	OPNAVINST 5100.19E C1304 G5M MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102G.	TONGUE GUARD WAS NOT GREATER THAN 1/4 INCH FROM THE WHEEL.	OPNAVINST 5100.19E C1304 G5M MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102H.	LIGHT BULB IN THE EYE SHIELD WAS NOT BROKEN/MISSING.	OPNAVINST 5100.19E C1304 A11 MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102I.	WAS NOT MISSING THE FLAME-RESISTANT DUST COLLECTION BAG.	OPNAVINST 5100.19E C1304 G5L MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	102J.	WAS NOT MISSING THE HOSE TO THE DUST COLLECTION SYSTEM.	OPNAVINST 5100.19E C130 4A2 MRC 6603/001-52 (R-1) MRC 6603/002-52 (R-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	DRILL PRESSES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	POINT-OF-OPERATION GUARD (MOVABLE TELESCOPING DRILL SHIELD OR SAFETY CHIP SHIELD) WAS INSTALLED ON THE DRILL PRESS.	OPNAVINST 5100.19E C1304 A17 NAVSEA GSO 665C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	HATCHES AND SCUTTLES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	HATCH OPENINGS WERE NOT MISSING STANCHIONS/SAFETY CHAINS.	MRC 1671/001-C2 (M-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	SAFETY HOLD OPEN DEVICES WERE NOT DEFECTIVE ON SCUTTLES.	MRC 1671/002-C2 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	SAFETY HOLD OPEN DEVICES WERE NOT DEFECTIVE ON HATCHES.	MRC 1671/003-C2 (M-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	ESCAPE SCUTTLES OR OTHER ACCESSES WERE NOT LOCKED SO THAT THEY COULD NOT BE OPENED FROM THE INSIDE.	OPNAVINST 5100.19E C0102A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	MAIN ACCESS TO SPACE(S) CONTAINING ESCAPE SCUTTLES THAT ARE REQUIRED TO BE LOCKED HAD A LABEL PLATE.	GSO 602J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	ESCAPE SCUTTLE(S) HAD A LABEL PLATE INSTALLED ON TOP OF THE SCUTTLE(S).	GSO 602J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	LADDERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	LADDERS WERE NOT MISSING SAFETY CHAINS.	MRC 6641/003-C2 (S-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	GRABROD(S) WERE INSTALLED AT THE HEAD OF VERTICAL AND STEEP INCLINED LADDERS TO ASSIST PERSONNEL IN STEPPING FROM THE TOP OF THE LADDER TO THE DECK.	GSO 622E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	PINS WERE NOT MISSING/DEFECTIVE ON LADDERS.	MRC 6641/003-C2 (S-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105D.	RAILINGS WERE NOT MISSING/DEFECTIVE/UNSAFE ON LADDERS.	MRC 6641/003-C2 (S-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105E.	STEPS WERE NOT MISSING/DEFECTIVE/UNSAFE ON LADDERS.	MRC 6641/003-C2 (S-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105F.	VERTICAL LADDERS WERE NOT OBSTRUCTED/DETERIORATED/UNSAFE.	GSO 622E MRC 6641/003-C2 (S-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105G.	UNGUARDED OPENINGS BETWEEN THE UPPER END OF HANDRAILS, CHAINS, OR ROPES OF INCLINED LADDERS AND ADJACENT RAILS OR STRUCTURES OF THE UPPER LEVEL HAD A GAP OF FIVE INCHES (127 MM) OR LESS.	GSO 622C NSTM 600-17.1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105H.	WHERE VERTICAL HEADROOM WAS LESS THAN SIX FEET (72 INCHES) BETWEEN INCLINED LADDER TREADS AND OVERHEAD OBSTRUCTIONS, A HEAD GUARD WAS PROVIDED PER DETAIL 14-D. THE HEADGUARD WAS PAINTED WITH YELLOW AND BLACK STRIPES.	GSO 622C NSTM 600-17.1.2 and 600-17.4.2 OPNAVINST 5100.19E C0102A10 and C0104B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	105I.	VERTICAL LADDER RUNGS OR CLEATS ON SHIPS BUILT BEFORE 1 OCTOBER 2005 WERE AT LEAST 12 INCHES (304.8 MM) WIDE. SHIPS BUILT OR CONVERTED ON OR AFTER 1 OCTOBER 2005 WERE REQUIRED TO HAVE RUNGS OR CLEATS AT LEAST 14 INCHES (356 MM) WIDE.	NSTM 600-17.3.2 29 CFR 1910.27 (b) (iii)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105J.	TOP TREADS OF INCLINED LADDERS WERE NINE INCHES WIDE. THE DISTANCE FROM THE SIDE OF THE TOP TREAD TO THE BULKHEAD OR HATCH COAMING DID NOT EXCEED TWO INCHES (50.8 MM).	GSO 622c NSTM 600-17.1.2 and 600-17.4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105K.	ALL TREADS OTHER THAN THE TOP TREAD OF INCLINED LADDERS WERE SIX INCHES WIDE FOR LADDERS INSTALLED AT ANGLES OF 50 TO 60 DEGREES WITH THE DECK, AND FOUR INCHES WIDE FOR LADDERS INSTALLED AT ANGLES GREATER THAN 60 DEGREES WITH THE DECK.	GSO 622c NSTM 600-17.4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105L.	MINIMUM CLEARANCE BETWEEN BULKHEAD OR HOUSE AND INCLINED LADDER HANDRAILS WAS TWO INCHES.	NAVSHIPS DWG 804-1749113 "Inclined Ladders, Aluminum, Assemblies & Details"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105M.	ALL LADDERS WHEN INSTALLED AGAINST A BULKHEAD OR SIMILAR STRUCTURE HAD A MINIMUM OF SIX-INCH (152.4 MM) CLEARANCE BETWEEN THE STRUCTURE AND THE BACKSIDE OF THE RUNG OR TREAD FOR FOOT CLEARANCE.	NSTM 600-17.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105N.	SHEET METAL SHIELDS WERE FITTED ON THE UNDERSIDE OF INCLINED LADDERS OVER MACHINERY AND EQUIPMENT AND IN QUARTERS.	GSO 622C NSTM 600-17.1.1 & 600-17.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105O.	STEEL WAS USED FOR ALL MACHINERY SPACE ACCESS LADDERS, ESCAPE TRUNKS, AND LADDER RUNGS AND FOR FUEL TANKS AND OTHER TANKS CAPABLE OF BEING FLOODED WITH SEAWATER. (EXCEPT THAT NONMAGNETIC MATERIALS.)	GSO 622C NSTM 600-17.1.1 & 600-17.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	GENERAL SAFETY, LATHES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	POINT-OF-OPERATION GUARD (MOVABLE SAFETY SHIELD, CHUCK GUARD, CROSSLIDE-TRAVEL SHIELD) WAS INSTALLED ON THE LATHE.	OPNAVINST C1304A17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	GENERAL SAFETY, MATERIAL HANDLING EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	HOIST EQUIPMENT HAD A LOAD TEST PERFORMED WITHIN PERIODICITY.	MRC 6645/004 (60M-1R) MRC 6645/006 (48M-1R) MRC 6645/007 (48M-1R) MRC 6645/008 (48M-1R)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	THE MONORAIL/OVERHEAD OBSTRUCTIONS WERE COLOR CODED SOLID YELLOW.	OPNAVINST 5100.19E C0104B1 GSO 665C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107C.	HOIST EQUIPMENT WAS TAGGED OR MARKED TO INDICATE THAT THE LOAD TEST WAS COMPLETED.	NSTM 572-4.4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107D.	HOIST EQUIPMENT LOAD TEST INFORMATION WAS RECORDED IN A PERMANENT LOG (EQUIPMENT IDENTIFICATION, DATE OF TEST, DESCRIPTION OF TEST, WEIGHT USED FOR TEST, AND TESTING ACTIVITY).	NSTM 572-4.4.5 MRC 6645/005-A2 (S-3);(A-1);(A-2) MRC 5892/002-92 (U-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107E.	MONORAIL TRACK/CRANE RAIL HAD SUFFICIENT HEADROOM AND DID NOT PRESENT A STRIKE HAZARD (REQUIRED TO BE A MINIMUM OF 77 INCHES OFF DECK).	GSO 573G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	107F.	MONORAIL TRACK SECTIONS PERMANENTLY ATTACHED TO THE SHIP STRUCTURE HAD AN INSTALLATION WEIGHT TEST TAG ATTACHED.	NSTM 572-4.3.4 & 4.4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	GENERAL SAFETY, MILLING MACHINES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	POINT-OF-OPERATION GUARD (MOVABLE SAFETY SHIELD) WAS INSTALLED ON THE MILLING MACHINE.	OPNAVINST 5100.19E C1304A17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109.	GENERAL SAFETY, POSTED SAFETY PRECAUTIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	SAFETY PRECAUTIONS AND OPERATING PROCEDURES WERE POSTED AT ALL INDUSTRIAL EQUIPMENT OR MACHINERY.	OPNAVINST 5100.19E C1304A19 AND C130F1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110.	GENERAL SAFETY, ROTATING MACHINERY GUARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110A.	POWER TRANSMISSION DEVICES, SUCH AS CHAINS, PULLEYS, SHAFTING, FLY WHEELS, GEARS, SPROCKETS AND OTHER MOVING PARTS OF MACHINE OTHER THAN THE POINT-OF-OPERATION WERE ENCLOSED WITHIN THE MACHINE OR OTHERWISE GUARDED OR LOCATED SO THAT PERSONNEL CON	OPNAVINST 5100.19E C1304A18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110B.	GUARDS OR BARRIERS ENCLOSING ROTATING MACHINERY, SHAFTS, OR MOVING PARTS WERE PAINTED RED.	OPNAVINST 5100.19E C0104A4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111.	GENERAL SAFETY, SAFETY HAZARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111A.	THERE WERE NO SLIP/TRIP OR FALL ITEMS THAT CREATED A SAFETY HAZARD.	OPNAVINST 5100.19E C0102D6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111B.	THERE WERE NO OVERHEAD OBSTRUCTIONS THAT CREATED A SAFETY HAZARD.	OPNAVINST 5100.19E C0102A10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112.	GENERAL SAFETY, SAFETY NET-ACCESS TRUNK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112A.	NET WAS INSTALLED AT 17 FOOT MAXIMUM INTERVALS ON STRAIGHT UNOBSTRUCTED LADDER. (IF >17 FEET, THERE WAS A __ FOOT INTERVAL BETWEEN __ AND __ DECKS).	NAVSEA DRAWING 804-5184163 REV A NOTE 6D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112B.	NET WAS INSTALLED AT 17 FOOT MAXIMUM INTERVALS. (IF > 17 FEET, THERE WAS A __ FOOT INTERVAL BETWEEN __ AND __ DECKS).	CMONAVSEASYS COM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C.	TOP NET WAS WITHIN 24 INCHES OF THE TOP LADDER RUNG WHERE A CLIMBER SAFETY RAIL DID NOT EXTEND 36 INCHES ABOVE THE TOP OF THE LADDER.	NAVSEA DRAWING 804-5184163 REV A NOTE 6F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112D.	TOP NET WAS WITHIN 24 INCHES OF THE TOP LADDER RUNG ON STRAIGHT UNOBSTRUCTED LADDER.	NAVSEA DRAWING 804-5184163 REV A NOTE 6D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112E.	NETS WERE INSTALLED AT THE TOP AND MIDPOINT OF UNOBSTRUCTED LADDER WITH A HEIGHT OF 17 TO 34 FEET.	NAVSEA DRAWING 804-5184163 REV A NOTE 6E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112F.	NET WAS INSTALLED MIDWAY BETWEEN __ AND __ DECK OPENINGS.	NAVSEA DRAWING 804-5184163 REV A NOTE 6B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112G.	NET WAS INSTALLED 6 FEET-5 INCHES ABOVE __ DECK WHERE DOOR ENTERS THE TRUNK.	NAVSEA DRAWING 804-5184163 REV A 6B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112H.	NET WAS NOT INSTALLED IN A MACHINERY SPACE ESCAPE TRUNK.	NAVSEA DRAWING 804-5184163 REV A NOTE 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	112I.	ACCESS OPENING WIDTH WAS WITHIN 24 PLUS OR MINUS 2.5 INCHES (ACTUAL WIDTH WAS ___ INCHES) FROM ONE BORDER STRAP TO THE OTHER BORDER STRAP OR BULKHEAD.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112J.	ACCESS OPENING LENGTH WAS NOT LESS THAN 16 OR MORE THAN 21 INCHES (ACTUAL LENGTH WAS ___ INCHES). PARAGRAPH 3B OF NAVSEA MESSAGE REQUIRES ACCESS OPENING LENGTH TO BE 16 - 21 INCHES.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112K.	NET DID NOT HAVE LESS THAN 4 INCHES OR MORE THAN 9 INCHES OF NATURAL SAG (ACTUAL SAG WAS ___ INCHES). PARAGRAPH 3C OF NAVSEA MESSAGE REQUIRES IN-SERVICE NETS TO HAVE BETWEEN 4 AND 9 INCHES OF NATURAL SAG.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112L.	NET WAS INSTALLED AT LEAST 24 INCHES ABOVE A HORIZONTAL OBSTRUCTION THAT PROJECTED MORE THAN 6 INCHES FROM THE TRUNK SIDE.	NAVSEA DRAWING 804-5184163 REV A NOTE 6A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112M.	DISTANCE FROM BULKHEAD OR OTHER STRUCTURE WHERE STAPLE WAS CONNECTED TO THE PERIMETER STRAP DID NOT EXCEED 8.5 INCHES.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112N.	DISTANCE BETWEEN SNAP HOOKS INSTALLED ON PERIMETER STRAPS DID NOT EXCEED THE 11-INCH MAXIMUM SPACING (SNAP HOOKS LOCATED _____ WERE ___ INCHES APART) WHEN THERE WERE NO INTERFERENCES.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112O.	DISTANCE BETWEEN SNAP HOOKS INSTALLED ON PERIMETER STRAPS DID NOT EXCEED THE 16-INCH MAXIMUM SPACING (SNAP HOOKS LOCATED _____ WERE ___ INCHES APART) WHEN THERE WERE INTERFERENCES.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112P.	ALL ENDS WERE FOLDED TO THE UNDERSIDE OF THE NET AND SEWN.	NAVSEA DRAWING 804-5184163 REV A NOTE 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112Q.	SNAP HOOK LOOPS HAD TWO BOX STITCHES.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112R.	SNAP HOOKS WERE INSTALLED SO THAT THE OPENING OF ALL HOOKS WAS DOWN.	NAVSEA DRAWING 804-5184163 REV A NOTE 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112S.	NET WAS NOT INSTALLED UPSIDE DOWN.	NAVSEA DRAWING 804-5184163 REV A NOTE 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112T.	AUTHORIZED SNAP HOOKS WERE USED ON THE NET.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 2J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112U.	WEB SLOTS WERE SPACED ON 5 INCH CENTERS.	NAVSEA DRAWING 804-5184163 REV A NOTE 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112V.	NET WAS LOAD TESTED TO REQUIRED WEIGHT OF 1750 LBS.	NAVSEA DRAWING 804-5184163 REV A NOTE 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112W.	LABEL TAG ON NET INDICATED THAT NET WAS MADE FOR A THAT ACCESS TRUNK.	CMONAVSEASYSKOM NAVAL MESSAGE: R 030510Z JUN04 "ACCESS TRUNK SAFETY NET GUIDANCE". PARAGRAPH 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	112X.	LOAD TEST TAG CONTAINED THE MANUFACTURING ACTIVITY; DATE OF MANUFACTURE; TESTING ACTIVITY; DATE TESTED; TEST LOAD; TRUNK COMPARTMENT NUMBER AND NET LOCATION. REQUIRED ON NEW NETS MADE AFTER 1 JAN 2005.	NAVSEA DRAWING 804-5184163 REV A DETAIL 12E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112Y.	NET WEBBING WAS NOT TWISTED.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112Z.	NET HAD LOAD TEST TAG (NOTE: NOT REQUIRED ON CVN 75 OR EARLIER; NOT REQUIRED ON AMPHIBS BUT ARE ON LHD 8; LPD 17 AND FOLLOW-ON. ALL NEW NETS INSTALLED ON THESE SHIPS DO REQUIRE LOAD TEST TAGS).	NAVSEA DRAWING 804-5184163 REV A DETAIL 12E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112ZA.	NET WAS NOT DAMAGED.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112ZB.	ALL SNAP HOOKS WERE ATTACHED TO CORRESPONDING STAPLES AND ALL SNAP HOOK STAPLES WERE PRESENT.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112ZC.	STAPLE DID NOT HAVE MORE THAN 1 SNAP HOOK ATTACHED.	NAVSEA DRAWING 804-5184163 REV A DETAIL 10-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113.	GENERAL SAFETY, SAFETY NET-GTM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A.	NET WEBBING WAS NOT BOLTED DIRECTLY TO GTM HOUSING. SNAP HOOKS AND SNAP HOOK ATTACHMENT BRACKETS WERE USED (REFER TO FIG. 1 IN MRC 15 9RVP N; MIP 6122/001).	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113B.	NET WEBBING WAS NOT TWISTED.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113C.	NET WAS NOT DAMAGED.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113D.	SNAP HOOK ATTACHMENT BRACKETS WERE NOT DAMAGED.	MRC 6122/001-13 (S-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114.	GENERAL SAFETY SAW BLADE GUARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A.	GUARD WAS INSTALLED ON THE TABLE SAW/CIRCULAR SAW/RIP SAW/RADIAL SAW/BAND SAW.	OPNAVINST 5100.19E C1304G3A, C13043GP, C1304G3R AND C1304G3V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115.	GENERAL SAFETY, SECURE FOR SEA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115A.	LOCKERS/MACHINES/EQUIPMENT/CABINETS/HEAVY GEAR AND PERMANENTLY INSTALLED EQUIPMENT/COMPUTERS/NON-PORTABLE ITEMS WERE FIRMLY SECURED TO THE DECK/TABLE TOP/BULKHEAD AND SPACE HAD ALL ITEMS PROPERLY STORED FOR SEA.	OPNAVINST 5100.19E C0102C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116.	GENERAL SAFETY, SLIP HAZARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116A.	THREE SLIP-RESISTANT TREADS (MINERAL-COATED TREADS, 6 INCHES BY 24 INCHES) WERE PROVIDED AT THE TOP AND BOTTOM OF LADDERS, ON BOTH SIDES OF DOORS AND ARCHES WITH HIGH COAMING USED FOR CONTINUOUS TRAFFIC, AND AT BOTH SIDES OF CREW MESSING SPACE DO	OPNAVINST 5100.19E C0102D6 GSO 634C SHIP SPEC 634B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117.	GENERAL SAFETY, WORKSHOP SAFETY MARKINGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117A.	OPERATOR WORK AREAS OF PERMANENTLY INSTALLED EQUIPMENT WERE MARKED AS SOLID YELLOW BLOCKS.	OPNAVINST 5100.19E C0104D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117B.	NON-SKID MATERIAL (NON-SKID PAINT OR ADHESIVE NON-SKID STRIPS) WAS APPLIED IN OPERATOR WORK AREAS.	OPNAVINST 5100.19E C0104D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117C. EYE HAZARDOUS AREAS WERE OUTLINED IN YELLOW AND BLACK CHECKERBOARD OR STRIPING.		OPNAVINST 5100.19E C0104D2 AND C0104D2	<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	OH0050	GAS FREE ENGINEERING						
REFERENCES: OPNAVINST 5100.19 SERIES NSTM 074(V3) MIP 6641/003 AEL 2-880044260 AEL 2-880044261 NSTM, SHIPS DRAWINGS								
-	101.	GFE CERTIFICATION AND DESIGNATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	HAD CERTIFICATION/RE CERTIFICATION LETTERS THAT DID NOT EXCEED THE 12 MONTH PERIODICITY.	NSTM 074(V3) 18.10 & 18.11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	HAD COMPLETED 10 GFE TESTS (OR EQUIVALENT) PRIOR TO RECERTIFICATION.	NSTM 074(V3) 18.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	HAD SUFFICIENT NUMBERS TO OUTFIT EACH INPORT DUTY SECTION WITH A GFEPO.	NSTM 074(V3) 18.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	HAD COMPLETED GFE AND GFEPO FOR SURFACE (AFLOAT) OPERATIONS, K-495-0051, OR EQUIVALENT.	NSTM 074(V3) 18.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E.	GFE HAD COMPLETED AND/OR THERE WAS A WAIVER OF THE 40 HOUR OJT REQUIREMENT UNDER THE SUPERVISION OF AN OFFICIAL GFE (FOR THE GFE ONLY AND THE WAIVER MUST BE IN WRITING BY THE CO).	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101F.	GFE HAD BEEN CERTIFIED IN WRITING BY THE SHIP'S CO TO PERFORM GFE DUTIES.	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101G.	GFEPO's HAD QUALIFIED NAVEDTRA 43704, 316 (GFE) AFTER COMPLETION OF SCHOOLS. FOR GFEPO PQS FOLLOW ENGINEERING COLLATERALS AND QUALIFICATION REQUIREMENTS.	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101H.	F/M's HAD QUALIFIED NAVEDTRA 43119, 304 (F/M). (PREREQ: 43119-J 318 AND 320)	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101I.	HAD ONLY ONE GFE AND GFEA DESIGNATED IN WRITING	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	GFE CPR TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL GFEP WERE TRAINED IN EMERGENCY RESCUE, GFE PROCEDURES SEMI-ANNUALLY. CPR REFRESHER PERIODICITY WAS IN ACCORDANCE WITH AMERICAN HEART OR RED CROSS ASSOCIATION REQUIREMENTS.	NSTM 074(V3) 18.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	GFE CREW TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL HANDS RECEIVED GAS FREE ENGINEERING PROGRAM FAMILIARIZATION UPON REPORTING ABOARD AND ANNUALLY THEREAFTER, WITH TRAINING RECORDS MAINTAINED BY THE DIVISION OFFICER.	NSTM 074(V3) 18.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	GFE NOTEBOOK AND DOCUMENTATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	CERTIFICATES WERE MAINTAINED AS A LEGAL DOCUMENT FOR 12 MONTHS.	NSTM 074(V3) 18.16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	CERTIFICATES WERE EXTENDED OR RETESTS DOCUMENTED AS REQUIRED.	NSTM 074(V3) 20.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104C.	ALL CERTIFICATES WERE CLOSED OUT AFTER A MAXIMUM OF 24 HOURS AND A NEW CERTIFICATE ISSUED WITH A NEW SERIAL NUMBER TO CONTINUE OPERATIONS.	NSTM 074(V3) 20.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	CERTIFICATES WERE PROPERLY COMPLETED.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	CERTIFICATES HAD REQUIRED SIGNATURES.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	CERTIFICATES LISTED DATE AND TIME OF INSPECTION/TEST.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G.	CERTIFICATES INDICATED LOCATION OF SPACE.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104H.	HOT WORK FIREWATCH DID NOT INDICATE SPACE WAS CLEARED ON CERTIFICATES.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104I.	ALL BLOCKS PERTAINING TO PARTICULAR GFE EVOLUTIONS HAD BEEN COMPLETED OR N/A IF NOT APPLICABLE.	NSTM 074(V3) 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104J.	THE GFE NOTEBOOK INCLUDED ALL REQUIRED ITEMS.	NSTM 074(V3) 18.11; 18.16; & APP C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	GFE PROGRAM EVALUATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	THE SAFETY OFFICER EVALUATED THE GAS FREE ENGINEERING PROGRAM AT LEAST ANNUALLY USING THE CHECKLIST REFERENCED IN NSTM 074V3.	NSTM 074(V3) 18.10 OPNAVINST 5100.19E B0801	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	BOTH THE SAFETY OFFICER AND GFE MAINTAINED A COPY OF THE ANNUAL GFE PROGRAM EVALUATION.	NSTM 074(V3) 18.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	THE EVALUATION ENSURED THAT GFE PERSONNEL MET THE REQUIREMENTS FOR RECERTIFICATION.	NSTM 074(V3) 18.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	GFE TEST EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	THE SHIP HAD THE REQUIRED NUMBER OF GAS ANALYZERS.	AEL 2-880044260 AEL 2-880044261	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	ALL GAS ANALYZERS WERE OPERATIONAL.	NSTM 074(V3) 27.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	THE SHIP HAD THE REQUIRED NUMBER OF GAS ANALYZER CALIBRATION KITS.	AEL 2-880044260 AEL 2-880044261	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106D.	THE CALIBRATION GAS FOR THE GAS ANALYZER WAS NOT EXPIRED (UNLESS OTHERWISE MARKED, SHELF LIFE IS 1 YEAR FROM DATE OF MANUFACTURE).	NSTM 074(V3) 27.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106E.	EACH GAS ANALYZER WAS CALIBRATED ONCE A DAY PRIOR TO INITIAL USE ON THAT DAY.	NSTM 074(V3) 27.13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106F.	ALL PACKAGES OF CHEMICAL DETECTION TUBES INSPECTED HAD NOT EXPIRED SHELF-LIFE.	MRC 6641/030 S-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106H.	ALL CHEMICAL DETECTION TUBE PISTON PUMPS/BELLOWS WERE NOT MISSING/DETERIORATED/DAMAGED.	MRC 6641/030 S-11	<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	OH0060	HAZMAT						
	REFERENCES: OPNAVINST 5100.19 SERIES 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.							
	- 101.	HAZMAT COORDINATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 101A.	Commissioned officer from the Supply Department was appointed in writing by the Commanding Officer as hazardous material coordinator.	OPNAVINST 5100.19E B0302 A1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 101B.	For ships smaller than a frigate, commissioned officer/chief/LPO was appointed in writing by the Commanding Officer as Hazardous Material Coordinator.	OPNAVINST 5100.19E B0302 A1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 102.	HAZMAT COORDINATOR TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 102A.	Hazmat Coordinator was a graduate of the Afloat Hazmat Coordinator course (A-8B-0008) or had received the Navy Supply Corps School Basic or Department Head Course.	OPNAVINST 5100.19E B0302 A4B OPNAVINST 5100.19E B0302 C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 103.	HAZMAT SUPERVISOR TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 103A.	The HM supervisor/Leading Petty Officer, and/or other assigned personnel (as required by Activity Manpower Document) were graduates of the HMC&M Technician (SNEC 9595) course (A-322-2600 or A-322-2601)	OPNAVINST 5100.19E B0302 C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 103B.	HAZMINCEN (If established) HM Supervisor was a graduate of the CHRIMP/HICS Technician course (A-493-0049).	OPNAVINST 5100.19E B0302 C2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 104.	MATERIAL SAFETY DATA SHEETS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 104A.	Maintained a copy of the CD-ROM or access to the hazardous materials information resource system (HMIRS) via the DOL sponsored website (WWW.DLIS.DLA.MIL/HMIRS).	OPNAVINST 5100.19E B0301 G7 OPNAVINST 5100.19E B0302 A4G NAVSUP P-485 VOL 1 8202-1H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 104B.	Maintained a hard copy MSDS for HAZMAT not covered by HMIRS.	OPNAVINST 5100.19E B0302 A4G NAVSUP P-485 VOL 1 8202-1H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 104C.	Had MSDS's for open purchase items on board or available upon request.	OPNAVINST 5100.19E B0302 A4G NAVSUP P-485 VOL 1 8202-1H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 104D.	For open purchase items, an SFR was submitted to NAVICP CODE 0772 with the MSDS number, if in HMIS, or a hard copy of the MSDS.	NAVSUP P-485 VOL 1 8202-1D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 105.	OPEN PURCHASE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 105A.	Open purchase of Hazmat was restricted to only those items for which stock number product could be determined to be inferior, due to urgency, or material could not be satisfied from stock.	OPNAVINST 5100.19E B0302 C1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	- 105B.	The Supply Officer/HM Coordinator submitted an SFR for the open purchase items to NAVICP-M Code 0772 with the MSDS Number, if in HMIS, or a hard copy of the MSDS.	OPNAVINST 5100.19E C2302 C1 NAVSUP P-485 VOL 1 8214-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	105C.	The CO or an officer O-5 or above had approved, by signature, the ship's hazardous material list (SHML) feedback report (SFR).	OPNAVINST 5100.19E C2302 A4H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	IN-SPACE LOCKER TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	Quarterly training was conducted with division personnel that maintained in-space storage lockers. Training included: maintaining proper inventories, proper markings, stowage and use of MSDS).	OPNAVINST 5100.19E B0302 A4F OPNAVINST 5100.19E B0302 A5C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	HAZMINCEN 24 HOUR SERVICE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	HAZMINCEN provided 24 hours of service to workcenter customers.	OPNAVINST 5100.19E C2302 A5 OPNAVINST 5100.19E C2302 F1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	HAZMINCEN collected previously issued HAZMAT for reuse, alternate use, or offload.	OPNAVINST 5100.19E C2302 A5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	ISSUED MATERIAL CONTROL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	The remaining HAZMAT, its empty container, and any residue from the maintenance action was returned to the HAZMINCEN at the completion of a maintenance action, the end of the work day, or the end of the 7-day use period.	OPNAVINST 5100.19E C2302 F3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108B.	HICSWIN was used to record and control HAZMAT.	OPNAVINST 5100.19E C2302 A5 OPNAVINST 5100.19E C2302 B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108C.	HAZMINCEN operators used HICSWIN to print out a report of the workcenters delinquent in returning unused HAZMAT or empty containers and vigorously seek out the material not returned.	OPNAVINST 5100.19E C2302 A5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109.	HAZMINCEN PERSONNEL TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	HAZMINCEN personnel quarterly training was documented. Training included proper handling, issuing, labeling, stowage, receipt processing, inventories, spill response and disposal procedures.	OPNAVINST 5100.19E B0302 A4E OPNAVINST 5100.19E B0302 A4N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110.	WORKCENTER TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110A.	Documentation was available to show, prior to initial use or handling of HAZMAT, personnel had been trained on hazards of the material and were familiar with an MSDS, it's contents, and where copies could be found.	OPNAVINST 5100.19E C2302 A12B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110B.	HAZMAT Awareness training was conducted on an annual basis. Training is to include information on: ordering, issuing, reutilization, handling, storing, using, disposal, and spill response.	OPNAVINST 5100.19E B0302 A2J OPNAVINST 5100.19E B0302 A3C OPNAVINST 5100.19E B0302 A1C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111.	HAZMAT ANNUAL INVENTORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111A.	An annual, ship-wide, physical inventory of all HAZMAT (including lockers and HAZMINCEN storerooms/spaces) was conducted.	OPNAVINST 5100.19E B0302 A4K4 NAVSUP P-485 VOL 1 8202-1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111B.	The annual inventory was compared to the Ships Hazardous Material List (SHML)/Type SHML (T-SHML) to ensure that all HAZMAT is on the SHML/T-SHML.	OPNAVINST 5100.19E B0302 A4K4 NAVSUP P-485 VOL 1 8202-1.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112.	HAZMAT LOCATION LIST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS					
-	112A.	The Supply Officer/HM Coordinator/HM Supervisor provided a copy of locations and quantities of all HAZMAT/excess HAZMAT to the DCA, Safety Officer, Senior Medical Officer, Gas Free Engineer, Fire Marshal, Department Heads, and the XO.	OPNAVINST 5100.19E B0302 A4J NAVSUP P-485 VOL 1 8202-1.B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113.	HAZMAT STOWAGE SPACE INSPECTIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A.	The Supply Officer/HM Coordinator/HM Supervisor/Safety Officer conducts monthly satellite locker (corrosive, acid, flammable) inspections.	OPNAVINST 5100.19E B0302 A4K OPNAVINST 5100.19E B0302 A6C1 NAVSUP P-485 VOL 1 8202 DH CHECKOFF LIST NSTM 670 4.3.2 NSTM 670 6.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113B.	Supply Officer/HM Coordinator/HM Supervisor/Safety Officer conducts quarterly storeroom inspections.	OPNAVINST 5100.19E B0302 A4K3 OPNAVINST 5100.19E B0302 A6C2 NAVSUP P-485 VOL 1 8202 DH CHECKOFF LIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113C.	Supply/HM Coordinator/HM Supervisor/Safety Officer conducts and documents monthly HAZMAT practices spot-checks of division personnel.	OPNAVINST 5100.19E B0302 A4K2 OPNAVINST 5100.19E B0302 A6B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114.	SPILL TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A(1).	OHS drills shall include deployment of the spill response kit and exercising notification practices, including simulated telephone calls.	OPNAVINST 5090.1C 22-9.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A(2).	Ships may take credit for responding to actual spills, when such spill meets drill objectives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A.	At least one OHS spill response drill for each duty section was conducted and documented annually.	OPNAVINST 5100.19E B0304 C1 OPNAVINST 5090.1C 22-9.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114B.	DCA coordinated HAZMAT spill drills with HAZMINCEN division.	OPNAVINST 5100.19E B0302 A8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115.	BROMINE CARTRIDGES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115A.	Bromine cartridges were not stored in a clean, dry, ventilated space.	NAVMED P-5010 CH 6 6-21.1.C5 NSTM 533 3.3.3 NSTM 670 5.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115B.	Cartridges were free from damage, deterioration, or leaking resin.	NSTM 533 3.5.1.2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115C.	Cartridges were stored in a bromine stowage cabinet.	NSTM 533 3.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115D.	Cartridges were all within their expiration dates (2 year shelf life - not extendable).	NSTM 533 3.5.1.1.1.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115E.	Storage locker had the required warning placard.	NSTM 533 3.4.5 NSTM 533 FIG 3-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116.	CALCIUM HYPOCHLORITE LOCKER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116A.	Three 1/4 inch vent holes were drilled into the bottom of the storage box to allow release of any chlorine products.	MRC 6521/601-42 Q-1 NSTM 670 5.5.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116B.	All lockers, bins and enclosures shall be painted gray and labeled with red letters on a white background. (Hazardous Material Calcium Hypochlorite).	MRC 6521/601-42 Q-1 NSTM 670 5.5.3.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116C.	Storeroom stocks were stowed in labeled ventilated lockers or bins.	NSTM 670 5.5.3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	116D.	Lockers or bins for storeroom stocks were located in an area where the maximum temperature would not exceed 100 degrees F under normal operating conditions and where water condensation could not accumulate.	MRC 6521/601-42 Q-1 NSTM 670 5.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116E.	Lockers or bins for storeroom stocks were separated by at least 5 feet from any point, heat source, or surface which may exceed 140 degrees F and/or were adjacent to a magazine.	MRC 6521/601-42 Q-1 NSTM 670 5.2.1 NSTM 670 5.5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116F.	Condition of the cabinet was free from deterioration.	MRC 6521/601-42 Q-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117.	CALCIUM HYPOCHLORITE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117A.	Ready usage stocks were stowed in a locked box that was bulkhead mounted in the cognizant office space or near the decon station.	NSTM 670 5.5.3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117B.	Storage of calcium hypochlorite was prohibited in machinery spaces, flammable liquids storeroom, berthing spaces, storerooms, or in the oil and water test laboratory areas.	NSTM 670 5.5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117C.	Storage of paints, oils, greases or combustible organic materials was prohibited in the area of lockers or bins used for storeroom stocks.	NSTM 670 5.5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117D.	Ready use stock was limited to no more than 144 6-ounce bottles in any individual locker.	NSTM 670 5.5.3.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117E.	Bottles were within expiration dates (shelf life is 2 years).	NSTM 670 5.5.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117F(1).	52 six ounce bottles per decon station.	AEL 2-770004252 AEL 2-770004253	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117F(2).	PC-1 Class to only carry 36 six ounce bottles.	AEL 2-770004253	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117F(3).	70 six ounce bottles per casualty decon station.	AEL 2-770004290	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117F(4).	7 six ounce bottles for emergency disinfection of potable water system and/or sewage treatment system.	AEL 1-480040001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117F.	Minimum amount to be carried onboard at all times:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	118.	HAZMAT SPILL KIT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	118A.	DCA did maintain the HAZMAT spill response kit (issued as one kit per every two repair lockers per ship).	AEL 2-550024007 Surface Ships AEL 2-550024009 Minesweepers AEL 2-550024008 Small Craft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119.	PROPER LABELING OF CONTAINERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119A.	Were properly marked/labeled (tag, sign, placard or gummed sticker).	OPNAVINST 5100.19E C2302 D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119B.	Contained proper labels (material name, manufacturer's name & address, stock number, HCC, and nature of hazard presented including target organ).	OPNAVINST 5100.19E C2302 D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119C.	Had labels that were readable.	OPNAVINST 5100.19E C2302 D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	120.	MERCURY STORAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	120A.	Were stored in NAVSEA mercury storage locker, drawing number 803-5184175.	OPNAVINST 5100.19E C2305 B NAVSEAINST 5100.3D NSTM 670 3.5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	120B.	Were secured to avoid accidental breakage, in original containers, in a cool, dry location.	OPNAVINST 5100.19E C2305 B NAVSEAINST 5100.3D NSTM 670 3.5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121.	USED/EXCESS HAZMAT DISPOSAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121A.	Rags, containers, or other residual materials contaminated with hazmat were processed aboard (if capable) or containerized for shore processing or disposal.	OPNAVINST 5100.19E C2302 F3 NSTM 593 5.8.3-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121B.	Rags soaked with flammable solvent were stowed in tightly sealed metal containers and labeled "CONTAINS FLAMMABLE WASTE, KEEP FIRE AWAY, NO OXIDIZING MATERIALS."	NSTM 670 3.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121C.	Used HM was segregated for collection.	OPNAVINST 5100.19E C2302 H7 NSTM 593 5.9.2 NSTM 670 2.3.4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121D.	Used HM was labeled as to contents or had a label stating that the contents were unknown.	OPNAVINST 5100.19E C2302 H2 NSTM 593 5.4.1 NSTM 593 5.4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121E.	Materials were segregated from incompatibles (use compatibility charts).	NSTM 593 5.1.5 NSTM 670 2.1.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121F.	Hazmat was reviewed for extension of shelf-life and reuse.	NAVSUP P-485 VOL 1 4664-4E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	122.	STOWAGE REQUIREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	122A.	Incompatible HM was stored in separate compartments or maintained at least 3 feet of separation to prevent mixing in the event of a spill.	OPNAVINST 5100.19E C2302 E1C NSTM 670 1.11.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	122B.	Alcohol shall be stowed in the original shipping container or in lockers provided in the flammable liquid storeroom.	NSTM 670 4.7.3.2 GSO 671 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123.	COMBUSTIBLE MATERIALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123A.	Ordinary combustible materials such as rags, paper, cardboard boxes, and wood were not stowed in flammable storage areas.	OPNAVINST 5100.19E C2302 E2E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124.	COMPRESSED GAS CYLINDERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124A.	Both horizontal and vertical rack restraints met class B shock requirements.	NAVSEA DWG 803-5184287	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124B.	Compressed gas cylinders were individually secured.	OPNAVINST 5100.19E C1102 D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124C.	Cylinder racks were protected from the sun and weather on the weather decks.	OPNAVINST 5100.19E C1102 D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124D.	Flammable gas cylinders were segregated from oxidizing (oxygen & chlorine) cylinders.	OPNAVINST 5100.19E C1102 D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124E.	Cylinders were free from damage/deterioration.	MRC 6630/005-92 24M-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124F.	All cylinders not in use had protective caps installed.	OPNAVINST 5100.19E C1102 D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	124G.	Empty cylinders were segregated from full cylinders.	NSTM 550 2.6.1 MRC 6630/005-92 24M-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125.	CORROSIVE CABINET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125A.	Corrosive cabinet door was free from damage.	MRC 6600/002-C2 S-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	125B.	There was no spillage in the cabinet.	MRC 6600/002-C2 S-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125C.	Cabinet was free from corrosion.	MRC 6600/002-C2 S-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125D.	Cabinet was properly labeled for acid or corrosive storage.	NSTM 670 2.1.3.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125E.	Shelves were lined with acid-resistant/corrosion resistant material (lead, rubber, or polyethylene liners).	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125F.	Bottles or carboys were cushioned or retained in original packaging for safety.	OPNAVINST 5100.19E C2305 D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125G.	Materials were properly labeled.	OPNAVINST 5100.19E C2302 H2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125H.	Only compatible materials were stored in the corrosives locker (specify).	OPNAVINST 5100.19E APP C23-F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125I.	Strong bases (such as sodium hydroxide) were stored separately with incompatible strong acids (such as nitric acid).	OPNAVINST 5100.19E C2308 A3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125J.	Horizontal restraints for the cabinet met class B shock requirements.	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125K.	Door was self-closing.	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125L.	The locker was lockable.	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125M.	Locker was blue or white in color.	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	125N.	Locker was welded to the deck as required by MIL-S-901.	NSTM 670 6.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126.	IN-USE FLAMMABLE LOCKER, COMMERCIAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126A.	The door was self-closing. Per MIP 6641, lockers with hydraulic closures should close with a firm positive engagement of the cabinet door latching mechanism, if applicable.	MRC 6641/003-C2 Q-36 NSTM 670 4.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126B.	The door was lockable.	MRC 6641/003-C2 Q-36 NSTM 670 4.3.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126C.	Locker was not damaged or deteriorated.	MRC 6641/003-C2 Q-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126D.	Shelves were free from spillage.	MRC 6641/003-C2 Q-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126E.	Locker had quantities of HM within a 7-day working stock.	OPNAVINST 5100.19E C2302 E2B MRC 6641/003-C2 Q-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126F.	Door was sealed properly.	MRC 6641/003-C2 Q-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126G.	Locker was marked "FLAMMABLE" or "FLAMMABLE/COMBUSTIBLE LIQUIDS".	NSTM 670 4.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126H.	Locker was marked " DURING STRIP SHIP CONDITIONS, THE CONTENTS OF THIS CABINET SHALL BE RELOCATED TO A FLAMMABLE LIQUIDS STOREROOM, ISSUE ROOM, OR READY SERVICE STOREROOM".	OPNAVINST 5100.19E C2302 E2B NSTM 670 4.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126I.	Locker had a current inventory of the contents posted on the door of the locker.	MRC 6641/003-C2 Q-36 NSTM 670 4.3.2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126J.	The locker maintained less than the 30-gallons of flammable materials per space limit.	OPNAVINST 5100.19E C2302 E2B NSTM 670 4.3.2.2E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	126K.	The locker was an approved model for shipboard use. The manufacturer's model number placard should be clearly visible and legible.	NSTM 670 4.3.2 TABLE 4-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126L.	The locker was yellow in color.	NSTM 670 4.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126M.	The locker was welded to the deck as required by MIL-S-901.	NSTM 670 4.3.2 NSTM 670 4.3.2.2J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126N.	The locker was located outside of living spaces, passageways, magazines, steering gear rooms, or aircraft hangars.	NSTM 670 4.3.2.2A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126O.	Locker was located in a space that was mechanically ventilated.	NSTM 670 4.3.2.2D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126P.	Was installed at least six inches from bulkheads.	NSTM 670 4.3.2.2G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126Q.	An 18 pound PKP dry chemical extinguisher was installed in the vicinity of the locker.	MRC 6641/003-C2 Q-36 NSTM 670 4.3.2.2H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126R.	Was marked "WARNING, NO SMOKING, NO OPEN FLAMES".	MRC 6641/003-C2 Q-36 NSTM 670 4.3.2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126S.	Three or less aerosol cans (same product) were stored in the locker.	MRC 6641/003-C2 Q-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	126T.	Lockers were not installed in machinery spaces.	OPNAVINST 5100.19E C2302 E2C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	127.	STORAGE AREA SIGNS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	127A.	Hazardous material storage area was marked with a caution placard or sign stating "HAZARDOUS STORAGE AREA". Signs are available under NSN 9905-01-342-4851 (10" X 7") OR 9905-01-342-4859 (3" X 5").	OPNAVINST 5100.19E C2302 E1D NSTM 670 2.1.1.3 NSTM 593 5.8.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128.	STOWAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128A.	Less than a 7-day's supply of routinely used Hazmat was stored in or near the user compartment.	OPNAVINST 5100.19E C0102 A2 OPNAVINST 5100.19E C2302 F2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128B.	Hazmat storage area (specify) was free of leaking containers.	NSTM 670 1.10 NSTM 593 5.8.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128C.	Hazmat containers were secured for sea and subject to spillage.	OPNAVINST 5100.19E C0102 A1 OPNAVINST 5100.19E C2302 E1N OPNAVINST 5100.19E C2302 E1O NSTM 670 2.1.2.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128D.	Ventilation exhaust terminals were kept clear of hazmat containers.	NSTM 670 1.6.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128E.	Aisles and passageways in the storage area were kept clear (minimum clearance in aisle is 24 inches).	NSTM 670 1.6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128F.	Access to exits, safety equipment, alarms, and fire extinguishing equipment was kept clear of hazmat containers.	NSTM 670 1.6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128G.	Flammable/combustible hazmat storage area had required fire suppression protection.	NSTM 670 2.1.2.4 NSTM 593 5.8.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	128H.	A minimum distance (18 inches) was provided between the top of stacked used/excess HAZMAT and fire suppression discharge devices.	NSTM 593 5.8.7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	128I.	Lubricating oils/petroleum products with a flash point between 200 and 1500 deg F were stowed under fixed halon, CO2, or sprinkler protection or on weather deck under protection from the elements	OPNAVINST 5100.19E C2302 E2D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129.	HYDRAZINE CABINET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129A.	Hydrazine was stored in the cabinet provided as part of the injection system.	NSTM 220 25.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129B.	The hydrazine cabinet was labeled "Hydrazine Storage Only".	NSTM 220 25.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129C.	The hydrazine cabinet was maintained full at all times by returning empty bottles to the cabinet, required to prevent shifting or tipping of full bottles.	NSTM 220 25.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(1).	APRON, TOXICOLOGICAL AGENTS PROTECTIVE, (QTY 2) 9D 8415-00-281-7814.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(2).	FOOT WEAR COVERS, CHEMICAL PROTECTIVE (QTY 2) 9D 8430-01-021-5978.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(3).	GOGGLES, CHEMICAL SAFETY (QTY 2) 9G 4240-01-364-2169.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(4).	GLOVES, RUBBER (QTY 2) 9D 8415-00-266-8677.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(5).	DRUM, SHIPPING AND STORAGE SHEET METAL WITH ENAMEL (QTY 1) 9G 8110-00-254-5713.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(6).	PLASTIC BAG (QTY 1) 9Q 8105-00-200-0195.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D(7).	SPILL ABSORBENT (QTY 50 LB) 9Q 7930-00-269-1272.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129D.	An emergency shower/eyewash was located within 10 feet of the hydrazine injection system.	NSTM 220 25.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	129E.	A storage locker labeled "Hydrazine Safety Equipment" was located near the injection equipment containing the following items:	NSTM 220 25.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	130.	PKP EXTINGUISHER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	130A.	An 18-pound capacity portable dry chemical extinguisher (PKP) was provided in spaces where flammable liquids are used or dispensed.	GSO 555 D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH0070	HEARING CONSERVATION						
REFERENCES: OPNAVINST 5100.19 SERIES, SHIP SPEC 073, 512C, NEHC-TM6290.91-2, REV B INDUSTRIAL HYGIENE FIELD OPERATIONS MANUAL NSTM, SHIPS DRAWINGS								
-	101.	AIRBORNE NOISE MEASUREMENTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	Airborne noise measurements were conducted during the builders trial/acceptance trial/final contract trial.	SHIP SPEC 073	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	SPEC 073 noise criteria for octave band sound pressure levels at full power and/or cruise power were not exceeded.	SHIP SPEC 073	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	AUDIOGRAMS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	All personnel assigned to duties in designated noise hazardous areas or operating noise hazardous equipment had been included in the hearing conservation program.	OPNAVINST 5100.19E B0402E & B0407	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	All personnel assigned to duties in designated noise hazardous areas or operating noise hazardous equipment had received an annual audiogram.	OPNAVINST 5100.19E B0402D & E OPNAVINST 5100.19E B0407B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	___ OF ___ persons who were under medical surveillance for hearing conservation, did not have a current baselines, annual audiometric examinations, or follow-up examinations.	OPNAVINST 5100.19E B0402E & B0407	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	NOISE HAZARD LABELING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	NAVMED 6260/2 was used for posting/labeling noise hazardous areas. Required at entrances.	OPNAVINST 5100.19E B0404C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	Equipment/tools designated as noise hazardous were properly labeled with NAVMED 6260/2A.	OPNAVINST 5100.19E B0404C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C.	Noise hazardous warning signs and labels properly annotated noise hazardous conditions.	OPNAVINST 5100.19E B0404C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	NOISE SURVEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	Noise surveys were conducted/were completed as part of the baseline or any follow-up industrial hygiene surveys.	OPNAVINST 5100.19E B0402B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	The safety officer maintained a copy of the current noise survey.	OPNAVINST 5100.19E B0402B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	PERSONAL PROTECTIVE EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	Circumaural ear muffs were in good working condition.	OPNAVINST 5100.19E B0402E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	Fitted hearing protection was available from the MDR.	OPNAVINST 5100.19E B0402E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	Hearing protective devices (plugs or muffs) were available to personnel working in noise hazardous areas.	OPNAVINST 5100.19E B0406A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105D.	Hearing protection was being worn as required.	OPNAVINST 5100.19E B0402F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	PROGRAM ROSTER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	106A.	The MDR maintained a roster of all personnel who routinely work in designated noise hazardous areas.	OPNAVINST 5100.19E B0402E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	The roster of all personnel who routinely work in designated noise hazardous areas was updated at least semi-annually by the MDR.	OPNAVINST 5100.19E B0409C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	The MDR maintained a tickler file for scheduling audiometric exams, updated monthly with exam results (significant threshold shifts).	OPNAVINST 5100.19E B0409C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	THRESHOLD SHIFTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	Follow-up examinations of personnel with threshold shifts were conducted.	OPNAVINST 5100.19E B0402D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	All permanent threshold shifts reported by medical department had been logged and reviewed by the safety officer. The log entry must include name, rate or rank, workcenter, and time onboard.	OPNAVINST 5100.19E B0402B & E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	Documentation was available to verify that personnel included in hearing conservation received training relative to hearing conservation prior to working in noise hazardous areas or with noise hazardous equipment.	OPNAVINST 5100.19E B0408A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108B.	MDR ensured that annual refresher training was performed in conjunction with the annual audiogram (stamp or notation on audiogram that training was conducted and date, or must have separate roster).	OPNAVINST 5100.19E B0408B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	SAT	DEG	UNSAT	NA	RBO
NE	OH0080	HEAT STRESS						
REFERENCES: OPNAVINST 5100.19 SERIES, NSTM 074(V3), MIP 6641/003, AEL 2-880044260, AEL 2-880044261 NSTM, SHIPS DRAWINGS								
-	101.	AHSS CALIBRATION KIT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	SHIP HAD AT LEAST ONE CALIBRATION KIT FOR AHSS SENSORS.	AHSS TECH MANUAL SEC 9.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B(1).	PSION 5MX HANDHELD COMPUTER, POINTER, COMMUNICATION CABLE, DB9 NULL PLUG, M/M DB9 GENDER CHANGER.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B(2).	RS-232 SERIAL COMMUNICATION CABLE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B(3).	4 TRACEABLE REFERENCE TEMPERATURE SENSORS (USED TO CHECK DB & GT VALUES).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B(4).	4 33% RH & 4 75% RH CALIBRATION SALT BOTTLES (USED TO CHECK RH VALUES).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B(5).	4 LEATHER HOODS (USED TO PROVIDE STABLE ENVIRONMENT FOR CALIBRATION).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	SHIP HAD THE FOLLOWING ITEMS FROM CALIBRATION KIT FOR AHSS SENSORS:	AHSS TECH MANUAL SEC 9.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	AHSS DRY BULB (DB) DOCUMENTATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A(1).	EVERY FOUR HOURS FOR MANNED SPACES IF DB TEMPERATURES DO NOT EXCEED 85° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A(2).	EVERY HOUR FOR MANNED SPACES IF DB TEMPERATURES EXCEEDED 85° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A(3).	EVERY HOUR AT TEMPORARY INSTALLATIONS WHERE THE DB TEMPERATURE EXCEEDS 85° F DURING REPAIR OR MAINTENANCE OPERATIONS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	THE SPACE SUPERVISOR RECORDED AND REVIEWED THE DB TEMPERATURES FOR THE AUTOMATED HEAT STRESS SYSTEM AS PART OF THE CENTRALIZED DATA ACQUISITION SYSTEM OR AS PRINTED COPIES AS FOLLOWS:	OPNAVINST 5100.19E B0204B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	THE SPACE SUPERVISOR INITIALED THE APPROPRIATE BOX AND CHECKED THE APPROPRIATE NOTATION IN THE COMPUTER LOG (AS REVIEWED FOR THE LAST 30 DAYS).	OPNAVINST 5100.19E B0204B4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	AHSS SENSORS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	THE AIRFLOW MEASURED AT THE AUTOMATED HEAT STRESS SYSTEM SENSORS EXCEEDED 600 FPM (SPECIFY UNIT NUMBER AND LOCATION).	OPNAVINST 5100.19E B0204B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	DRY BULB THERMOMETERS WERE INSTALLED AT AHSS LOCATIONS IN CASE OF POWER LOSS OR SENSOR FAILURE.	OPNAVINST 5100.19E B0204B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C.	THE AUTOMATED HEAT STRESS SYSTEM SENSOR (DB, GT, RH) WAS UNDAMAGED (SPECIFY UNIT NUMBER, SENSOR, AND LOCATION).	OPNAVINST 5100.19E APP B-2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	103D.	THE AUTOMATED HEAT STRESS SYSTEM SENSOR WAS PROVIDING CORRECT READINGS (SPECIFY UNIT NUMBER, SENSOR, AND LOCATION)	OPNAVINST 5100.19E APP B-2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103E.	THE LED LIGHTS WERE LIT TO INDICATE THAT THE UNIT HAD POWER (SPECIFY UNIT NUMBER AND LOCATION).	OPNAVINST 5100.19E APP B-2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	AHSS SURVEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	THE SURVEYOR PRINTED OUT ALL AUTOMATED HEAT STRESS SYSTEM SURVEY READINGS ON A PRE-FORMATED AHSS FORM.	OPNAVINST 5100.19E B0204C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	ALL INFORMATION ON THE COMPUTER WAS COPIED ONTO A FORM (APPLICABLE TO SHIPS WITHOUT AN AUTOMATED FORM-INITIAL DDG51 CLASS INSTALLATIONS).	OPNAVINST 5100.19E B0204C3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(1).	DATE AND TIME OF SURVEY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(2).	TIME AND TEMPERATURE FOR THE FOLLOW-ON SURVEY FORM(S)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(3).	STATIONS SURVEYED, INCLUDING WBGT SENSOR READINGS (DB, WB, GT, AND WBGT) FOR EACH STATION AND PHEL CURVE WITH CORRESPONDING EXPOSURE TIME.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	ALL AHSS COMPUTER PRINTOUT OR SIMILAR FORM CONTAINED THE FOLLOWING:	OPNAVINST 5100.19E B0204C3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	ALL HEAT STRESS SURVEY SHEETS WERE DELIVERED TO THE MDR.	OPNAVINST 5100.19E B0204C3F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	THE CO INITIALED SURVEY SHEETS AND RETURNED TO APPROPRIATE DH, DAILY, IF APPLICABLE.	OPNAVINST 5100.19E B0204C3F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	AT LEAST ONE WBGT METER WAS AVAILABLE IN THE EVENT THAT THE AHSS SHOULD FAIL, OR IF SURVEYS WERE REQUIRED AT TEMPORARY SITES WITH NO INSTALLED SENSORS.	OPNAVINST 5100.19E B0202A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G.	HEAT STRESS SURVEYOR INVESTIGATED ALL "N" ANSWERS ON AHSS SURVEY SHEETS.	OPNAVINST 5100.19E B0204C3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104H.	HEAT STRESS SURVEYOR NOTED ANY MATERIAL DEFICIENCIES THAT MAY CONTRIBUTE TO ADVERSE HEAT STRESS CONDITION ON SURVEY SHEET.	OPNAVINST 5100.19E B0204C3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104I.	THE AVAILABILITY OF DRINKING WATER WAS NOTED ON THE SURVEY SHEET.	OPNAVINST 5100.19E B0204C3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104J.	HEAT STRESS SURVEY SHEETS WITH PHEL STAY TIMES LESS THAN THE WATCH OR WORK PERIOD WERE CIRCLED IN RED.	OPNAVINST 5100.19E B0204C3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K(1).	ALL MANNED WORKSTATIONS WITHIN THE SPACE WHEN THE DRY BULB TEMPERATURE EXCEEDED 100° F (4 HOUR OR LESS WATCH), 90° F (WATCH GREATER THAN 4 HOURS), OR 85° F (PHEL IV - VI).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K(2).	IN ANY SPACE WHERE A HEAT INJURY OCCURRED.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K(3).	PRIOR TO CONDUCTING ECC DRILLS IF THE DRILL SET EXCEEDED 3 HOURS OR IF IN ALREADY REDUCED STAY TIME CONDITIONS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K(4).	WHERE THE CO DETERMINES THAT A HEAT STRESS CONDITION MAY OCCUR.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104K(5).	AS REQUIRED FOR A FOLLOW-ON SURVEY.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104K.	A HEAT STRESS SURVEY WAS CONDUCTED DURING THE FOLLOWING CONDITIONS:	OPNAVINST 5100.19E B0204C4A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	DRY BULB READINGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A(1).	EVERY 4 HOURS FOR MANNED SPACES IF DRY BULB TEMPERATURE IS LESS THAN 85° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A(2).	EVERY HOUR FOR MANNED SPACES IF DRY BULB TEMPERATURE IS GREATER THAN 85° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A(3).	EVERY HOUR AT TEMPORARY INSTALLATIONS FOR REPAIRS OF MAINTENANCE CONDITIONS IF DRY BULB TEMPERATURE IS GREATER THAN 85° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	DRY BULB TEMPERATURES WERE RECORDED IN POTENTIAL HEAT STRESS AREAS (SPECIFY) AS FOLLOWS:	OPNAVINST 5100.19E B0204B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	TEMPERATURE LOGS WERE MAINTAINED, WITH READINGS ABOVE TRIGGER TEMPS CIRCLED IN RED.	OPNAVINST 5100.19E B0204B4A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	ALL HANDS TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL HANDS HAD RECEIVED HEAT STRESS TRAINING UPON REPORTING ABOARD.	OPNAVINST 5100.19E B0206A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	HEAT/COLD INJURY REPORT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	HEAT STRESS INJURY REPORTS, NAVMED 6500-1, WERE FILED/RETAINED/ENTERED IN THE WEB ENABLED SAFETY SYTEM (WESS).	OPNAVINST 5100.19E B0204F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	MONITORING THERMOMETERS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A(1).	WAS AVAILABLE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A(2).	WAS MOUNTED TO MINIMIZE HEATING OR COOLING EFFECTS FROM CONTACT WITH HOT OR COLD STRUCTURES (NO METAL TO METAL CONTACT).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A(3).	WAS MOUNTED CORRECTLY TO MONITOR WATCHSTANDER HEAT EXPOSURE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A(4).	WAS AT LEAST 2 FEET FROM THE SUPPLY VENTILATION TERMINAL/OPENING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A(5).	HAD THE ETCH MARK ALIGNED WITH 32° F.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	A DRY BULB THERMOMETER (ALCOHOL IN GLASS THERMOMETER - NSN 9G-6685-00-243-9964) TO MONITOR HEAT EXPOSURE IN THE (CITE LOCATION OR SITUATION):	OPNAVINST 5100.19E B0204B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109.	PHYSICAL HAZARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A(1).	SPOT COOLING SUPPLY OPENING WAS MISSING OR UNABLE TO DIRECT AIRFLOW TO WATCHSTANDER LOCATION.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A(2).	BARE, HOT METAL SURFACES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A(3).	DETERIORATED, CRACKED, WORN, DAMAGED OR MISSING THERMAL INSULATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A(4).	WAS AT LEAST 2 FEET FROM THE SUPPLY VENTILATION TERMINAL/OPENING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	109A(5).	EXCESSIVE STEAM LEAKS CONTRIBUTED TO HUMIDITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	THE FOLLOWING HEAT STRESS PHYSICAL HAZARDS WERE FOUND (CITE LOCATIONS):	OPNAVINST 5100.19E APP B2-B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110.	WGBT METER, MODEL RSS-220		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110A.	SHIP HAD AT LEAST ONE WGBT METER ONBOARD, FOR SHIP'S WITH AHSS.	OPNAVINST 5100.19E B0202A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110B.	SHIP HAD AT LEAST TWO WGBT METERS ONBOARD, FOR SHIP'S WITHOUT AHSS.	OPNAVINST 5100.19E B0202A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C(1).	HAD UNDAMAGED RADIANT BULB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C(2).	HAD CLEAN WICK INSTALLED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C(3).	WAS CALIBRATED AND WOULD HOLD CHARGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C(4).	HAD SPARE PARTS AVAILABLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C.	WGBT METER, MODEL RSS-220, INSPECTED:	OPNAVINST 5100.19E APP B2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111.	WGBT METER, MODEL QUEST 48N		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111A.	SHIP HAD AT LEAST ONE WGBT METER ONBOARD, FOR SHIP'S WITH AHSS.	OPNAVINST 5100.19E B0202A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111B.	SHIP HAD AT LEAST TWO WGBT METERS ONBOARD, FOR SHIP'S WITHOUT AHSS.	OPNAVINST 5100.19E B0202A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111C(1).	HAD UNDAMAGED RADIANT BULB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111C(2).	HAD CLEAN WICK INSTALLED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111C(3).	WAS CALIBRATED AND WOULD HOLD CHARGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111C(4).	HAD SPARE PARTS AVAILABLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111C.	WGBT METER,QUEST MODEL 84N, INSPECTED:	OPNAVINST 5100.19E APP B2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112.	WGBT METER, VISTA MODEL 960		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112A.	SHIP HAD AT LEAST ONE WGBT METER ONBOARD, FOR SHIP'S WITH AHSS.	OPNAVINST 5100.19E B0202A7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112B.	SHIP HAD AT LEAST TWO WGBT METERS ONBOARD, FOR SHIP'S WITHOUT AHSS.	OPNAVINST 5100.19E B0202A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C(1).	HAD UNDAMAGED RADIANT BULB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C(2).	HAD CLEAN WICK INSTALLED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C(3).	WAS CALIBRATED AND WOULD HOLD CHARGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C(4).	HAD SPARE PARTS AVAILABLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112C.	WGBT METER, MODEL RSS-960, INSPECTED:	OPNAVINST 5100.19E APP B2-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113.	WGBT SURVEY DOCUMENTATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(1).	AT ALL MANNED WATCH/WORKSTATIONS WITHIN THE SPACE WHEN THE DRY BULB TEMPERATURE EXCEEDED:	OPNAVINST 5100.19E B0204C4A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(1a).	100° F FOR 4 HOUR OR LESS WATCH.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(1b).	90° F FOR A WATCH GREATER THAN 4 HOURS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS					
-	113A(1c).	85° F IN AREAS REQUIRING THE USE OF PHEL IV THROUGH VI CRITERIA (SCULLERY PERSONNEL)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(2).	IN ANY SPACE WHEN A HEAT INJURY HAD OCCURRED.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(3).	PRIOR TO CONDUCTING ECC DRILLS IF DRILL SET EXCEEDED 3 HOURS OR IF IN ALREADY ☐ REDUCED STAY TIME CONDITIONS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(4).	WHERE CO DETERMINED THAT A HEAT STRESS CONDITION MAY OCCUR.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A(5).	AS REQUIRED FOR FOLLOW-ON SURVEYS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT WBGT METER HEAT STRESS SURVEYS WERE CONDUCTED:	OPNAVINST 5100.19E B0204C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113B.	AUTOMATED HEAT STRESS SYSTEM WBGT SURVEY SHEETS WERE PRINTED OFF ICAS/COPIED OFF ICAS AND ROUTED THROUGH THE CHAIN OF COMMAND.	OPNAVINST 5100.19E B0204C3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114.	WBGT SURVEY PQS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A.	HEAT STRESS SURVEYORS ASSIGNED TO PERFORM WBGT SURVEYS WERE TRAINED AND QUALIFIED USING SAFETY PETTY OFFICER PQS HEAT STRESS MONITOR WATCHSTATION (43704, CH 2 (2009) Engineering Collaterals and Qualifications), WITHIN 12 WEEKS OF ASSIGNMENT.	OPNAVINST 5100.19E B0206B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH0090	LEAD						
REFERENCES: OPNAVINST 5100.19 SERIES, 29 CFR 1910.1025								
NSTM, SHIPS DRAWINGS								
-	101. COMPLIANCE PLAN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A. THE NEED FOR A WRITTEN LEAD CONTROL COMPLIANCE PLAN WAS IDENTIFIED DURING THE INDUSTRIAL HYGIENE SURVEY, IF LEAD EXPOSURES WARRANT.		OPNAVINST 5100.19E B1005A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B. SAFETY OFFICER ENSURED A WRITTEN COMPLIANCE PLAN TO COMPLY WITH LEAD CONTROL REQUIREMENTS WAS AVAILABLE, IF SPECIFIED IN THE INDUSTRIAL HYGIENE SURVEY.		OPNAVINST 5100.19E B1005B1 & B4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C. THE SUPPORTING INDUSTRIAL HYGIENIST PREPARED A WRITTEN LEAD COMPLIANCE PLAN FOR PROCESSES IDENTIFIED AS PRODUCING EXPOSURES IN EXCESS OF THE PEL.		OPNAVINST 5100.19E B1009	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102. ACTION LEVEL TRAINING			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A. DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL PERSONNEL WHO ARE POTENTIALLY EXPOSED TO LEAD, AT OR ABOVE THE ACTION LEVEL AS INDICATED IN THE BASELINE IH SURVEY, AND THEIR SUPERVISORS, WERE TRAINED PRIOR TO ASSIGNMENT AND ANNUALLY THEREAFTER.		OPNAVINST 5100.19E B1010A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(1). THE SPECIFIC NATURE OF OPERATION DURING WHICH LEAD EXPOSURE IS POSSIBLE.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(2). PURPOSE, PROPER SELECTION, FIT-TESTING, USE AND LIMITATIONS OF RESPIRATORS.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(3). ADVERSE HEALTH EFFECTS OF LEAD, TO INCLUDE REPRODUCTIVE EFFECTS FOR BOTH MALE, FEMALE, AN THE FETUS.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(4). PURPOSE AND DESCRIPTION OF MEDICAL SURVEILLANCE PROGRAM TO INCLUDE ☐ CHELATING AGENTS.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(5). ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED DURING LEAD OPERATIONS, TO INCLUDE PPE AND HYGIENE.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B(6). CONTENTS OF ANY COMPLIANCE PLAN IN EFFECT.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B. LEAD TRAINING SHALL INCLUDE THE FOLLOWING TOPICS:		OPNAVINST 5100.19E B1010A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103. EVALUATION OF LEAD PROCESSES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A. THE BASELINE INDUSTRIAL HYGIENE SURVEY EVALUATED ALL WORKPLACES WHERE LEAD WAS HANDLED (FOR EXAMPLE PAINTING AND PRESERVATION, WELDING ON PAINTED SURFACES, LEAD SOLDER IN 2M AREAS).		OPNAVINST 5100.19E B1005A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B. THE BASELINE IH SURVEY PROVIDED A MONITORING PLAN FOR PROCESSES IDENTIFIED AS HAVING A POTENTIAL FOR PERSONNEL LEAD EXPOSURE.		OPNAVINST 5100.19E B1005A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104.	MEDICAL SURVEILLANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	MEDICAL DEPARTMENT REPRESENTATIVE (MDR) SCHEDULED PERSONNEL FOR BLOOD LEAD ANALYSIS AND PHYSICAL EXAMINATIONS AS REQUIRED FOR MEDICAL SURVEILLANCE AS INDICATED IN THE BASELINE OR OTHER IH SURVEY.	OPNAVINST 5100.19E B1008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	PPE AND EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	PROTECTIVE CLOTHING AND ENGINEERING CONTROL EQUIPMENT, AS LISTED IN THE LEAD CONTROL PLAN, WAS AVAILABLE ONBOARD FOR USE BY PERSONNEL DURING SHIPBOARD LEAD WORK.	OPNAVINST 5100.19E B1006C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	PAINT REMOVAL TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT DIVISION OFFICERS TRAINED PERSONNEL ASSIGNED TO REMOVE PAINT.	OPNAVINST 5100.19E B1010B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH00100	OFF-DUTY SAFETY						
REFERENCES: OPNAVINST 5100.19 SERIES, OPNAVINST 5100.25 SERIES NSTM, SHIPS DRAWINGS								
-	101.	COORDINATOR ASSIGNED	OPNAVINST 5100.25B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	A COMMAND RECREATION AND OFF-DUTY SAFETY (RODS) PROGRAM MANAGER WAS ASSIGNED IN WRITING.	OPNAVINST 5100.25B PARA 4G2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	THE RODS PROGRAM MANAGER ATTENDED THE SAFETY COUNCIL MEETINGS.	OPNAVINST 5100.25B PARA 4E6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	THE COMMAND'S RECREATION AND OFF-DUTY SAFETY PROGRAM WAS IMPLEMENTED.	OPNAVINST 5100.25B PARA 4G1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	REC EQUIP INSPECTIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	SHIPBOARD RECREATIONAL/GYM EQUIPMENT WAS INSPECTED ANNUALLY (WRITTEN REPORT REQUIRED) AND DEFICIENCIES WERE INCLUDED IN THE COMMAND HAZARD ABATEMENT PROGRAM.	OPNAVINST 5100.25B PARA 5C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT RECREATION AND OFF-DUTY SAFETY (RODS) HAZARD AWARENESS TRAINING WAS CONDUCTED AS PART OF COMMAND INDOC.	OPNAVINST 5100.25B PARA 6A & 7A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	RODS SAFETY BRIEFINGS WERE CONDUCTED PRIOR TO ANY HOLIDAYS OR EXTENDED WEEKENDS; MILITARY PERSONNEL RECEIVED TRAINING FOR SEASONAL ACTIVITIES AND WERE FAMILIAR WITH OFF-DUTY HAZARDS.	OPNAVINST 5100.25B PARA 6B & C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH00110	PPE						
REFERENCES: OPNAVINST 5100.19 SERIES, 29CFR 1910.135/8, MIP SERIES 6231/001/2, S-1R, NSTM 670 NSTM, SHIPS DRAWINGS								
-	100.	AVAILABILITY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	Commanding Officer ensured that sufficient PPE was available to meet the needs of the command.	OPNAVINST 5100.19E B1202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	GLOVES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	Personnel working with caustic or toxic materials were provided with gloves suitable for handling the material (Surgical, clear plastic, and latex are not approved for use with HAZMAT).	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	Insulated gloves were available for personnel doing hot work.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	Deck personnel were provided with leather gloves to protect against hand injury when handling sharp objects, wire rope, or banding material.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	Personnel working with sharp objects such as sheet metal were provided with leather gloves.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102E.	Kevlar or boning gloves were available to personnel who handle knives in food service stations.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102F.	Galley personnel working at deep sinks with hot water were provided protective gloves with elbow-length or longer sleeves to prevent hot water burns.	OPNAVINST 5100.19E C1902 29 CFR 1910.138	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	HARD HATS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	Hard hats used by crew members were free from cracks, holes, paint, or unauthorized modifications.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	HARNESSES AND LANYARDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	Personnel working aloft or over the side were provided with a full body safety harness (parachute or cross-over style) with a safety lanyard.	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	Lanyards and full body harnesses stored properly (lanyards and harnesses are to be hung to prevent rotting and weakening of material).	OPNAVINST 5100.19E B1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	PMS was not performed on safety harnesses and lanyards prior to each use.	OPNAVINST 5100.19E B1203 MIP 6231/002 S-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	An EGL was provided for safety harnesses.	MRC 6231/001 S-1R MRC 6231/002 S-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	Harness webbing did not have cuts, fraying, burns, pulled threads or stitching, or more than 40 percent covered in paint.	MRC 6231/001 S-1R MRC 6231/002 S-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	Harness was permanently marked with a "Placed in Service" date in a Month/Year format and date entered into Fall Protection Equipment Log.	MRC 6231/001 S-1R MRC 6231/002 S-1R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	DOCUMENTATION WAS NOT AVAILABLE TO VERIFY THAT DIVISION OFFICERS ENSURED THAT PERSONNEL WHO WERE REQUIRED TO WEAR OR USE PERSONAL PROTECTIVE EQUIPMENT WERE ADEQUATELY TRAINED ON THE TYPE AND PROPER USE OF PPE.	OPNAVINST 5100.19E B1202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	HAZMAT	OPNAVINST 5100.19E B1202 NSTM 670-1.8.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	Appropriate PPE shall be readily available near HAZMAT stowage areas or where HAZMAT is used extensively. Stowage of PPE shall be in clearly labeled cabinets or lockers.	OPNAVINST 5100.19E B1202 NSTM 670-1.8.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH00120	RAD HEALTH						
REFERENCES: OPNAVINST 5100.19 SERIES, SECNAVINST 5100.14C (MILITARY EXEMPT LASERS), OPNAVINST 5100.27A (NAVY LASER HAZARDS CONTROL PROGRAM), NAVMED P-5055 (RADIATION HEALTH PROTECTION MANUAL), NAVSEA S0420-AA-RAD-010 (RADIOLOGICAL AFFAIRS SUPPORT PROGRAM MANUAL) NSTM, SHIPS DRAWINGS								
-	101.	LASER SAFETY PROGRAM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	LASER SYSTEMS SAFETY OFFICER (LSSO) WAS ASSIGNED.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	LSSO WAS TRAINED.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	WORKERS WERE TRAINED ON POTENTIAL HAZARDS AND EXPOSURES TO LASERS.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	PPE WAS NOT AVAILABLE BASED ON CLASS OF LASER.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E.	LASER HAZARD AREAS WERE LABELED.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	RADIATION SAFETY OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	RADIATION SAFETY OFFICER (RSO) WAS APPOINTED BY THE COMMANDING OFFICER FOR COMMANDS WITH INDUSTRIAL USES OF RADIATION.	OPNAVINST 5100.19E B0902	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	MEDICAL SURVEILLANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	MEDICAL SURVEILLANCE WAS PROVIDED FOR PERSONNEL IN WORK CENTERS IDENTIFIED IN THE BASELINE INDUSTRIAL HYGIENE SURVEY AS REQUIRING SURVEILLANCE FOR EXPOSURE TO RADIATION.	OPNAVINST 5100.19E B0905	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	IONIZING RADIATION SURVEY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	AN IONIZING RADIATION SURVEY HAD BEEN CONDUCTED WITHIN PERIODICITY ON THE X-RAY MACHINE IN (CITE LOCATION):	OPNAVINST 5100.19E B0903	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH00130	RESPIRATORY PROTECTION						
REFERENCES: OPNAVINST 5100.19 SERIES, 29 CFR 1910.134, NEHC TM OM 6260 (OCCUPATIONAL MEDICAL SURVEILLANCE MANUAL)								
NSTM, SHIPS DRAWINGS								
-	101.	AIRLINE COMPRESSOR AND EQUIPMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	AIRLINE MASKS AND HOSES WERE FROM THE SAME MANUFACTURER.	OPNAVINST 5100.19E B06061B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	AIR HOSES USED WITH MASKS WERE LESS THAN 300 FEET.	OPNAVINST 5100.19E B06061B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	AIRLINE MASKS AND HOSES WERE CLEAN AND NOT IN A DETERIORATED CONDITION.	OPNAVINST 5100.19E B0609A8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D.	BREATHING AIR COMPRESSORS WERE EQUIPPED WITH EITHER HIGH TEMPERATURE OR CARBON MONOXIDE MONITOR AND ALARM SYSTEMS, OR BOTH, TO CONTROL CARBON MONOXIDE LEVELS.	OPNAVINST 5100.19E B0611E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E.	CARBON MONOXIDE MONITOR AND ALARM SYSTEMS FOR BREATHING AIR COMPRESSORS WERE CALIBRATED IAW MANUFACTURER'S INSTRUCTIONS.	OPNAVINST 5100.19E B0611E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	RESPIRATOR FIT-TESTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	FIT-TESTING WAS CONDUCTED PRIOR TO ISSUE AND ANNUALLY THEREAFTER.	OPNAVINST 5100.19E B0608	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	SHIP HAD A GRADUATE OF THE RPM COURSE TO CONDUCT OR SUPERVISE FIT-TESTING	OPNAVINST 5100.19E B0608	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	DOCUMENTATION WAS CORRECT OR LACKING KEY ELEMENTS, SUCH AS FIT TEST, WHO CONDUCTED FIT TEST AND SIGNATURE, DATE, NAME AND RANK OF WEARER, SIGNATURE AND DATE, PASS/FAIL, DIV/DEPT, DATE OF CURRENT PHA, FIT TEST MEDIUM/AGENT, TYPE OF CARTRIDGE/FILTE	OPNAVINST 5100.19E B0608	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	FIT-TESTING WAS CONDUCTED USING THE CORRECT PROTOCOL IN THE PROPER MANNER.	OPNAVINST 5100.19E APP B6-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102E.	SHIP USED CORRECT TYPE FILTER/CARTRIDGE FOR PROTOCOL.	OPNAVINST 5100.19E APP B6-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	HAZARD EVALUATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	AN EVALUATION OF ALL HEALTH HAZARDS REQUIRING THE USE OF A RESPIRATOR HAD BEEN CONDUCTED DURING BASELINE OR FOLLOW-UP IH SURVEY.	OPNAVINST 5100.19E B0605B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	RESPIRATOR ISSUE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT RESPIRATORY PROTECTIVE EQUIPMENT ISSUE PERSONNEL WERE TRAINED ON RESPIRATOR SELECTION, FIT TESTING, CARE, AND MAINTENANCE PRIOR TO SUCH ASSIGNMENT AND ANNUALLY THEREAFTER.	OPNAVINST 5100.19E B0612C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	PERSONNEL RESPONSIBLE FOR ISSUING RESPIRATORS ISSUED ONLY TO PERSONNEL WHO WERE TRAINED, MEDICALLY QUALIFIED, AND SUCCESSFULLY FIT-TESTED FOR THE REQUESTED RESPIRATOR.	OPNAVINST 5100.19E B0602E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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-	105.	MEDICAL EVALUATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	RESPIRATORS WERE ONLY ISSUED TO INDIVIDUALS WHO HAD A CURRENT ANNUAL PHA.	OPNAVINST 5100.19E B0613A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	DOCUMENTATION ON MEDICAL SCREENING WAS INCOMPLETE IN CASES WHERE FORMAL RESPIRATOR CERTIFICATION WAS NECESSARY.	OPNAVINST 5100.19E B0613B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	PROGRAM ROSTER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	THE RPM HAD A ROSTER OF PERSONNEL ENROLLED IN RESPIRATORY PROTECTION PROGRAM.	OPNAVINST 5100.19E B0602B4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	RESPIRATOR PROGRAM MANAGER (RPM)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	THE RESPIRATOR PROGRAM MANAGER (RPM) WAS NOT APPOINTED AND DESIGNATED IN WRITING.	OPNAVINST 5100.19E B0602A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	RESPIRATOR PROGRAM MANAGER (RPM) DID NOT COMPLETE REQUIRED TRAINING WITHIN THREE MONTHS OF ASSUMING THE POSITION. RPM'S SHALL ATTEND RPPM COURSE A-493-0072.	OPNAVINST 5100.19E B0602B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107C.	THE RESPIRATOR PROGRAM MANAGER DID NOT CONDUCT AN ANNUAL AUDIT OF THE RESPIRATOR PROGRAM.	OPNAVINST 5100.19E B0602B9 & B0603L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	RESPIRATORS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	THE SHIP HAD A SUFFICIENT SUPPLY OF NIOSH APPROVED RESPIRATORS, SPARE PARTS, AND EXPENDABLE SUPPLIES TO CONDUCT ROUTINE AND EMERGENCY OPERATIONS.	OPNAVINST 5100.19E B0602B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108B.	SHIP HAD A CENTRAL CONTROL POINT FOR ISSUING AND MAINTAINING RESPIRATORS.	OPNAVINST 5100.19E B0602B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108C.	RESPIRATORS WERE NOT FOUND ADRIFT OR OBSERVED BEING USED INCORRECTLY. (LIST LOCATION OR SITUATION OBSERVED)	OPNAVINST 5100.19E B0602B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109.	RESPIRATOR SELECTION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	RESPIRATORS AND CARTRIDGES WERE SELECTED IN ACCORDANCE WITH THE RECOMMENDATIONS OF THE CURRENT INDUSTRIAL HYGIENE SURVEY.	OPNAVINST 5100.19E B0605B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110.	RESPIRATOR STORAGE, CLEANING, AND MAINTENANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110A.	RESPIRATOR FACEPIECES WERE PROPERLY CLEANED AND SANITIZED.	OPNAVINST 5100.19E B0609B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110B.	RESPIRATOR SPARE PARTS WERE NOT MAINTAINED TO REPAIR RESPIRATOR FACEPIECES.	OPNAVINST 5100.19E B0609B6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110C.	RESPIRATORS WERE PROPERLY STORED (FACEPIECES STORED FLAT AND KEPT IN PLASTIC BAGS).	OPNAVINST 5100.19E B0609B7 & 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111.	RESPIRATOR USER TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT PERSONNEL WHO USED RESPIRATORS WERE TRAINED ON RESPIRATOR SELECTION, PROPER FIT AND WEARING, USE, CARE, CLEANING, AND MAINTENANCE PRIOR TO INITIAL USE AND ANNUALLY THEREAFTER.	OPNAVINST 5100.19E B0612A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	112.	RESPIRATOR PROGRAM EVALUATION			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112A.	THE RESPIRATOR PROGRAM WAS EVALUATED ANNUALLY. A CHECKLIST IS PROVIDED IN OPNAVINST 5100.19E APPENDIX B6-A.	OPNAVINST 5100.19E B0612A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112B.	A RESPIRATOR PROGRAM EVALUATION WAS CONDUCTED BY THE INDUSTRIAL HYGIENE OFFICE PERFORMING PERIODIC BASELINE OR INDUSTRIAL HYGIENE SURVEYS.	OPNAVINST 5100.19E B0603L		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NE	OH00140	SIGHT CONSERVATION						
REFERENCES: OPNAVINST 5100.29 SERIES, NSTM 631, 074 , SHIP SPEC 631, NAVSEA MIL SPEC MIL-C-24576 (SH) OF 27 JUL 87, MIL-C-24576 TYPE I, CLASS I (HEAVY), MIL-C-24576, TYPE I, CLASS II (LIGHT) NSTM, SHIPS DRAWINGS								
-	101.	EYE HAZARD LIST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	THE SAFETY OFFICER MAINTAINED A LIST OF AREAS, PROCESSES AND OPERATIONS WHICH REQUIRE EYE PROTECTION, AND AREAS THAT REQUIRE AN EYE WASH OR DELUGE SHOWER.	OPNAVINST 5100.19E B0502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	A LIST OF AREAS, PROCESSES AND OPERATIONS WHICH REQUIRE EYE PROTECTION, AND AREAS THAT REQUIRE AN EYE WASH OR DELUGE SHOWER WAS PROVIDED IN THE BASELINE INDUSTRIAL HYGIENE SURVEY.	OPNAVINST 5100.19E B0504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	EYE HAZARD MARKINGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	THE EYE HAZARD AREA WAS PROPERLY MARKED WITH A CAUTION SIGN STATING "CAUTION EYE PROTECTION REQUIRED IN THIS AREA" ABOVE THE SPECIFIC HAZARD. (NSN 9Q/9905-01-100-8203).	OPNAVINST 5100.19E B0504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	THE DECK AROUND AN IMMEDIATE EYE HAZARD WAS NOT PROPERLY MARKED WITH A 3-INCH BLACK AND YELLOW STRIPED OR CHECKERBOARD TAPE OR SIMILARLY PAINTED. NSN FOR TAPE IS 9Q/9905-01-342-5933 (STRIPED) OR 9Q/9905-01-342-5934 (CHECKERED).	OPNAVINST 5100.19E B0504	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	PROGRAM EVALUATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	THE SIGHT CONSERVATION PROGRAM WAS EVALUATED ANNUALLY BY SAFETY OFFICER.	OPNAVINST 5100.19E B0502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	SAFETY EYEWEAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A(1).	WERE STAMPED "Z87" OR "Z87+".	OPNAVINST 5100.19E B0502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A(2).	WERE IN GOOD CONDITION (CLEAN AND UNDAMAGED).	OPNAVINST 5100.19E B0506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A(3).	WERE AVAILABLE AND BEING USED AS NECESSARY.	OPNAVINST 5100.19E B0506	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A(4).	WERE THE CORRECT TYPE OF PROTECTION FOR THE HAZARD (SUCH AS FACE SHEILDS WITH SAFETY GLASSES OR GOGGLES IF REQUIRED).	OPNAVINST 5100.19E B0502	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	PROTECTIVE EYEWEAR (SAFETY GLASSES, PRESCRIPTION SAFETY GLASSES, GOGGLES, FACE SHIELDS, CHIPPING GOGGLES, WELDING HELMETS, WELDING GOGGLES, FACE SHIELDS), BOTH CORRECTIVE AND NON-CORRECTIVE, IN THE FOLLOWING LOCATIONS WERE:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	SIGHT CONSERVATION TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT THE DIVISION OFFICER OR WORKCENTER SUPERVISOR CONDUCTED TRAINING FOR PERSONNEL ASSIGNED TO WORKCENTERS WITH EYE HAZARDOUS AREAS OR PROCESSES AT THE TIME THAT PROTECTIVE EYE WEAR WAS ISSUED.	OPNAVINST 5100.19E B0509	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	106	UV REFLECTION HAZARD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	BULKHEADS, LOCKERS, REFLECTIVE SURFACES, AND THE OVERHEAD (LINE OF SIGHT OF WELDING TABLE SURFACE) IN WELDING AREA WERE PAINTED FLAT BLACK TO MINIMIZE PERSONNEL EXPOSURE TO REFLECTED ULTRAVIOLET LIGHT FROM THE WELDING ARC. (TABLE 631-8-14)	NSTM 631-8.23.8.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	WELDING CURTAIN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	WAS PROVIDED FOR WELDING AREA.	OPNAVINST 5100.19E C1102B1E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107B.	FULLY ENCLOSED THE WELDING AREA.	NSTM 074-10.8.3.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107C.	WAS NAVSEA APPROVED MATERIAL.	OPNAVINST 5100.19E C1102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107D.	WAS NOT TORN OR IN A DETERIORATED CONDITION.	NSTM 074-10.8.3.6	<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	OH00150	SAFETY MANAGEMENT						
REFERENCES: OPNAVINST 5100.19 SERIES, OPNAVINST 5102.1 SERIES								
NSTM, SHIPS DRAWINGS								
-	101.	ACCIDENT AND INJURY REPORTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	ACCIDENT/INJURY REPORTS WERE PROVIDED TO THE SAFETY OFFICER.	OPNAVINST 5100.19E A0203D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	THE SAFETY OFFICER MAINTAINED A FILE OF ALL INJURY REPORTS (5 YEARS WORTH REQUIRED TO BE ON FILE).	OPNAVINST 5102.1D ART 3011.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	INDUSTRIAL HYGIENE SURVEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	THE BASELINE INDUSTRIAL HYGIENE (IH) SURVEY HAD BEEN CONDUCTED.	OPNAVINST 5100.19E A0203B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B.	THE SHIP HAD RECEIVED THE FINAL BASELINE INDUSTRIAL HYGIENE REPORT.	OPNAVINST 5100.19E A0203B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102C.	THE SHIP HELD A COPY OF THE BASELINE IH SURVEY REPORT.	OPNAVINST 5100.19E A0203B3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102D.	AN UPDATE OF THE INDUSTRIAL HYGIENE SURVEY HAD BEEN CONDUCTED WITHIN THE PAST 2 YEARS.	OPNAVINST 5100.19E A0304E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102E.	THE SHIP HAD RECEIVED THE UPDATED INDUSTRIAL HYGIENE REPORT.	OPNAVINST 5100.19E A0304E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102F.	THE SHIP HELD A COPY OF THE UPDATED IH SURVEY REPORT.	OPNAVINST 5100.19E A0304E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	INDUSTRIAL HYGIENE SURVEY (REQUIRED ELEMENTS)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	DETAILED WORKCENTER HAZARD EVALUATION RESULTS (PROCESSES AND CONTAMINANTS).	OPNAVINST 5100.19E A0304D1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	EVALUATION AND DESIGNATION OF POTENTIAL HEAT STRESS AREAS.	OPNAVINST 5100.19E A0204B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C.	SAMPLING RESULTS.	OPNAVINST 5100.19E A0304D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103D.	ROUTINE MONITORING LIST.	OPNAVINST 5100.19E A0304D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103E.	ASSESSMENT OF THE EFFECTIVENESS OF EXHAUST VENTILATION SYSTEMS IN OCCUPATIONAL HEALTH SPACES.	OPNAVINST 5100.19E A0304D3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103F.	RECOMMENDED PPE.	OPNAVINST 5100.19E A0304D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103G.	LIST OF NOISE HAZARDOUS AREAS/PROCESSES.	OPNAVINST 5100.19E A0304D5A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103H.	LIST OF EYE HAZARDOUS AREAS/PROCESSES AND RECOMMENDED EMERGENCY EYEWASH/SHOWER LOCATIONS.	OPNAVINST 5100.19E A0304D5B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103I.	LIST OF EACH AREA/PROCESS REQUIRING RESPIRATORY PROTECTION AND THE RECOMMENDED TYPES.	OPNAVINST 5100.19E A0304D5C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103J.	WRITTEN RESPIRATOR PROGRAM EVALUATION.	OPNAVINST 5100.19E B0602B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103K.	MEDICAL SURVEILLANCE REQUIREMENTS.	OPNAVINST 5100.19E A0304D6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104.	HAZARD ABATEMENT PROGRAM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	THE SAFETY OFFICER UTILIZED DISCREPANCY SHEETS FROM INSPECTIONS, SURVEYS AND OTHER SOURCES TO IDENTIFY HAZARDS AND ENTER THEM INTO THE HAZARD ABATEMENT TRACKING LOG.	OPNAVINST 5100.19E A0404D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(1).	DATE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(2).	TIME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(3).	LOCATION AND DESCRIPTION OF HAZARD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(4).	RAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(5).	RECOMMENDED ACTION TO CONTROL OR ELIMINATE HAZARD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(6).	ACTUAL CORRECTIVE ACTION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B(7).	VERIFICATION AND DATE HAZARD CORRECTED.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104B.	THE HAZARD ABATEMENT LOG DID NOT DOCUMENTED THE FOLLOWING:	OPNAVINST 5100.19E A0404D1 - 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	DOCUMENTATION WAS AVAILABLE TO TRACK HAZARDS.	OPNAVINST 5100.19E A0404D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	CORRECTIVE ACTIONS WERE TRACKED TO COMPLETION.	OPNAVINST 5100.19E A0404D5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	IDENTIFIED HAZARDS WERE ENTERED INTO THE CSMP.	OPNAVINST 5100.19E A0404B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	THE SAFETY OFFICER REVIEWED THE CSMP SAFETY HAZARD ENTRIES FORWARDED BY THE 3M COORDINATOR.	OPNAVINST 5100.19E A0404B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	ENLISTED SAFETY COMMITTEE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	ENLISTED SAFETY COMMITTEE MET AT LEAST QUARTERLY (OR AS REQUIRED IN THE SHIP'S OWN INSTRUCTION).	OPNAVINST 5100.19E A0203I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	SAFETY OFFICER WAS THE CHAIRPERSON OF THE COMMITTEE.	OPNAVINST 5100.19E A0203C11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	ALL DIVISIONS CONSISTENTLY PARTICIPATED IN THE ENLISTED SAFETY COMMITTEE.	OPNAVINST 5100.19E A0203I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105D.	EACH DIVISION WAS REPRESENTED.	OPNAVINST 5100.19E A0203I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105E.	THE CMAA ATTENDED THE SAFETY COMMITTEE MEETINGS.	OPNAVINST 5100.19E A0203I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105F.	SAFETY COMMITTEE MINUTES (OR WRITTEN ISSUES AND RECOMMENDATIONS) WERE PROVIDED TO THE SAFETY COUNCIL.	OPNAVINST 5100.19E A0203I3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105G.	COMMITTEE MEETING MINUTES WERE MAINTAINED BY THE SAFETY OFFICER.	OPNAVINST 5100.19E A0203I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	SAFETY HAZARD REPORTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	SAFETY HAZARD REPORTS WERE BEING USED TO DOCUMENT HAZARDS.	OPNAVINST 5100.19E A0302B & A0307B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	106B.	DIVISION SAFETY PETTY OFFICERS SUBMITTED HAZARD REPORTS TO SAFETY OFFICER FOR SAFETY HAZARDS FOUND IN DIVISION SPACES.	OPNAVINST 5100.19E A0203G1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	HAZARD REPORTS WERE ANNOTATED WITH CORRECTIVE ACTIONS OR INTERIM CORRECTIVE MEASURES.	OPNAVINST 5100.19E A0405A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106D.	THE SAFETY OFFICER APPROVED INTERIM CONTROLS ON THE SAFETY HAZARD REPORT THAT WERE IN EFFECT FOR MORE THAN 60 DAYS.	OPNAVINST 5100.19E A0405A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106E.	THE COMMANDING OFFICER WAS NOTIFIED FOR UNABATED SAFETY HAZARDS REQUIRING INTERIM CORRECTIVE MEASURES THAT HAD A RISK ASSESSMENT CODE OF 1 OR 2.	OPNAVINST 5100.19E A0405B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106F.	HAZARD REPORT FORMS (OPNAV 3120/5) WERE AVAILABLE TO ALL HANDS.	OPNAVINST 5100.19E A0307B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106G.	WHEN REPORTS WERE SUBMITTED BY CREW MEMBERS, CONDITIONS WERE INVESTIGATED AND RESPONSES WERE PROVIDED PROMPTLY (WITHIN 10 DAYS).	OPNAVINST 5100.19E A0307E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106H.	RESPONSES TO APPEALS, REGARDING CONDITIONS REPORTED TO THE COMMANDING OFFICER, WERE PROVIDED PROMPTLY (WITHIN 10 DAYS).	OPNAVINST 5100.19E A0307G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	MEDICAL SURVEILLANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	MEDICAL SURVEILLANCE WAS PROVIDED FOR PERSONNEL ASSIGNED TO DUTIES INVOLVING CHT AND/OR OTHER OCCUPATIONAL EXPOSURES AS INDICATED IN THE IH SURVEY REPORT (SPECIFY).	OPNAVINST 5100.19E A0203D5 OPNAVINST 5100.19E A0310B & E OPNAVINST 5100.19E C1502A6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108.	SAFETY AND OCCUPATIONAL HEALTH TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108A.	ALL PERSONNEL RECEIVED SAFETY AND OCCUPATIONAL HEALTH (SOH) PROGRAM TRAINING UPON REPORTING ABOARD AND ANNUALLY THEREAFTER.	OPNAVINST 5100.19E A0503C OPNAVINST 5100.19E APP A5-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108B.	THE SAFETY OFFICER ENSURED THAT ALL SOH TRAINING TOPICS FROM APPENDIX A5-A WERE CONDUCTED.	OPNAVINST 5100.19E A0503C OPNAVINST 5100.19E APP A5-A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108C.	DOCUMENTATION WAS AVAILABLE FOR ALL HANDS/I-DIV SOH TRAINING.	OPNAVINST 5100.19E A0503G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(1).	INTRODUCTION OF THE SOH PROGRAM AND IDENTIFICATION OF KEY PERSONNEL, CHAIN OF COMMAND AND MISHAP REPORTING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(2).	HAZARD IDENTIFICATION AND ORM.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(3).	SAFETY PRECAUTIONS AND STANDARDS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(4).	SAFETY WARNINGS, SIGNS, AND DECK MARKINGS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(5).	MISHAP PREVENTION AND REPORTING SAFETY HAZARDS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(6).	HAZARDOUS MATERIALS SPILL RESPONSE TRAINING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D(7).	OIL SPILL EMERGENCY SPILL RESPONSE TRAINING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	108D.	SOH INDOCTRINATION TRAINING INCLUDED THE FOLLOWING SEVEN AREAS:	OPNAVINST 5100.19E A0503D1 - 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	109.	SAFETY COUNCIL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109A.	COUNCIL MET AT LEAST QUARTERLY.	OPNAVINST 5100.19E A0203H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109B.	CO WAS THE CHAIRPERSON.	OPNAVINST 5100.19E A0203B7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109C.	ALL REQUIRED PERSONNEL ATTENDED COUNCIL MEETINGS.	OPNAVINST 5100.19E A0203H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109D.	MEETING MINUTES WERE MAINTAINED BY THE SAFETY OFFICER.	OPNAVINST 5100.19E A0203H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	109E.	MEETING MINUTES WERE REVIEWED/APPROVED BY COMMANDING OFFICER.	OPNAVINST 5100.19E A0203H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110.	SAFETY OFFICER TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110A.	THE SAFETY OFFICER EITHER ATTENDED THE AFLOAT SAFETY OFFICER COURSE (A-4J-0020) OR WAS A GRADUATE OF SURFACE WARFARE OFFICER SCHOOL DEPARTMENT HEAD COURSE PRIOR TO, OR WITHIN SIX MONTHS OF, ASSUMING DUTY.	OPNAVINST 5100.19E A0503A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	110B.	THE SAFETY OFFICER COMPLETED THE NAVAL SAFETY SUPERVISOR COURSE (NAVEDTRA 14167) IF FORMAL TRAINING HAD NOT BEEN COMPLETED.	OPNAVINST 5100.19E A0503A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111.	SAFETY OFFICER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	111A.	A COMMAND PRIMARY OR COLLATERAL DUTY SAFETY OFFICER WAS DESIGNATED BY THE COMMANDING OFFICER (EITHER IN WRITING OR ON THE COLLATERAL DUTY LIST).	OPNAVINST 5100.19E A0203B2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112.	SAFETY TRENDS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	112A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT THE SAFETY OFFICER MAINTAINED AND ANALYZED SOH RECORDS (INJURY REPORTS, HAZARD REPORTS, & MISHAP STATISTICS) TO DETERMINE TRENDS.	OPNAVINST 5100.19E A0203C6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113.	SAFETY PETTY OFFICER ASSIGNMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	113A.	A SENIOR PETTY OFFICER (E-5 OR ABOVE) WAS APPOINTED AS THE DIVISION SAFETY PETTY OFFICER FOR EACH DIVISION.	OPNAVINST 5100.19E A0203E6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114.	SAFETY PETTY OFFICER FORMAL TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	114A.	50% OF DIVISION SAFETY PETTY OFFICERS HAD ATTENDED THE SAFETY PROGRAMS AFLOAT COURSE (A-493-2099) OR THE AVIATION SAFETY SPECIALIST COURSE (A-493-0065) PRIOR TO, OR WITHIN 6 MONTHS OF, ASSUMING THEIR DUTIES (____ OF ____ HAD ATTENDED TRAINING).	OPNAVINST 5100.19E A0503B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115.	SAFETY PETTY OFFICER PQS TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	115A.	100% OF DIVISION SAFETY PETTY OFFICERS HAD COMPLETED WATCH STATION 301 OF THE SAFETY PROGRAMS AFLOAT PQS (NAVEDTRA 43460-4B) WITHIN SIX MONTHS OF BEING ASSIGNED DUTIES (____ OF ____ HAD COMPLETED THE PQS).	OPNAVINST 5100.19E A0503B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	115B.	100% OF DIVISION SAFETY PETTY OFFICERS HAD COMPLETED THE NAVAL SAFETY SUPERVISOR COURSE (NAVEDTRA 14167) WITHIN SIX MONTHS OF BEING ASSIGNED DUTIES (_____ OF _____ HAD COMPLETED THE COURSE).	OPNAVINST 5100.19E A0503B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116.	SAFETY STAND-DOWN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	116A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT THE COMMAND HAD CONDUCTED AT LEAST ONE SAFETY STAND-DOWN WITHIN THE PAST YEAR	OPNAVINST 5100.19E A0503F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117.	WESS MISHAP REPORTING SYSTEM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117A.	THE COMMAND HAD DESIGNATED A SAFETY AUTHORITY TO MANAGE WESS MISHAP REPORTING.	OPNAVINST 5100.19E A0203B8A OPNAVINST 5102.1D ART 3007.1B1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117B.	EVERY PERSON WHO USES THE WESS SYSTEM HAD THEIR OWN PASSWORD.	OPNAVINST 5102.1D ART 3007.1E1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117C.	THE COMMAND WAS USING WESS (EITHER ON LINE OR CD AND EMAIL) TO REPORT THEIR MISHAPS.	OPNAVINST 5102.1D ART 3007.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117D.	WESS REPORTS WERE SUBMITTED WITHIN 30 DAYS OF MISHAP OCCURRENCE.	OPNAVINST 5102.1D ART 3007.1H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	117E.	MISHAP RECORDS WERE RETAINED/AVAILABLE FOR REVIEW FOR THE LAST FIVE YEARS FOLLOWING THE END OF THE CALENDAR YEAR IN WHICH THEY OCCURRED.	OPNAVINST 5102.1D ART 3011.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	118.	WESS MISHAP REPORTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	118A.	ALL REPORTABLE MISHAPS WERE INVESTIGATED, RECORDED, OR REPORTED AS REQUIRED.	OPNAVINST 5102.1D ART 3004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	118B.	MISHAP REPORTS WERE SUBMITTED FOR ALL ACCIDENTS/INJURIES AS REQUIRED.	OPNAVINST 5102.1D ART 3004	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119.	ON/OFF DUTY INJURY LOG		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119A.	A LOG OF ON/OFF DUTY INJURIES FOR MILITARY PERSONNEL WAS MAINTAINED.	OPNAVINST 5102.1D ART 3008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119B.	LOG ENTRIES WERE REPORTED VIA WESS.	OPNAVINST 5102.1D ART 3008	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	119C.	THE LOG HAD ENTRIES FOR ALL REQUIRED FIELDS.	OPNAVINST 5102.1D FIG 3-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	120.	WORKPLACE SAFETY INSPECTIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	120A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT A SAFETY INSPECTION WAS CONDUCTED FOR EVERY WORK SPACE ABOARD THE SHIP WITHIN THE PAST YEAR (MAY BE CONDUCTED AS PART OF THE ZONE INSPECTION PROGRAM)	OPNAVINST 5100.19E A0302A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	120B.	RESULTS OF SAFETY INSPECTIONS WERE RETAINED BY THE SAFETY OFFICER FOR 2 YEARS.	OPNAVINST 5100.19E A0302A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121.	PROGRAM SELF ASSESSMENTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121A.	SELF ASSESSMENTS OF ALL SAFETY PROGRAMS WERE CONDUCTED AT LEAST ANNUALLY.	OPNAVINST 5100.19E A0303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121B.	ACCOMPLISHMENT OF REQUIRED SAFETY TRAINING WAS PART OF THE ANNUAL SAFETY SELF ASSESSMENT.	OPNAVINST 5100.19E A0503G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	121C.	COPIES OF SELF ASSESSMENT RESULTS WERE RETAINED BY THE SAFETY OFFICER FOR 2 YEARS.	OPNAVINST 5100.19E A0303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	121D.	SELF ASSESSMENT RESULTS WERE PROVIDED TO THE SAFETY COUNCIL/SAFETY COMMITTEE ALONG WITH STATUS OF ANY CORRECTIVE ACTIONS.	OPNAVINST 5100.19E A0303	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	122.	SAFETY SURVEYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	122A.	NAVAL SAFETY CENTER SAFETY SURVEY HAD BEEN CONDUCTED WITHIN THE PAST 24 MONTHS.	COMNAVSAFCEM MSG DTG 201437ZOCT11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123.	OPERATIONAL RISK MANAGEMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123A.	THE EXECUTIVE OFFICER WAS DESIGNATED AS THE ORM PROGRAM MANAGER.	OPNAVINST 3500.39 (SERIES) PARA 7H3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123B(1).	INSTRUCTORS MUST HAVE COMPLETED ONE OF THE FOLLOWING: ORM APPLICATION AND INTEGRATION COURSE; AVIATION SAFETY OFFICER COURSE; AVIATION SAFETY COMMAND COURSE; SURFACE WARFARE OFFICER SCHOOL; OR SUBMARINE OFFICER ADVANCED COURSE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123B.	THE SHIP HAD ONE OFFICER AND ONE SENIOR ENLISTED QUALIFIED AS ORM INSTRUCTORS.	OPNAVINST 3500.39 (SERIES) PARA 7H3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123C.	ORM TRAINING WAS CONDUCTED DURING COMMAND ORIENTATIONS AND INDOCTRINATION TRAINING.	OPNAVINST 3500.39 (SERIES) PARA 7H3A3 OPNAVINST 5100.19E A0503D2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123D.	ORM TRAINING WAS DOCUMENTED IN MEMBER'S TRAINING RECORD.	OPNAVINST 3500.39 (SERIES) PARA 7H3A5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	123E.	THE SHIP CONDUCTED AN ORM PROGRAM EVALUATION USING THE OPNAV 3502/3 ORM PROGRAM ASSESSMENT SHEET AT LEAST ANNUALLY.	OPNAVINST 3500.39 (SERIES) ENCL 4	<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:

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DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	SAT	DEG	UNSAT	NA	RBO
NE	OH00160	TRAFFIC SAFETY						
REFERENCES: OPNAVINST 5100.19 SERIES, OPNAVINST 5100.12 SERIES, CNO MSG DTG 271314ZAPR10, CNO MSG DTG 041845ZNOV08, CNO MSG DTG 081329ZDEC11 NSTM, SHIPS DRAWINGS								
-	101.	ALL HANDS TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A.	LOCAL TRAFFIC SAFETY ORIENTATION WAS PROVIDED AS PART OF COMMAND CHECK-IN BRIEFINGS.	OPNAVINST 5100.12J PARA 6J6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT TRAFFIC SAFETY BRIEFS WERE PROVIDED PRIOR TO MAJOR HOLIDAYS, EXTENDED WEEKENDS, OR LIBERTY PERIODS.	OPNAVINST 5100.12J PARA 6J7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C.	MILITARY PERSONNEL AGE 25 AND UNDER RECEIVED AT LEAST 2 HOURS OF ANNUAL REFRESHER TRAFFIC SAFETY TRAINING.	OPNAVINST 5100.12J PARA 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102.	COORDINATOR ASSIGNED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A.	THE COMMAND'S TRAFFIC SAFETY PROGRAM WAS ESTABLISHED.	OPNAVINST 5100.12J PARA 6J1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B	A COMMAND TRAFFIC SAFETY PROGRAM COORDINATOR WAS ASSIGNED, IN WRITING, BY THE COMMANDING OFFICER.	OPNAVINST 5100.12J PARA 6J16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103.	DRIVER IMPROVEMENT TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A.	SERVICE RECORD ENTRY WAS AVAILABLE TO VERIFY THAT ALL PERSONNEL OPERATING GMV'S MORE THAN 8 HOURS PER WEEK HAD ATTENDED A NAVSAFECEN APPROVED 8-HOUR DRIVER IMPROVEMENT PROGRAM COURSE PRIOR TO ASSIGNMENT.	OPNAVINST 5100.12J PARA 10A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B.	SERVICE RECORD ENTRY WAS AVAILABLE TO VERIFY THAT PERSONNEL DRIVING A GMV AND CONVICTED OF A SERIOUS TRAFFIC VIOLATION OR MISHAP HAD ATTENDED A NAVSAFECEN-APPROVED DRIVER IMPROVEMENT COURSE .	OPNAVINST 5100.12J PARA 10B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C.	SERVICE RECORD ENTRY WAS AVAILABLE TO VERIFY THAT PERSONNEL DRIVING A PMV AND CONVICTED OF A SERIOUS TRAFFIC VIOLATION OR MISHAP HAD ATTENDED A NAVSAFECEN-APPROVED DRIVER IMPROVEMENT COURSE .	OPNAVINST 5100.12J PARA 10B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103D.	SERVICE RECORD ENTRY WAS AVAILABLE TO VERIFY THAT DRIVERS WHO OPERATE 15 PASSENGER VANS AND OTHER LARGE VEHICLES CAPABLE OF CARRYING PASSENGERS WERE PROVIDED TRAINING CONCERNING THE UNIQUE HANDLING CHARACTERISTICS AND HAZARDS.	OPNAVINST 5100.12J PARA 10C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103E.	SERVICE RECORD ENTRY WAS AVAILABLE TO VERIFY THAT DRIVERS OF NAVY OWNED SCHOOL BUSES SUCCESSFULLY COMPLETED A HOST NATION, STATE, OR LOCAL JURISDICTION APPROVED SCHOOL BUS OPERATOR TRAINING PROGRAM.	OPNAVINST 5100.12J PARA 10D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104.	MOTORCYCLE OPERTOR ROSTER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A.	MOTORCYCLE SAFETY REPRESENTATIVE APPOINTED AND USING ESAMS TO MANAGE THE COMMAND MOTORCYCLE SAFETY PROGRAM.	OPNAVINST 5100.12J PARA 6J16 & 6L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	104B.	ESAMS ROSTER OF ALL PERSONNEL WHO OWN OR PLAN TO PURCHASE A MOTORCYCLE WAS AVAILABLE.	OPNAVINST 5100.12J PARA 6L2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(1).	AN ACCURATE LISTING OF THE MILITARY MOTORCYCLE RIDERS.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(2).	TYPE OF MOTORCYCLE RIDDEN OR OWNED.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(3).	STATE DRIVER'S LICENSE INFORMATION.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(4).	VEHICLE REGISTRATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(5).	PROOF OF INSURANCE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(6).	BASIC RIDERS COURSE (BRC) COMPLETION CARD.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(7).	MILITARY SPORT BIKE RIDERS COURSE (MSRC) COMPLETION CARD.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C(8).	EXPERIENCED RIDERS COURSE (ERC) COMPLETION CARD.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	ROSTER INCLUDED THE FOLLOWING:	OPNAVINST 5100.12J PARA 6L3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D(1).	NAMES OF THOSE INDIVIDUALS WHO WERE REQUIRED BUT HAVE NOT COMPLETED TRAINING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D(2).	THE REASONS THEY HAVE NOT COMPLETED TRAINING.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D(3).	A PROJECTED TRAINING COMPLETION DATE.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D(4).	A LIST OF INDIVIDUALS WHO WERE SCHEDULED FOR BUT FAILED TO ATTEND TRAINING (NO SHOW LIST).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT THE MSR PROVIDED THE CO WITH A QUARTERLY MOTORCYCLE SAFETY TRAINING STATUS REPORT. THE REPORT IS TO INCLUDE THE FOLLOWING:	OPNAVINST 5100.12J PARA 6L4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	MOTORCYCLE OPERATOR LEVEL I TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL MOTORCYCLE OPERATORS HAD SUCCESSFULLY COMPLETED THE MOTORCYCLE SAFETY FOUNDATION'S MOTORCYCLE BASIC RIDER COURSE (BRC).	OPNAVINST 5100.12J PARA 12E1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106.	MOTORCYCLE OPERATOR LEVEL II TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL SPORT BIKE RIDERS HAD SUCCESSFULLY COMPLETED THE MOTORCYCLE SAFETY FOUNDATION'S MSRC AND ADVANCE RIDER COURSE AT A MINIMUM OF EVERY 3 YEARS AFTER COMPLETING BRC OR WITHIN SIXTY DAYS IF THE BRC.	OPNAVINST 5100.12J PARA 12E2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL NON-SPORT BIKE RIDERS HAD SUCCESSFULLY COMPLETED THE MOTORCYCLE SAFETY FOUNDATION'S BRC II AND ADVANCE RIDER COURSE AT A MINIMUM OF EVERY 3 YEARS AFTER COMPLETING BRC OR WITHIN SIXTY DAYS IF THE BRC.	OPNAVINST 5100.12J PARA 12E2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	MOTORCYCLE OPERATOR LEVEL III TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A(1).	CALIFORNIA SUPERBIKE SCHOOL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS					
-	107A(2). THE MARINE CORPS' ADVANCED MOTORCYCLE OPERATOR COURSE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A(3). TOTAL CONTROL AND AMERICAN SUPER CAMP			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A. DOCUMENTATION WAS AVAILABLE TO VERIFY THAT MOTORCYCLE OPERATORS HAD SUCCESSFULLY COMPLETED ANY COMNAVSAFECEN APPROVED LEVEL III COURSE EVERY THREE YEARS AS REFRESHER TRAINING. EXAMPLES OF LEVEL III COURSES ARE:		OPNAVINST 5100.12J PARA 12E3 & 12E5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSURV Checklist By Serial Number / Equipment

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DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS	SAT	DEG	UNSAT	NA	RBO
NE	OH0170	TAG OUT						
REFERENCES: OPNAVINST 5100.29 SERIES 1 NAVSEA S0400-AD-URM-101 TAG-OUT USERS MANUAL (TUM) NSTM, SHIPS DRAWINGS								
-	101. ADMINISTRATION			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101A. (ESOMS) SYSTEM DATA BACKUPS WERE PERFORMED WEEKLY DURING NORMAL OPERATIONS OR DAILY WHEN IN MAINTENANCE AVAILABILITIES.		TAG-OUT USER'S MANUAL APP I, 6.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101B. (ESOMS) SOMS ADMINISTRATOR ASSIGNED INDIVIDUAL USER ID AND PASSWORDS TO ALL R/A REPRESENTATIVES.		TAG-OUT USER'S MANUAL APP I, 2.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101C. AUTHORIZING OFFICERS WERE DESIGNATED IN WRITING BY THE DEPARTMENT HEADS BY BILLET OR WATCHSTATION.		TAG-OUT USER'S MANUAL, APP B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101D. (ESOMS) SOMS ADMINISTRATOR WAS APPOINTED IN WRITING.		TAG-OUT USER'S MANUAL, APP I, 2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	101E. (ESOMS) SOMS ADMINISTRATOR WAS AN E-7 OR ABOVE NO DID THE E-6 OR BELOW HAVE AND ISIC WAIVER.		TAG-OUT USER'S MANUAL, APP I, 2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102. ALL HANDS AND USER TRAINING			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102A. DOCUMENTATION WAS AVAILABLE TO VERIFY THAT ALL NEWLY REPORTING PERSONNEL RECEIVED INDOCTRINATION TRAINING ON THE TAG-OUT PROGRAM.		TAG-OUT USER'S MANUAL, SEC 1.4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	102B. DOCUMENTATION WAS AVAILABLE TO VERIFY THAT PERSONNEL ASSIGNED TO PREPARE TAG-OUTS, REVIEW TAG-OUTS, POSITION EQUIPMENT, ATTACH AND REMOVE TAGS, CHECK TAGS, OR CONDUCT TAG-OUT AUDITS HAD COMPLETED 3M 301 PQS.		TAG-OUT USER'S MANUAL, SEC 1.4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103. LOG BOOK AUDIT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103A. TAG-OUT AUDITS WERE CONDUCTED AT LEAST BI-WEEKLY (OR WEEKLY FOR THE PROPULSION PLANT OF A SHIP IN OVERHAUL, CONVERSION, OR RESTRICTED AVAILABILITY).		TAG-OUT USER'S MANUAL, SEC 1.7.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103B. RESULTS OF AUDITS WERE RECORDED ON THE BACK OF THE TORS UNDER THE LAST TAG LISTED AND ON THE INDEX SHEET OF THE LOGBOOK.		TAG-OUT USER'S MANUAL, SEC 1.7.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103C. RESULTS OF AUDITS INCLUDED THE DATE, DISCREPANCIES NOTED (IF ANY), AND NAME OF PERSON CONDUCTING THE AUDIT.		TAG-OUT USER'S MANUAL, SEC 1.7.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103D. COMPLETED TORS WERE FILED IN THE CLEARED SECTION OF THE TAG-OUT LOG.		TAG-OUT USER'S MANUAL, SEC 1.8.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	103E. (ESOMS) TAGOUT AUDIT RESULTS FOR ACTIVE TAGS WERE MAINTAINED IN THE RECORD OF AUDITS SECTION OF THE MASTER TAGOUT LOG.		TAG-OUT USER'S MANUAL, APP I, 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104. LOG BOOK			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104A. (ESOMS) MASTER TAG OUT LOG BOOK MAINTAINED ACTIVE AND CLEARED SECTION FOR LIRS (NOT REQUIRED IF UTILIZING ELECTRONIC SIGNATURES).		TAG-OUT USER'S MANUAL, APP I, 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS					
-	104B.	(ESOMS) MASTER TAG OUT LOG BOOK MAINTAINED ACTIVE AND CLEARED DRAFT LIRS WHICH REQUIRE THE COS APPROVAL.	TAG-OUT USER'S MANUAL, APP I, 8.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104C.	(ESOMS) MASTER TAG OUT LOG BOOK MAINTAINED ACTIVE AND CLEARED TAG RECORD SHEETS.	TAG-OUT USER'S MANUAL, APP I, 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104D.	(ESOMS) MASTER TAG OUT LOG MAINTAINED THE RECORD OF AUDITS SECTION.	TAG-OUT USER'S MANUAL, APP I, 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104E.	(BOTH) SHIP HAD A COPY OF THE TUM MAINTAINED IN THE TAG-OUT LOG.	TAG-OUT USER'S MANUAL, SEC 1.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104F.	SHIP HAD THE INSTRUMENT LOG INCLUDED IN TAG-OUT LOG.	TAG-OUT USER'S MANUAL, SEC 1.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G(1).	INDEX SHEET		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G(2).	COPIES OF CURRENT AND CLEARED TAGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G(3).	CORRECT TORS USED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G(4).	INDEX ENTRIES WERE COMPLETE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G(5).	LOG SHEETS HAD SERIAL NUMBERS, LOCATION, DATE AND TIME, AND SIGNATURES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	104G.	TAG-OUT LOG HAD THE FOLLOWING ITEMS:	TAG-OUT USER'S MANUAL, SEC 1.5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105.	PROCEDURAL COMPLIANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105A.	AUTHORIZING OFFICER VERIFIED TAG-OUT USING DRAWINGS OR DOCUMENTATION PRIOR TO AUTHORIZING TAGS/TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105B.	AUTHORIZING OFFICER VERIFIED TAG FOR COMPLETENESS PRIOR TO AUTHORIZING TAGS/TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105C.	FOR DANGER TAGS, THE POSITION OR CONDITION SPECIFIED FOR THE COMPONENT/EQUIPMENT MATCH THE TAG/TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105D.	FOR CAUTION TAGS, THE AMPLIFYING INSTRUCTIONS ON THE BACK OF THE TAG MATCH THE COMMENTS IN BLOCK 3 OF THE TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105E.	THE REPAIR ACTIVITY (RA) CLEARANCE SIGNATURES WERE COMPLETED ON TAG IF THE RA AUTHORIZATION BLOCK WAS INITIALLY SIGNED ON THE TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105F.	SINGLE VALVE ISOLATION TAG-OUTS WERE SIGNED BY THE COMMANDING OFFICER.	TAG-OUT USER'S MANUAL, APP G, 6.C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105G.	BLOCK 4 OF TORS LISTS REASON FOR TAG-OUT OR ISOLATION DOCUMENTATION (DOCUMENTATION CAN BE ATTACHED AND MUST INCLUDE NUM. AND TITLE REQUIRING TAG-OUT).	TAG-OUT USER'S MANUAL, APP D, FIG 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105H.	(ESOMS) DUPLICATE TAGS WERE NOT HUNG ON A SINGLE COMPONENT INDICATING SOMS NOMENCLATURE ERRORS.	TAG-OUT USER'S MANUAL, APP I, 6.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	105I.	(ESOMS) LINE ITEM NUMBERING WAS IMPROPER FORMATED, EXAMPLE: WORK CENTER [REASON FOR TAGOUT] DESCRIPTION OF MAINTENANCE, TODAY'S DATE. EE01 [PMS] MEGGER CHECK NR2 R-114 MOTOR 02JAN09 (1).	TAG-OUT USER'S MANUAL, APP I, 7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DK	ITEM	EQUIPMENT	ADDITIONAL INSTRUCTIONS						
-	106.	TAGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106A.	DANGER/CAUTION TAG (TAG NUMBER____) HAD SERIAL NUMBER LISTED.	TAG-OUT USER'S MANUAL, SEC 1.6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106B.	DANGER/CAUTION TAG (TAG NUMBER____) HAD WORK CENTER LISTED.	TAG-OUT USER'S MANUAL, SEC 1.6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106C.	DANGER/CAUTION TAG (TAG NUMBER____) WAS INDEPENDENTLY VERIFIED BY A SECOND QUALIFIED PERSON.	TAG-OUT USER'S MANUAL, SEC 1.6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106D.	DANGER/CAUTION TAG (TAG NUMBER____) POSTING LOCATION MATCHED THE LOCATION WHERE THE TAG WAS HUNG.	TAG-OUT USER'S MANUAL, SEC 1.6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106E.	THE REPAIR ACTIVITY (RA) CLEARANCE SIGNATURES WERE COMPLETED ON TAG IF THE RA AUTHORIZATION BLOCK WAS INITIALLY SIGNED ON THE TORS.	TAG-OUT USER'S MANUAL, SEC 1.6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106F.	DANGER/CAUTION TAG (TAG NUMBER____) DID NOT HAVE INFORMATION LINED OUT OR WRITTEN OVER (TAGS REQUIRED TO BE REWRITTEN).	TAG-OUT USER'S MANUAL, SEC 1.6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106G.	(ESOMS) DANGER/CAUTION TAGS LABELS WERE NOT USED FROM AN UNAUTHORIZED PROGRAM/SOURCE .	TAG-OUT USER'S MANUAL, APP I, 6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	106H.	(ESOMS) DANGER/CAUTION TAG _____ DID NOT HAVE INK PEN CORRECTIONS.	TAG-OUT USER'S MANUAL, APP I, 6.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107.	VIOLATIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-	107A.	SHIP'S FORCE DID NOT CONDUCT WORK/REPAIRS/MAINTENANCE ON ENERGIZED EQUIPMENT DURING THE INSPECTION WITHOUT PROPER USE OF TAG-OUT PROCEDURES OR ENERGIZED WORK CHIT (STATE LOCATION AND SITUATION OBSERVED).	TAG-OUT USER'S MANUAL, SEC 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>