

NROTC COMMAND ASSESSMENT AND TRAINING TEAM PROGRAM CHECKLIST

1. Performance Review Boards (PRB) v1.2
2. General Military Training (GMT) v1.2
3. Educational Service Agreement (ESA) Reporting v1.2
4. Command Managed Equal Opportunity (CMEO) Program v1.2
5. New Student Orientation (NSO) v1.2
6. Website Management v1.3
7. Student Performance Files v1.2
8. Student Administrative Files v1.2
9. Physical Readiness Program v1.2
10. Instructor Requirements v1.2
11. Urinalysis Program v1.3
12. Drug and Alcohol (DAPA) Program v1.2
13. Sexual Assault Prevention & Response (SAPR) Program v1.2
14. Privacy Act Program v1.2
15. Student Medical and Dental Records v1.2
16. Material Accountability (Uniforms, Sub Minor Property, Instructional Materials, MREs/TOTMs and Vehicles) v1.2
17. Government Commercial Purchase Card (GCPC) Program v1.3

**PERFORMANCE REVIEW BOARD (PRB)
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
(b) NSTC M-1533.2 Appendix P Performance Review Board (PRB) and Disenrollment Guidance

Purpose. To ensure the proper execution of PRB's.

Evaluation. Check the appropriate response. In the event of a "No" response, explain and provide documentation as required in the Remarks Section.

1. Review four completed PRBs with the following questions:

No.	Metrics	Yes	No	N/A
1	Is the Trigger Document clearly defined? (ref [b])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Are all documents IAW standard templates? (ref [b])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Is the PRB Appointment Letter (Example 8-F) dated/serialized before the PRB Notification Letter (Example 8-G)? (Did the CO sign the PRB Appointment Letter and PRB Notification letter at least 5 business days before the scheduled PRB date?) (ref [a] CH 6-10, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Does the originally scheduled PRB afford the student five full business day notification? (Did the student sign and date the PRB Notification letter at least 5 full business days before the scheduled PRB date?) (ref [a] CH 6-10, 6.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	If the student waived their right to the PRB, did they sign a Student Waiver of Right to PRB? This document should not be altered. (ref [b])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Did the student sign Privacy Act form? (ref [a] CH 6-10, 6.a.(5))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				

**PERFORMANCE REVIEW BOARD (PRB)
CHECKLIST
Version 1.2**

7	Was the PRB conducted using the Performance Review Board Guide? (ref [a] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Was the PRB report (Example 6-H) signed by all voting board members? Was the PRB membership IAW the ROD? (ref [a] CH 6-13, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Did the board list finding(s) and were they relevant to the trigger? Were the board findings forwarded from the senior board member to the CO? (ref [a] CH 6-13, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Was a Senior Member PRB Recommendation to Student (Example 6-I) issued to the student? Was the student afforded 5 business days from receipt to submit a statement (if desired) to the PRB recommendation? (ref [b])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Was a PRB PNS Recommendation (Example 6-J) issued to the student? Was the student afforded 5 business days from receipt to submit a statement (if desired) in response to the PNS recommendation? (ref [b])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact N934 personnel at (850) 452-4909/4962.

TRAINING REQUIREMENTS

(Staff)

Version 1.2

NROTC Unit Assessed:

Ref: (a) OPNAVINST 1500.22H

(b) NSTCNOTE 1550

(c) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)

Purpose. To ensure training requirements for all unit staff (active duty and civilian) are completed.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the remarks section.

No.	Metrics	Yes	No	N/A
1	Does the Training Officer have the appropriate access to enter training completions for active duty staff, civilians, and active duty students in FLTGPS and TWMS for all applicable UICs (STA-21 students are typically under a separate UIC than Staff & MIDN)? (ref [b] 3.h.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Does the unit have the current GMT content/resources downloaded from My Navy Portal (MNP) and accessible?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Are all GMT required topics planned to be taught during the fiscal year prior to the deadlines? (ref [c] CH 5-24)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Are all topics being delivered as mandated within My Navy Portal (MNP) and NSTCNOTE 1550 (i.e. SAPR, Suicide Prevention in-person, etc)? (ref [b] Encl (2)-(6))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Are OCHR/civilian requirements for civilian staff and military supervisors of civilians being completed via TWMS and tracked for completion prior to the deadlines? (ref [b] Encl (3)-(5))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Are all GMT required trainings being tracked/entered/recorded for active duty personnel via FLTGPS prior to the deadlines? (ref [b] 3.h.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

TRAINING REQUIREMENTS
(Staff)
Version 1.2

Remarks (6) STA-21 are still required to accomplish NAVADMIN mandated active duty GMT.
--

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N7 personnel.

**EDUCATIONAL SERVICE AGREEMENT (ESA) USE and REPORTING
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

- Ref: (a) Federal Acquisition Regulations (FAR)
 (b) Department of Defense FAR Supplement (DFARS)
 (c) Navy Marine Corps Acquisition Regulation Supplement (NMCARS)
 (d) NAVSUP P-738 Ordering Officer Guidebook
 (e) NSTC Tuition Ordering Policy Tab 4-1
 (f) University specific Educational Service Agreement

Purpose. To provide a consistent method for reviewing the reporting requirements for Educational Service Agreements (ESA) ordering documentation.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Administration

No.	Metrics	Yes	No	N/A
1	Ordering Officer is appointed on SF 1402 and met all appointment requirements. (Ref (e), Appendix A-17)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Ordering Officer has reference (e) available for review prior to initiating all ordering and contract actions.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Ordering Officer maintains a separate contract file for the ESA and each task order with all supporting documents. (Ref (e) pg 12)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Ordering Officer reviews their ESA and all modifications in EDA prior to initiating the ordering process and annotate the review on the Tuition Ordering Checklist. (Ref (e), Appendix B-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Ordering Officer issued all task orders (DD Form 1155) in accordance with their ESA prior to the requirements date. (Ref (e), pg 16-17 and Appendix A-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Ordering Officer verified in System for Awards Management (SAM) that the government was allowed to conduct business with the	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**EDUCATIONAL SERVICE AGREEMENT (ESA) USE and REPORTING
CHECKLIST
Version 1.2**

	University at the beginning of the term and again within 1-day prior to signing the DD Form 1155, and annotated the review on the Tuition Ordering Checklist, also maintains a printout in the contract file. (Ref (e), Appendix B-2)			
Remarks (6)				
7	Ordering Officer reported the DD Form 1155 into the Federal Procurement Data System –Next Generation (FPDS-NG) within 3 working days of the signature date of the Ordering Officer and annotates the completion on the Tuition Ordering Checklist and maintains a printout in the contract file. (Ref (e), pg 25 and Appendix B-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Ordering Officer uploaded the DD Form 1155 into the Electronic Document Access (EDA) within 3 days of signature date of the Ordering Officer and annotates the completion on the Tuition Ordering Checklist. (Ref (e), pg 26 and Appendix B-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Ordering Officer emailed Contract Performance and Reporting System (CPARS) reporting requirements to FLC within 3 working days once the total accumulated value of all orders under an ESA reaches \$1,000,000 and all orders after that. (Ref (e), pg 27)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Ordering Officer issued all changes/corrections to the task order (DD Form 1155) via an order modification (Form SF 30). (Ref (e), pg 28 and Appendix A-8)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Ordering Officer verified in System for Awards Management (SAM) that the government was allowed to conduct business with the University within 1-day prior to signing an order modification (Form SF 30) when the modification increases the order value. (Ref (e), pg 24)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Ordering Officer reported the order modification (Form SF 30) into the Federal Procurement Data System –Next Generation (FPDS-NG), for all modifications that changed the reportable data, within 3	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**EDUCATIONAL SERVICE AGREEMENT (ESA) USE and REPORTING
CHECKLIST
Version 1.2**

	working days of the signature date of the Ordering Officer. (Ref (e), pg 25)			
Remarks (12)				
13	Ordering Officer uploaded the Form SF 30 into the Electronic Document Access (EDA) within 3 days of signature date of the Ordering Officer. (Ref (e), pg 26)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	A Quality Control Officer is designated in writing to inspect/accept invoices for all task orders placed against the ESA. (Ref (e), pg 31)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				
15	Quality Control Officer verified the University submitted invoice in Wide Area Work Flow (WAWF) was proper before accepting services on behalf of the government and the invoice was processed within 7 days of submission. (Ref (e), pg 31 and Appendixes A-7 and A-14)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15)				
16	Ordering Officer closed-out all orders utilizing the NSTC 1597 ESA Task Order Completion Statement and Close-Out Checklist within 30 days of being physically complete and final payment made. (Ref (e), pg 37 and Appendix A-15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				
17	NROTC unit conduct annual Self-Assessments and take corrective action for all deficiencies. (Ref (e), pg 44 and Appendix B-9)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				

****Note: This guide is not all-inclusive. Thorough knowledge of the program and compliance with reference (a) through (f) is required.***

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact N4 personnel.

**COMMAND MANAGED EQUAL OPPORTUNITY (CMEO) PROGRAM
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) OPNAVINST 5354.1G 24 Jul 2017, NAVY EQUAL OPPORTUNITY (EO)
PROGRAM MANUAL, Appendix H
(b) OPNAVINST 5300.13 24 Jul 2017, NAVY SEXUAL HARASSMENT
PREVENTION AND RESPONSE PROGRAM MANUAL, Appendix F

Purpose. EO is an essential element of continual process improvement to enhance quality of life.

Evaluation. EO is an essential element of continual process improvement to enhance quality of life. To ensure the basic systems are in place to promote a positive command climate, as a minimum, the following must be accomplished:

1. CMEO Program Manager

No.	Metrics	Yes	No	N/A
1	Is the CMEO program manager's letter of designation and training documentation maintained? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1):				
2	Did the CMEO program manager complete the required NETC delivered CMEO manager course no more than 36 months prior to appointment? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2):				
3	Did the CMEO program manager complete the Navy EO Correspondence course? (NAVEDTRA 14082)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3):				

2. CMEO program manager binder contains at a minimum the following

No.	Metrics	Yes	No	N/A
4	CMEO program manager designation letter. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4):				
5	CMEO Manager course completion letter. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5):				
6	Command harassment and unlawful discrimination policy statement(s). (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6):				

7	Results of command climate assessments for the past 3 years. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7):				
8	Executive summaries from command climate assessments for the past 3 years. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8):				
9	Formal Harassment and unlawful discrimination reports for the past 3 years. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9):				
10	Informal harassment and unlawful discrimination reports for the past 3 years. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10):				
11	CRT membership. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11):				
12	EO echelon chain of command (CCS point of contacts). (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12):				
13	Harassment and unlawful discrimination report log. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13):				
14	Command demographics for collateral duty assignments, retention, discipline, advancement, and awards. (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14):				

3. CRT

No.	Metrics	Yes	No	N/A
15	Does the CRT use the Command Resilience Team Guide as a guide to conduct a climate assessment? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15):				
16	Does the CRT meet quarterly? Are these meetings documented? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

Remarks (16):				
17	Has the command conducted a command climate assessment (CCA) within 90 days after change of command? Are follow-on command climate assessments conducted every 9-12 months? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17):				
18	Is supporting documentation (i.e., the DEOCS report, focus group questions and answers, records and reports, observation notes, etc.) for the command climate assessment maintained for at least 3 years? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18):				
19	Has the CRT developed a POA&M and does it address areas of concern identified during the command climate assessment? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19):				
20	Is the command conducting follow-up reviews on POA&M action items and adjusting as required? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (20):				
21	Have command personnel been debriefed on the results of the command climate assessment? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (21):				

4. Policy and Procedures

No.	Metrics	Yes	No	N/A
22	Has the commander sufficiently stated command policy on EO in writing, including the prevention of harassment and unlawful discrimination and on prohibiting retaliation against individuals who submit reports? Is policy published throughout the command? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22):				
23	Is the command policy consistent with current, DoD, SECNAV, and OPNAV directives? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

Remarks (23):				
24	Is annual EO, sexual harassment, and grievance procedures training conducted? Is training documented in FLTMPs as required? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24):				
25	Does senior leadership participate in unit EO training as instructors, discussion leaders, or as resources for answering questions? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25):				
26	Are formal harassment and unlawful discrimination reports reported within the proper guidelines? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26):				
27	Are harassment and unlawful discrimination reports tracked, monitored, reported and updates provided to respective CCS through resolution? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (27):				
28	Are CCSs consulted for assistance as required or needed? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28):				
29	Are posters displayed and filled out so all hands are aware of report procedures, the Navy Sexual Harassment and Equal Opportunity Advice Line, and the informal resolution system? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (29):				
30	Are command demographics for collateral duty assignments, retention, discipline, advancement, and awards reviewed by race, ethnicity, sex, and paygrade or rank quarterly and maintained for 3 years? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (30):				
31	Is the CMEO program manager record file completed as required by reference (a)? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (31):				

32	Does the CMEO program manager attend disciplinary proceedings (i.e. disciplinary review boards, XO's inquiry, non-judicial punishment, etc.)? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (32):				
33	Have qualified personnel been identified, encouraged, and counseled to apply for commissions? (ref [a] Appx H)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (33):				

5. Sexual Harassment- Policy To ensure the basic systems are in place to promote a positive command climate, as a minimum, the following must be accomplished:

No.	Metrics	Yes	No	N/A
34	Does the CMEO program manager function as the single point of contact when a CCS is not assigned to the command for sexual harassment matters at the command? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (34):				
35	Does the CMEO program manager assess the CMEO program utilizing appendix F of reference (b) upon designation as the CMEO program manager and quarterly thereafter? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (35):				
36	Does the CMEO program manager coordinate the processing of sexual harassment reports utilizing chapter 3, chapter 4, or chapter 5 of reference (b)? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (36):				
37	Does the CMEO program manager ensure formal sexual harassment reports are submitted and reported within established guidance and timelines in line with reference (h) and chapter 4 of reference (b)? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (37):				
38	Does the CMEO program manager maintain all formal report command investigations and all documents pertinent to the formal report for 2 years? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (38):				
39	Does the CMEO program manager maintain all documents pertinent to an informal report in the CMEO program manager's binder for 2 years? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

Remarks (39):				
40	Does the CMEO program manager maintain a sexual harassment report log to include the date-time-group of all associated messages? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (40):				
41	Does the CMEO program manager ensure that the complainant and alleged offender in a formal sexual harassment report are updated every 14 days on the status of the report through resolution? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (41):				
42	Does the CMEO program manager track, monitor, report, and provide status updates on sexual harassment reports to the respective CCS from submission through resolution of the report? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (42):				
43	Does the CMEO program manager provide a monthly summary to the commander of anonymous sexual harassment reports that do not result in an investigation? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (43):				
44	Does the CMEO program manager coordinate and monitor required equal opportunity, sexual harassment, and grievance procedures GMT? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (44):				
45	Does the CMEO program manager attend quarterly sexual harassment prevention and response sustainment training provided by a CCS? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (45):				
46	Does the CMEO program manager closely coordinate with the staff, regional, strike group, installation, and CCSs, as applicable? (ref [b] Appx F)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (46):				

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact NSTC CCS.

**NEW STUDENT ORIENTATION (NSO)
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
(b) OFF MAIL MSG #092-18 2018 NEW STUDENT ORIENTATION (NSO)
EXECUTION AND FUNDING (FORAC)

Purpose. To provide a consistent method for reviewing the NSO process.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Questions

No.	Metrics	Yes	No	N/A
1	Has the Commanding Officer approved (in writing) a training plan and Operational Risk Assessments that meets the objectives listed in Refs (a) and (b)? ((Ref (a) 3-22; Ref (b), 3.c)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Are active duty staff members present at all training evolutions during NSO (including PNS and XO), to include movement between events? (Ref (a), 3-35.4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Is the PFA/PFT administered for the new midshipmen (MIDN) IAW scholarship activation requirements set forth in Ref (a) Appx Q?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Are the MIDN given ample time to rest and receive eight uninterrupted hours of rest per night during orientation? (Ref (a), 3-35.5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Have all Orientation Program responsibilities been followed per Ref (a)? (Ref (a), 3-22.7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Review Welcome Aboard letter/template/correspondence. Does letter address all student requirements prior to arrival at NSO? (Ref (a), 4-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				

**NEW STUDENT ORIENTATION (NSO)
CHECKLIST
Version 1.2**

7	Review previous NSO After Action Report(s). Does unit apply lessons learned from previous year(s) NSO? (Not required by instruction, but highly recommended)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact N03A personnel.

WEBSITE MANAGEMENT CHECKLIST Version 1.3

NROTC Unit Assessed:

Ref: (a) SECNAVINST 5720.47B

(b) SECNAVINST 5720.44C

(c) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)

Purpose. To provide a consistent method for reviewing the Website Management process.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Questions

No.	Metrics	Yes	No	N/A
1	Does the website reside in the “.edu” domain? (Ref [c] CH 5-35, 2.a.(2)(d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Is the website located in the University’s server? (Ref [c] CH 5-35, 2.a.(2)(d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Does the departmental site make NO comment as to being an official/unofficial Navy website? (Ref [c] CH 5-35, 2.a.(2)(d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Is the information available via the website to the general public in accordance with Privacy Act regulations? (Ref [c] CH 5-35, 2.a.(2)(d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	If the unit maintains a website which resides in the “.mil” domain and is located on a Navy server, is it identified as an “Official Navy Website” and operates in compliance with Ref (a) and Ref (b)? (Ref [c] CH 5-35, 2.a.(2)(d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				

BOLD = updated from previous checklist

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

**WEBSITE MANAGEMENT
CHECKLIST
Version 1.3**

For questions about this process/program/checklist, contact NSTC PAO.

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)

Purpose. To ensure proper utilization of the Student Performance File.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

Note: Read through the checklist and reference the applicable sections in ROD (noted in parentheses) prior to conducting a review of Student Performance File.

1. Administrative

No.	Metrics	Yes	No	N/A
1	File created for each student and maintained by Counselor/Advisor? (ref [a] CH 6-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				

2. Left Side

a. Fitness Reports (FITREP) (NAVPERS 1620/2)

No.	Metrics	Yes	No	N/A
2	Student has FITREP at end of each semester, signed by PNS and student? (ref [a] CH 6-5, 3. & 4.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Aptitude score (Member Trait Average from FITREP) is reflected in OPMIS? (ref [a] CH 6-5, 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				

b. Administrative Remarks

No.	Metrics	Yes	No	N/A
4	Letters of appreciation, certificates, and awards filed in this section (if applicable)? (ref [a] CH 6-2, 1.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Are all Warning/Probation/LOA letters reflected in OPMIS (if applicable)? (ref [a] CH 6-7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Are all Warning/Probation/LOA letters formatted correctly (requirements, acknowledgement, etc.) if applicable?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

	(ref [a] CH 6-7)			
Remarks (6)				
7	Does a removal letter exist for each Warning/Probation/LOA letter (if applicable)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				

3. Right Side

a. Student Comprehensive Report (OPMIS Report 84)

No.	Metrics	Yes	No	N/A
8	Printed and reviewed at the beginning of each semester and signed by student? (ref [a] CH 6-4, 1.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	All previous 84 reports maintained in student performance file? (ref [a] CH 6-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Are Academic Major and Tier correct, and do they match Degree Completion Plan (DCP) and transcript? (ref [a] CH 3-4, 2.d.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Noted if email and cellphone information is missing? (ref [a] CH 4-6, 5.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Is Option Code correct (should reflect in courses taken/not taken on DCP)? (ref [a] CH 2-14, 9.i.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	Estimated Date of Commission matches DCP? (ref [a] CH 6-4, 3.a.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	If senior within 12 months and Navy Option: Are designator choices present? (Marine option N/A)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				
15	If designated as "7A-Nurse" program code, do they have 2900 as first choice with no other designators selected? (Marine option N/A)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

Remarks (15)

b. DCP (NSTC 1533/117) / Transcripts- Verify against transcripts and all required courses (Current Major and NROTC)

No.	Metrics	Yes	No	N/A																					
16	Do DCP's contain at a minimum, same info as NSTC 1533/117? (ref [a] CH 3-3, 1.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (16)																									
17	Are courses listed accurately (no abbreviations requiring look-up)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (17)																									
18	Most current DCP reflects correct degree and expected grad date? (ref [a] CH 6-4, 1.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (18)																									
19	Verify current term completing matches transcript, DCP, and Academic Term Performance and Counseling Record (NSTC 1533/115). Note: If there are discrepancies, a new DCP is required. (ref [a] CH 6-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (19)																									
20	Students taking 15-18 credit hours each semester (8-9 per quarter), including Naval Science? (ref [a] CH 3-5, 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (20) If less than 15 credit hours/full time, there should be a legitimate reason approved by unit.																									
21	If any class failures are reflected on transcripts, was new DCP created to reflect required changes? (ref [a] CH 6-4, 3.a.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (21)																									
22	Required NROTC Courses included in DCP, and logged in OPMIS once shown complete on transcript? (ref [a] CH 3-4, 2.d.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>																					
Remarks (22)																									
Place check mark next to each course once verified.																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Course</th> <th style="width: 10%;">Navy</th> <th style="width: 10%;">Marine</th> </tr> </thead> <tbody> <tr> <td>Intro to NS</td> <td></td> <td></td> </tr> <tr> <td>Sea Power and Maritime</td> <td></td> <td></td> </tr> <tr> <td>Leadership and Management</td> <td></td> <td></td> </tr> <tr> <td>Navigation</td> <td></td> <td></td> </tr> <tr> <td>Engineering</td> <td></td> <td></td> </tr> <tr> <td>Weapons</td> <td></td> <td></td> </tr> </tbody> </table>					Course	Navy	Marine	Intro to NS			Sea Power and Maritime			Leadership and Management			Navigation			Engineering			Weapons		
Course	Navy	Marine																							
Intro to NS																									
Sea Power and Maritime																									
Leadership and Management																									
Navigation																									
Engineering																									
Weapons																									

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

	Naval Ops			
	Leadership and Ethics			
	Naval Lab			
	Fundamentals of Maneuver Warfare			
	Evolution of Warfare			
23	Calculus and Physics compliance: Students who have taken calculus or calculus-based physics for college credit prior to entering the NROTC Program, which their college has validated, must complete one additional three semester-hour (or equivalent) college course in each of those areas to satisfy this requirement, unless these courses were taken at an NROTC affiliated school. (ref [a] CH 3-6, 1.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (23) Cannot accept distance learning for calculus, physics, or Naval Science classes per ref (a) 3-5, 2.c, unless waived by N9.				
24	Has completed or scheduled to complete Calculus by the end of the second year of Naval Science or has waiver on file? (ref [a] CH 3-6, 1.e.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24)				
25	Has completed or scheduled to complete Physics by the end of the third year of Naval Science or has waiver on file? (ref [a] CH 3-6, 1.e.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25)				
26	Completed Calculus and Physics courses are annotated in OPMIS? (ref [a] CH 3-4, 2.d.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26)				

c. Transcripts

No.	Metrics	Yes	No	N/A
27	Transcript from most recent completed term on file? (ref [a] CH 6-2, 2.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (27)				
28	Maintaining all previous terms' transcripts to show history of grade forgiveness/replacement changes? (ref [a] CH 6-2, 2.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28)				
29	If any academic deficiencies (failed/withdrawn classes, less than 2.5 GPA, etc.) per ref (a) 3-18.3, did unit take appropriate action? (ref [a] CH 3-18, 3.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (29)				

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

30	OPMIS is up to date and GPA matches transcripts for each term (GPA is prior to grade forgiveness/replacement)? (ref [a] CH 4-6, 2.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (30)				

4. Student Performance and Counseling Record (6-3 & 4)

No.	Metrics	Yes	No	N/A
31	Counseling Record exists for each term in program? (ref [a] CH 6-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (31)				
32	PFA/PFT/CFT scores are annotated in OPMIS? (ref [a] CH 3-17, 3.a.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (32)				
33	Swim Qual- 3 rd class is annotated in OPMIS annually? 2 nd class is annotated once when completed? (ref [a] CH 4-6, 2.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (33)				

a. NSTC Form NSTC 1533/115

No.	Metrics	Yes	No	N/A
34	Correct form (06-18) is being utilized? (ref [a] CH 3-4, 2.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (34)				
35	Signed by student and advisor? (student should sign anywhere on form) (ref [a] CH 6-3, 6.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (35)				
36	Initial Student Interviews: Has the following been completed? (ref [a] CH 6-4, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (36) <ul style="list-style-type: none"> <input type="checkbox"/> Review the student's past performance, (e.g., high school record, SAT/ACT scores, or prior college-level work). <input type="checkbox"/> Establish goals for the ensuing academic term and remaining college career (expected grades for scheduled courses and expected GPA for the term). <input type="checkbox"/> Review of the individual's Student File and Student Information maintained in OPMIS. <input type="checkbox"/> Discussion of specific program requirements and the requirement to develop or revise an individual degree plan. <input type="checkbox"/> Review of academic performance based on information either from the institution or from the individual, as required under the circumstances. <input type="checkbox"/> Discussion that aptitude scores and scholastic achievement contribute to a student's national ranking for designator assignment and class rank (lineal number) upon commissioning. <input type="checkbox"/> Advise the student on their assigned billets within the battalion. 				
37	Progress Counseling Compliance: Ensure at least one counseling session (in addition to the initial counseling session) is held with each student during the academic term to determine progress in meeting	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT PERFORMANCE FILES
CHECKLIST
Version 1.2**

	established goals. The unit shall consult with the academic institution faculty advisor when the student's academic performance becomes marginal or unsatisfactory. (ref [a] CH 6-4, 2.)			
Remarks (37)				
38	End of Term Performance Counseling Compliance: Upon receipt of an official grade report or transcript, is the class advisor counseling each student on their performance in the previous academic term? This counseling session may be combined with the initial counseling session for the next term. This counseling session should identify: (ref [a] CH 6-4, 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (38) <input type="checkbox"/> Satisfactory academic results <input type="checkbox"/> Review DCP vs transcript. <input type="checkbox"/> Satisfactory degree progress - DCP will permit completing requirements on time. <input type="checkbox"/> Debrief and have the student sign the student's most recent fitness report. <input type="checkbox"/> PNS will conduct a review of each individual's performance with the class advisor and take appropriate action.				

5. Miscellaneous Documents

No.	Metrics	Yes	No	N/A
39	If commissioning in the upcoming FY, does student have a Designator Request Transmittal Letter? (ref [a] Sec 4, 11.D.ii.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (39)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions or comments about this process/program/checklist, contact N934 personnel at (850) 452-4909/4962.

**STUDENT FILES
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
(b) NSTC Manual 1533.2 (series) Appendix Q – New Student Orientation (NSO) and
Scholarship Activation

Purpose. To ensure the proper implementation of the Student File.

The unit, with the exception of Senior Military Colleges (SMCs), will maintain a Student File for each student. SMCs are not required to maintain student files on students who have not expressed interest in commissioning through the NROTC program. The contents of each file will vary depending on type of program (e.g., College Program Basic, College Program Advanced Standing, Scholarship, SSMP, OC).

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Administration

No.	Metrics	Yes	No	N/A
1	The Student File must be reviewed annually by a reviewing authority other than the unit staff member charged with maintaining the file. The review shall be annotated on the Student File Index NSTC 1533/128. (ref [a] CH 4-9)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Documents contain original signatures? Electronically generated documents are allowed but their use does not eliminate the requirement for original signatures. (ref [a] CH 4-9)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Student File shall be maintained at the unit until the student is commissioned or disenrolled. Disposition is addressed in 4-52 and Ch 6. (ref [a] CH 4-9, 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				

2. Left side of the student file

No.	Metrics	Yes	No	N/A
4	Is the Student File Index NSTC 1533/128 reviewed annually? (ref [a] CH 4-9)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT FILES
CHECKLIST
Version 1.2**

Remarks (4)				
5	Concept of Honor NSTC 1533/121 present and signed properly? (ref [a] CH 4-14)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Acceptance and Oath of Office (NSTC 1533/126) (Scholarship and CP advanced standing only); If present in a College Program Basic record, no discrepancy. (ref [a] CH 4-13)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	Dependency Application/Record of Emergency Data NAVPERS 1070/602. Attach 2 copies of the Servicemembers' Group Life Insurance (SGLI) Election and Certification Statement SGLV 8286 to this form (Not applicable to College Program students in the basic course); This document should be reviewed annually. Because the NAVPERS 1070/602 only exists electronically in NSIPS, a DD93 may be substituted. (Appendix Q) (ref [a] CH 4-9, 1.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Copies of official correspondence originated at the unit (e.g., change of option, transfer requests, Performance Review Board (PRB) reports, warnings, probations, and LOA letters). The class advisor may maintain an additional copy of correspondence in the Student Performance File (See section 6-2); All Warnings/Probations/LOAs shall have matching OPMIS data entries. (ref [a] CH 4-9, 1.e.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	NROTC Scholarship or College Program Application (may be national competition form or local form, as appropriate); NSTC 1533/133 is standard College Program Application form. (ref [a] CH 4-9, 1.f.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Document, letter, or Official Mail Message awarding Scholarship or Advanced Standing, if any; Proceed letter from OD2 for National Scholarship is acceptable. (ref [a] CH 4-9, 1.g.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Recruit/Trainee Prohibited Activities Acknowledgment forms (DD Form 2983). (ref [a] CH 4-9, 1h.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT FILES
CHECKLIST
Version 1.2**

Remarks (11)				
12	NROTC Drug and Alcohol Statement of Understanding NSTC 1533/153; for midshipmen (including College Programmers) or OPNAV 5350/1 for Officer Candidates; MECEP will also have OPNAV 5350/1. (ref [a] CH 4-9, 1.i. & ref [a] CH 4-12)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	<p>NROTC Scholarship Service Agreement NSTC 1533/135, NROTC College Program Advanced Standing Service Agreement NSTC 1533/127 or other applicable service agreements; Provisional College Program Advanced Standing NSTC 1533/166</p> <p>a. Verify presence of contract and DD Form 4/1. Should have both documents or neither.</p> <p>b. Verify full name, SSN, and dates matches DD Form 4/1, matches OPMIS, and birth certificate (source document)</p> <p>c. Verify a Tier has been selected for all Navy Option unless Nurse, verify OPMIS matches</p> <p>d. For 1533/135 verify section 5 contains only one student initial for “Obligation Point” – If done incorrectly (both or neither sections initialed or year is missing or incorrect), and the “Obligation Point” has not been reached, unit should issue a Pg 13 to student with correct information and place signed document with 1533/135</p> <p>e. Verify signature blocks are IAW reference (b) and all appropriate are completed</p> <p>f. Verify Program Code is correct in OPMIS</p> <p>(ref [a] CH 4-9, 1.j. & ref [a] CH 4-15)</p>	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	<p>Enlistment/Reenlistment Document, Armed Forces of the United States DD Form 4/1 and any extensions NAVPERS 1070/621 for those received from active or reserve duty;</p> <p>a. Verify completed IAW reference (b).</p> <p>b. Verify home of record (Section A block 3) matches OPMIS</p> <p>c. Verify enlistment date (Section A block 5) matches the date sworn in, OPMIS (Program Code Effective Date), and OPMIS DIEMS date. Lack of a DIEMS date results in PERS gaining rejection upon commissioning.</p> <p>d. Sworn in by CO or XO. Marine Option MIDN are authorized to be sworn in by MOI.</p> <p>(ref [a] CH 4-9, 1.k. & ref [a] CH 4-16)</p>	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				

**STUDENT FILES
CHECKLIST
Version 1.2**

15	Copy of Certificate of Release or Discharge from Active Duty DD Form 214 for those midshipmen reporting from active duty or a Request for Conditional Release DD Form 368 for midshipmen reporting from reserve duty. (ref [a] CH 4-9, 1.1. & ref [a] CH 4-16, 2.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15)				
16	Does file possess Privacy Act statement (OPNAV 5211/12)? (ref [a] CH 4-9, 1.m.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				

3. Right side of the student file

No.	Metrics	Yes	No	N/A
17	Disclosure Accounting Form OPNAV 5211/9. (ref [a] CH 4-9, 2.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				
18	Individual NROTC Education Program Costs NSTC 1533/113, STA-21 Tuition Authorization and Claim for Reimbursement for Expenditures on Official Business OF 1164 or any other education cost forms that may apply. Midshipmen and STA-21 OCs must sign forms acknowledging payment of tuition and fees for each term that tuition and fees are paid on their behalf; Every term should be signed by the student to verify payment(s) received. It should be done prior to the end of each term. If signatures are missing, obtain signatures while on site. Multiple terms signed for on the same date should be debriefed, this practice is not recommended (7-10.b). (ref [a] CH 4-9, 2.b. & ref [a] CH 7-10)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18)				
19	Photocopy of Birth Certificate or other proof of citizenship and/or naturalization (such as a passport), with endorsement indicating that the original or a certified true copy was presented to the unit; Source document for correct spelling of legal name on all required documents, citizenship, etc. (ref [a] CH 4-9, 2.c. & ref [a] CH 4-10, 2.e.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19)				
20	Tattoo screening form (USN or USMC as appropriate) and copies of any waivers. (ref [a] CH 4-9, 2.d. & ref [a] CH 4-21)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (20)				
21	OCS, Six Week Course, Statement of Understanding (USMC option only). (ref [a] CH 4-9, 2.f. & ref [a] CH 3-14, 1.c.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**STUDENT FILES
CHECKLIST
Version 1.2**

Remarks (21)				
22	Copies of any other documents that would otherwise be maintained in a service record (for STA-21 and MECEP OCs). (ref [a] CH 4-9, 2.g.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22)				
23	Other documentation generated by higher authority or deemed appropriate by the unit, such as waivers and awards. a. Pg 13 for Elective Surgery b. Pg 13 for Directed Active Enlisted Service (ref [a] CH 4-9, 2.h)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (23)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact N934 personnel.

**PHYSICAL READINESS PROGRAM
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) Physical Readiness Program Guides (1 through 14)

Purpose. To ensure the Physical Readiness Program is implemented properly.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Physical Fitness Assessment (PFA)

No.	Metrics	Yes	No	N/A
1	Has the command conducted 2 PFAs per year in the last 4 years? (Ref [a] Guide 2, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	If no to question 1, did the command DEP/OP any PFAs in the last 4 years? (Ref [a] Guide 2, 2.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	If yes to question 2, did the command DEP/OP any BCAs in the last 4 years? (Ref [a] Guide 2, 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	If yes question 3, did the command receive ISIC approval for BCA DEP/OP for PFAs in 2010? (Ref [a] Guide 2, 4.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Does the Commander, CO, or OIC aggressively support the Physical Readiness Program per OPNAVINST 6110.1series? (Ref [a] Guide 2, 5.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Is there a command policy regarding mandatory PT requirements command members? (Ref [a] Guide 2, 6.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				

2. Command Fitness Leader (CFL) Qualifications

No.	Metrics	Yes	No	N/A
7	Has a Command Fitness Leader (CFL) been designated in writing? (Ref [a] Guide 2, 7.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**PHYSICAL READINESS PROGRAM
CHECKLIST
Version 1.2**

Remarks (7)				
8	Does the CFL meet all of the following requirements? E-6 or above, CPR certified, completed OPNAV CFL certification course (must be done within 3 months of appointment), achieved excellent or better on the last PRT, within maximum weight for height standards or less than 1% below graduated BCA standards, non-user of tobacco products. (Ref [a] Guide 2, 8.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Has 1 ACFL per 25 command members been appointed in writing? (Ref [a] Guide 2, 9.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Do ACFLs meet PFA standards, non-user of tobacco products and CPR certified as required by the CFL? (Ref [a] Guide 2, 10.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Are physical fitness and nutrition education provided through General Military Training (GMT)? (Ref [a] Guide 2, 11.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Is a Fitness Enhancement Program (FEP) available during working hours to members not meeting Physical Readiness Test (PRT) and or body composition assessment (BCA) standards? (Ref [a] Guide 2, 12.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				

3. Administrative

No.	Metrics	Yes	No	N/A
13	Are hard copies of all PFA related paper work maintained on file for 5 years (PFA and FEP rosters, page 13s, LON, 10-week notice)? (4 years if prior to July 1, 2011) (Ref [a] Guide 2, 13.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	Are PFA results properly documented in member's FITREP or EVAL? (Ref [a] Guide 2, 14.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				

**PHYSICAL READINESS PROGRAM
CHECKLIST
Version 1.2**

15	Does the CFL enter all command PFA results into PRIMS within 30 days of the end of command official cycle? (Ref [a] Guide 2, 15.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15)				
16	If no, were there extenuating circumstances that prevented data entry in the required time? (Ref [a] Guide 2, 16.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				
17	Is the physical readiness of all command members assessed twice annually, no less than 4 months apart? (Ref [a] Guide 2, 17.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				
18	Do all members have a current PHA prior to participating in the PFA? (Ref [a] Guide 2, 18.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18)				
19	Are members who require medical evaluation and clearance referred to medical department prior to participating in PRT? (Ref [a] Guide 2, 19.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19)				
20	Do members not meeting graduated BCA and or PRT standards participate in a FEP until passing a monthly mock or an official PFA with an overall score of good or better? (Ref [a] Guide 2, 20.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (20)				
21	Are all members, officers and enlisted, who fail to meet Physical Readiness Program standards subject to the administrative actions outlined in OPNAVINST 6110.1J? (Ref [a] Guide 2, 21.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (21)				
22	Are administrative actions for all members who do not meet Physical Readiness Program standards documented in a Page 13 or letter of notification to member? (Ref [a] Guide 2, 22.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22)				
23	Does the command support referral of overweight members to Shipshape or a registered dietitian if available through the medical department? (Ref [a] Guide 2, 23.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**PHYSICAL READINESS PROGRAM
CHECKLIST
Version 1.2**

Remarks (23)				
24	Does FEP include a nutrition education component including distribution of the Navy Nutrition Resource Guide? (Ref [a] Guide 2, 24.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24)				
25	Does the CFL advise the chain of command on all Physical Readiness Program matters, including members needing assistance in meeting PFA, multiple PFA failures, and those requiring a medical board for 2 consecutive or 3 waivers in a 4-year period)? (Ref [a] Guide 2, 25.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25)				
26	Are all injuries and illnesses attributable to Physical Readiness Program activities reported to COMNAVSAFECEN? (Ref [a] Guide 2, 26.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26)				
27	Are all medical waivers approved by CO/OIC or designated Authorized Medical Department Representative (AMDR) prior to the PFA? (Ref [a] Guide 2, 27.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (27)				
28	Is the CFL on the command check-in/check out sheet? (Ref [a] Guide 2, 28.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28)				

4. NUTRITION

No.	Metrics	Yes	No	N/A
29	Are healthy foods adequately advertised in the command's galley/messes? (Ref [a] Guide 2, 29.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (29)				
30	Are fruits and vegetables readily available for personnel working late shifts? (Ref [a] Guide 2, 30.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (30)				

5. PRIMS ASSESSMENT

**PHYSICAL READINESS PROGRAM
CHECKLIST
Version 1.2**

No.	Metrics	Yes	No	N/A
31	Do the CFL maintain hard copies of all PFA waivers entered in PRIMS? (Ref [a] Guide 2, 31.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (31)				
32	Per OPGUIDE 1, Section 1, paragraph 8, is the Command Detail Screen updated? (Ref [a] Guide 2, 32.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (32)				
33	Are members enrolled in FEP properly tracked in PRIMS? (Ref [a] Guide 2, 33.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (33)				
34	Are Readiness Waivers documented in PRIMS? (Ref [a] Guide 2, 34.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (34)				

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N03A personnel.

INSTRUCTOR REQUIREMENTS CHECKLIST Version 1.2

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)

Purpose. To ensure Instructor Requirements are completed.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Questions

No.	Metrics	Yes	No	N/A
1	Have all previous discrepancies identified from last self-assessment or CATT visit been corrected? If not, then why? (Not required by instruction, but recommended)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Has each instructor been approved to teach at their university? (ref [a] 3-4.2.e)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Has each instructor attended or been waived from the Teaching in Higher Education or PCO/PXO course? (ref [a] 3-4.2.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Does each instructor have access to the latest version of all NSTC curriculum guides and all official curriculum changes (DOD Learn)? (ref [a] 3-4.2.f)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Does each instructor know who the NSTC curriculum manager is for the courses they teach? (ref [a] 3-4.2.f)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Does each instructor maintain updated lesson plans, instructional resource listings, and academic records including student grades and test files? (ref [a] 3-4.2.g.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	Has the CO or XO reviewed each courses syllabus? (ref [a] 5-2.4.c)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**INSTRUCTOR REQUIREMENTS
CHECKLIST
Version 1.2**

Remarks (7)				
8	Does the course syllabi prepared by instructors specify the methods used for measuring student achievement and the frequency of testing? (ref [a] 3-9.1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Do the CO or XO each personally observe and evaluate all instructors at least once per term? (ref [a] 3-9.1.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Are the written evaluations by the CO or XO for each instructor maintained on file? (ref [a] 3-9.1.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Has the PNS developed clear-cut guidelines for security of Naval Science tests and other sensitive instructional material? (ref [a] 3-9.2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Are university generated student course/instructor evaluations for each course on file? (ref [a] 3-9.1.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	Does each instructor maintain office hours IAW their syllabus? (ref [a] 3-4.2.d)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N7 personnel.

URINALYSIS PROGRAM CHECKLIST Version 1.3

NROTC Unit Assessed:

Ref: (a) OPNAVINST 5350.4D
 (b) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
 (c) Drug Detection and Deterrence Guide 3- Urinalysis Program Coordinator (dtd Aug 2018)
 (d) SECNAVINST 5210.8F

Purpose. To provide a consistent method for reviewing the Urinalysis Program process.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section. Items marked with * are critical to executing a functional program.

1. Administration

No.	Metrics	Yes	No	N/A
1	Does the unit have an UPC/AUPC designated in writing by the CO? (Ref (a), 12.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Are the persons designated as the UPC/AUPC E-7 or above or civilian employees? (Ref (a), 8.p.12.c; ref (b), 5-30.4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Are the persons designated as the UPC/AUPC also the unit DAPA or XO? (Ref (a), 8.p.6.e; ref (b), 5-4.f)*	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Have the UPC/AUPC completed the UPC eLearning course, CPD-UPC-2.0? (Ref (b), 5-30.4; ref (c), 1.a.12)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Does the unit utilize the Navy Drug Screening Program (NDSP), version 5.4 or greater, to establish monthly drug testing parameters? (Ref (a), 8.p.12.d)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Are all personnel in the unit entered into NDSP? (Ref (a), 4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				

**URINALYSIS PROGRAM
CHECKLIST
Version 1.3**

7	Do the UPC/AUPC have iFTDTL access? (Demonstrate logging in or provide copy of account request.) (Ref (c), 1.a.3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Does the unit have access to references (a) through (c)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Does the UPC have contact information for NSTC and NETC ADCO? (Available from Navy DDD Office 901-874-4900.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				

2. Execution

No.	Metrics	Yes	No	N/A
10	Does the unit conduct at least two random (code IR) tests per month encompassing a total of 15% - 40% of unit personnel? (Ref (a) Enclosure (2), 2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Can the UPC provide justification for use of testing codes other than IR? (Ref (a), Encl 2, 4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Is a copy of the observer brief sheet signed by each observer and UPC and filed with the collection paperwork for each test? (Ref (b), 3.a.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	Does the unit have individual specimen bags and absorbent material on hand for shipping samples? (Ref (c), 3.a.7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	Does the unit have adequate sample bottles and packaging material on hand for the size of the unit?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				
15	Does the urinalysis ledger contain the following entries (Ref (a), App B to Encl 2, 1.b)?			
16	Date of collection	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				

**URINALYSIS PROGRAM
CHECKLIST
Version 1.3**

17	Batch number	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				
18	Individual specimen numbers	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18)				
19	Testing premise (code)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19)				
20	Member DOD ID #, or where not applicable, SSN	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (20)				
21	Printed name and signature of observers matching the signed observer briefing sheets for the date of the test	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (21)				
22	Signature of individuals tested	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22)				
23	Do all military personnel and midshipmen (including College Program midshipmen) sign NSTC Form 1533/153, Naval Reserve Officer Training Corps Drug and Alcohol Statement of Understanding upon joining the unit? (Ref (b), 5-30.1)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (23)				
24	Are all new midshipmen tested within 30 days of joining the unit, and military personnel within 72 hours of reporting? (Ref (a), Encl 2, 6.c.4; Ref (b), 5-30.3.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24)				

**URINALYSIS PROGRAM
CHECKLIST
Version 1.3**

3. Documentation

No.	Metrics	Yes	No	N/A
25a	Are two years' worth of urinalysis ledgers, custody documents (OPNAV 5350/2), and observer briefing sheets maintained? (Ref (d), Schedule 5, SSIC 5000-40)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25a)				
25b	Is documentation stored securely to prevent exposing PII?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25b)				
25c	After two years, is documentation, other than that pertaining to positive results, destroyed?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25c)				
26	After two years, are urinalysis ledgers, custody documents, and collection information relating to positive drug testing results only submitted to the National Personnel Records Center -Military Personnel Records? (Ref (d), Schedule 5, SSIC 5000-40) Note: Do not submit documentation relating to drug abuse cases pending adjudication.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26)				
27	For all positive results, does the unit CO provide a Determination Letter to OPNAV 170 (non-abuse) or CNSTC (abuse)? (Ref (b), 5-30.6) (Compare an iFTDTL report of unit positives for the year to the letters on hand.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (27)				
28	Does the unit provide a monthly report to the NSTC ADCO? (Review Sent items.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28)				

BOLD = updated from previous checklist

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact NSTC UPC personnel.

**DAPA/SUBSTANCE ABUSE
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) OPNAVINST 5350.4D, 4 Jun 2009, NAVY ALCOHOL AND DRUG ABUSE PREVENTION AND CONTROL
(b) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
(c) Drug Detection and Deterrence Guide 3- Urinalysis Program Coordinator (dtd Aug 2018)

Purpose. To ensure proper implementation of the DAPA Program.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

* THESE QUESTIONS ARE CRITICAL TO EXECUTING A FUNCTIONAL PROGRAM.

1. Administration

No.	Metrics	Yes	No	N/A
1	Does the DAPA have access to the ADMITS database to submit and update DAARs for active duty personnel at the unit? (Ref (a), 8.p.20)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
*2	Is the DAPA designated in writing by CO? (Ref (b), 5-31)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
*3	Is the DAPA E-7 or above or a civilian employee? (Ref (b), 5-31)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
*4	Has DAPA/Assistant DAPA attended DAPA training within 90 days of appointment? (Ref (b), 5-31)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
*5	Is the DAPA also the unit UPC or XO? (Ref (b), 5-31; ref (b), 5-4.f)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5) Correct response is NO				
6	Have the CO (or OIC as applicable) XO completed the required ADAMS for Leaders training? (Ref (a), 8.m.1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				

2. Execution

No.	Metrics	Yes	No	N/A
7	Are active duty personnel at the unit who experience a drug or alcohol related incident referred to SARP? (Ref (a), Encl 1, 4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
*8	Do all midshipmen (including College Program midshipmen) sign NSTC Form 1533/153, Naval Reserve Officer Training Corps Drug and Alcohol Statement of Understanding upon joining the unit? (Ref (b), 5-30.1)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8) Unit should verify all active duty should have OPNAV 5350-1 signed and in their service record.				
9	Does the unit have a policy in place to deglamorize use of alcohol and create environment that is intolerant of alcohol abuse and underage drinking? (Ref (a), 8.m.2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				

3. Documentation

No.	Metrics	Yes	No	N/A
10	Does the unit have ready access to references (a) through (c)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Does the DAPA maintain a spreadsheet or similar tracking system of all unit alcohol- or drug-related incidents? (Ref (b), 5-31)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact NSTC DAPA.

**SEXUAL ASSAULT PREVENTION AND RESPONSE (SAPR)
CHECKLIST
Version 1.2**

NROTC Unit Assessed:

Ref: (a) DoDD 6495.01
 (b) DoDI 6495.02
 (c) SECNAVINST 1752.4 (Series)
 (d) OPNAVINST 1752.1 (Series)
 (e) OPNAVINST 3100.6 (Series)
 (f) NSTCINST 1752.1 (Series)
 (g) CNIC-CNSTC MOU dtd 23JAN18

Purpose. To ensure proper compliance of standards to aid in the prevention of sexual assault among Midshipmen, Active Duty personnel, and civilians at the unit.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

Note: Read through the military references listed above and the university’s unique Title IX procedures.

No.	Metrics	Yes	No	N/A
1	Is unit leadership and SAPR POC familiar with references (a)-(g)?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1) –				
2	Has the CO/PNS/OIC reviewed the Commander’s Checklist that includes essential elements for meeting command SAPR program requirement and ensuring effective prevention and response? (Ref (d), Appx 2B)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2) –				
3	Has the CO developed a comprehensive SAPR program and assessed levels of command compliance with SAPR program requirements, using OPNAV Form 1752/3, the Command Assessment Tool. (Ref [d] CH 2, 15.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3) –				
4	Has the CO obtained the CO’s toolkit brief by a Sexual Assault Response Coordinator (SARC) within 30 days of assuming command? (Ref [d] CH 2, 15.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4) –				
5	Has the CO obtained a brief from a judge advocate (or a region legal service office attorney or trial counsel) on Military Rule of Evidence 514 privilege, sexual assault - initial disposition authority, and case disposition reporting requirements within 30 days of assuming command. (Ref [d] CH 2, 15.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5) –				

6	Has the CO designated, in writing, a unit SAPR POC to promote responsive command management of alleged sexual assaults and compliance of SAPR program requirements? (Ref [d] CH 2, 15.m.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6) –				
7	Has the SAPR POC completed all required training (i.e. 8 hr course) with a SARC within 90 days of being designated? (Ref [d] CH 2, 22.a.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7) –				
8	Does the SAPR POC maintain current information on victim resources (for both the Navy and university services)? (Ref [d] CH 2, 22.d.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8) –				
9	Does the unit and SAPR POC ensure personnel are aware of how to contact a SARC, Victim Advocate (via MOU, reference (g)), and the Title IX Office/Coordinator for applicable resources and services? (Ref [d] CH 2, 22.c.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9) –				
10	Does the CO and SAPR POC ensure all required SAPR training is conducted and documented (i.e. GMT for active duty; Above Board, Pre-Cruise & Pre-Commissioning courses for MIDN; One Team One Fight for Civilians)? (Ref [d] CH 2, 22.f.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10) –				
11	Does your organization have established procedures delineating appropriate actions that command personnel should take in responding to sexual assault incidents (i.e. call to SARC/Title IX, voice reports, OPREP-3 & SAIRO for active duty)? (Ref [f])	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11) – (i.e. Contact Title IX office for a student-related incident. Report incidents involving a victim or alleged offender at the unit to NSTC.)				
12	Complete a walk-through of an <u>active duty</u> staff/student unrestricted sexual assault report. (Ref [f] Sec 5.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12) – Similar to a SAPR report in the fleet. To maintain a restricted report, the active duty individual should report the incident to the SARC or VA. Report to the chain of command typically makes it an Unrestricted case.				
13	Complete a walk-through of a MIDN sexual assault scenario (i.e. sexual assault report to class advisor) with the victim and/or offender/subject within the unit? (Ref [f] Sec 6.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13) –				
14	Has the unit invited the university Title IX coordinator or representative to provide training to the staff and students on their reporting options and local resources/services available through the university? (Ref [d] CH 10)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

Remarks (14) –				
15	Do you have any enhancements or recommendations to improve the program? (No requirement)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15) –				

Additional remarks as appropriate:

Review conducted with:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions about this process/program/checklist, contact NSTC SAPR personnel.

PRIVACY ACT PROGRAM **CHECKLIST** **Version 1.2**

NROTC Unit Assessed:

Ref: (a) NSTC Instruction 5211.1(Series), Naval Service Training Command Privacy Program

Purpose. To ensure proper PII procedures are in place.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

This is an internal document to be used by activity leadership to assess the level of compliance in the handling of Personally Identifiable Information (PII) as delineated by law and/or specific DoD/DON policy guidance. Where deficiencies are noted, the activity should take immediate corrective action. For additional guidance and information, go to the DON Privacy website at www.privacy.navy.mil. This memorandum is an auditable record and must be kept on file for two years after it is compiled.

1. Checklist

No.	Metrics	Yes	No	N/A
1	The command PA Office Administrator has been identified in writing with clear roles and responsibilities identified. (ref [a] Sec 5.d.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Has the activity implemented Privacy Act guidance additional to that issued in NSTC INSTRUCTION 5211.1 (Series), NSTC Command Privacy Act Program or does the activity believe additional guidance is necessary? If so, please explain. (ref [a] Sec 5.d.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	When a loss of PII occurs, the chain of command has a clear understanding of the DON and NSTC reporting policy. (ref [a] Sec 5.d.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	How many PII incidents were reported to the NSTC PAC in the past 12 months? (ref [a] Sec 5.d.(7))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Has the activity disseminated guidance to its personnel on how to properly mark email, messages, letters, etc., that contains PII prior to transmission? (ref [a] Enc (2), 3.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				

**PRIVACY ACT PROGRAM
CHECKLIST
Version 1.2**

6	At random, spot check 10 percent of locked bins/file cabinets within your activity to ensure that, if they contain PII, they are secure from unauthorized access by individuals who do not have a need to know. (ref [a] Sec 5.d.(6))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	If the activity does not shred all documents containing PII before they are placed in a recycle container, spot check at random 10 percent of recycle containers within your activity to ensure that they contain no PII. (ref [a] Enc (2), 13.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Do all forms that collect PII contain a Privacy Act Statement?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	Does the activity ensure that paper records are not retained indefinitely? (ref [a] Sec 5.d.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Check that there is no PII on all static or electronic bulletin boards that disseminate information. (ref [a] Enc (2), 5.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Written procedures for laptops and portable electronic equipment have been created and implemented for such devices that are transported outside a secure government space. The procedures include a check-in/check-out procedure requiring a supervisory-level signature authorizing removal. If No, provide the number of devices not in compliance.	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	At random, spot check five (5) laptops and five (5) external hard drives and check no fewer than ten (10) Word Documents for encryption of PII information. (ref [a] Sec 5.d.(10))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	Does the activity ensure all files on hard drives are routinely reviewed and, whenever possible, purged of unnecessary PII? (ref [a] Sec 5.d.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**PRIVACY ACT PROGRAM
CHECKLIST
Version 1.2**

Remarks (13)				
14	For activities using shared drives, search and spot check 25 percent of files that are likely to contain PII, e.g., personnel, medical, and safety files. (ref [a] Enc (2), 7.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact the NSTC OGC/PAC.

HEALTH and DENTAL RECORDS (STUDENT)
CHECKLIST
Version 1.2

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)

Purpose. To ensure proper utilization of Health and Dental records.

Health Record must be established for Scholarship and College Program students in Advanced Standing.

The Health Record is a four partition folder. The medical documents or forms listed below shall be filed in the health record in the appropriate section. Each section is numbered left to right and documents listed top to the bottom with each form arranged with newest on top within each group.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Administration

No.	Metrics	Yes	No	N/A
1	Records stored in secure location? (ref [a] CH 9-9, 1.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Is the record reviewed annually by Unit medical custodian? (ref [a] CH 9-9, 4.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Precommissioning physicals submitted 2-18 mos prior to commissioning? (ref [a] Appx D)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Aviation physicals initiated 6-24 months prior to commissioning? (ref [a] CH 9-9, 4.c.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Unit tracks MLOA for BUMED review at end of MLOA period as required? (ref [a] CH 9-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Summer training records are current and contain required info. Hand carried by MIDN? (ref [a] CH 9-9, 5.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

HEALTH and DENTAL RECORDS (STUDENT)
CHECKLIST
Version 1.2

Remarks (6)				
7	Records for OCS are complete (all paperwork correct and BUMED review and waiver letter present if required)? (ref [a] CH 3-14, 1.c.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	Scholarships are not activated until medically qualified by DODMERB or OD endorsed BUMED waiver? (ref [a] CH 4-11)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				

2. Health Record

- a. Left side section 1. Check that documentation is filed correctly. Required documents are noted. Existence of other documents will vary based on student's participation in the NROTC program (NSI, summer cruise, sea trials, etc.) and prior service.

No.	Metrics	Yes	No	N/A
9	Log page (no specific format) kept recording annual verification on top? (REQUIRED) (ref [a] CH 9-9, 4.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Record of Preventive Medicine and Occupational Health? (ref [a] CH 9-9, 2.a.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	Immunization Record, SF 601, PHS-731, or civilian equivalent? (REQUIRED) (ref [a] CH 9-9, 2.a.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	Record of Occupational Exposure to Ionizing Radiation NAVMED.10? (ref [a] CH 9-9, 2.a.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				
13	Audiology? (ref [a] CH 9-9, 2.a.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				
14	Eye Exam? (ref [a] CH 9-9, 2.a.(5))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				

HEALTH and DENTAL RECORDS (STUDENT)
CHECKLIST
Version 1.2

b. Right side section 2. Check that documentation is filed correctly. Required documents are noted. Existence of other documents will vary based on student's participation in the NROTC program (NSI, summer cruise, sea trials, etc.) and prior service.

No.	Metrics	Yes	No	N/A
15	Annual Certificate of Physical Condition (NSTC 1533/107) and Physical Activity Risk Questionnaire (NSTC 1533/138) documents completed annually? (REQUIRED) (ref [a] CH 9-9, 2.b.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15) Previous copies of Annual Reports of Medical History (NAVMED 6120/3) may be present for active-duty students, but they cannot be substituted for the NSTC 1533/107.				
16	Chronological Record of Medical Care (SF 600)? (ref [a] CH 9-9, 2.b.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				

c. Left side section 3. Check that documentation is filed correctly. Required documents are noted. Existence of other documents will vary based on student's participation in the NROTC program (NSI, summer cruise, sea trials, etc.) and prior service.

No.	Metrics	Yes	No	N/A
17	DoD Medical Examination Review Board (DoDMERB) Report of Medical History (DD Form 2492) and DoDMERB Report of Medical Examination (DD Form 2351) or Report of Medical History (DD Form 2807-1) and Report of Medical Examination (DD Form 2808)? (REQUIRED) (ref [a] CH 9-9, 2.c.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				
18	Anthropometric Data Record (NAVMED 6410/9), Statement of Wearing Contact Lenses (NSTC 1533/103) or Cycloplegic Eye Exam, etc., as applicable. (ref [a] CH 9-9, 2.c.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18)				
19	BUMED Letters (scholarship, MLOA, continuation, commissioning) and any additional medical documents such as hospital records, consults, etc. Ensure all BUMED Waiver Letter(s) are endorsed by N04. (ref [a] CH 9-9, 2.c.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19)				
20	Signed Privacy Act Statement-Health Care Records (DD Form 2005) (MANMED NAVMED P-117 chapter 16-23) (ref [a] CH 9-9, 2.c.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

HEALTH and DENTAL RECORDS (STUDENT)
CHECKLIST
Version 1.2

Remarks (20) NOT needed if Privacy Act statement on record jacket is signed				
21	Record of Disclosure (OPNAV 5211/9). (REQUIRED) (ref [a] CH 9-9, 2.c.(5))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (21)				

d. Right side section 4. Check that documentation is filed correctly. No required documents in this section. Existence of other documents will vary based on student's participation in the NROTC program (NSI, summer cruise, sea trials, etc.) and prior service.

No.	Metrics	Yes	No	N/A
22	Electrocardiograph Record (ref [a] CH 9-9, 2.d.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22)				
23	X-rays reports (ref [a] CH 9-9, 2.d.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (23)				
24	Laboratory Report (ref [a] CH 9-9, 2.d.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24)				

3. Dental Record

A Dental Record shall be established once dental records are available (no need to create an empty Dental Record).

- a. Left side of folder. Check that documentation is filed correctly. Required documents are noted. Existence of other documents will vary based on student's participation in the NROTC program (NSI, summer cruise, sea trials, etc.) and prior service.

No.	Metrics	Yes	No	N/A
25	Unmounted radiographs in envelopes? (ref [a] CH 9-9, 3.a.(1))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25)				
26	Sequential bite wing radiograph mounts? (ref [a] CH 9-9, 3.a.(2))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26)				
27	Panographic or full mouth radiographs? (ref [a] CH 9-9 3.a.(3))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

HEALTH and DENTAL RECORDS (STUDENT)
CHECKLIST
Version 1.2

Remarks (27)				
28	Report of Dental Exam (DD Form 2813)? (REQUIRED within 1 year of submission of commissioning/flight physical) (ref [a] CH 9-9, 3.a.(4))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28)				
29	Signed Privacy Act Statement-Health Care Records (DD Form 2005)? (REQUIRED) (ref [a] CH 9-9, 3.a.(5))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (29)				
30	Record of Disclosure (OPNAV 5211/9)? (REQUIRED) (ref [a] CH 9-9, 3.a.(6))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (30)				

b. Right side of folder. Check that documentation is filed correctly.

No.	Metrics	Yes	No	N/A
31	SF Form 603 or civilian equivalent Record of Dental Care? (REQUIRED) (ref [a] CH 9-9, 3.b.)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (31)				

Additional remarks:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N92A.

MATERIAL ACCOUNTABILITY CHECKLIST V1.2

NROTC Unit Assessed:

Ref: (a) NSTC M-1533.2 (Series) Regulations for Officer Development (ROD)
 (b) NAVSUP P485
 (c) NAVSEAINST 8370.2 series
 (d) NAVFAC P-300
 (e) GSA Fleet Vehicle Guide
 (f) OPNAVINST 5100.12 (Series)

Purpose. To ensure proper accountability of Uniforms, Sub Minor Property, Instructional Materials, MREs/TOTMs, and Vehicles.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. Uniforms

No.	Metrics	Yes	No	N/A
1	Are all uniform items procured through NOSS? (Ref (a) 8-7, 1)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
1a	If no, was this approved by OD54? (Ref (a) 8-7, 1)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1a)				
2	Are uniforms issued IAW Ref (a) Appendix I? (Ref a, 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Is the unit using a Uniform Issue Form? (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
3a	The Uniform Issue Form contain the following: - List of all articles of uniform issued - Accountability statement (See Ref (a) 8-7, 11) - Student signature - Supply Tech signature (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3a)				
3b	Is information from the Uniform Issue Form entered into NOSS within 30 days? (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3b)				

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

4	Are uniform articles that are lost, mutilated, or destroyed through negligence or carelessness replaced in kind or paid for by the student with a money order or cashier's check? (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
4a	Are collections made using Collection Vouchers DD Form 1131, citing MPN accounting data, and indicating the purpose of collection, date, student's name, and amount of each collection? (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4a)				
4b	Charges collected shall be in the form of a money order or cashier's check payable to the "US Treasury". Personal checks are not accepted. (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4b)				
4c	Is the Collection Voucher forwarded to NETPDC N811?	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4c)				
5	Are major alterations performed? (Only minor alterations such as sewing on insignia, hatband, loops, sleeve-length for dress coat, trouser and skirt length, and slits for swords are allowed) (Ref (a) 8-7, 8)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
5a	Are alteration expenditures paid for by the NROTC Unit? (Ref (a) 8-7, 7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5a)				
6	Does the Unit maintain no more than 125% of initial uniform items on hand based on the average of the past four years of freshmen enrollment? (Ref (a), 8-7, 13)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	Is used (unfit for reissue) clothing disposed of by use of NOSS survey or turned in to DLA Disposition Services? (Ref (a), 8-7, 14.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
7a	Not Ready For Issue (NRFI) clothing is transferred to NJROTC, other Navy Activities or DLA disposition services? (Ref (a), 8-7, 14.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7a)				

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

8	Are excess clothing items reported to OD54 every November? (Ref (a) 8-7, 14.b)	Y	N	N/A
Remarks (8)				
9	When a student has left the unit without returning government property, has the unit accomplished the following: (Ref (a) 8-7, 15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
9a	Request BURSAR Office place a hold on the student's transcripts? (Ref (a) 8-7, 15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9a)				
9b	Request, via registered mail and return receipt, the return of all government property? (Ref (a) 8-7, 15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9b)				
9c	If property is not returned within 30 days is a survey report submitted? (Ref (a) 8-7, 15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9c)				
10	Annual Inventory. The annual inventory requirement for the current year is considered to be satisfied when a wall-to-wall inventory of all clothing has been taken during the 6-month period prior to 1 November. (Ref (a) 8-6, 1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
10a	The responsible officer shall review and sign the LOSS/GAIN History report for clothing. (Ref (a) 8-6, 1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10a)				
10b	The report shall be printed from NOSS and dated from the last inventory to present and filed with the Inventory Record. (Ref (a) 8-6, 1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10b)				
10c	Inventory Record. A Memorandum for the Record will be maintained stating the unit Supply Technician maintains a computerized uniform inventory via the NOSS Inventory Module. (Ref (a) 8-6, 1.b)	Y	N	N/A
Remarks (10c)				

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

10d	All clothing the NROTC unit identifies as excess upon the completion of the inventory shall be reported to NSTC OD54 by 1 November. The report format shall include national stock number (NSN), nomenclature, size, and quantity, broken down by gender. (Ref (a) 8-6, 1.c)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10d)				
11	The NROTC unit shall complete a 100% uniform inventory before the change of PNS. At least 10 percent of the clothing stock shall be inventoried. If there is a significant inventory discrepancy (greater than 5% of items checked), PNS shall conduct a 100% inventory prior to the Change of Command. (Ref (a) 8-6, 2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	The NROTC unit shall conduct a 100% clothing inventory upon change/relief of the unit Supply Technician. Supply Technician shall report to PNS the condition of the stock, the storeroom, and the inventory accuracy. A storeroom validity of over 95% is recommended. (Ref (a) 8-6, 3) (Ref (b) para 6061.d).	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				

2. Sub-Minor Property (including drill weapons)

No.	Metrics	Yes	No	N/A
1	Personal Property Manager appointed in writing. (Ref (a) 8-5, 1.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Does the NROTC unit inventory all equipment (INVENTORY SUMMARY) to include computers, printers, audiovisual (AV), drill weapons, and all other government-owned equipment during the 6-month period prior to 1 November? (Ref (a) 8-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Does the Unit forward a copy of the sample memorandum found in Example 8-N (not the automated inventory listing) signed by the responsible officer to NSTC OD54 by 10 November every calendar year. (Ref (a) 8-6, 3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
5	The signed memorandum, documenting the results of the Annual Wall-to-Wall Inventory, was forwarded to Naval Service Training Command Code OD5 by 10 November each year. (Ref (a) 8-6, 3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

Remarks (5)				
6	Property Custody Records in NOSS are completed and signed by the sub-custodian. (Ref (a) 8-5, 2.d)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	Documentation for Turn-in/Transfer of Property is maintained. (Ref (a) 8-5, 3.a(6) & 3.b.(6))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	NOSS database is updated with the current inventory results. (Ref (a) 8-5, 1.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				

3. Instructional Materials

No.	Metrics	Yes	No	N/A
1	Are materials being ordered through NOSS using the automated Instructional Material Request (AIMR) order form? (Ref (a) 8-14, 2.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Is the course scheduling form being turned in before 30 April through NOSS each year? (Ref (a) 8-14, 2.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Are receipts being posted of all instructional materials in NOSS within five working days of delivery? (Ref (a) 8-14, 2.d)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Every summer, each NROTC unit shall conduct a physical wall-to-wall, 100% inventory of all instructional materials. The inventory shall be submitted by the unit via NOSS no later than 30 September of each year. (Ref (a) 8-6, 6.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Is NETPDTC N862C provided a copy of transfer/disposal/survey documentation? (Ref (a) 8-14, 4.a & 4.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

6	Is Cash Collection Vouchers DD Form 1131 used to collect a money order or certified check for missing, lost, mutilated, or destroyed instructional material? (Ref (a) 8-14, 5.a)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
7	All discrepancies shall be corrected by the NROTC unit in NOSS by either using gain by inventory, survey, or the transfer options. (Ref (a) 8-6, 6.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
8	A signed copy of all survey and transfer reports shall be forwarded to NETPDC N862C and the originals shall be kept for the unit's records. (Ref (a) 8-6, 6.b)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				

4. MREs and TOTMs

No.	Metrics	Yes	No	N/A
1	On-hand quantity shall not exceed a one academic year (AY) requirement as justified by the NROTC's master training schedule. (Ref (a) 8-26)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Strict accountability of MREs AND TOTMs is essential. Units shall maintain a log containing the recipient's name (printed), SSN (last four) if available, date, and signature. A separate form is required for MREs and TOTMs; NAVSUP 1291. (Ch 8-26, 1 - Pending ROD Change from OMM 151-18) MREs and TOTMs may also be issued to students undergoing "pre-Marine OCS" training when it is impractical to provide other type meals. (Ref (a) 8-26, 2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Staff members and students drawing Basic Allowance for Subsistence (BAS) involved with the field training shall reimburse the government for MREs and TOTMs at the rate promulgated by NETPDC N8. Charges collected shall be forwarded to NETPDC N812 in the form of a money order or cashier's check payable to the "US Treasury" with a DD Form 1131. (Ref (a) 8-26, 3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Ordering MREs and TOTMs. Federal Acquisition Regulations (FAR) states the supply system is the first source of procurement for MREs and TOTMs. (Ref (a) 8-26, 4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

Remarks (4)

5. Vehicles

No.	Metrics	Yes	No	N/A
1	General Services Administration/Naval Facilities-vehicle operators are limited to authorized personnel only. (Ref (f) page 18, para 8)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Vehicle operator's driver's license is verified. (Ref (f) page 18, para 8)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Vehicle operators are instructed on the proper use, maintenance and protection of the vehicle prior to use. (Ref (a), chapter 8, para 8-11 & Ref (d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Vehicle maintenance notifications from GSA/NAVFAC are followed. (Ref (e), page 26)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				
5	Vehicle usage reports are being maintained for 4 years. (Ref (a), 8-11 & Ref (d))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				
6	Safety inspections are being completed. (Ref (e), page 25)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	Vehicle fuel usage is reported in the GSA Fleet Drive-thru system. (Ref (e), page 14 and 15)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	GSA/NAVFAC Fuel Cards are only used for authorized purchases. (Ref (d) Para 3.17.2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				

**MATERIAL ACCOUNTABILITY
CHECKLIST
V1.2**

9	Requests for initial and replacement vehicles are forwarded to Naval Service Training Command (NSTC) Code OD53 for resourcing coordination with NSTC N8 prior to contacting GSA. (Ref (a) 8-11)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	Vehicle accidents are reported to NSTC Code OD5 and NSTC Code N8. (Ref (a) 8-11, 3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				

Additional remarks as appropriate:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N933.

**GOVERNMENT COMMERCIAL PURCHASE CARD (GCPC) PROGRAM
CHECKLIST
Version 1.3**

NROTC Unit Assessed:

Ref: (a) NAVSUPINST 4200.99 (Series)
(b) Simplified Acquisition Procedures Guide, dated April 2018

Purpose. To provide a consistent method for reviewing the Government Commercial Purchase Card (GCPC) and Convenience Check processes. The Navy implements the GCPC and Convenience Check programs in order to minimize paperwork and simplify the administrative effort associated with traditional and emergent purchase of supplies and services.

Evaluation. Circle the appropriate response. In the event of a “No” response, explain and provide documentation as required in the Remarks Section.

1. GCPC Administration

No.	Metrics	Yes	No	N/A
1	Program participants (Agency Program Coordinator, Approving Official, CardHolder) are properly delegated in writing by the Commanding Officer/Head of Activity. (Ref (a), pg 3-3 and 3-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (1)				
2	Program participants (HA*, APC, AO, CH) have completed the required initial and refresher training. *Initial only. (Ref (a), pg 3-2 and 3-3)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (2)				
3	Previous program participants' files (letters & training) are maintained for 3 years beyond their transfer date. (Ref (a), pg 2-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (3)				
4	Activity GCPC Internal Operating Procedures (IOP) includes the 11 required elements. (Ref (a), pg 2-5 and 3-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (4)				

2. GCPC Purchases

No.	Metrics	Yes	No	N/A
5	CH ensures availability of funds and documents it on the Purchase Order Request Form (PORF) before a purchase (Ref (a), pgs 2-8; 4-1 and 4-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (5)				

**GOVERNMENT COMMERCIAL PURCHASE CARD (GCPC) PROGRAM
CHECKLIST
Version 1.3**

6	CH screens requirements for availability from the mandatory sources of supply and documents it on the PORF. (Ref (a), pg 4-3 and 4-4 and PCAN 03-20 Oct 14)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (6)				
7	CH ensures the GCPC was not used to purchase any prohibited items. (Ref (a), pg 4-9 and 4-10 and Ref (b))	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (7)				
8	CH ensures each transaction has an approved requisition/requirement document. (Ref (a), pgs 4-1; 4-4 and 4-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (8)				
9	CH ensures each transaction has a sales receipt/merchant invoice. (Ref (a), pg 4-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (9)				
10	CH ensures each transaction includes signed proof of delivery/ acceptance with the 5 required elements. (Ref (a), pg 4-9)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (10)				
11	CH and AO ensured each transaction maintained a proper separation of function. (Ref (a), pg 4-7)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (11)				
12	CH ensures each transaction is listed on the purchase card log. Log includes the 7 required elements*. *Advocate inclusion of the 5 additional recommended elements. (Ref (a), pg 4-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (12)				

3. GCPC Closeout

No.	Metrics	Yes	No	N/A
13	CH ensures the monthly statement review is completed within 5 working days of availability. Completed reviews include adding required notes and reallocating LOA if needed. (Ref (a), pg 5-1 and NSTC guidance)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (13)				

**GOVERNMENT COMMERCIAL PURCHASE CARD (GCPC) PROGRAM
CHECKLIST
Version 1.3**

14	AO completes the statement review and certification within 5 days of receipt from CH. Completed reviews include ensuring required notes are added to each transaction and LOA is reallocated if needed (Ref (a), pg 5-2 and NSTC guidance).	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (14)				
15	AO completes the Department of Defense (DOD) Insights on Demand (IOD) transactional review within 15 days from when it became available. (Ref (a) and NAVSUP Guidance)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (15)				
16	The APC completes the transactional and monthly review within the DOD IOD within 30 days from when it became available. (Ref (a) and NAVSUP Guidance)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (16)				

4. Convenience Check Administration

No.	Metrics	Yes	No	N/A
17	Convenience check holder properly delegated in writing by the Commanding Officer/Head of Activity. (Ref (a), pg 3-3 and 3-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (17)				
18	Convenience check holder completed required initial and refresher training. (Ref (a), pg 3-2 and 3-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (18)				
19	Previous convenience check writer files (letters & training) are maintained for 3 years beyond their transfer date. (Ref (a), pg 2-6)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (19)				
20	Activity GCPC IOP includes convenience check requirements (NAVSUP Guidance)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (20)				

**GOVERNMENT COMMERCIAL PURCHASE CARD (GCPC) PROGRAM
CHECKLIST
Version 1.3**

5. Convenience Check Purchases

No.	Metrics	Yes	No	N/A
21	Convenience check holder ensures convenience checks are used as a last payment option. (Ref (a), pg 2-10 and 3-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (21)				
22	Convenience checks are issued for less than the micro-purchase threshold. (Ref (a), pg 2-10, 3-5 and 5-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (22)				
23	Convenience check writer ensures required reporting to the Internal Revenue Service within the Defense Finance and Accounting Service 1099 Tax Reporting Process. system. (Ref (a), pg 2-10 and 5-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (23)				
24	Convenience checks were written by the checking account holder. (Ref (a) pg 2-10 and 3-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (24)				
25	Convenience checks were only written for authorized items. (Ref (a) pg 3-5)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (25)				
26	Convenience check holder ensured current transaction fees are noted on the purchase document and reallocated to the same funding document as the check. (NSTC Comptroller Guidance)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (26)				

6. Convenience Check Closeout

No.	Metrics	Yes	No	N/A
27	Convenience check writer and AO ensures the monthly statement review is completed within 5 days of availability. (Ref (a), pg 5-1 and 5-2)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (27)				

**GOVERNMENT COMMERCIAL PURCHASE CARD (GCPC) PROGRAM
CHECKLIST
Version 1.3**

28	Convenience check holder ensures the annual review of the convenience check program is conducted by an officer or equivalent DOD civilian who is independent of the office maintaining the account. (Ref (a), pg 5-4)	Y <input type="checkbox"/>	N <input type="checkbox"/>	N/A <input type="checkbox"/>
Remarks (28)				

****Note: This guide is not all-inclusive. Thorough knowledge of the program and compliance with the applicable instructions are required.***

Additional remarks as required:

Checklist conducted by:

NAME (unit staff or CATT Team)	DATE

For questions/comments about this process/program/checklist, contact N4 personnel.