

HCP Clinic Assist Visit Checklist

Clinic/Facility Name: _____

Date: _____

Examiner Name: _____

Examiner Specialty: _____

Clinic Assist Visit <input checked="" type="checkbox"/>		
In-Brief with OIC	OIC Name:	
Guidance/Instructions	Local SOP	
	NMCPHC TM 6260.51.99-2	
	OPNAVINST 5100.23G	
	OPNAVINST 5100.19E (as applicable)	
	MCO 6260.3 (as applicable)	
	DODINST 6055.12	
	DOEHRS User Manual	
	HCP Manager contact info	
	DOEHRS Assistance/Problem Reporting	
Certificates	Current technician certification(s) posted	
	Current audio booth certification posted	Correct booth cert form utilized?
Recordkeeping	DD2217 calibration checks (past 5 yrs)	Retrieve calibration records from DOEHRS.
	Electroacoustic calibration checks (5 yrs)	
	Technician certificates (5 yrs)	
	Technician proficiencies (5 yrs)	
	Audio booth certification (5 yrs)	
	Current list of Command UICs and Safety POCs	
	Track follow-ups, referrals, and no shows	
Medical Equipment	Functional equipment / within life expectancy	New equip needs / spare equip availability.
	Matching serial #'s on hardware and in software	Audiometers, headphones, calibrators.
	Adequate audio booth lighting & ventilation	
	Equipment manuals available	
	Equipment safety protocols followed	
DOEHRS System	Current software and lookup tables	
	Internet connected	
Supplies	Variety of HPD types and sizes on-hand	
	Otoscope speculae, tympanometry tips on-hand	
	Sufficient office supplies available	
Infection Control	Current protocol in place	
	Instrument / equipment cleaning supplies on hand	Tympanometry tips, wipes, ear gauges, etc.
	Good housekeeping practices	
HIPAA	HIPAA rules are followed	
	Signs in place regarding Auditory Privacy	
	Computer privacy screens/ not viewable by patients	
	Demographic forms properly disposed	
Patient Safety	Safety tape adhered to booth entrance	As applicable.
	Electrical cords secured	
Miscellaneous	Current SDS sheets available	
	Adequate clinic operation hours / booth availability	
	Adequate / stable staffing levels	
Other:		
Out-Brief with OIC		
Summary/Comments/Plan: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Examiner Signature: _____		

*Above items were assessed through direct observation.