

**MEDCOM PAM 700-1**



**HEADQUARTERS  
U.S. ARMY MEDICAL COMMAND**



**CLRP**

**COMMAND LOGISTICS REVIEW PROGRAM  
"Assistance first, assessment second"**

**PROCEDURES GUIDE**

**MARCH 2000**

# **THE COMMAND LOGISTICS REVIEW PROGRAM**

## **PROCEDURES GUIDE**

*This procedural guide is designed to assist team members at all command levels during the course of their logistics review. Copies of this guide are available upon request to the Command Logistics Information Center, DSN: 471-7917 or CML: (210) 221-7917. Current guidance outlined in this guide has been extracted from pertinent Federal and State laws, Army Regulations, Army Medical Command Regulations and Supplements, and the standards of the Joint Commission on Accreditation of Healthcare Organization. A careful review of the contents of this guide can assist in improving logistics business practices and reinforcing the various logistics aspects of the management of the environment of care.*

*While this document provides succinct direction to aid in the management of the myriad responsibilities covering broad functional areas, it does not reveal that team members will form conclusions concerning morale, support climate, and customer service philosophy. Also, this document does not contain references to work flow administration and equity of assigning tasks.*

*The primary objective of medical logisticians is to support Army Medicine. The medical logistician must support his customers in a selfless manner, for there is never a reason for nonsupport.*



**“SUPPORTING AMERICA’S ARMY IN EVERYTHING WE DO”**

DEPARTMENT OF THE ARMY  
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND  
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Logistics  
**COMMAND LOGISTICS REVIEW PROGRAM PROCEDURES GUIDE**

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\*This pamphlet supersedes MEDCOM Pamphlet 700-1, 8 June 1998.

1. **HISTORY.** This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.
2. **PURPOSE.** To prescribe the internal operating procedures for the conduct of the U.S. Army Medical Command's (MEDCOM) Command Logistics Review Program (CLRP) and Command Logistics Review Team-Expanded (CLRTX) visits and administrative routines.
3. **REFERENCES:**
  - a. Army Medical Department Property Accounting System Users Manual (AMEDDPAS).
  - b. AR 11-1, 13 Aug 99, Command Logistics Review Program (CLRP).
  - c. AR 40-61, 25 Jan 95, Medical Logistics Policies and Procedures.
  - d. AR 710-2, 31 Oct 97, Inventory Management Supply Policy Below the Wholesale Level.
  - e. AR 725-50, 15 Nov 95, Requisition, Receipt, and Issue System.
  - f. AR 735-5, Policies and Procedures for Property Accountability.
  - g. AR 750-1, 1 Aug 94, Army Materiel Maintenance Policy and Retail Maintenance Operations.
  - h. DA PAM 710-2-1, 31 Dec 97, Using Unit Supply System (Manual Procedures).
  - i. DA PAM 710-2-2, 30 Sep 98, Supply Support Activity Supply System.
  - j. TB MED 750-1, 13 Apr 98, Operating Guide for Medical Equipment Maintenance.
  - k. The Joint Commission on Accreditation of Healthcare Organization Manual, 1999 edition.
4. **EXPLANATION OF ABBREVIATIONS AND TERMS.** Abbreviations and special terms used in this publication are explained in the glossary.
5. **PROCEDURES.** This procedures guide comprises a series of logistics checklists addressing various aspects of the CLRP/CLRTX Program. It is intended that the checklists be periodically updated/amended to ensure they remain current and meaningful. They will be utilized as guidance for team members when conducting logistics reviews.

**APPENDIX A**  
**CONCEPT OF OPERATIONS**

1. **Purpose.** To outline the scope of the Command Logistics Review Program, to standardize the operations of a CLRT/CLRTX, and to augment AR 11-1 as supplemented by this command.

2. **Responsibility.** The Assistant Chief of Staff for Logistics (ACSLOG) has overall staff responsibility for the Command Logistics Review Program.

3. **Scope.** The CLRT will evaluate all aspects of an organization that could affect its logistics support practices. The major areas of evaluation are contained in this procedural guide. The intent of the review is to pinpoint the area(s) that indicates the system's inability to respond to the organization's critical logistics requirements despite that organization's best efforts. The overall task is to determine how well the logistics system is working to support the healthcare mission and provide command guidance concerning compliance with regulations, statutes, laws, and the Joint Commission on Accreditation of Healthcare Organization (JCAHO).

4. **Personnel.** Personnel assigned as CLRT members represent the Commander, MEDCOM and, as such, their technical proficiency and conduct reflect directly upon both the command (their home organization, if appropriate) and the U.S. Army. Team members must have a sense of cooperation and display the attitude that their mission is to assist and make an assessment of the activity's logistics readiness posture. While ensuring that activities are in compliance with basic guidance, as stated in paragraph 3 above, CLRT members will specifically focus on issues directly related to the environment of care and business practices.

5. **Scheduling.** Scheduling is coordinated among the U.S. Army MEDCOM Logistics staff and other appropriate headquarters staff as required. Scheduling of medical activities subordinate to the MEDCOM will be conducted on a periodic basis as determined by the ACSLOG. Generally, activities should be visited every 36 months as a minimum.

6. **Pre-Visit Procedures.** Prior to a visit, CLRT personnel should be familiar with the organization's equipment authorizations. The subject matter experts (SME) will extract and review all documents and reports available via systems prior to visit to identify potential areas of concern. Examples of documents which may be researched, if available, to identify potential areas of concern are as follows:

- a. Prior CLRT reports.
- b. Inspector General, Joint Commission on Accreditation of Healthcare Organizations, and U.S. Army Audit Agency reports.
- c. Medical Supply Performance Report.
- d. Command scheduled reports.

**APPENDIX A (continued)**

e. TAMMIS, AMEDDPAS and Linen Management Databases.

7. **Conduct of Review.** General procedures for conducting CLRT/CLRTX visit are as follows:

a. An annual schedule of CLRT visits will be published in September each year for the following fiscal year.

b. The Chief, CLRT will select units to be visited IAW DA and MEDCOM ACSLOG guidance. The Chief, CLRT, will coordinate with ACSLOG, ACSIEFM, CHPPM, and appropriate logistics support staff throughout the command.

c. Team members will be contacted and advised of the dates of the visit, date of prior coordination meetings, transportation/billeting requirements, if necessary, and other administrative details as deemed necessary by the team chief.

d. An entrance briefing will be scheduled at each activity to be visited. All team members will attend the entrance briefing with the Chief of Logistics/Directorate of Logistics (DOL) and his/her staff.

e. Team members will meet their counterparts at the entrance briefing or as prescribed by the team chief or Chief of Logistics of the host activity. After the briefing, each SME will proceed to meet with his/her counterpart to start the review process. Specific details concerning actions of the team members are outlined in paragraph 8.

f. The exit critique will consist of a short verbal presentation by the team chief and various team members. Selected organizational representatives may attend as desired. A subsequent exit briefing will be given to the activity's command element as desired by the commander (or his designated representative) of the activity.

8. **Review Methodology/Techniques.** Each team member will be fully aware of his mission, the method of review, and the appropriate expertise required in his particular area of interest, specifically:

a. Team members will understand that, while the review is not an inspection as such, inspection-type functions such as reviewing records and asking technical questions concerning a particular function are necessary to uncover "systemic" problems. Caution must be exercised, however, in that simply uncovering a fault does not end the review. The task involves identifying exactly why the error/problem exists and what must be done to correct it. On-the-spot corrective action is encouraged, if applicable, to correct minor observations/findings.

b. Checklists contained in this procedural guide will be used for evaluation during the course of the review. Additional areas of the review may be added as desired and/or directed, subject to approval by the team chief, for special items of interest.

**APPENDIX A (continued)**

c. Each noted problem will be traced upward through the unit's logistics support chain to determine the "systemic" problem. This part of the review includes querying each supporting level as to what specific corrective actions they have initiated (or intend to initiate) to solve the noted problem.

d. All data pertinent to a "deficiency" or "deficiency with potential liability" observation (to include information and the reviewer's recommendations) are reported on the CLRT checklist in the remarks section. These observations (checklists) will be submitted to the team chief for review and provided to the Chief of Logistics/DOL. Each reviewer may elect to give a copy of the checklist to his/her counterpart.

e. The reviewers will separate the observations by major areas of interest (e.g., maintenance, property management, medical materiel management, etc.). The team chief will prioritize the observations in preparation for the final critique to the command headquarters' element. Simultaneously, each team member will provide the team chief a written summary of his individual impressions of conditions reviewed in his particular area of interest. These summaries should not include deficiency observations reportable on DA Form 4965-R, Command Logistics Review Program Observation Worksheet. A DA Form 4965 is available on the Army Electronic Library (AEL) CD-ROM (set issued quarterly) and the U.S. Army Publishing Agency web-site, [www.usapa.army.mil](http://www.usapa.army.mil). The team chief may elect to use these summaries during the exit critique and in the development of the executive summary for the final report.

f. Team members will have their findings typed prior to forwarding them to the team chief, 2 working days after the visit.

g. All team members will be present for the exit critique(s).

9. **Post-Visit Procedures.** The following procedures will be accomplished upon completion of a visit:

a. Completed and signed checklist will be left with the DOL/Chief of Logistics.

b. The team chief will prepare a final report for review by MEDCOM ACSLOG and appropriate ACSLOG staff within 10 working days after the completion of the visit.

c. A copy of the completed report will be provided to the U.S. Army Logistics Integration Agency (USALIA) only in cases where the finding(s) will trigger a DA level policy change.

d. Copies of observations may be distributed for action to those major commands identified as responsible for particular problems cited by the CLRT.

10. **Final Actions:**

**APPENDIX A (continued)**

a. A copy of that final report will be forwarded to the Commander of the activity/organization reviewed within 45 days after each visit for corrective action.

b. The report will be provided in two parts. Part I consists of an executive summary, outlining the functional areas reviewed and highlighting only the most serious observations and overall logistics readiness of the DOL/Log Div. Part II consists of the summaries of observations for "deficiency," "deficiency with potential liability," and "outside" observations and recommendations of the team members. This letter is forwarded under the signature of the MEDCOM ACSLOG. This report is forwarded through the Regional Command for the Commander of the activity visited.

c. Reply by endorsement will be required on all "deficiency" and "deficiency with potential liability" observations. The suspense date will be 60 days from the date the report is forwarded to the Regional Command.

**APPENDIX B  
AREAS OF INTEREST**

1. **Purpose.** To outline various points to be considered by team members within applicable major areas of interest described in AR 11-1.

2. **Procedures.** Team members will refer to their respective checklists in MEDCOM PAM 700-1, Command Logistics Review Program, as guidelines during this process to ensure key points within their areas of interest are reviewed. These checklists do not include all possible logistics issues. Therefore, issues not covered in a particular checklist may emerge during the review process. Team members should review management reports in their areas of interest to ensure MEDCOM established objectives are being met and, if not, why. Team members are encouraged to conduct training to facilitate on-the-spot corrective action for minor logistics findings.

**APPENDIX C  
ENTRANCE BRIEFING (OUTLINE)**

**1. Introduction:**

a. Team chief introduces him or herself and formally greets attendees on behalf of the MEDCOM ACSLOG.

b. Introduce team members and identify them with functional areas of interest.

**2. Discussion:**

a. State the mission and who has overall responsibility for it.

b. Discuss purpose of the visit.

c. Discuss methodology and techniques.

d. Highlight categories of observation.

(1) Positive: The review team will surface Positive observations in the narrative portion of the final report. The CLRT will identify excellence at reviewed activities. Excellence is broadly defined as customer support functions, new initiatives, Better Business Practices, accreditation successes and money saving activities. The ACSLOG staff will review all positive observations and determine which ones will be shared with field activities.

(2) Deficiency: Observations of a serious nature, systemic failures, which relate directly to patient welfare, staff safety, accountability losses, or any violation of applicable statutes. These types of observations require the immediate attention of the command and will require reply by endorsement.

(3) Deficiency with Potential Liability: A deficiency with potential liability, in most cases, relates to violations of laws or statutes. This category is assigned when the command is in danger of a punitive fine from other Government agencies or the violation could trigger a lawsuit against the Government. Assignment of this category may result if the command is engaged in an unwise business activity (suboptimal business practices). Such observations require the immediate attention of the command and will require reply by endorsement.

e. Discuss schedule of visit.

f. Discuss final written report (executive summary, "Deficiency with Potential Liability," "Deficiency," and "Outside" observations).

g. Discuss post-visit assistance visits and follow-ups, if required.

**APPENDIX C (continued)**

- h. Discuss other CLRP related information (e.g., introduction to or promote the Knowledge Management Network, latest policy changes, etc.).
- i. Schedule exit critique.

**APPENDIX D  
EXIT CRITIQUE (OUTLINE)**

1. **Introductory remarks by the team chief.**
2. **Discussion:**
  - a. Summary of observations by team members.
  - b. Review the procedures for items requiring corrective action(s) by higher headquarters.
  - c. Preparation of final report and how it will be forwarded to the visited activity.
  - d. Answer any questions on procedures or conduct of the review.
  - e. Closing remarks by team chief.

**APPENDIX E**  
**SUPPORT FROM INTERNAL/EXTERNAL ORGANIZATIONS AND MAJOR COMMANDS**

**1. Purpose.**

a. To emphasize the need for a "systemic" review of internal and external organizations that affect the ability of the organization under review to successfully accomplish its assigned missions in a more effective manner.

b. Units/activities are often confronted with problems beyond their organization's ability to control, fund, or resolve. These problems are often not solvable at the activity under review, and cannot be resolved without coordination with other installation activities or major commands. During CLRT review, these matters are handled as "outside" observations/findings.

**2. General.**

a. Problems of an external nature can be addressed in the following manner to assist activities:

(1) For severe issues, address problems on the Command Logistics Review Program Observation Worksheet.

(2) Visit/discuss problems with the installation support activity for possible resolution.

(3) Inform reviewing organization of the organization or major Army command responsible for providing needed support.

(4) Report problems of an internal/external nature to the team chief for coordination/resolution.

b. Organizations listed below can assist in the resolution of external problems that cannot be resolved by activity under review. Examples:

(1) Installation activities:

- (a) Post Procurement or Directorate of Contracting.
- (b) Directorate of Logistics.
- (c) Facility Engineers.
- (d) Civilian Personnel Office.
- (e) Laundry Services.
- (f) Directorate of Information Management (computer support).
- (g) Stock fund manager.
- (h) Transportation motor officer.
- (i) Activity and post commanders.
- (j) Defense Reutilization and Marketing Office.

**APPENDIX E (continued)**

(2) Major command organizations:

- (a) Defense Logistics Agency (DLA - customer assistance).
- (b) Storage and distribution points (depots).
- (c) Military services wholesale level supply support (i.e., \*Defense Supply Center Philadelphia).
- (d) Military services retail level support.
- (e) Prime vendors.
- (f) FORSCOM.
- (g) TRADOC.

\*DSCP is responsible for medical materiel, clothing and textiles, and subsistence.

## COMMAND SUPPLY DISCIPLINE PROGRAM (CSDP)

APPENDIX F

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
<b>JCAHO</b>	<b>RC</b>	<b>MC</b>		<b>YES</b>	<b>NO</b>	<b>D</b>	<b>DPL</b>
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Are the following publications on hand or readily accessible:				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	a. AR 710-2?				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	b. AR 735-5?				
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. AR 11-1?				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Is a CSDP established IAW AR 710-2, App B and AR 735-5, CH 11?				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Is the Chain of Command involved in implementing the CSDP IAW AR 710-2, App B-5.				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Has the commander appointed, in writing, a CSDP monitor to oversee the use of the unit's CSDP IAW AR 735-5, para 11-4, f(3)? (This is normally the senior logistician)				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	5. Does the activity have a CSDP SOP IAW AR 710-2, App B and AR 735-5, Chapter 11?				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Does the CSDP monitor conduct surveys or evaluations to determine what supply problems exist so that the chain of command can initiate prompt corrective action? [AR 735-5, para 11-6(c) and AR 710-2, App B 8 and B-14]				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Is training conducted and documented on a scheduled basis to ensure all sections/divisions and hand-receipt holders understand their roles and responsibilities with the CSDP? (AR 710-2, App B-10)				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Are branch, department or division supervisors familiar with the CSDP and their regulatory requirements? (AR 735-5, para 11-1)				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Are records of evaluation maintained on file and used to improve the operation? [AR 710-2, App B-8c(4)]				
<b>Remarks:</b>							
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Does the chain of command evaluate repeat findings? [AR 710-2, App B-8d(7) and AR 735-5, para 11-6c(3g)]				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	11. Has the Regional Command (RC) developed a plan to conduct periodic logistics assistance visits to its subordinate MTFs/organization IAW AR 11-1?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	12. Does the RC's logistics review program focus on the logistics aspects of the environment of care? Good business practice.				
<b>Remarks:</b>							

RC = Regional Command  
MC = MEDCOM

D = Deficiency  
DPL = Deficiency W/Potential Liability

## MOBILIZATION/READINESS PLANNING

APPENDIX G

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
JCAHO	RC	MC		YES	NO	D	DPL
	X	X	1. Are the following publications on hand or readily accessible:				
	X	X	a. MEDCOM Reg 500-5?				
	X	X	b. MEDCOM Reg 500-5-3?				
	X	X	c. MEDCOM Memo, SUBJ: Approved MEDCOM Contingency Bed Mission?				
	X	X	d. MEDCOM Memo, SUBJ: Contingency Blood Donor Quotas?				
	X	X	e. Health Care Facilities Handbook?				
	X	X	f. CTA 8-100?				
<b>Remarks:</b>							
	X	X	2. Does Logistics have a copy of the activity's current Mobilization Plan IAW MEDCOM Reg 500-5?				
<b>Remarks:</b>							
	X	X	3. Does Logistics have an Annex to the activity's Mobilization Plan that details their mission during mobilization IAW MEDCOM Reg 500-5?				
<b>Remarks:</b>							
	X	X	4. Does Logistics have on hand documentation of the expansion mission for Hospitalization and Blood Donor Center (BDC) Operations IAW MEDCOM Memo, SUBJ: Approved MEDCOM Contingency Bed Mission and MEDCOM Memo, SUBJ: Contingency Blood Donor Quotas?				
<b>Remarks:</b>							
	X	X	5. Has Logistics/Facilities verified that areas designated for bed expansion meet the definition of a bed space IAW Health Care Facilities Handbook?				
<b>Remarks:</b>							
	X	X	6. Has Logistics/Facilities verified that the power requirements and increased bed/mission expansion space required during mobilization can be met IAW Health Care Facilities Handbook?				
<b>Remarks:</b>							
	X	X	7. Does Logistics have a time-phased list of the AC/RC units that they will be supporting during a mobilization that is stratified by supported mobilization/deployment station (Power Projection Platform and Power Support Platform) IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							
	X	X	8. Does Logistics have a list of the mobilization requirements for each supported unit including Class VIII requirements for Medical Equipment Sets, individual issue CTA 8-100 items, Medical Chemical Defense Material, spectacles and protective mask inserts, and immunizations IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							
	X	X	9. Does Logistics have a plan to address any optical fabrication workload surge that may occur during mobilization, to include contracting/emergency hiring actions IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							

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## MOBILIZATION/READINESS PLANNING

APPENDIX G

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	10. Has Logistics identified the supply and equipment requirements for Blood Donor Centers (BDCs) and is the material on-hand or are there contingency contracts in place to cover shortages IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							
	X	X	11. Does Logistics have sufficient personnel to support the expansion/mobilization mission taking into account PROFIS and other personnel losses due to mobilization? If not, is there a plan in place for contracting/emergency hires IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							
	X	X	12. Does Logistics have a mobilization concept of support which details the specific Logistics Facilities, Personnel, Material, Medical Maintenance and Optical requirements for the support of mobilizing individuals and units and is this reflected in the activity's mobilization plan IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							

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## SPECIAL MEDICAL AUGMENTATION RESPONSE TEAMS (SMART)

APPENDIX H

MEDCOM Pam 700-1

Installation/Activity:							
Date of Visit:							
Reviewer's Name & Phone #:							
JCAHO	RC	MC		YES	NO	D	DPL
	X	X	1. Is a current version of the Concept of Operations (CONOPS) for HQDASG/MEDCOM Special Medical Augmentation Response Teams (SMART) on hand?				
Remarks:							
	X	X	2. Is the appropriate authorization documentation on hand for each SMART equipment? If not, detail which SMART authorized items are not properly documented and what required actions are being taken to obtain proper authorization documentation.				
Remarks:							
	X	X	3. Is all of each SMART equipment on-hand (to include all end item sub components, associated peripheral equipment, and required support items), as required in the current CONOPS, or on valid requisition? If not, is a due-in posted?				
Remarks:							
	X	X	4. Is required operator and organizational level maintenance being performed on each SMART Biomedical, Automated Data Processing Equipment, and Communication equipment items? If not, detail which SMART equipment items are not being maintained properly and why.				
Remarks:							
	X	X	5. Are sufficient Meals Ready to Eat (MRE) on hand to sustain required number of each SMART personnel for a 72 hour period IAW the CONOPS?				
Remarks:							
	X	X	6. Is a Shippers' Declaration of Hazardous Goods on file for each Hazardous item IAW CFR 49?				
Remarks:							
	X	X	7. Is at least one member of each SMART an IMPAC cardholder IAW the CONOPS?				
Remarks:							
	X	X	8. Is each SMART equipment accounted for on a Hand Receipt (DA Form 2062)?				
Remarks:							
	X	X	9. Are hand receipts held by SMART current and updated every 6 months IAW AR 710-2?				
Remarks:							
	X	X	10. Was the last annual inventory of the SMART equipment reconciled with the TDA IAW AR 710-2?				
Remarks:							
	X	X	11. Was the last sensitive item check performed IAW AR 710-2?				
Remarks:							

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## REPORTS OF SURVEY (ROS)

APPENDIX I

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
<b>JCAHO</b>	<b>RC</b>	<b>MC</b>		<b>YES</b>	<b>NO</b>	<b>D</b>	<b>DPL</b>
	X	X	1. Are the following publications on hand or readily accessible:				
	X	X	a. AR 710-2?				
	X	X	b. AR 735-5?				
	X	X	c. DA Pam 735-5?				
<b>Remarks:</b>							
	X	X	2. Have an external SOP and local review procedures been developed and in place to ensure DA Forms 4697 are prepared IAW AR 735-5, figure 13-3?				
<b>Remarks:</b>							
	X	X	a. Is all necessary information contained in block 11?				
<b>Remarks:</b>							
	X	X	b. If a survey officer was appointed, is the appointing authority's organization entered in block 21?				
<b>Remarks:</b>							
	X	X	c. Has the survey officer properly completed blocks 26 and 27?				
<b>Remarks:</b>							
	X	X	d. If the survey officer recommended financial charges, is the individual's monthly basic pay entered in block 26?				
<b>Remarks:</b>							
	X	X	e. Actual Loss. Is the value of the property at the time of loss (depreciated or fair market), or cost of repair entered in blocks 27a and 38a?				
<b>Remarks:</b>							
	X	X	f. Did the approving authority enter the date he or she received the survey in block 37?				
<b>Remarks:</b>							
	X	X	g. Did the approving authority enter the appropriate statement in block 37?				
<b>Remarks:</b>							
	X	X	h. If financial liability was approved, did the approving authority enter the individual's SSN and the disposition of the property in block 37?				
<b>Remarks:</b>							
	X	X	3. Does the PBO conduct causative research on property losses IAW AR 710-2, Table 2-1p?				
<b>Remarks:</b>							
	X	X	4. Does the PBO forward reports of survey to the appointing or approving authority within 15 days after the discovery of a loss IAW AR 735-5, para 13-7?				
<b>Remarks:</b>							
	X	X	5. Are reports of survey posted to the Property Book when the document number is assigned by the PBO IAW AR 735-5, para 13-15b?				
<b>Remarks:</b>							

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## REPORTS OF SURVEY (ROS)

APPENDIX I

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	6. Is a suspense system in place IAW Chapter 13, AR 735-5 to assure:				
	X	X	a. Time frames are met?				
<b>Remarks:</b>							
	X	X	b. Requested legal reviews are received?				
<b>Remarks:</b>							
	X	X	c. Surveys are forwarded for collection after 30 days?				
<b>Remarks:</b>							
	X	X	d. Follow up is made every 10 days until receipt is acknowledged by FAO/USPFO?				
<b>Remarks:</b>							
	X	X	7. Are the appointing/approving authorities properly designated IAW AR 735-5, para 13-16?				
<b>Remarks:</b>							
	X	X	a. Appointing authority - date of appt?				
<b>Remarks:</b>							
	X	X	b. Approving authority - date of appt?				
<b>Remarks:</b>							
	X	X	8. Are the DA Form 1659 (Report of Survey Register) and the survey files maintained at the headquarters of the approving authority IAW AR 735-5, para 13-19 and figure 13-10, and AR 25-400-2?				
<b>Remarks:</b>							
	X	X	9. Are reports of survey initiated and presented to the appointing/approving authority within 15 calendar days as required by AR 735-5, para 13-7a? <b>NOTE:</b> Review DA Form 4697; Date Prepared (block 1) should be no more than 15 days from the date of loss discovery entered in block 11. <b>NOTE:</b> Obtaining MP reports and advertising in Daily Bulletins are not valid reasons for delaying preparation of the survey.				
<b>Remarks:</b>							
	X	X	10. In those cases where the survey officer recommends financial charges:				
	X	X	a. Was the individual given an opportunity to review the survey and complete blocks 30-32 IAW AR 735-5, paras 13-34a and 13-34c?				
<b>Remarks:</b>							
	X	X	b. Was the individual informed of his or her rights by a memorandum which has been included with the report of survey IAW AR 735-5, para 13-34c?				
<b>Remarks:</b>							
	X	X	c. If the individual was unavailable, was notification made by certified or registered mail IAW AR 735-5, para 13-35b(4)?				
<b>Remarks:</b>							
	X	X	d. Is the notification letter and evidence of mailing and return receipt included with the report of survey IAW AR 735-5, para 13-35b(4)?				
<b>Remarks:</b>							

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## REPORTS OF SURVEY (ROS)

APPENDIX I

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	e. Is the individual's rebuttal included with the report of survey IAW AR 735-5, para 13-35b(5)?				
<b>Remarks:</b>							
	X	X	11. In those cases where the approving authority approved assessment of financial liability:				
	X	X	a. Was a legal review obtained to determine legal sufficiency IAW AR 735-5, para 13-39a?				
<b>Remarks:</b>							
	X	X	b. Is the written legal review included with the report of survey IAW AR 735-5, para 13-39b?				
<b>Remarks:</b>							
	X	X	c. Was the individual notified that assessment of financial liability was approved and advised of his or her rights by memorandum IAW AR 735-5, para 13-43?				
<b>Remarks:</b>							
	X	X	d. If the individual was not present, was notification accomplished by certified mail IAW AR 735-5, para 13-43?				
<b>Remarks:</b>							
	X	X	e. Is evidence of mailing included with the report of survey IAW AR 735-5, para 13-43?				
<b>Remarks:</b>							
	X	X	f. Was the survey forwarded to F&AO/USPFO on a transmittal document IAW AR 735-5, para 13-43d?				
<b>Remarks:</b>							
	X	X	g. Is F&AO's acknowledgment included in the survey file IAW AR 735-5, para 13-43e?				
<b>Remarks:</b>							
	X	X	12. Are reports of survey processed within time frames prescribed in AR 735-5, para 13-43e? <b>NOTE:</b> Time for respondents to submit rebuttals or request for reconsideration are not in the totals.				
<b>Remarks:</b>							
	X	X	13. If Report of Survey is appealed or re-opened, is it processed IAW AR 735-5, paras 13-49 through 13-52?				
<b>Remarks:</b>							
	X	X	14. If the property listed on a report of survey is found, is property accountability reestablished IAW AR 735-5, para 14-16?				
<b>Remarks:</b>							

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## UNIT SUPPLY PROCEDURES

APPENDIX J

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
JCAHO	RC	MC		YES	NO	D	DPL
	X	X	1. Are the following publications on hand or readily accessible?				
	X	X	a. AR 25-400-2				
	X	X	b. AR 210-130				
	X	X	c. AR 700-84				
	X	X	d. AR 710-2				
	X	X	e. AR 735-5				
	X	X	f. DA Pam 710-2-1				
	X	X	g. CTA 50-900				
<b>Remarks:</b>							
	X	X	2. Are soldier issue files maintained on all individuals in the unit, including officers and civilians, who are issued OCIE (AR 25-400-2)?				
<b>Remarks:</b>							
	X	X	3. Do the soldier issue files contain at a minimum the following documents:				
	X	X	a. E4 and Below: A DA Form 3078 reflecting the annual inventory of personal clothing and equipment IAW AR 700-84, para 1-4g?				
<b>Remarks:</b>							
	X	X	b. E5 through E9: A statement, signed by the individual, indicating all personal clothing is on hand and serviceable per AR 700-84, para 1-4g?				
<b>Remarks:</b>							
	X	X	c. The unit's copy of the DA Form 3645/3645-1 for OCIE issued by CIF per DA Pam 710-2-1, para 10-8c(9)?				
<b>Remarks:</b>							
	X	X	d. A copy of DA Form 3078 for any soldier issued the AG maternity uniform in the past 3 years IAW AR 700-84, para 4-9?				
<b>Remarks:</b>							
	X	X	4. Is the OCIE record (DA Form 3645/3645-1) requested from the losing unit when a soldier in-processes without it per DA Pam 710-2-1, para 10-8a(2)(a)?				
<b>Remarks:</b>							
	X	X	5. Is the unit aware of and complying with the policy that unit patches, crests, etc., may be issued to enlisted members only per CTA 50-900?				
<b>Remarks:</b>							
	X	X	6. Are furnishings used in the billet sub-hand receipted to the occupants IAW DA Pam 710-2-1, para 5-3b?				
<b>Remarks:</b>							
	X	X	7. Are durable items (hand tools) controlled with hand receipts IAW AR 735-5, para 7-7b?				
<b>Remarks:</b>							
	X	X	8. Are sub-hand receipts inventoried and updated at least annually IAW AR 710-2, para 2-12d and Table 2-1b?				
<b>Remarks:</b>							

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## UNIT SUPPLY PROCEDURES

APPENDIX J

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	9. Does the unit conduct inspections or inventories of personal clothing at the following times IAW AR 700-84, para 1-4g(3)?				
	X	X	a. On completion of 6 months of active duty?				
	X	X	b. On arrival of newly assigned personnel?				
	X	X	c. At duty station on return from overseas?				
	X	X	d. Before departure for overseas movement or other PCS?				
	X	X	e. Before departure and immediately upon return of personnel from attendance at Service Schools?				
	X	X	f. At least annually?				
<b>Remarks:</b>							
	X	X	10. Are results of the clothing inspection or inventory above recorded on DA Form 3078 IAW AR 700-84, para 1-4g(3)?				
<b>Remarks:</b>							
	X	X	11. Does the individual (SGT or above) performing the inventory date and initial the DA Form 3078 IAW AR 700-84, para 1-4g?				
<b>Remarks:</b>							
	X	X	12. Has the unit established procedures to ensure OCIE is inventoried at the following times IAW DA Pam 710-2-1:				
	X	X	a. Before sending the soldier to the OCIE issue point (CIF) during in processing IAW para 10-8a and 10-18a?				
	X	X	b. Before sending the soldier to the OCIE issue point (CIF) during out-processing IAW para 10-18b?				
	X	X	c. When a soldier is placed in an AWOL status, hospitalized while on leave, extended TDY (30 days or more), or confined in a military or civilian correctional facility per paragraph 10-18c? <b>NOTE:</b> This inventory is only required when the soldier has not already secured his/her OCIE in unit facilities, authorized on/off post bachelor (other than troop billets) or family housing.				
	X	X	d. When a soldier is returned from AWOL, hospital, or extended TDY per para 10-18d?				
	X	X	e. When a soldier is dropped from the rolls, hospitalized for more than 60 days, ordered PCS while on emergency leave or confined in a military or civilian facility for more than 60 days per para 10-18e?				
<b>Remarks:</b>							
	X	X	13. Are maternity uniforms issued IAW DA Pam 710-2-1, para 10-9 and AR 700-84 para 4-9?				
	X	X	a. Are these uniforms requested only after receipt of certification by a physician that the service member is pregnant?				
	X	X	b. Is the unit preparing DA Form 3078 to request issue of the AG maternity uniform from Clothing Sales Store?				
	X	X	c. Are maternity BDU and HDWU issued by CIF and accounted for on DA Form 3645/3645-1?				
	X	X	d. Is the unit ensuring uniforms are turned in after termination of pregnancy?				
	X	X	e. If a pregnant soldier departs PCS during pregnancy, is DA Form 3645/3645-1 forwarded to the gaining unit to ensure the uniform is turned in after termination of pregnancy?				
<b>Remarks:</b>							

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## UNIT SUPPLY PROCEDURES

APPENDIX J

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	<b>X</b>	<b>X</b>	14. Is the unit operating an OCIE issue point when there is an installation central issue point (CIF)? Reference AR 710-2, para 2-14b?				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	15. Is the unit aware of and providing laundry service without charge to soldiers and civilians assigned to the unit for items of OCIE (i.e., HDWU) issued them IAW AR 210-130, para 2-6b?				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	16. Does the unit reconcile its personnel losses quarterly with the installation CIF to determine if soldiers have departed without clearing the OCIE issue point IAW DA Pam 710-2-1, para 10-16?				
<b>Remarks:</b>							

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## PROPERTY MANAGEMENT

APPENDIX K

MEDCOM Pam 700-1

Installation/Activity:							
Date of Visit:							
Reviewer's Name & Phone #:							
JCAHO	RC	MC		YES	NO	D	DPL
<b>REFERENCE LIBRARY</b>							
	X	X	1. Are the following references current and available for personnel within Property Management:				
	X	X	a. Internet Access?				
	X	X	b. AR 40-61?				
	X	X	c. AR 71-13?				
	X	X	d. AR 700-84?				
	X	X	e. AR 710-2?				
	X	X	f. AR 710-3?				
	X	X	g. AR 725-50?				
	X	X	h. AR 735-5?				
	X	X	i. AR 750-43?				
	X	X	j. DA PAM's 710-2-1 and 2?				
	X	X	k. CTA 50-900 Series?				
	X	X	l. CTA 8-100?				
	X	X	m. AMEDDPAS Users Manual?				
	X	X	n. Master Cross Reference List (MCRL)?				
	X	X	o. Army Master Data File (AMDF)?				
	X	X	p. Catalog Master Data File (CMDf)?				
	X	X	q. FEDLOG/Army Log?				
	X	X	r. SB 8-75 Series?				
Remarks:							
<b>PROPERTY BOOK</b>							
X	X	X	2. Does the PBO maintain a leased equipment file IAW AR 710-2, para 2-31 and DA PAM 710-2-1, para 4-16? Note: JCAHO requires a current listing of all equipment on-hand. All leased, loaned, or borrowed equipment should be in this file. For medical equipment, a copy of the DA Form 2407 recording the initial maintenance inspection should be in the file in addition to the documents required by AR 710-2, para 2-31 and JCAHO EC.1.8 and EC.2.13.				
Remarks:							
	X	X	3. Is the PBO appointed in writing by the commander, and is the appointment order on file? Note: Upon a change of command, if the same PBO is to continue, then that individual will be reappointed by the new commander IAW AR 710-2, para 2-5g(1) and AR 735-5, para 2-10.				
Remarks:							
	X	X	4. If applicable, was a change of PBO inventory accomplished between the incoming and outgoing PBOs IAW AR 710-2, Table 2-1c?				
Remarks:							
	X	X	5. Has the PBO signed the statement of accountability required by AR 710-2, para 2-5h?				
Remarks:							
	X	X	6. Does the PBO have a current DA Form 1687 on file at the IMSA IAW DA PAM 710-2-1, para 2-32?				

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## PROPERTY MANAGEMENT

APPENDIX K

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	7. If the PBO is absent for a period exceeding 30 days, is an interim officer appointed IAW AR 735-5, para 2-10d?				
<b>Remarks:</b>							
	X	X	8. Is the DA Form 12 reviewed annually IAW AR 710-2, para 2-4?				
<b>Remarks:</b>							
	X	X	a. Has the PBO performed the annual reconciliation between the authorized allowances and the authorization documents IAW AR 710-2, para 2-4b?				
<b>Remarks:</b>							
	X	X	b. Has the Commander acknowledged this reconciliation in writing IAW AR 710-2, para 2-4b?				
<b>Remarks:</b>							
	X	X	c. Are all authorization documents on hand current, or on request IAW AR 710-2, para 2-4a?				
<b>Remarks:</b>							
	X	X	9. Are all accountable items on-hand recorded in the Property Book or on a valid hand receipt from another PBO IAW AR 710-2, para 2-5?				
<b>Remarks:</b>							
	X	X	10. Are on-hand Information Management Processing Equipment (IMPE) (including leased IMPE) accounted for and properly coded on the Property Book records IAW AR 710-2, para 2-5a(19) and ADSM 18-HL3-RPB-IBM-UM and DoD Federal Laws?				
<b>Remarks:</b>							
	X	X	11. Have personnel been trained to ensure that all required entries in the AMEDDPAS database are IAW with ADSM-18-HL3-RPB-IBM-UM?				
<b>Remarks:</b>							
	X	X	a. Are the U/P, U/I, MMCN/ACN, LCC, RICC, CIIC, IDC, Date-Svc, LE, ACQSTN Cost, and Subsystem Code correctly posted and current?				
<b>Remarks:</b>							
	X	X	b. Are accurate ownership codes used to indicate that equipment is rented, leased, or other than Army owned?				
<b>Remarks:</b>							
	X	X	c. Is identification data as full and complete as possible, i.e., are the nomenclature, manufacturer, and model number entered and correct?				
<b>Remarks:</b>							
	X	X	d. When property is established as a component item, is its actual stock number entered?				
<b>Remarks:</b>							
	X	X	e. Are MMCNs changed to valid MMCNs when a subsystem code change is processed?				
<b>Remarks:</b>							
	X	X	f. Are procedures established to ensure identical items are not picked up on more than one stock number? <b>Note:</b> Multiple stock numbers for like items should have been eliminated.				
<b>Remarks:</b>							

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## PROPERTY MANAGEMENT

APPENDIX K

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	12. Are the suspense/status files used to execute multiple actions against a single document numbers and to track documents needing action for completion IAW AR 710-2, para 2-6 and DA PAM 710-2-1, para 2-23, 2-24, 2-25?				
Remarks:							
	X	X	13. Are line item numbers (LIN) entered for all items listed in SB 700-20, authorized by TDA IAW AR 710-2, para 2-5m(1)?				
Remarks:							
	X	X	14. Are requests for property from and to DRMO and for FOI items processed through the SSA/IMSA IAW AR 710-2, para 2-13d and para 3-2 for classified equipment?				
Remarks:							
	X	X	15. Are receipt documents posted to the Property Book within 3 work days of the receipt date IAW AR 710-2, para 2-8f?				
Remarks:							
	X	X	16. Are hospital duty white uniforms (DWU) abstracted on/off the Property Book IAW DA Pam 710-2-1, para 10-7? (Only if DWUs have not been transferred to the CIF.)				
Remarks:							
	X	X	17. Are reports and listings retained on file IAW AMEDDPAS guidance and AR 710-2?				
Remarks:							
	X	X	18. Has the activity complied with reconciliation and transaction reporting procedures IAW AR 710-3 and as supplemented by current DA/MEDCOM reporting instructions? <b>Note:</b> Installations must have appointed serialization officers. Tenant MTFs must report as instructed by their local ISSA.				
Remarks:							
	X	X	19. Is property properly secured and stored in the warehouse for issue (i.e., incoming equipment is segregated appropriately from equipment being turned in or stored for customers) IAW AR 710-2, para 3-28 & 3-39?				
Remarks:							
<b>HAND RECEIPTS AND FILES</b>							
	X	X	20. Has the Commander/designated representative appointed persons in writing to be primary hand receipt holders IAW AR 710-2, para 2-5g(3)(a) and DA PAM 710-2-1, para 5-3?				
Remarks:							
	X	X	21. Does the hand receipt file contain the signed original copy of the hand receipt, applicable Hand Receipt Transaction Register, change documents, DA Form 1687, and a copy of the memorandum appointing the hand receipt holder? Reference AR 710-2, para 2-10 and DA PAM 710-2-1, para 5-3b(1)				
Remarks:							
	X	X	22. Are Hand Receipt Managers aware of all HR functional entries outlined in the AMEDDPAS manual, ADSM 18-HL3-RPB-IBM-UM?				
Remarks:							
	X	X	a. Are the hand receipt designator codes assigned IAW appendix C of the AMEDDPAS manual?				
Remarks:							

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APPENDIX K

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	b. Are all additional data (e.g., hand receipt holder, hand receipt activity, etc.) listed on the Hand Receipt Designator Listing?				
Remarks:							
	X	X	c. Are the dates on the Hand Receipt Designator Listing within 2-6 days of the inventory dates that the hand receipts were actually signed?				
Remarks:							
	X	X	23. Are DA Forms 1687 reviewed and updated when they have expired or upon change of hand receipt holder IAW DA Pam 710-2-1, para 2-32?				
Remarks:							
	X	X	24. If change documents are used, are hand receipts updated every 6 months (i.e., print a new hand receipt and obtain the hand receipt holder's signature) counting from the oldest change document in effect IAW AR 710-2, para 2-10g(5)?				
Remarks:							
	X	X	25. Are old copies of the hand receipts, Hand Receipt Transaction Registers, and change documents removed from the hand receipt files when the hand receipt is updated IAW AR 710-2, para 2-10 and appendix F?				
Remarks:							
	X	X	26. Has the PBO scheduled the annual inventory in writing IAW AR 710-2, Table 2-1e?				
Remarks:							
	X	X	27. Are hand receipts being inventoried at least annually IAW AR 710-2, Table 2-1b?				
Remarks:							
	X	X	28. Are hand receipts being inventoried upon change of hand receipt holder IAW AR 710-2, Table 2-1a?				
Remarks:							
	X	X	29. Does the Hand Receipt Manager ensure no pen and ink corrections have been made on signed copies of hand receipts IAW Figure 5-1, DA PAM 710-2-1?				
Remarks:							
	X	X	30. Are sensitive items being inventoried semi-annually or quarterly and the results maintained on file at the Property Book level IAW AR 710-2, para 2-12 and Table 2-1i?				
Remarks:							
	X	X	31. Has the Commander established procedures which ensure hand receipt holders clear their hand receipts prior to departing the installation IAW AR 710-2, Chapter 5?				
Remarks:							
	X	X	32. When a hand receipt holder departs the installation without clearing the hand receipt, does the Commander appoint someone to act on their behalf to conduct a joint inventory IAW DA Pam 710-2-1, para 9-3c? <b>Note:</b> If a PHRH leaves the service without conducting a joint inventory, the Commander should appoint a replacement promptly in order that the 100% inventory can be conducted within the time specified IAW AR 710-2, Table 2-1a?				
Remarks:							

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APPENDIX K

MEDCOM Pam 700-1

JCAHO	RC	MC					YES	NO	D	DPL
<b>DOCUMENT REGISTERS AND FILES</b>										
	X	X	33. Are Document Register Clerks aware of all functional entries outlined in the AMEDDPAS procedures?							
Remarks:										
	X	X	34. Are separate document registers maintained, one for expendable/durable items and one for nonexpendable items IAW AR 710-2, para 2-6h? <b>Note:</b> The nonexpendable document registers should be maintained in AMEDDPAS and not as a manual register.							
Remarks:										
	X	X	35. Are manual document registers maintained in proper format; i.e., are follow-up action, cancellations, and status being indicated and posted correctly IAW DA Pam 710-2-1, Figure 2-5?							
Remarks:										
	X	X	36. Has the commander or designated representative initialed the high priority report (for nonexpendable) or column "h" of DA Form 2064 (expendable/durable) to show a review of UND A and B requests IAW AR 710-2, para 2-6d?							
Remarks:										
	X	X	37. Is a due-in status file maintained separately for each document register and is a suspense copy of each supply request kept until all supply actions are completed IAW AR 710-2, para 2-6k?							
Remarks:										
	X	X	38. Are supporting document files maintained IAW AR 710-2, para 2-5r and 2-5s?							
Remarks:										
	X	X	a. Does the document file contain a document supporting each completed entry on the Nonexpendable Document Register IAW AR 710-2, para 2-5r?							
Remarks:										
	X	X	b. Has the PBO designated, in writing, persons authorized to post entries to the Property Book IAW DA Pam 710-2-1, para 4-16a(1)?							
Remarks:										
	X	X	c. Is the supporting file in document number sequence IAW DA Pam 710-2-1, para 4-16b?							
Remarks:										
	X	X	d. Are documents that support entries to the Property Book marked "posted," dated, and initialed by the person doing the posting IAW DA Pam 710-2-1, para 4-16a(1)?							
Remarks:										
	X	X	e. Are cancellation or rejection status cards for nonexpendable items marked "canceled," dated, and initialed before being filed in the supporting document files IAW DA Pam 710-2-1, para 4-16a(3)? <b>Note:</b> Check AMEDDPAS to see if cancellation is posted.							
Remarks:										
	X	X	f. When a document supporting an entry to the Nonexpendable Document Register is lost or missing, is a statement signed by the PBO and placed in the document file IAW AR 710-2, para 2-5r?							

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## PROPERTY MANAGEMENT

APPENDIX K

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	g. Are statements of charges, cash collection vouchers, and reports of survey for expendable/durable supplies filed for administrative purposes IAW DA Pam 710-2-1, para 4-16c?				
<b>Remarks:</b>							
	X	X	h. Are serial numbers listed on receipt documents IAW AR 710-2, para 2-8d?				
<b>Remarks:</b>							
	X	X	i. Are due-in gains being posted correctly? Note: The ACN/RCN must be entered if the requirement is for a MEDCASE or CEEP item IAW AMEDDPAS procedures.				
<b>Remarks:</b>							
<b>EXCESS EQUIPMENT</b>							
	X	X	39. Is this excess equipment screened for use within the activity and against MEDCASE requirements IAW AR 40-61, para 3-42c?				
<b>Remarks:</b>							
	X	X	40. If the excess does not meet criteria to advertise through AMEDDPAS, App E, is immediate disposition action taken IAW AR 40-61, AR 710-2 and DA PAM 710-2-1?				
<b>Remarks:</b>							
	X	X	a. Has an "excess hand receipt" (AAX) been established to report excess?				
<b>Remarks:</b>							
	X	X	b. Are excess items transferred to HR AAX pending activity-wide screening?				
<b>Remarks:</b>							
	X	X	c. What is the "excess hand receipt" (AAX) current data? Dollar Value\$ _____ # of Lines _____				
<b>Remarks:</b>							
	X	X	d. Are excess items transferred to HR AAX pending activity-wide screening or is another temp HR used and if so, list HRC _____?				
<b>Remarks:</b>							
	X	X	e. Is the "Excess B Items Without Condition Code" Report used to identify items needing follow up?				
<b>Remarks:</b>							
	X	X	f. After determining the equipment is excess to the activity, is an excess record established and, for subsystem "B" items, a work order initiated requesting an "XI"?				
<b>Remarks:</b>							
	X	X	g. When the activity's excess appears on the AMEDDPAS excess listing, is it suspended for necessary action after 30 days IAW AR 40-61 and MEDCOM Bulletins?				
<b>Remarks:</b>							
	X	X	h. Is standard medical equipment processed through the IMSA for further reporting or disposal?				
<b>Remarks:</b>							
	X	X	i. Is nonmedical equipment processed through the SSA for turn-in or disposal?				
<b>Remarks:</b>							

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## PROPERTY MANAGEMENT

APPENDIX K

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	j. Is ADPE reported to the DARMP using DITMS?				
Remarks:							
	X	X	k. When the activity receives disposition instructions to laterally transfer or turn-in items to DRMO are they carried out in a timely manner (10 days) per AR 710-2, para 2-13?				
Remarks:							
	X	X	l. Are the appropriate components/accessories and literature forwarded when excess equipment is transferred to another activity?				
Remarks:							
	X	X	m. Is accountability of transferred equipment accomplished IAW DA PAM 710-2-1, para 3-19 and AR 40-61? <b>Note:</b> The gaining activity Property Management Office must post the receipt document and return the signed DA Form 3161 to the losing activity within 3 days of receipt.				
Remarks:							
	X	X	n. Are copies of the Maintenance Request (DA Form 2407), and the AMEDDPAS Maintenance Record for laterally transferred and turned-in equipment retained on file in Property Management?				
Remarks:							
	X	X	o. Has the DA Form 2407 been authenticated by the senior maintenance manager assigned to the Maintenance Branch?				
Remarks:							
	X	X	p. Is a separate DA Form 2407 used for each MMCN?				
Remarks:							
	X	X	q. Is the two-man rule applied to transfers to DRMO IAW AR 40-61, chapter 3, and AR 710-2, para 4-6?				
Remarks:							
	X	X	r. Are there delays in disposing of equipment? <b>Note:</b> Equipment condition codes become invalid after 120 days. Turn-in action should be initiated within 10 days for excess equipment not requiring advertising and/or after excess requiring advertising has met the 30-day period IAW the time frame specified in AR 710-2, para 2-13.				
Remarks:							
	X	X	s. Is excess equipment properly stored, segregated, and safeguarded pending disposition instructions? <b>Note:</b> The warehouse operations/facility should be inspected to ensure the above conditions are met.				
Remarks:							
<b>TMDE SUPPORT COORDINATION</b>							
X	X	X	41. Are there written procedures, approved by the Commander, reflecting current guidance IAW TB Med 750-1, para 3-2; Chapter 4, AR 40-61; MEDCOM Bulletins; and JCAHO EC.1.8?				
Remarks:							
	X	X	42. Are the TMDE support coordinator and alternates appointed in writing and the following areas in compliance IAW Chapter 4, AR 40-61 and MEDCOM Bulletins?				
Remarks:							
	X	X	a. Inform personnel of TMDE calibration requirements?				

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## PROPERTY MANAGEMENT

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	b. Prescribe procedures to obtain TMDE repair and calibration support?				
<b>Remarks:</b>							
	X	X	c. Contract for calibration of TMDE not supported by post?				
<b>Remarks:</b>							
	X	X	d. Submit for, and obtain acquisition approval for, new or replacement TMDE?				
<b>Remarks:</b>							
	X	X	e. Does the PBO have a separate Accounting Processing Code (APC) for TMDE?				
<b>Remarks:</b>							
	X	X	f. Does the master TMDE listing received from the installation TMDE support activity reflect all TMDE requiring support from the installation?				
<b>Remarks:</b>							
	X	X	g. Does the coordinator actively monitor the TMDE calibration due listing to ensure equipment is turned-in for calibration when due, and is returned as soon as possible?				
<b>Remarks:</b>							
	X	X	h. Are reports of survey initiated for items that cannot be located for calibration?				
<b>Remarks:</b>							
	X	X	43. Is all TMDE listed and properly coded on the Property Book IAW AMEDDPAS procedures?				
<b>Remarks:</b>							
<b>AUTOMATED RESOURCE MANAGEMENT SYSTEMS</b>							
	X	X	44. Does the Automated Resource Management Report, from the ARMS, list only ADPE items IAW AMEDDPAS procedures?				
<b>Remarks:</b>							
	X	X	a. Are ARMS records established?				
<b>Remarks:</b>							
	X	X	b. Are there any ARMS records with a class code of "60"? <b>Note:</b> These records need to be researched and modified with the proper class code, i.e., items for which DARMP has not issued a class code; e.g., uninterrupted power sources can be exceptions.				
<b>Remarks:</b>							
	X	X	c. Have systems been correctly identified?				
<b>Remarks:</b>							
	X	X	d. Are personal computers (i.e., laptop or desktop computers) identified as system-id "ZZ"?				
<b>Remarks:</b>							
<b>Military Medical Benefit Program (MMBP) (If MTF Still Maintains a Program)</b>							
X	X	X	45. Have local policies and procedures for the MMBP program been established IAW Chapter 4, AR 40-61; TB MED 750-1; and JCAHO EC.1.8?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
X	X	X	46. Has the MMBP Manager and/or maintenance personnel filled in the appropriate information on scheduled maintenance? Reference Chapter 4, AR 40-61; TB Med 750-1, para 3-2; and JCAHO EC.1.8.				
Remarks:							
X	X	X	47. Does the MMBP Manager receive the service work order listing IAW AR 40-61; TB Med 750-1, para 3-2; and JCAHO EC.1.8?				
Remarks:							
X	X	X	48. Is MMBP equipment currently inspected (inspection should not be older than 15 days) prior to issue to a patient IAW Chapter 4, AR 40-61; JCAHO EC.2.13; and TB MED 750-1, para 3-2b?				
Remarks:							
	X	X	49. Are AMEDDPAS procedures used to account for and record issues of MMBP IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	a. Is MMBP property maintained on HR 999 until loaned out IAW AMEDDPAS procedures and Chapter 4, AR 40-61?				
Remarks:							
	X	X	b. Is each request (other than for active duty) screened to determine source which will best provide for the patient's needs IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	c. Do prescriptions indicate a specific length of time, not exceeding 6 months ("not indefinite") IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	d. Is MMBP loaned on a DA Form 3161 or 2062 prepared IAW Chapter 4, AR 40-61 or on an AMEDDPAS automated hand-receipt?				
Remarks:							
	X	X	e. Has the patient signed the statement acknowledging responsibility for scheduled maintenance and return of the property IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	f. Have local procedures been established for recovering MMBP at the end of the loan program IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	g. Are loans extended only under the conditions listed in Chapter 4, AR 40-61.				
Remarks:							
	X	X	h. Has the commander approved, in writing, extensions for loans exceeding 6 months IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	i. Is MMBP which is retained for more than 1 year reconciled on an annual basis using the AMEDDPAS automated hand-receipt or DA Form 2062 IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	j. When reconciliations are not received, is action taken IAW Chapter 4, AR 40-61?				
Remarks:							
	X	X	k. Is MMBP on loan to patients who transfer to an area serviced by another MTF laterally transferred IAW Chapter 4, AR 40-61?				

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## PROPERTY MANAGEMENT

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	50. Is MMBP which is lost, damaged, or destroyed through causes other than fair wear and tear processed IAW AR 735-5 and AR 40-61?				
<b>Remarks:</b>							
	X	X	51. Is the MMBP equipment listing reviewed and approved by the Commander or his MMBP Committee at least annually?				
<b>Remarks:</b>							

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## MEDCASE

APPENDIX L

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
JCAHO	RC	MC		YES	NO	D	DPL
	X	X	1. Are the following references current and readily accessible to personnel within the MEDCASE section:				
	X	X	a. Internet Access?				
	X	X	b. AR 40-61?				
	X	X	c. SB 8-75 MEDCASE, dated 10 March 1997?				
	X	X	d. HA Policy 97-051, dated 19 May 1997?				
<b>Remarks:</b>							
X	X	X	2. Does the activity have a management plan that addresses medical equipment? <b>NOTE:</b> The management plan must describe how the organization will establish and maintain a medical equipment management program to promote safe and effective use of medical equipment. This plan must provide processes for selecting and acquiring medical equipment IAW EC.1.8a and SB 8-75 MEDCASE.				
<b>Remarks:</b>							
	X	X	3. Has an external SOP been developed describing how the user of medical equipment may submit MEDCASE documents and follow-up actions? Good business practice.				
<b>Remarks:</b>							
	X	X	4. Has an SOP governing internal MEDCASE Programs management procedures within the activity been developed? Good business practice.				
<b>Remarks:</b>							
X	X	X	5. Is the activity maintaining a 5-Year Equipment Program to identify and project equipment requirements IAW SB 8-75 MEDCASE, Chapter 3, 3-8(c), AR 40-61 Chapter 4, para 4-1b(4) and EC.1.8a? <b>NOTE:</b> This includes using the 5-Year Equipment Replacement Report.				
<b>Remarks:</b>							
X	X	X	6. Are valid current year and budget year equipment requirements developed for execution to include legitimate requirements for equipment replacement, as well as additional MEDCASE requirements developed to support current technology, new missions, enhanced productivity, and/or failure/disrepair of current items IAW SB 8-75 MEDCASE, Chapter 3, 3-1 and EC.1.8a?				
<b>Remarks:</b>							
	X	X	7. When did the activity receive an equipment assessment by the Technology Assessment/Requirements Analysis (TARA) team at USAMMA IAW SB 8-75 MEDCASE, Chapter 3, 3-4?				
<b>Remarks:</b>							
	X	X	8. Are the Program Budget Advisory Committee (PBAC) meetings scheduled in sufficient time to prepare the MEDCASE Program for execution when funds are released each year IAW SB 8-75 MEDCASE, Chapter 3, 3-9 (7b)?				
<b>Remarks:</b>							

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## MEDCASE

APPENDIX L

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	9. Are minutes of the PBAC meetings available for the present and past fiscal year? Good business practice.				
<b>Remarks:</b>							
	X	X	10. Are there appropriate training programs in place to ensure that at least semiannual classes in MEDCASE procedures are available to support customers? Good business practice.				
<b>Remarks:</b>							
	X	X	11. Are equipment requirements validated and prices updated at least once annually to ensure accuracy in the MRE database IAW SB 8-75 MEDCASE, Chapter 4, para 4-6c?				
<b>Remarks:</b>							
	X	X	12. Are files established for each MEDCASE requirement and do they provide an adequate historical audit trail? Good business practice.				
<b>Remarks:</b>							
	X	X	13. Are MEDCASE MPR/MSTFs administratively reviewed by the equipment manager to ensure that the justification addresses each question required by SB 8-75-MEDCASE Chapters 3 and 4?				
<b>Remarks:</b>							
	X	X	a. Has the requirement been fully coordinated with Medical Maintenance, Engineers, and as appropriate, the IMO, RMO, Radiology, Pathology, and Health Physics offices?				
<b>Remarks:</b>							
	X	X	b. Is reference to only life expectancy of current equipment eliminated as a criterion for the acquisition of a replacement item?				
<b>Remarks:</b>							
	X	X	c. Has supporting documentation been obtained and submitted with the MPR/MSTF packet as required by SB 8-75, i.e., maintenance records for replacement requirements.				
<b>Remarks:</b>							
	X	X	d. Are all nonmedical MEDCASE requirements being forwarded to the RMC, if applicable, for final approval at the MEDCOM?				
<b>Remarks:</b>							
	X	X	e. Have all high cost medical equipment items, \$1,000,000 and above, received TRICARE Lead Agent concurrence for the initial purchase IAW HA Policy 97-051?				
<b>Remarks:</b>							
	X	X	14. What procedures are in place to ensure suspense dates for time-sensitive actions such as messages/memorandums requiring response, recurring reports, staffing of MPR/MSTFs, etc. are met? Good business practice.				
<b>Remarks:</b>							
	X	X	15. If the activity is a RMC responsible for distribution of funds to their subordinates, do they have a distribution plan approved by the RMC Commander IAW SB 8-75 MEDCASE, Chapter 1, para 1-3(e)?				
<b>Remarks:</b>							
	X	X	a. Is the funding being executed immediately upon release?				

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## MEDCASE

APPENDIX L

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	b. Is the RMC assisting their subordinates by monitoring and ensuring funds obligation in a timely manner?				
<b>Remarks:</b>							
	X	X	16. Is the RMC providing its regional consultants with guidance on their responsibilities and duties as outlined in the Army Medical Department Clinical Consultants Handbook for the Review and Approval of Capital Investment Equipment Requests, dated July 1999, Third Edition? Good business practice.				
<b>Remarks:</b>							
	X	X	17. Are adequate controls in place to ensure the prompt turn in of replaced equipment IAW SB 8-75 MEDCASE, Chapter 2, para 2-4b? Retention of replaced equipment requires document approval IAW AR 40-61 Chapter 4, para 4-1e.				
<b>Remarks:</b>							
	X	X	18. Are Receiving Reports (DD Forms 250, 1155, or 1348-1) forwarded to F&AO promptly to prevent the occurrence of unnecessary interest penalties and discount losses IAW SB 8-75 MEDCASE, Chapter 6, para 6-7(c)?				
<b>Remarks:</b>							
	X	X	a. Does the program manager forward the MEDCASE LOA and obligating documents (contracts) to USAMMA immediately when the contract or purchase order is awarded/received IAW SB 8-75 MEDCASE, Chapter 7, para 7-5c (1&2)?				
<b>Remarks:</b>							
	X	X	b. Are receiving reports also forwarded according to SB 8-75 upon receipt of MEDCASE purchases?				
<b>Remarks:</b>							
	X	X	19. Does the program manager have access to the automated MRE IAW SB 8-75 MEDCASE, Appendix K?				
<b>Remarks:</b>							
	X	X	a. Is the program manager trained to use the automated MRE?				
<b>Remarks:</b>							
	X	X	b. Does the program manager use the automated MRE?				
<b>Remarks:</b>							
	X	X	20. Are signature cards (DD Form 577) for the person/persons appointed by the commander to certify the availability of MEDCASE funds on file at the procurement activity and the supporting finance and accounting office IAW SB 8-75 MEDCASE, Chapter 7, para 7-5b(2)?				
<b>Remarks:</b>							
	X	X	21. Is the program manager taking the necessary action to validate and resubmit those approved unfunded requirements that automatically purge from the data base after 3 years IAW SB 8-75 MEDCASE, Chapter 4, para 4-6 (a)?				
<b>Remarks:</b>							

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## MEDICAL SUPPLY PERFORMANCE

APPENDIX M

MEDCOM Pam 700-1

<b>Installation/Activity:</b>													
<b>Date of Visit:</b>													
<b>Reviewer's Name &amp; Phone #:</b>													
<b>JCAHO</b>	<b>RC</b>	<b>MC</b>								<b>YES</b>	<b>NO</b>	<b>D</b>	<b>DPL</b>
<b>References</b>													
	<b>X</b>	<b>X</b>	1. Are the following publications on hand or readily accessible:										
	<b>X</b>	<b>X</b>	a. AR 25-400-2										
	<b>X</b>	<b>X</b>	b. AR 40-61										
	<b>X</b>	<b>X</b>	c. AR 190-51										
	<b>X</b>	<b>X</b>	d. AR 385-10 and HSC Suppl. 1 to AR 385-10										
	<b>X</b>	<b>X</b>	e. AR 700-68										
	<b>X</b>	<b>X</b>	f. AR 710-2										
	<b>X</b>	<b>X</b>	g. DA PAM 710-2-1										
	<b>X</b>	<b>X</b>	h. AR 735-5										
	<b>X</b>	<b>X</b>	i. DA Pam 710-2-2										
	<b>X</b>	<b>X</b>	j. FM 19-20										
	<b>X</b>	<b>X</b>	k. HQ DA Ltr. 11-91-2										
	<b>X</b>	<b>X</b>	l. Latest JCAHO Manual										
	<b>X</b>	<b>X</b>	m. Latest SB 8-75										
	<b>X</b>	<b>X</b>	n. MEDCOM Policy Guidance, Return Credits Program, 21 Oct 99										
	<b>X</b>	<b>X</b>	o. USACHPPM TB 126										
<b>Remarks:</b>													
<b>Medical Inventory Management</b>													
	<b>X</b>	<b>X</b>	2. Is the number of lines at zero balance equal to or less than 8 percent of the total stocked lines? AR 40-61, para 7-5b(2)(b)										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	3. Is the total number of Issue Priority Designator (IPD) 1-8 requisitions submitted for the past quarter less than the management objective of 20 percent IAW AR 40-61, para 7-5c(2)(a)? <b>Note:</b> Exclude credit card and prime vendor purchases.										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	4. Is the commander or designated representative personally reviewing/documenting all requisitions with an urgency of need designator of A or B IAW AR 40-61, para 3-19a?										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	5. Is the IMSA monitoring/tracking credits accumulated at the PV for the purpose of using them IAW MEDCOM Policy Guidance, Return Credits Programs 21 Oct 1999?										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	6. Is the amount of excess inventory less than the management level of 15% IAW AR 40-61, para 7-5g?										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	7. Is the amount of electronic ordering within the management levels of 70% to 90% IAW AR 40-61, para 7-5h?										
<b>Remarks:</b>													
	<b>X</b>	<b>X</b>	8. Is the amount of CONUS IMSA pharmaceutical stockage value less than 4% of the annual pharmacy requisition costs IAW AR 40-61, para 7-5i? <b>NOTE:</b> Exclude readiness stockage.										

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## MEDICAL SUPPLY PERFORMANCE

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	9. Are special orders appointing the Accountable Officer and a statement of transfer of property accountability on file IAW AR 735-5, para 5-2? <b>Note:</b> Are Appointment Orders and the transfer statements on file? The transfer statement should be completed IAW AR 735-5, Figures 5-1 & 5-2. The transfer statement for the outgoing Accountable Officer must be kept on file for 2 years IAW AR 25-400-2, Table B-91 (MARKS).				
<b>Remarks:</b>							
	X	X	10. Is an annual inventory of the medical account conducted IAW AR 710-2, para 4-34?				
<b>Remarks:</b>							
	X	X	11. Is causative research conducted for all inventory discrepancies with an extended line item value greater than \$500 IAW AR 710-2, para 4-3k(2) and AR 735-5, para 14-28g? <b>Note:</b> The research should be documented on the DA Form 444, Inventory Adjustment Report (IAR) for reference.				
<b>Remarks:</b>							
	X	X	12. Is the Hospital Commander or his designated representative approving and signing IARs as required IAW AR 40-61, para 3-39?				
<b>Remarks:</b>							
	X	X	13. Is excess being reported and disposed of IAW AR 40-61, Chapter 3, Sections VII and VIII?				
<b>Remarks:</b>							
	X	X	14. Is excess being reported to the appropriate activity as outlined in AR 40-61, para 3-37 through para 3-40?				
<b>Remarks:</b>							
X	X	X	15. Is the destruction of medical materiel accomplished IAW the procedures outlined in AR 40-61, para 3-52; SB 8-75; and EC.1.5?				
<b>Remarks:</b>							
X	X	X	16. Are the method of destruction codes used to destroy materiel IAW the MODF, SB 8-75, CHPPM, or activity environmental science/preventive medicine officer, IAW AR 40-61, para 2-24 and EC.1.5?				
<b>Remarks:</b>							
X	X	X	17. Are hazardous waste coded items (HW/R) being disposed of IAW USACHPPM TB 126, Military Disposal Instructions and EC.1.5?				
<b>Remarks:</b>							
	X	X	18. Have local procedures for turn-in to DRMO or DPW been established and is the IMSA managing the turn-in of all medical materiel from the installation and supported activities IAW AR 40-61, paras 2-24d and 3-43a?				
<b>Remarks:</b>							
<b>Due-In Management</b>							
	X	X	19. Is the receipt processing time within the management level of 1 to 4 days, IAW AR 40-61, para 7-4b(3)(b)?				
<b>Remarks:</b>							
	X	X	20. Are receipt documents processed when receiving supplies IAW DA Pam 710-2-2, paras 8-3b and 8-4a?				
<b>Remarks:</b>							

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## MEDICAL SUPPLY PERFORMANCE

APPENDIX M

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	21. Is appropriate follow-up action initiated for open requisitions IAW AR 725-50, Chap 3, Sec VII?				
<b>Remarks:</b>							
	X	X	22. Is a customer due-out reconciliation conducted with supported customers IAW AR 40-61, para 3-19a?				
<b>Remarks:</b>							
	X	X	23. Is the quarterly Materiel Obligation Validation (MOV) received and processed IAW AR 725-50, Chap 3, section 9, and AR 40-61, para 3-19?				
<b>Remarks:</b>							
	X	X	24. Has a written external SOP been distributed outlining standing supply procedures to be followed by supported activities when requesting, receiving, and turning in supplies and equipment, IAW AR 40-61, para 8-1b?				
<b>Remarks:</b>							
	X	X	25. Are customers furnished monthly supply status information IAW AR 710-2, para 4-11f?				
<b>Remarks:</b>							
	X	X	26. Is a Standard Army Validation and Reconciliation program in effect IAW DA PAM 710-2-1, para 2-27c, and DA PAM 710-2-2, Chapter 19?				
<b>Remarks:</b>							
<b>Storage Management</b>							
	X	X	27. Are commanders or senior medical logistics officers reviewing Urgency of Need (UND) A and B requisitions IAW AR 40-61, para 3-15b? <b>Note:</b> Ask to see a copy of the delegating orders.				
<b>Remarks:</b>							
	X	X	28. Is the location accuracy within the management level of 95 to 100 percent, IAW AR 40-61, para 7-6b(4)(b)? <b>NOTE:</b> During CLRTs a random sample of storage locations will be taken to determine whether the location accuracy is within the prescribed limits.				
<b>Remarks:</b>							
	X	X	29. Is storage space (security, flammable, refrigerated, etc.) adequate and utilized in the most efficient manner?				
<b>Remarks:</b>							
	X	X	30. Is a Stock Locator system in use IAW AR 40-61, para 3-38, and is it at least 95 percent accurate IAW AR 40-61, para 7-6(b)(4)(b)?				
<b>Remarks:</b>							
	X	X	31. Is the percent of materiel release orders (MROs) denied by storage less than 2 percent, IAW AR 40-61, para 7-6a(2)(a)?				
<b>Remarks:</b>							
	X	X	32. Is a location survey conducted/documented annually IAW AR 40-61, para 3-33e and f and AR 710-2, para 4-34b?				
<b>Remarks:</b>							
X	X	X	33. Is access to storage areas controlled to prohibit entry of unauthorized personnel IAW AR 190-51, para 4-3a(3) and EC.1.4?				
<b>Remarks:</b>							
	X	X	34. Are all refrigerators/freezer storage units connected to emergency or battery powered temperature alarms that are electrically monitored on a 24hr basis IAW AR 40-61, para 2-15c(1)?				

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## MEDICAL SUPPLY PERFORMANCE

APPENDIX M

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
X	X	X	35. When storing hazardous materiel, is the inventory list and all applicable MSDS's posted near the storage area IAW AR 40-61, para 3-32(2) and EC.1.5?				
<b>Remarks:</b>							
<b>Acquisition Management</b>							
	X	X	36. Does the IMSA have a copy of the current DBPA MEDCOM Pam 40-10 on file?				
<b>Remarks:</b>							
	X	X	37. Is there an internal SOP available for use in processing DBPA calls?				
<b>Remarks:</b>							
	X	X	38. Is the ordering official operating within the scope and limitations of their authority? <b>Note:</b> Is a copy of the appointment orders on file?				
<b>Remarks:</b>							
	X	X	39. Is consumer fund (OMA/OMD) documentation on hand prior to placement of DBPA calls per AR 40-61, para 3-27?				
<b>Remarks:</b>							
	X	X	40. Are DBPA call numbers annotated on each purchase document as calls are made?				
<b>Remarks:</b>							
	X	X	41. Are calls being "split" to avoid monetary call limitations?				
<b>Remarks:</b>							
	X	X	42. Are personnel other than the authorized individual(s) placing calls?				
<b>Remarks:</b>							
	X	X	43. Have the appropriate reports (semiannual review/usage/ordering officials) been completed as directed and on file?				
<b>Remarks:</b>							
	X	X	44. Is a file of outstanding PRs maintained?				
<b>Remarks:</b>							
	X	X	45. Is a file of outstanding POs and DOs maintained?				
<b>Remarks:</b>							
	X	X	46. Are receiving reports, DA Forms 1155, being processed within five days upon acceptance of supplies and services, and copies distributed to activities as required?				
<b>Remarks:</b>							
	X	X	47. Does the activity have a Contracting Officer Representative (COR) for the PV contracts in Logistics, Pharmacy, and MED-SURG areas?				
<b>Remarks:</b>							
	X	X	48. Does the COR have a copy of each PV contract on hand?				
<b>Remarks:</b>							
<b>Medical Materiel Quality Control</b>							
X	X	X	49. Are written procedures for managing medical materiel complaints (locally generated complaints/MMQC messages) incorporated in the MEDCEN/MEDDAC Quality Assurance Program (QAP) IAW AR 40-68, para 3-5e(10); AR 40-61, para 2-13b; and EC.2.1?				
<b>Remarks:</b>							

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## MEDICAL SUPPLY PERFORMANCE

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JCAHO	RC	MC		YES	NO	D	DPL
x	x	x	50. Is a quality control register maintained for recording, in numerical sequence, quality control messages received from USAMMA IAW AR 40-61, para 2-12a(2) and EC.1.3? <b>Note:</b> If a manual record is maintained, verify that the following data is recorded: date received, quality control message number (in sequence), NSN, nomenclature (first item), action to be taken, and remarks column.				
<b>Remarks:</b>							
x	x	x	51. If a message is missing, is immediate tracing action taken through message routing channels (EC.1.3)? Is a quality control register maintained for recording, in numerical sequence, quality control messages received from USAMMA IAW AR 40-61, para 2-12a(2)?				
<b>Remarks:</b>							
x	x	x	52. Are the MMQC messages, either automated or manual, maintained on file for the current and prior CY IAW AR 40-61, para 2-14a(2) and EC.1.3?				
<b>Remarks:</b>							
x	x	x	53. Is the IMSA reporting and processing Medical Materiel Complaints, SF 380, IAW AR 40-61, para 3-63 and EC.2.1?				
<b>Remarks:</b>							
x	x	x	54. Has a surveillance program been established to provide for the scheduled inspection of medical materiel IAW AR 40-61, para 2-18a and EC.1.5?				
<b>Remarks:</b>							
x	x	x	55. Are suspended items awaiting disposition instructions or destruction identified and stored in separate areas designated for storage of suspended materiel IAW AR 40-61, para 2-17b(2) and EC.1.5?				
<b>Remarks:</b>							
<b>Controlled Substances and Security Management</b>							
	x	x	56. Have personnel with assigned duties to access controlled medical substances and medically sensitive items undergone a local files check with the area Provost Marshal and/or other agencies with personal character information? [AR 190-51, para 4-3a(1)] <b>Note:</b> Is the request for a files check on file for all personnel with access?				
<b>Remarks:</b>							
	x	x	57. Is a physical security inspection conducted every 2 years and deficiencies corrected IAW AR 190-13, para 2-11a(b)? Are copies of the inspection on file?				
<b>Remarks:</b>							
	x	x	58. Are items identified as Note R stored in an approved safe or vault with a class 5 vault door per AR 40-61, para 3-50 and AR 190-51, para 4-7?				
<b>Remarks:</b>							
	x	x	59. If only Note Q items are stored, are the lesser requirements of Appendix B of AR 190-51, para 4-6 met?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	60. Are containers of Notes R and Q medical items, or the vault, room or structure in which the containers are located, protected with an intrusion detection system (ISD) per AR 40-61, para 3-50 and AR 190-51, para 4-6?				
<b>Remarks:</b>							
	X	X	61. If the area is not equipped with an IDS, has a work request been submitted?				
<b>Remarks:</b>							
	X	X	62. Is an SOP for the activation, deactivation and daily testing of the IDS established and does it include instructions for maintaining an accurate IDS Log, IAW AR 190-13 and AR 190-51, para 4-13?				
<b>Remarks:</b>							
	X	X	63. Is the locking and checking of containers used to store controlled medical substances made a matter of record (SF 702) IAW AR 190-51, para 4-11a(2)? Are the following located on the vault door:				
<b>Remarks:</b>							
	X	X	a. Security Container Check Sheet, SF 702?				
<b>Remarks:</b>							
	X	X	b. Reversible OPEN-CLOSED sign IAW AR 40-61, para 3-50b(1)(b)?				
<b>Remarks:</b>							
X	X	X	64. Is the bulk storage area for Note R and Q medical items designated and posted as a controlled or limited access area? (AR 190-51, para 4-6 and EC.1.3)				
<b>Remarks:</b>							
	X	X	65. At the close of business, do designated duty personnel perform a security check before leaving the room/facility in which Note R and Q items are stored? (AR 190-51, para 4-11a.)				
<b>Remarks:</b>							
	X	X	66. Has a strict lock and key control program been established to enhance the protection of controlled medical substances per AR 190-51, para 4-14 and FM 19-30, App D?				
<b>Remarks:</b>							
	X	X	67. When duty personnel are not present, is continuous surveillance of bulk storage facilities where Note R and Q items are stored provided either by guard personnel or ISD? (AR 190-51, para 4-11b)				
<b>Remarks:</b>							
	X	X	68. Are vault procedures included in an SOP?				
<b>Remarks:</b>							
	X	X	69. Has the Commander appointed on orders the medical supply accountable officer as custodian of installation stocks of controlled medical items and at least one alternate IAW AR 40-61, para 3-50b(1)? <b>Note:</b> Only the custodian and alternate(s) are authorized unescorted access to the vault. Their responsibilities are outlined in AR 40-61, para 3-56b.				
<b>Remarks:</b>							
	X	X	70. Has the commander designated key personnel within the IMSA to sign exempt certificates for the purchase of controlled substances IAW AR 40-61, para 3-47e(2)?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	71. Are the DEA Registration and order forms on file? [AR 40-61, para 3-47e(2)(a)] <b>Note:</b> Procedures should be established for assuring security and control of these forms.				
<b>Remarks:</b>							
	X	X	72. Are requests for controlled items edited prior to issue IAW AR 40-61, para 3-47d(3)(a)?				
<b>Remarks:</b>							
X	X	X	73. Are issues of controlled substances made only to the pharmacy or other activities authorized by the MEDCEN/MEDDAC Commander IAW AR 40-61, para 3-50(2)(a) and (b) and EC.1.3?				
<b>Remarks:</b>							
	X	X	74. Are current DA Forms 1687 for Note "R" and "Q" items on hand for all authorized customers IAW AR 40-61, para 3-36c?				
<b>Remarks:</b>							
	X	X	75. Are issue documents properly signed by the authorized customer? <b>Note:</b> Initials only are not adequate. [IAW AR 40-61, para 3-51b(1)(e)]				
<b>Remarks:</b>							
	X	X	76. Are all receipts and issues whether standard or nonstandard, stock or fringe, posted to a Stock Accounting Record (DA Form 1296) in the vault, IAW AR 40-61, para 3-50b(1)(a)?				
<b>Remarks:</b>							
	X	X	77. Is a disinterested officer appointed in writing to conduct the monthly controlled substances inventory/audit, IAW AR 40-61, para 3-51a ?				
<b>Remarks:</b>							
	X	X	78. Is the inventory officer entering the date of the inventory, quantity on hand, and legible payroll signature on the Stock Accounting Record (DA Form 1296) IAW AR 40-61, para 3-57b(2) and an audit of all entries affecting account balances for the month? <b>Note:</b> Check to see that all receipts, issues, IARs and destructions are included in the audit. The Inventorying Officer should be verifying that all receipts were posted to the DA Form 1296. Copies of all issues should be taken by the officer to check the customers' records.				
<b>Remarks:</b>							
	X	X	79. Is the inventory officer submitting a report of the inventory to the commander IAW AR 40-61, para 3-51e(3)?				
<b>Remarks:</b>							
	X	X	80. Are precious metals treated as Note R, posted to DA Form 1296 in the vault, and inventoried monthly IAW AR 40-61, para 3-50a(2)?				
<b>Remarks:</b>							
	X	X	81. If the IMSA/MEDLOG Bn/USAMMCE provides controlled substances storage for TOE or other units located on the installation, is there a plan for accounting for stocks IAW AR 40-61, para 3-53?				
<b>Remarks:</b>							
<b>Gases and Oxygen Management</b>							
X	X	X	82. Are compressed gases and liquids stored and maintained as prescribed by AR 700-68 Safety regulations and EC.1.5?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
X	X	X	83. Has a written Oxygen Quality Assurance Program (OQAP) been established IAW HSC Suppl 1 to AR 385-10, para 2-2b(4) and EC.1.9?				
<b>Remarks:</b>							
			84. Does the OQAP:				
X	X	X	a. Establish written procedures for receipt, quality assurance, testing, and storage of oxygen IAW AR 40-61, para 3-40.1d(2) and HSC Suppl 1 to AR 385-10, para 2-2b(4)(a) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	b. Require oxygen systems to have an oxygen concentration of not less than 95 percent, per AR 40-61, para 3-40.1d(5) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	c. Require individuals monitoring oxygen deliveries be designated in writing and receive training in the use of an oxygen analyzer IAW AR 40-61, paras 3-40.1d(2) and para 3-40.1d(3); HSC Suppl 1 to AR 385-10, para 2-2b(4)(a); and EC.1.9?				
<b>Remarks:</b>							
X	X	X	d. Require oxygen test results, with tester's initials and date tested, to be recorded/maintained and that oxygen cylinder test results be recorded on DD Form 1141 (Warning Tag for Medical Oxygen Equipment) and affixed to each cylinder IAW EC.1.9?				
<b>Remarks:</b>							
X	X	X	e. Require that piped oxygen systems be equipped with in-line monitors which sound an alarm in at least two constantly staffed stations if oxygen purity drops below desired level IAW EC.1.9?				
<b>Remarks:</b>							
X	X	X	f. Prescribe actions to be taken and list responsible personnel to notify in the event oxygen deliveries are determined to be less than 95 percent at the time of delivery IAW AR 40-61, para 3-40.1d(5); HSC Suppl 1 to AR 385-10, para 2-2b(4)(a); and EC.1.9?				
<b>Remarks:</b>							
X	X	X	g. Prescribe actions to be taken in the event purity of oxygen in central oxygen supply systems fall below desired levels IAW HSC Suppl 1 to AR 385-10, para 2-2b(4)(c) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	h. Was the MTF able to demonstrate/test the medical gas alarms system and the actions to be taken when an alarm is activated IAW AR 40-61, para 3-40.1d(6) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	i. Identify those clinical areas that will need an alternate oxygen supply until the central oxygen supply is functioning properly IAW AR 40-61, para 2-16c and EC.1.9?				
<b>Remarks:</b>							
X	X	X	85. Is the concentration, amount, oxygen analysis, test results, and name of individual accepting delivery retained on file for 2 years IAW AR 40-61, para 2-16c(1)&(3) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	86. Does the bulk liquid oxygen storage container have an outlet that allows access for testing the purity of the oxygen IAW AR 40-61, para 2-16c(2) and EC.1.9?				

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
X	X	X	87. Are filled and empty cylinders stored separately IAW AR 700-68, para 5-9a and EC.1.9?				
<b>Remarks:</b>							
X	X	X	88. Are No Smoking signs posted in those areas where compressed gas is stored IAW AR 700-68, para 5-10a(1)(b) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	89. Are flammable gases being stored separately from oxidizing gases IAW AR 700-68, para 5-10b(1)(a) and EC.1.9?				
<b>Remarks:</b>							
X	X	X	90. Are cylinders of pure ethylene oxide specially identified (DoT Red Flammable Liquid Tag) IAW AR 700-68, para 2-2L and EC.1.9, and or are cylinders of gas mixtures of ethylene oxide specifically identified as to mixture IAW AR 700-68, para 2-2M?				
<b>Remarks:</b>							
X	X	X	91. Is there a procedure in effect to properly identify and separate cylinders by gas type as required IAW AR 700-68, para 5-2d and EC.1.9? <b>Note:</b> Check procedure for identification and separation of cylinders. Are filled medical gas cylinders tagged with DD Form 1191, Warning Tag for Medical Oxygen Equipment IAW AR 700-68, para 2-2?				
<b>Remarks:</b>							
X	X	X	92. When cylinders are not in use, are valve protector caps installed IAW AR 700-68, para 5-4ba(13)? (EC.1.9)				
<b>Remarks:</b>							
X	X	X	93. Are cylinders protected from dampness, excessive rise in temperature from direct rays of the sun or from other sources of heat not to exceed 125 degrees Fahrenheit IAW AR 700-68, para 5.9e&f and EC.1.9?				
<b>Remarks:</b>							
<b>Material Standardization</b>							
	X	X	94. Do the Chief of Logistics and other Logistics branch representatives serve on a Materiel Standardization Committee as recommended in AR 40-61, para 8-21c?				
<b>Remarks:</b>							
	X	X	95. Does the RMC and HCA conduct a Materiel Standardization Program IAW AR 40-61, para 8-19?				
<b>Remarks:</b>							
<b>Hazard Communication Program</b>							
X	X	X	96. Are workplace health and safety inspections and surveys conducted at least annually IAW AR 40-5, para 5-4e(3); AR 385-10, para 4-1a; and EC.1.3?				
<b>Remarks:</b>							
X	X	X	97. Is a written hazardous chemical inventory prepared and updated IAW CFR 1910.1200, para (e)(1)?				
<b>Remarks:</b>							
X	X	X	98. Does the inventory contain the identity of the chemicals identified during the hazard evaluation IAW HQDA Ltr 11-91-2, para 7b? (EC.1.3)				
<b>Remarks:</b>							

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## MEDICAL SUPPLY PERFORMANCE

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JCAHO	RC	MC		YES	NO	D	DPL
X	X	X	99. Are employees informed of the location of the inventory listing and how to access the information? <b>Note:</b> Employee access to the inventory is intended to allow employees to gain information concerning their potential exposure. (EC.1.3)				
<b>Remarks:</b>							
X	X	X	100. Does the inventory cross reference the installation's Material Safety Data Sheet file as augmented by the DOD Hazardous Materials Information System, Hazardous Item Listing (DOD 6050.5-L)? (EC.1.3)				
<b>Remarks:</b>							
X	X	X	101. Are all warehouse personnel exposed to hazardous chemicals trained IAW CFR 1910.1200, para (h) and EC.1.5? <b>Note:</b> Training for both military and civilian personnel must be documented with DD Form 1556 (Request, Authorization, Agreement, Certification of Training and Reimbursement).				
<b>Remarks:</b>							
X	X	X	102. Do all containers of hazardous chemicals in the work area bear adequate DoD hazardous warning labels IAW CFR 1910.1200, para (e)(I) and (f) and EC.1.5? <b>Note:</b> Once the DoD label is issued, the use of locally produced labels will no longer be allowed.				
<b>Remarks:</b>							
X	X	X	103. Are MSDSs being acquired and provided to the installation safety office IAW AR 710-2, para 1-27? (EC.1.5)				
<b>Remarks:</b>							
X	X	X	104. Are MSDSs for locally purchased items and nonstandard stock hazardous chemicals contractually required, obtained, and maintained IAW AR 710-2, para 1-27 and AR 700-141? (EC.1.5)				
<b>Remarks:</b>							
X	X	X	105. When requesting material that may be hazardous, is purchase request noted that an MSDS is required IAW AR 710-2, para 1-30? (EC.1.5)				
<b>Remarks:</b>							

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## FINANCIAL MANAGEMENT

APPENDIX N

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<b>Installation/Activity:</b>									
<b>Date of Visit:</b>									
<b>Reviewer's Name &amp; Phone #:</b>									
JCAHO	RC	MC		YES	NO	D	DPL		
	X	X	1. Are the following publications on hand or readily accessible:						
	X	X	a. AR 1-1?						
	X	X	b. AR 40-61?						
	X	X	c. AR 710-1?						
	X	X	d. AR 710-2?						
	X	X	e. Change 4 to AMCR 37-26?						
	X	X	f. DFAS-IN 37-1?						
	X	X	g. MEDCOM Pam 710-3?						
	X	X	h. TM 38-C08?						
<b>Remarks:</b>									
	X	X	2. Is Army Working Capital Fund (AWCF) program budget guidance received at MEDCEN/MEDDAC installation adequate and timely IAW DFAS-IN 37-1, para 6-3; AR 40-61; and Change 4, AMCR 37-26? Do MEDCEN/MEDDAC logistics managers actively participate in the AWCF budget preparation IAW AR 1-1, para 5-3?						
<b>Remarks:</b>									
	X	X	3. Do MEDCEN/MEDDAC logistics managers take prompt action to notify the AWCF program director when a shortage or excess of obligation authority is imminent IAW DFAS-IN 37-1 para 6-3j(3)(d) and AMCR 37-26, para 4-460k?						
<b>Remarks:</b>									
	X	X	4. Does the MTF reconcile inventory IAW DSAF-IN 37-1, para 16-4i(2) and para 16-8b(4)?						
<b>Remarks:</b>									
	X	X	a. What is the difference between inventory in supply records and inventory in financial records? TAMMIS use latest data available; i.e., Stock Status Recap RZE-SA3 (Fund Owner 2) for end of month, Line 1A. of report \$ Value of RO Plus Excess + \$ Value Othercc equals GLAC Inv-Medical Supply Account; \$ Value Cont equals GLAC Inv-Mob reserve Stock). Compare to general ledger 1340 accounts/subaccounts. NOTE: Due to credit card procedures, finance inventory will normally be lower than supply inventory and must be taken into consideration. (1) Supply Inventory \$ _____ (2) Finance Inventory \$ _____						
<b>Remarks:</b>									
	X	X	b. Has inventory been reconciled in the past month according to DFAS-IN 37-1, para 28-6g and para 28-17a?						
<b>Remarks:</b>									
	X	X	c. Is the supporting Defense Finance and Accounting Office adjusting inventory based on supply guidance?						
<b>Remarks:</b>									
	X	X	5. Are undelivered orders being reconciled periodically IAW TM 38-C08-1-1, para 4-27g, and DFAS-IN 37-1, para 28-7a(2)(c)?						
<b>Remarks:</b>									

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	a. What is the dollar value of financial dues-in (Statement 7 lines)?				
Remarks:							
	X	X	(1) STARFIARS-CURRENT LINE P & U: _____				
Remarks:							
	X	X	(2) STARFIARS-MOD LINE N & T: _____				
Remarks:							
	X	X	b. What is the difference between supply and financial dues-in? If variance is significant, review financial reports using ALF-38 A and B (TM 38-C08-1-1, para 4-6)? Supply dues-in \$ _____; Finance dues-in \$ _____				
Remarks:							
	X	X	c. What is the dollar value (\$ _____) of purchase requests without purchase order numbers at month end. Review aged items over 90 days and contact local contracting office for status lines older than 90 days.				
Remarks:							
	X	X	6. Do MEDCEN/MEDDAC logistics managers receive, and are they familiar with, data reported on the Statement 7, (M 1302) Monthly Management Report IAW AR 37-1, para 29-28 and AMCR 37-26, para 3-20?				
Remarks:							
	X	X	7. Is the obligation/demand ratio reviewed monthly to determine compliance with objectives IAW DFAS-IN 37-1, para 29-17k(2)?				
Remarks:							
	X	X	a. What is the most current ratio? _____				
Remarks:							
	X	X	b. What actions are being taken for ratios outside the management level (ML) plus or minus 5 percent of program?				
Remarks:							
	X	X	8. Are MEDCEN/MEDDAC logistics managers familiar with the Quarterly Stratification Report (QSR) of Secondary Items? [(RCS-CSGLD-1438) and (AR 710-1, para 5-19 and 5-31)]				
Remarks:							
	X	X	a. Are requirements for dues-out, numeric stockage objective, safety level, order and ship time, operating level, and subtotal RO recurring demands being reported accurately in column B of current QSR? If not, explain.				
Remarks:							
	X	X	b. Are assets on-hand/on-order for dues-out, numeric stock objective, safety level, order and ship time, operating level, and subtotal RO recurring demands being reported in columns D, E, and F of the QSR accurately? If not, explain.				
Remarks:							
	X	X	c. Are retention assets on-hand/on-order reported in column D or F of the QSR, as applicable? Note: Unit Supply Update-14, AR 710-2, para 3-31(b) no longer authorizes retention stocks. All retention must be explained.				

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	d. Are dues-in for retention (line 5) reviewed for cancellation? If not, explain.				
<b>Remarks:</b>							
	X	X	e. Are excess assets, both reported and unreported posted to line 8 of the QSR? If not, explain.				
<b>Remarks:</b>							
	X	X	(1) Are on-hand excess assets greater than 10 percent of total inventory (Line 1, columns D & E)? If so, explain.				
<b>Remarks:</b>							
	X	X	(2) Is at least 60 percent of identified excess reported? If not, explain.				
<b>Remarks:</b>							
	X	X	f. Is demand data on the QSR (bottom of report) calculated correctly? If not, explain.				
<b>Remarks:</b>							
	X	X	g. Are logistics managers aware of their days of supply in the subtotal RO recurring demands (MEDCOM PAM 710-3, Sec V, para 5b)? Note: Does finance clerk provide information monthly to the MSO?				
<b>Remarks:</b>							
	X	X	(1) Are days of supply (DOS) as computed in the subtotal RO greater than 60 days?				
<b>Remarks:</b>							
	X	X	(2) What action is being taken if the subtotal RO requirements represents more than 60 days of supply?				
<b>Remarks:</b>							
	X	X	9. Are in-transits being worked on the ALF-21 IAW TM 38 CO8-1-1, paragraph 4-36 & DFAS-IN 37-1, para 28-7a(2)(d)?				
<b>Remarks:</b>							
	X	X	a. Are inventories in-transit being maintained at the lowest possible level? If not, explain.				
<b>Remarks:</b>							
	X	X	b. Is the processing of depot and local purchase receipts timely enough to ensure low inventories in transit? If not, explain.				
<b>Remarks:</b>							
	X	X	c. How much of the inventories in-transit figure is over 30 days old?				
<b>Remarks:</b>							
	X	X	10. Are Accounts Payable Unbilled Receipts over 240 days received from Finance and periodically worked? Good Business Practices.				
<b>Remarks:</b>							
	X	X	11. Is the supply account validating the interface of TAMMIS transactions to STARFIARS on a cyclic basis? (MEDSUP Users Manual 3.3.3.6.7 and Local Purchase)				
<b>Remarks:</b>							
	X	X	12. Does the account have separate Approving Officials for stock fund and consumer owned credit cards IAW MEDCOM ACSRM guidance?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	13. Are credit card receipts processed under summary receipt procedures IAW ASAFM&C directive for bulk funding and processing and MEDCOM Memo dated 25 Mar 98, SUBJ: International Merchant Purchase Authorization Card (IMPAC) Credit Card Policy for U.S. Army Medical Command (MEDCOM), Policy Letter 97-04?				
<b>Remarks:</b>							
	X	X	14. Are there any aged credit card in-transits or account payables in finance over 30 days old? Good Business Practices.				
<b>Remarks:</b>							

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## MEDICAL MAINTENANCE MANAGEMENT

APPENDIX O

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
JCAHO	RM	MC		YES	NO	D	DPL
	X	X	1. Are the following publications on hand or readily accessible:				
	X	X	a. AR 25-400-2				
	X	X	b. AR 40-61				
	X	X	c. AR 190-51				
	X	X	d. AR 385-32				
	X	X	e. AR 710-2				
	X	X	f. AR 735-5				
	X	X	g. AR 750-1				
	X	X	h. CTA 50-900 and HSC Suppl 1 to AR 385-10				
	X	X	i. TB 43-180				
	X	X	j. TB MED 750-1				
	X	X	k. TB MED 521				
	X	X	l. 21 CFR				
	X	X	m. 29 CFR				
	X	X	n. Latest JCAHO Manual				
	X	X	o. AMEDDPAS Manual				
<b>Remarks:</b>							
	X	X	2. Has the MTF Commander published a maintenance directive delineating supervisor responsibilities and is sufficient emphasis placed on equipment (operator) maintenance per AR 40-61, para 6-1o and JCAHO EC.1.8?				
<b>Remarks:</b>							
	X	X	3. Does the internal SOP relative to the maintenance activity cover all aspects of maintenance as enumerated in TB MED 750-1, para 1-13? Has the SOP been reviewed within the last 18 months to ensure it is current and been signed by the maintenance manager per AR 750-1, para 1-11 and para 3-1d, and JCAHO EC.1.8?				
<b>Remarks:</b>							
	X	X	4. Has maintenance data been initiated for Military Medical Benefits Program (MMBP) equipment and an individual maintenance record established for equipment requiring scheduled services or repairs per AR 40-61, Section II; TB MED 750-1, para 3-2; and JCAHO EC.1.8?				
<b>Remarks:</b>							
	X	X	5. Is MMBP equipment given all necessary scheduled services before issue to the patient and again when it is returned and has the base date been moved forward by one year after the latest service per TB MED 750-1, para 3-2b(2)(3) and JCAHO EC.2.13?				
<b>Remarks:</b>							
	X	X	6. Has DD Form 2163, Medical Equipment Calibration/Verification/Certification Label, been affixed to the item of medical equipment requiring calibration/verification/certification (CVC) services per AR 40-61, para 6-6c; TB MED 750-1, para 6-8e; and JCAHO EC.2.13? (Subsequent CVC services will be recorded on this label)				
<b>Remarks:</b>							

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## MEDICAL MAINTENANCE MANAGEMENT

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JCAHO	RM	MC		YES	NO	D	DPL
X	X	X	7. Does the annual service contract require that the contractor affix a DD Form 2163 to the equipment when CVC services are performed per TB MED 750-1, para 6-8f and JCAHO EC.2.13?				
Remarks:							
X	X	X	8. Is a program in effect to test and evaluate medical devices and systems for compliance with safety standards initially upon receipt, upon request, and subsequently at regular intervals per AR 40-61, para 6-5; TB MED 750-1, para 6-17; and JCAHO EC.2.13?				
Remarks:							
X	X	X	9. Has a legible copy of all scheduled and unscheduled services (whether in-house, contract, or leased) been provided to clinical and laboratory personnel per TB MED 750-1, para 6-3j(1) and JCAHO EC.2.7?				
Remarks:							
X	X	X	10. Is there a procedure in place to verify that all newly received items of medical equipment are serviceable prior to use in patient care areas and has the initial service for new equipment been posted to the maintenance history using action code 'TI' per TB MED 750-1, para 6-17a, para 8-7, Figure 8-1, and JCAHO EC.2.13?				
Remarks:							
X	X	X	11. Has maintenance data been submitted for new equipment items on the property book per AR 40-61, Section II; TB MED 750-1, App. E; and JCAHO EC.2.13?				
Remarks:							
X	X	X	12. Does the Maintenance Branch internal SOP include detailed procedures to ensure that JCAHO standards are adhered to per TB MED 750-1, App. E and JCAHO EC.1.8?				
Remarks:							
X	X	X	13. Is a copy of the Monthly Scheduled Service Work Order Listing sent to the hand receipt holder and the MMBP manager so the equipment is readily available when maintenance personnel arrive to perform the service per TB MED 750-1, para 6-3j and JCAHO EC.2.13?				
Remarks:							
X	X	X	14. Is a completed copy of the Monthly Scheduled Services Work Order Listing provided to the NCOIC of the supported area per TB MED 750-1, para 6-3j(1) and JCAHO EC.2.13?				
Remarks:							
X	X	X	15. Has the maintenance activity met the acceptable scheduled services performance objectives as per AR 40-61, para 6-22; TB MED 750-1, para 6-2; and JCAHO EC.2.13?				
Remarks:							
X	X	X	16. Are line isolation monitors in fixed medical facilities tested per AR 40-61, para 6-5c and JCAHO EC.2.13?				
Remarks:							

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## MEDICAL MAINTENANCE MANAGEMENT

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JCAHO	RM	MC		YES	NO	D	DPL
	X	X	17. Is certification by assembler completed within 15 days following the assembly/reassembly of certified diagnostic x-ray systems and is Form FDA 2579 properly prepared and distributed per AR 40-61, para 6-2d; TB MED 750-1, para 7-1 and Figure 7-1; and 21 CFR 1020.30(d)?				
<b>Remarks:</b>							
	X	X	18. Is a permanent file 738-750i established for each diagnostic x-ray per AR 25-400-2; AR 40-61, para 6-2d; and TB MED 750-1, para 7-10b?				
<b>Remarks:</b>							
	X	X	19. Do the Radiation Protection Program files for diagnostic x-ray systems contain those documents listed in TB MED 521, para 10-8 and TB MED 750-1, para 7-10?				
<b>Remarks:</b>							
	X	X	20. Do annual service contracts for x-ray systems include the statement required by TB MED 521, para 10-7b and TB MED 750-1, para 7-5b?				
<b>Remarks:</b>							
	X	X	21. Has the repairer properly completed DD Form 2164 (X-ray Verification/Certification Worksheet) upon completion of calibration per TB MED 521, para 10-7a and TB MED 750-1, para 7-4?				
<b>Remarks:</b>							
	X	X	22. Has a continuation sheet been attached to the DD Form 2164 indicating the manufacturer, model, serial number, and calibration expiration date of all items of TMDE used to perform the calibration per TB MED 521, para 10-7a(1), and TB MED 750-1, para 7-4b(1)?				
<b>Remarks:</b>							
	X	X	23. Has the last radiation protection survey been posted to the individual AMEDDPAS maintenance history per TB MED 750-1, para 7-6i?				
<b>Remarks:</b>							
	X	X	24. Are safety measures in force at the medical maintenance facility per HSC Suppl 1 to AR 385-10 and TB 750-1, para 2-20?				
<b>Remarks:</b>							
	X	X	25. Are maintenance personnel complying with the OSHA lockout/tagout procedures (Control of Hazardous Energy Sources) per TB MED 750-1, para 2-20j and 29 CFR 1910?				
<b>Remarks:</b>							
	X	X	26. Is there a warranty/guarantee file established and has the required data been input to AMEDDPAS per TB MED 750-1, para 3-10 and para 3-9a?				
<b>Remarks:</b>							
	X	X	27. Have procedures been initiated to ensure that equipment under warranty is repaired by the vendor or manufacturer and not by in-house personnel per TB MED 750-1, para 3-9c?				
<b>Remarks:</b>							
	X	X	28. Are services performed under warranty/guarantee documented on the individual AMEDDPAS maintenance history using Action Code 'RW' and Tech Code 'RW' per TB MED 750-1, 3-9e(1)?				

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JCAHO	RM	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	29. Has a file been initiated for each annual service contract per AR 25-400-2 (File number 738); AR 40-61, para 6-15; and TB MED 750-1, para 3-13?				
<b>Remarks:</b>							
	X	X	30. Has the maintenance activity prepared an economic analysis for each annual maintenance service contract and do the analyses support using contracts versus in-house services per AR 40-61, para 6-15b and TB MED 750-1, para 3-13e?				
<b>Remarks:</b>							
	X	X	31. Does the annual service contracts and one-time service contracts include the statement(s) required per AR 40-61, para 6-15c and 6-15d and TB MED 750-1, para 3-12d and 7-5b?				
<b>Remarks:</b>							
	X	X	32. Are those services performed under contract documented on the individual AMEDDPAS maintenance history per TB MED 750-1, para 3-12f?				
<b>Remarks:</b>							
	X	X	33. Has the Commander delegated authority, in writing and by name, to the C, LOG/DOL to approve waivers for equipment with a unit price below the MEDCASE threshold per AR 40-61, para 6-16d(2) and TB MED 750-1, para 5-12e?				
<b>Remarks:</b>							
	X	X	34. Does the Commander's maintenance directive indicate who has waiver approval authority per AR 40-61, para 6-16d(2) and TB MED 750-1, para 5-12e(2)?				
<b>Remarks:</b>							
	X	X	35. Are all waivers signed by the AMEDD facility Commander or his/her designated representative per AR 40-61, para 6-16d and TB MED 750-1, para 5-12d and 5-12e?				
<b>Remarks:</b>							
	X	X	36. Has a consolidated listing of waivers approved by the C,Log/DOL been forwarded to the AMEDD facility commander at least semi-annually per TB MED 750-1, para 5-12e(1)?				
<b>Remarks:</b>							
	X	X	37. Has a permanent waiver file been established for the life of the equipment for which waiver(s) have been approved per TB MED 750-1, para 5-14?				
<b>Remarks:</b>							
	X	X	38. Is a program in force to determine the economic repairability of medical equipment so as not to exceed maintenance expenditure limits without a Commander's, or his designee's, waiver per AR 40-61, para 6-16 and TB MED 750-1, Chapter 5?				
<b>Remarks:</b>							
	X	X	39. Is the standard labor rate for maintenance services reviewed semi-annually and updated when necessary? Has the updated labor rate been posted to the AMEDDPAS data base per AR 40-61, para 6-16b and TB MED 750-1, para 4-6?				

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JCAHO	RM	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	X	X	40. Have all elements of cost been identified on work orders and input into AMEDDPAS per AR 40-61, para 6-16 and TB MED 750-1, para 5-1?				
<b>Remarks:</b>							
	X	X	41. Is the maintenance activity being reimbursed for medical maintenance services provided to non-OMA, non-OMD funded activities per AR 40-61, para 6-2m(2)(b); TB MED 750-1, para 2-5; and OMD Bulletin 2-99?				
<b>Remarks:</b>							
	X	X	42. Are completed work orders, DA Form 2407 or automated work orders maintained for 1 year following the close date per TB MED 750-1, para 2-19e?				
<b>Remarks:</b>							
	X	X	43. Has the automated work order register been reconciled at least monthly per TB MED 750-1, para 2-18d?				
<b>Remarks:</b>							
	X	X	44. Has a file for ancillary services been established per AR 40-61, para 6-11e and TB MED 750-1, para 4-5b?				
<b>Remarks:</b>							
	X	X	45. Is medical equipment properly condition coded per AR 40-61, para 6-3b(2)(f); TB MED 750-1, Chapter 8; and is the TI work order reviewed and signed by the senior maintenance manager per TB MED 750-1, para 8-19e?				
<b>Remarks:</b>							
	X	X	46. Does the maintenance activity have MEDSTEP assets on hand? If so are the MEDSTEP assets listed on AMEDDPAS Local Use 3 Report, Level 1, and has the list been approved by the activity Commander or his designee per AR 40-61, para 6-21 and TB MED 750-1, para 3-1a and para 3-1b?				
<b>Remarks:</b>							
	X	X	47. Are DA forms 3318, Record of Demand-Title Insert, initiated for each approved MEDSTEP asset per AR 40-61, para 6-21c(4) and TB MED 750-1, para 3-1c?				
<b>Remarks:</b>							
	X	X	48. Is sufficient state-of-the-art TMDE available in the maintenance activity to ensure accurate, timely calibration of medical equipment per TB MED 750-1, para 9-13a?				
<b>Remarks:</b>							
	X	X	49. Has the TMDE used in the repair and calibration of medical equipment been calibrated at the proper intervals per AR 40-61, para 6-17; TB MED 750-1, para 9-13d; and TB 43-180?				
<b>Remarks:</b>							
	X	X	50. Have those items of test equipment that have not been calibrated or for which calibration support has overstamped the DA Label 80 with CBU or CNR been identified as unusable for CVC per TB MED 750-1, para 9-13d?				
<b>Remarks:</b>							

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## MEDICAL MAINTENANCE MANAGEMENT

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JCAHO	RM	MC		YES	NO	D	DPL
	X	X	51. If the maintenance activity has shop stock on hand, has the shop stock list been approved at least annually by the Commander or his designee per AR 710-2, para 3-16i and TB MED 750-1, para 9-2f?				
<b>Remarks:</b>							
	X	X	52. Has the shop stock list been reviewed and the shop stock inventoried every 180 days per TB MED 750-1, para 9-2e?				
<b>Remarks:</b>							
	X	X	53. If the maintenance activity has mission essential repair parts on hand, has the mission essential parts list been approved at least annually by the Commander or his designee per AR 40-61, para 6-23d and TB MED 750-1, para 9-4f?				
<b>Remarks:</b>							
	X	X	54. Has the mission essential list been reviewed and the mission essential parts inventoried every 180 days per TB MED 750-1, para 9-4e?				
<b>Remarks:</b>							
	X	X	55. Is there a bench stock list reviewed, approved, and signed semi-annually by the maintenance manager per TB MED 750-1, para 9-3f?				
<b>Remarks:</b>							
	X	X	56. Are requests for repair parts reviewed and approved by the NCOIC, maintenance officer, or equivalent position before forwarding the request to the shop supply room per TB MED 750-1, para 9-8c?				
<b>Remarks:</b>							
	X	X	57. Has the senior maintenance manager appointed a tool room/tool crib custodian in writing per AR 710-2, para 2-10j(2) and TB MED 750-1, para 9-10f(1)?				
<b>Remarks:</b>							
	X	X	58. Has the senior maintenance manager provided the tool room/tool crib custodian a list of personnel authorized to draw tools from the tool room/crib per TB MED 750-1, para 9-10f(2)?				
<b>Remarks:</b>							
	X	X	59. Has the maintenance activity initiated and maintained DA Form 5519-R (Tool Sign Out Log/Register) for those tools not part of sets of kits per AR 710-2, para 6-3b(1) and TB MED 750-1, para 9-10g?				
<b>Remarks:</b>							
	X	X	60. Are the maintenance branch tools and tool kits inventoried on a semiannual basis per AR 710-2, Table 2-1q and TB MED 750-1, para 9-11?				
<b>Remarks:</b>							
	X	X	61. Have individual tool kits been subhand receipted to repairers per TB MED 750-1, para 9-10e?				
<b>Remarks:</b>							
	X	X	62. Are hand tools, tool sets and kits, TMDE, and repair kits costing over \$100.00 secured and controlled per physical security standards of AR 190-51 and TB MED 750-1, para 9-12?				
<b>Remarks:</b>							

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## MEDICAL MAINTENANCE MANAGEMENT

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JCAHO	RM	MC		YES	NO	D	DPL
	X	X	63. Are Individual Direct Labor Manhours Worksheets or automated report used to capture daily manhours expended by assigned personnel per AR 40-61, para 6-22 and TB MED 750-1, para 4-2 and figures 4-1 and 4-2?				
<b>Remarks:</b>							
	X	X	64. Does the maintenance activity have access to all required administrative and technical publications per AR 40-61, para 6-3b(2)(e) and TB MED 750-1, para 1-7j and para 1-7i?				
<b>Remarks:</b>							
	X	X	65. Is accountability maintained for medical equipment evacuated for repair and return per AR 735-5?				
<b>Remarks:</b>							
	X	X	66. Are safety shoes provided to maintenance personnel per AR 385-32, CTA 50-900 and HSC Suppl 1 to AR 385-10?				
<b>Remarks:</b>							
	X	X	67. Is excess medical equipment being processed per AMEDDPAS procedures?				
<b>Remarks:</b>							
	X	X	68. Is there a copy on hand of the portion of the TDA pertaining to the maintenance activity per TB MED 750-1, para F-2?				
<b>Remarks:</b>							
	X	X	69. Is there a listing of satellites on hand in the maintenance activity per TB MED 750-1, para C-1k?				
<b>Remarks:</b>							
	X	X	70. Does the technical reference field of the AMEDDPAS Repetitive Maintenance Report identify the location of the manufacturer's literature or maintenance procedures used to service the medical equipment for which the activity is responsible? Good Business Practice.				
<b>Remarks:</b>							
	X	X	71. Is there a reciprocal training program for TOE and TDA medical maintenance personnel? Special Interest Item.				
<b>Remarks:</b>							
	X	X	72. Are customers satisfied with the maintenance support provided? Special Interest Item.				
<b>Remarks:</b>							
		X	73. Have prior CLRT findings been corrected? Special Interest Item.				
<b>Remarks:</b>							

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## TEXTILE SERVICES MANAGEMENT

APPENDIX P

MEDCOM Pam 700-1

Installation/Activity:				YES	NO	D	DPL
Date of Visit:							
Reviewer's Name & Phone #:							
JCAHO	RC	MC		YES	NO	D	DPL
	X	X	1. Are the following publications on hand or readily accessible:				
	X	X	a. AR 40-61?				
	X	X	b. AR 210-130?				
	X	X	c. 29 CFR?				
	X	X	d. Latest JCAHO Manual?				
Remarks:							
	X	X	2. Does the Director/Chief of Logistics have staff responsibility for textile services operations (i.e., linen and/or laundry) management? (AR 40-61, para 8-7b)				
Remarks:							
	X	X	3. Has the Commander appointed on orders a Linen Management Officer to routinely oversee the textile services operation? (AR 40-61, para 8-7c)				
Remarks:							
	X	X	4. Is a Linen Management Committee established? (AR 40-61, para 8-7d)				
Remarks:							
	X	X	5. Has the Commander appointed key staff to the Linen Management Committee to recommend textile services management policy and review program performance? (AR 40-61, para 8-7d)				
Remarks:							
	X	X	6. Is there an MTF scrub policy? (AR 40-61, para 8-8j)				
Remarks:							
	X	X	7. Have the customers established stock levels to justify their daily linen requirements? (AR 40-61, para 8-8a)				
Remarks:							
	X	X	8. Does the Linen Management Officer review linen use and correct inappropriate patterns of use? (AR 40-61, para 8-8b)				
Remarks:							
	X	X	9. Is linen marked with MTF logo or other means to identify it as government property? (AR 40-61, para 8-11)				
Remarks:							
	X	X	10. Has the Linen Management Officer/Committee established policies to prevent the theft, abuse, and misuse of linen? Are linen users following these policies? (AR 40-61, para 8-8c)				
Remarks:							
	X	X	11. Is clean linen delivered to the user so as to minimize microbial contamination from surface contact or airborne deposition? (AR 40-61, para 8-10d)				
Remarks:							
	X	X	12. Does the laundry service provide, directly or in accordance with a written agreement with an outside source, a 24-hour turnaround time for hospital linen? (AR 210-130)				
Remarks:							

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## TEXTILE SERVICES MANAGEMENT

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	13. Are separate carts used to transport clean and soiled linen? If these are not available, are adequate controls and physical precautions used to prevent cross contamination? (AR 40-61, para 8-10c)				
<b>Remarks:</b>							
	X	X	14. Are linen inventories conducted at least annually, and the results used to evaluate the effectiveness of the linen program? (AR 40-61, para 8-13)				
<b>Remarks:</b>							
	X	X	15. Does the Linen Management Officer prepare a DA Form 444 or automated equivalent to document inventory gains and losses and adjust informal accounting records IAW AR 40-61, para 8-13?				
<b>Remarks:</b>							
	X	X	16. Are inventory results reported through the Linen Management Committee to the Commander for appropriate action, and approval by the Commander? (AR 40-61, para 8-13)				
<b>Remarks:</b>							
	X	X	17. Does the Linen Management Officer account for hospital linen on DA Forms 1296? Are DA Form 2064 or automated equivalent and voucher files used to support all entries? Are records held for 2 years after the last posting date, then destroyed? (AR 40-61, para 8-9)				
<b>Remarks:</b>							
	X	X	18. Does either the linen management service or the servicing laundry provide for linen repair? (AR 40-61, para 8-8f)				
<b>Remarks:</b>							
	X	X	19. Are salvageable linens turned-in to the supporting DRMO or converted to rags? (AR 40-61, para 8-12a)				
<b>Remarks:</b>							
	X	X	20. Is a disinterested officer appointed on orders to certify that salvageable linen items were converted to rags? (AR 40-61, para 8-12b)				
<b>Remarks:</b>							
	X	X	21. Is the collection and processing of soiled linen performed per Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard? (29 CFR 1910.1030)				
<b>Remarks:</b>							
X	X	X	22. Does the MTF or contractor, as applicable, have an Exposure Control Plan? Does it identify tasks and procedures where textile services employees may be at risk of encountering occupational exposure to Bloodborne Pathogens? (29 CFR 1910.1030) and (EC.1.5a,g, and h)				
<b>Remarks:</b>							
X	X	X	23. Is the Exposure Control Plan reviewed and updated annually and available to all linen employees in the MTF? (29 CFR 1910.1030) and (EC.1.5.a,g, and h)				
<b>Remarks:</b>							
	X	X	24. If the linen distribution/laundry service is contracted by the MTF, is the LMO designated as the COR? (AR 40-61, para 8-13)				

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## TEXTILE SERVICES MANAGEMENT

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	25. Is there a quality assurance surveillance inspection program established to evaluate the quality of contract services? (AR 40-61, para 8-13)				
<b>Remarks:</b>							

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## HOUSEKEEPING OPERATIONS

APPENDIX Q

MEDCOM Pam 700-1

Installation/Activity:				YES	NO	D	DPL
Date of Visit:							
Reviewer's Name & Phone #:							
JCAHO	RC	MC					
	X	X	1. Are the following publications on hand or readily accessible:				
	X	X	a. AR 40-61?				
	X	X	b. 29 CFR?				
	X	X	c. Latest JCAHO Manual?				
Remarks:							
	X	X	2. Is a qualified Hospital Housekeeping Officer (i.e., GS-673 series) assigned to the MTF staff to oversee the performance of housekeeping services in the MTF? (AR 40-61, para 8-15)				
Remarks:							
X	X	X	3. Does the MTF's Infection Control Committee provide written approval in its minutes for all chemical products used by the housekeeping organization? (AR 40-61, para 8-15) and (EC.1.5.a)				
Remarks:							
X	X	X	4. Do housekeepers follow prescribed manufacturer-recommended dilution rates when mixing the disinfectant-detergents for prevention of nosocomial infection in patient areas? (EC.1.5.a and EC.1.5.g)				
Remarks:							
X	X	X	5. Do housekeepers follow prescribed manufacturer-recommended contact times when applying the disinfectant-detergents? (EC.1.5.a and EC.1.5.g)				
Remarks:							
X	X	X	6. Does the MTF have an Exposure Control Plan identifying by position, task and procedures where in housekeeping services employees may encounter occupational exposure to bloodborne pathogens? [29 CFR 1910.1030c (2)] and (EC.1.5a, g, and h)				
Remarks:							
	X	X	7. Are the carts or any other reusable containers used to transport and hold RMW cleaned at least weekly using a hospital type detergent-disinfectant? [MEDCOM Reg 40-35, para 9b(2)(b)]				
Remarks:							
X	X	X	8. Is the Exposure Control Plan available to all housekeeping services employees? [29CFR 1910.1030c(1)(iii)] and (EC.1.5a, g, and h)				
Remarks:							
	X	X	9. If the services are provided under contract, has the Post Contracting Officer designated the hospital Housekeeping Officer as the Contracting Officer's Representative (COR) to quality assure the contractor's performance? (AR 40-61, para 8-16)				
Remarks:							
	X	X	10. If the services are provided under contract, is the contractor being paid for services that he/she is not providing (e.g., being paid to clean wards that have been closed, or to clean patient rooms that are not used)? (AR 40-61, para 8-16)				
Remarks:							

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## HOUSEKEEPING OPERATIONS

APPENDIX Q

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	11. Are activities serviced by the housekeeping contract promptly notifying HHO/COR about rooms that are inaccessible or are not cleaned by the contractor so that these requirements can be removed from the contract? (AR 40-61, para 8-16)				
<b>Remarks:</b>							
X	X	X	12. Are the Material Safety Data Sheets (MSDS) for cleaning supplies readily accessible? (AR 40-61, para 8-15b(5)) and (EC.1.5.a, b, g, and h) <b>NOTE:</b> At a minimum, a current and readable MSDS for each product in use should be located in a binder in the housekeeping closet.				
<b>Remarks:</b>							
X	X	X	13. If any cleaning supplies are transferred from the manufacturer's original container, does the housekeeping officer ensure that the new containers meet all labeling requirements under 29 CFR 1910.1200, [AR 40-61, para 8-15b(5)] and (EC.1.5.a and g)?				
<b>Remarks:</b>							
	X	X	14. Has the hospital's housekeeping officer established a random sampling inspection system to evaluate the quality of services received? Are inspections results documented? [AR 40-61, para 8-15(2)]				
<b>Remarks:</b>							
	X	X	15. Is the training program in place for housekeeping personnel? Is documentation kept on who was trained and the topic of training recorded? (AR 40-61, para 8-15)				
<b>Remarks:</b>							
	X	X	16. Is there a written cleaning schedule and cleaning procedures manual IAW contract specifications?				
<b>Remarks:</b>							
X	X	X	17. Has the Housekeeping staff been oriented to and educated about the environment of care consistent with its mission, services, and law and regulation? Provide documentation of these activities. (EC.2.1)				
<b>Remarks:</b>							
X	X	X	a. Safety risks in the Environment of Care?				
<b>Remarks:</b>							
X	X	X	b. Reporting procedures for incidents involving property, damage, occupational illness, and patient, personnel, or visitor injury?				
<b>Remarks:</b>							
X	X	X	c. Actions to eliminate, minimize, or report safety risks?				
<b>Remarks:</b>							
X	X	X	d. Effectively separates hazardous materials and waste storage and processing areas from other areas of the facility?				
<b>Remarks:</b>							
X	X	X	e. Areas-specific needs and fire evacuation routes?				
<b>Remarks:</b>							
X	X	X	f. Specific roles and responsibilities when at a fire's point of origin?				
<b>Remarks:</b>							

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## HOUSEKEEPING OPERATIONS

APPENDIX Q

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JCAHO	RC	MC		YES	NO	D	DPL
X	X	X	g. Their specific roles and responsibilities when away from a fire's specific point of origin?				
Remarks:							
X	X	X	h. Use and functioning of fire alarm systems?				
Remarks:							
X	X	X	i. Their specific roles and responsibilities in preparing for building evacuation?				
Remarks:							
X	X	X	j. Location and proper use of equipment for evacuating or transporting patients to refuge areas?				
Remarks:							
X	X	X	k. Building compartmentalization procedures for containing smoke and fire?				
Remarks:							
X	X	X	l. Processes for minimizing security risks?				
Remarks:							
X	X	X	m. Emergency procedures for security incidents?				
Remarks:							
X	X	X	n. Reporting procedures for security incidents involving patients, visitors, personnel, and property?				
Remarks:							
X	X	X	o. Procedures and precautions for selecting, handling, storing, using, and disposing of hazardous materials and waste?				
Remarks:							
X	X	X	p. Emergency procedures for handling hazardous material and waste spills or exposures?				
Remarks:							
X	X	X	q. Health hazards of mishandling hazardous materials and waste?				
Remarks:							
X	X	X	r. Reporting procedures for hazardous materials and waste spills or exposures?				
Remarks:							
X	X	X	s. Their roles and responsibilities during emergencies?				
Remarks:							
X	X	X	t. Their roles and past participation in organization-wide drills?				
Remarks:							
X	X	X	u. The backup communication system used during disasters and emergencies?				
Remarks:							
X	X	X	v. How to obtain supplies and equipment during disasters or emergencies?				
Remarks:							
X	X	X	18. Has the Hazardous Materials and Waste Management Plan been implemented by the Housekeeping department? (EC.2.4)				
Remarks:							
X	X	X	a. Maintains documentation, including required permits, licenses, and adheres to other regulations.				
Remarks:							

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## HOUSEKEEPING OPERATIONS

APPENDIX Q

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JCAHO	RC	MC		YES	NO	D	DPL
X	X	X	b. Maintains manifests for handling of hazardous materials and waste.				
<b>Remarks:</b>							
X	X	X	c. Properly labels hazardous materials and waste.				
<b>Remarks:</b>							
X	X	X	d. Effectively separates hazardous materials and waste storage and processing areas from other areas of the facility.				
<b>Remarks:</b>							

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## PRECIOUS METALS RECOVERY PROGRAM

APPENDIX R

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
<b>JCAHO</b>	<b>RC</b>	<b>MC</b>		<b>YES</b>	<b>NO</b>	<b>D</b>	<b>DPL</b>
	<b>X</b>	<b>X</b>	1. Are the following publications on hand or readily accessible:				
	<b>X</b>	<b>X</b>	a. AR 40-61?				
	<b>X</b>	<b>X</b>	b. AR 755-3?				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	2. Has the MTF Commander appointed a Precious Metals Coordinator (PMC) to manage the Internal Precious Metals Recovery Program (PMRP)? (AR 40-61, para 3-54e)				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	3. Does the MTF have current, written guidance that provides for the safeguarding, accounting, and processing of precious metals and precious metals-bearing scrap? [AR 755-3, para 4b(8)]				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	4. Has each user appointed at least one Precious Metals Monitor (PMM) to ensure the recovery of precious metals bearing scrap (PMBS) within the assigned area of responsibility? (AR 40-61, para 3-54e)				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	5. Has the Precious Metals Coordinator (PMC), Alternate PMC, and other personnel involved in the operation of recovery equipment and handling of recovered precious metals received training? [AR 755-3, para 4b(5)]				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	6. Does each generating activity initiate and maintain a self-inspection program to include security requirements, hypo-fluid testing, receipt, issue, and turn-in of precious metals? [AR 755-3, para 4b(9)]				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	7. Is security provided for recovered precious metals pending disposition? [AR 755-3, para 4c(6)]				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	8. Is storage of excess precious metals bearing items and scrap limited to 30 days maximum? Are these items and scrap secured? [AR 755-3, para 4e(5)]				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	9. Is MEDDAC/MEDCEN PMC maintaining DA Form 1296 for each precious metal and PMBS item? (AR 40-61)				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	10. Is the DENTAC PMC maintaining a DA Form 3949 for each precious metal and precious metal-bearing scrap used at the dental clinic? (AR 40-61, para 3-54g)				
<b>Remarks:</b>							
	<b>X</b>	<b>X</b>	11. If this requirement is contracted out, does the coordinator have a copy of the contract to ensure he/she knows what the contractor's and the Government's responsibilities are? Good business practice.				
<b>Remarks:</b>							

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## REGULATED MEDICAL WASTE/HAZARDOUS WASTE

APPENDIX S

MEDCOM Pam 700-1

<b>Installation/Activity:</b>									
<b>Date of Visit:</b>									
<b>Reviewer's Name &amp; Phone #:</b>									
<b>JCAHO</b>	<b>RC</b>	<b>MC</b>				<b>YES</b>	<b>NO</b>	<b>D</b>	<b>DPL</b>
<b>Written Guidelines/Regulations/Plans</b>									
	<b>X</b>	<b>X</b>	1. Are the following references/documents on hand or readily accessible:						
	<b>X</b>	<b>X</b>	a. Hospital Regulations?						
	<b>X</b>	<b>X</b>	b. Installation Regulations?						
<b>X</b>	<b>X</b>	<b>X</b>	c. Training Plan (AR 200-1 and JCAHO EC.2.1)?						
<b>X</b>	<b>X</b>	<b>X</b>	d. Training Records (AR 200-1 and JCAHO EC.2.1)?						
	<b>X</b>	<b>X</b>	e. Annual RMW Disposal Reports [AR 200-1, 1-28(a)]?						
	<b>X</b>	<b>X</b>	f. Hospital SOPs?						
<b>X</b>	<b>X</b>	<b>X</b>	g. Spill/Emergency Plans (JCAHO EC.1.5)?						
	<b>X</b>	<b>X</b>	h. Applicable State/Local regulations?						
	<b>X</b>	<b>X</b>	i. MEDCOM Reg 40-35?						
<b>X</b>	<b>X</b>	<b>X</b>	j. Waste Management Plan (JCAHO EC.1.5)?						
<b>Remarks:</b>									
<b>Collection/Segregation of Regulated Medical Waste (RMW)</b>									
	<b>X</b>	<b>X</b>	2. Is general waste segregated from RMW to the extent intended by paragraphs 7 and 9 of MEDCOM Reg 40-35?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	3. Are RMW containers appropriately labeled to identify them as RMW containers (biohazard symbol or red in color) [AR 40-5, 11-7c(2)(a), 29 CFR 1910.1030]?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	4. Are RMW Bags 3 millimeters thick? [MEDCOM Reg 40-35, 9b(1)(c)]						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	5. Are bags red in color (or installation specific color) [MEDCOM Reg 40-35, paragraph 9b(1)(c)]?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	6. Are the RMW bags tightly sealed before they are removed from the points of generation [AR 40-5, 11-7,c(2)(b) and MEDCOM Reg 40-35, 9b(1)(d)]?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	7. Are sharps containers secured to the wall or under continuous observation by clinic personnel [AR 190-51, MEDCOM Reg 40-35, 9b(1)(l)]?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	8. Are used syringes placed into rigid, impervious containers without clipping or breaking needles and without recapping [AR 40-5, 11-7c(6)(e)1 and MEDCOM Reg 40-35, 9b(1)(l)]?						
<b>Remarks:</b>									
	<b>X</b>	<b>X</b>	9. Are sharps containers removed from service when approximately ¾ full [MEDCOM Reg 40-35, 9b(1)(l)]?						
<b>Remarks:</b>									

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**REGULATED MEDICAL WASTE/HAZARDOUS WASTE**

APPENDIX S

MEDCOM Pam 700-1

JCAHO	RC	MC		YES	NO	D	DPL
	X	X	10. Are bags of RMW from outlying clinics (medical and dental) collected as required [MEDCOM Reg 40-35, 9b(2)(d)]?				
<b>Remarks:</b>							
	X	X	11. Is RMW collected at regular intervals by MTF or contractor personnel trained in proper collection and handling procedures [AR 40-5, 11-7c(2)(c)]?				
<b>Remarks:</b>							
	X	X	12. Are carts used to transport RMW within the MTF cleaned weekly or at a frequency specified by the MTF with an EPA registered hospital detergent-disinfectant [MEDCOM Reg 40-35,9b(2)(b)]?				
<b>Remarks:</b>							
X	X	X	13. Are infectious wastes transported within the hospital in a manner that minimizes patient and personnel exposure [AR 40-5, 11-7c(4)(b) and JCAHO EC.1.5]?				
<b>Remarks:</b>							
	X	X	14. Are carts closed whenever possible [MEDCOM Reg 40-35, 9b(2)(a)]?				
<b>Remarks:</b>							
	X	X	15. Is RMW generation weight tracked by activity? (MEDCOM Reg 40-35,11a)				
<b>Remarks:</b>							
	X	X	16. Are weight reports maintained on file? (MEDCOM Reg 40-35,11a)				
<b>Remarks:</b>							
<b>Storage/Disposal of RMW</b>							
	X	X	17. Is medical waste stored in a secure, properly identified area that is kept clean and free of pests [MEDCOM Reg 40-35, 9b(4)(a)]?				
<b>Remarks:</b>							
	X	X	18. Do storage times comply with those specified in MEDCOM Reg 40-35, 9b(4)(b)?				
<b>Remarks:</b>							
	X	X	19. Are pathological wastes refrigerated while awaiting pick up for disposal [MEDCOM Reg 40-35, 9b(4)(c)]?				
<b>Remarks:</b>							
	X	X	20. Are pathological wastes removed from the refrigerators and disposed of within 30 days [MEDCOM Reg 40-35, 9b(4)(c)]?				
<b>Remarks:</b>							
	X	X	21. Is there a written contingency plan for RMW disposal (AR 40-5, 11-7d and MEDCOM Reg 40-35,10a)?				
<b>Remarks:</b>							
<b>Treatment of RMW</b>							
	X	X	22. Is the treatment method of RMW appropriate according to state regulations?				
<b>Remarks:</b>							
X	X	X	23. Are tracking documents (manifests) maintained for number of years required by the state? (JCAHO EC. 2.4)				
<b>Remarks:</b>							
<b>Transport Outside Medical Treatment Facility (MTF)</b>							

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## REGULATED MEDICAL WASTE/HAZARDOUS WASTE

APPENDIX S

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	24. Is RMW transported only in government or contractor vehicles [AR 40-5, 11-7c(5)(b) and MEDCOM Reg 40-35,9b(3)(a)]?				
<b>Remarks:</b>							
	X	X	25. Are spill containment kits maintained in the vehicles [MEDCOM Reg 40-35, 9b(3)(b)]?				
<b>Remarks:</b>							
<b>Hazardous Waste (HW) Identification/Characterization Procedures</b>							
	X	X	26. Is there a hazardous waste inventory (AR 200-1, 5-3b)?				
<b>Remarks:</b>							
	X	X	27. Are there procedures in place for characterizing [40 CFR 262.11, AR 200-1, 5-3d(2)]:				
	X	X	a. Wastes from photoprocessing/x-ray?				
	X	X	b. Waste from laboratories?				
	X	X	c. Expired pharmaceuticals?				
	X	X	d. Ash from incinerator(s)?				
<b>Remarks:</b>							
	X	X	28. For waste streams with variable compositions, is analysis performed quarterly or as needed to establish a baseline and annually thereafter [40 CFR 262.11(c)]?				
<b>Remarks:</b>							
<b>HW Storage-Satellite Accumulation Areas (usually located in Radiology, Pharmacy, Logistics, DENTAC, and Laboratory)</b>							
X	X	X	29. Are all HW containers marked with the words "Hazardous Waste" or with other words that identify their contents? [40 CFR 262.34(c)(1) (ii) and (JCAHO EC. 2.4)				
<b>Remarks:</b>							
	X	X	30. Are the containers kept closed except when adding waste [40 CFR 262.34(c)(1)]?				
<b>Remarks:</b>							
	X	X	31. Are satellite accumulation areas located at or near the point of generation where the waste is initially accumulated [40 CFR 262.34(c)(1)]?				
<b>Remarks:</b>							
	X	X	32. Is the "accumulation start date" left blank on the Hazardous Waste Label [40 CFR 262.34(c)]?				
<b>Remarks:</b>							
<b>HW Storage- 90 Day Accumulation Requirements</b>							
	X	X	33. Are all HW containers in good condition, compatible with the contents, and kept closed [AR 40 CFR 262.34(a)(1)(i), 265.171, 265.172, and 265.173]?				
<b>Remarks:</b>							
	X	X	34. Are HW containers handled and stored in a manner which prevents them from leaking [40 CFR 262.34(a)(1) and 265.177]?				
<b>Remarks:</b>							
	X	X	35. Is the storage area inspected at least weekly [40 CFR 262.34(a)(1) & 265.174(c)]?				
<b>Remarks:</b>							

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## REGULATED MEDICAL WASTE/HAZARDOUS WASTE

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	36. Are inspection sheets maintained for 3 years [40 CFR 262.34(a)(1) & 265.174(c)]?				
<b>Remarks:</b>							
	X	X	37. Are incompatible wastes segregated from each other by means of a dike, berm, wall, or other device [40 CFR 262.34(a)(1) and 265.177(c)]?				
<b>Remarks:</b>							
	X	X	38. Is each container clearly marked with the date accumulation began [40 CFR 262.34(a)(2)]?				
<b>Remarks:</b>							
	X	X	39. Are wastes transferred to a TSDF within 90-days [40 CFR 262.34(a)]?				
<b>Remarks:</b>							
X	X	X	40. Are all HW containers marked with the words "Hazardous Waste" and the marking clearly visible for inspection [40 CFR 262.34(a)(2)] and (JCAHO EC.2.4)?				
<b>Remarks:</b>							
X	X	X	41. Is the storage area maintained and operated in a manner that conforms with the requirements for Preparedness and Prevention in 40 CFR 265, Subpart C? That is, minimizes the possibility of fire, explosion, or any unplanned sudden or non-sudden release of HW or HM constituents to air, soil, or surface water which could threaten human health or the environment. Included in this subpart are requirements for access to emergency equipment, testing, and maintenance of that equipment, access to communications or alarm systems, required aisle space, and arrangements with local emergency response teams [40 CFR 262.34(a)(4)] and (JCAHO EC. 2.4).				
<b>Remarks:</b>							
	X	X	42. Does the storage facility have a contingency plan which conforms to the requirements in 40 CFR 265, Subpart D [40 CFR 262.34(a)(4)]?				
<b>Remarks:</b>							
X	X	X	43. Is there documentation that shows personnel have had proper training [40 CFR 262.34(a)(4) and 265.16 and AR 200-1, 1-32e and 1-33d] and (JCAHO EC 2.1)?				
<b>Remarks:</b>							
<b>Disposal/Transportation of HW</b>							
X	X	X	44. Are all off-site shipments of hazardous waste accompanied by manifests and LDR forms (40 CFR 263) and (JCAHO EC 2.4)?				
<b>Remarks:</b>							
	X	X	45. Are hazardous wastes being disposed of properly (40 CFR 261, 262, 268)?				
<b>Remarks:</b>							
X	X	X	46. Are manifests maintained for 3 years (40 CFR 262.40) and (JCAHO EC. 2.4)?				
<b>Remarks:</b>							
<b>Pollution Prevention (P2)</b>							

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## REGULATED MEDICAL WASTE/HAZARDOUS WASTE

APPENDIX S

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JCAHO	RC	MC		YES	NO	D	DPL
	X	X	47. Is the MTF included in the installation's "P2" policies, plans, and program? [AR 200-1, 1-27(a)(2) and 5-4c]				
<b>Remarks:</b>							
	X	X	48. Does the MTF have a P2 Program? (Good business practice)				
<b>Remarks:</b>							
	X	X	49. Has the MTF conducted any P2OAs? (Good business practice)				
<b>Remarks:</b>							
	X	X	50. Has the MTF implemented any pollution prevention initiatives? (Good business practice)				
<b>Remarks:</b>							
<b>DOT Requirements</b>							
	X	X	51. Does the MTF use Shipping Papers (or state manifests if required) to accompany RMW that moves off site (on public roads) from outlying clinics/activities back to the hospital (49 CFR 172.200)?				
<b>Remarks:</b>							
X	X	X	52. Is there evidence that personnel who prepare or transport infectious substances for shipment by highway have been formally trained (49 CFR 172.704; JCAHO EC.1.5; and EC.2.1)?				
<b>Remarks:</b>							
X	X	X	53. Is there evidence that personnel who prepare infectious substances OR diagnostics specimens for shipment by an overnight courier have been formally trained (IATA 1.5.0; JCAHO EC.1.5; and EC.2.1)?				
<b>Remarks:</b>							
	X	X	54. Have HAZMAT employees in Logistics and other areas (outlying clinics, DENTAC, etc.) that transport HW and RMW off post been trained or, if not trained, are they working under the direct supervision of a trained HAZMAT employee (49 CFR 172.704)?				
<b>Remarks:</b>							
	X	X	55. Have drivers who transport hazardous material (RMW & HW) in vehicles over public roads had driver training in addition to HAZMAT training? [49 CFR 177.816 and MEDCOM 40-35, 9b(3)(f)]				
<b>Remarks:</b>							
X	X	X	56. Are personnel who sign manifests/shipping papers certified, either by the CHPPM "TBM" Course or a DOD approved 2-week course? (DOD 4500.9R chap 204; JCAHO PI.1.1; and PI.5)				
<b>Remarks:</b>							
X	X	X	57. If the certification is more than two years old, has the person been recertified? [49 CFR 172.704(c)(2); DOD 4500.9R, Chap 204; JCAHO EC.2.1; JCAHO HR.3; and JCAHO HR.3.1]				
<b>Remarks:</b>							
	X	X	58. Are UN Standard containers (tested to performance-oriented standards) used to transport RMW marked with the UN compliance symbol? (49 CFR 173.134, 173.197, 178 subpart M). If not, is there a letter from the manufacturer stating that RMW containers meet the specifications of 49 CFR 178 subpart M?				
<b>Remarks:</b>							

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## FACILITY MANAGEMENT

APPENDIX T

MEDCOM Pam 700-1

Installation/Activity:										
Date of Visit:										
Reviewer's Name & Phone #:										
JCAHO	RC	MC					YES	NO	D	DPL
<b>I. Facility Management Organization and Staffing</b>										
<b>FM Organization Mission and Responsibilities</b>										
		<b>X</b>	1. Core Elements. Does the FM organization provide directly or have contracts to provide the following services? If not, who does? (AR 40-61, Chapter 8, Sec VIII)							
		<b>X</b>	a. Preventive Maintenance (PM)							
		<b>X</b>	b. Unscheduled/Emergency Maintenance							
		<b>X</b>	c. Project Management							
		<b>X</b>	d. Financial Management							
		<b>X</b>	e. ISA Management (for facility support only)							
		<b>X</b>	f. Design Engineering							
		<b>X</b>	g. Construction Supervision							
		<b>X</b>	h. Contract Administration							
		<b>X</b>	i. Quality Assurance							
		<b>X</b>	j. Facility Master Planning							
		<b>X</b>	k. Energy Conservation							
		<b>X</b>	l. As-built drawings Management							
		<b>X</b>	m. Spare Parts/Tools Management							
<b>Remarks:</b>										
		<b>X</b>	2. Extra Duties. Has the Commander directed the FM organization to be responsible to provide directly (or have contracts to provide) any of the following services?							
		<b>X</b>	a. Safety Administration							
		<b>X</b>	b. Physical Security							
		<b>X</b>	c. Space Management							
		<b>X</b>	d. Ground Maintenance							
		<b>X</b>	e. Pest Control							
		<b>X</b>	f. Hazardous Material/Waste Management							
		<b>X</b>	g. Environmental Services, Housekeeping							
		<b>X</b>	h. Communications/Information Management							
		<b>X</b>	i. Transportation Management							
		<b>X</b>	j. Medical Equipment Maintenance							
		<b>X</b>	k. Food Service Equipment							
<b>Remarks:</b>										
		<b>X</b>	3. Is the FM or his representative a designated COR on any contracts? If so, which contracts?							
<b>Remarks:</b>										
<b>FM Organizational Structure</b>										
<b>Facility Manager</b>										
		<b>X</b>	4. a. Is there a full time facility manager on staff?							

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JCAHO	RC	MC		YES	NO	D	DPL
		X	b. Who is the FM?				
		X	c. Is the FM position on the TDA?				
		X	d. What is the FM's current job series and grade?				
<b>Remarks:</b>							
		X	5. a. Is the FM's current grade level equitable with the scope and level of support services provided to the activity? (MEDCOM's Facility Management Job Description Handbook)				
		X	b. If not, is there a current initiative to upgrade the position?				
		X	c. Does this initiative have command support?				
<b>Remarks:</b>							
		X	6. a. Is the FM a participating member of any of the following committees?				
		X	(1) Executive Committee				
		X	(2) Master Planning				
		X	(3) Safety/Environment of Care				
		X	(4) Space Management				
<b>Remarks:</b>							
		X	b. Is the FM a participating member of any other committees? List committees in which the FM is a participating member. (The intent of these questions is to determine the level of influence that the FM has on pertinent decision making processes in the activity.)				
<b>Remarks:</b>							
<b>FM Organization</b>							
		X	7. Is an organizational diagram available for review that accurately reflects the facility management organization in this activity?				
<b>Remarks:</b>							
		X	8. a. Does the FM have adequate personnel to perform the services listed under the core elements in question #1?				
		X	b. Does the FM have adequate additional personnel to perform those extra duties in question #2 identified by your command as FM responsibilities?				
<b>Remarks:</b>							
		X	9. Does the FM have adequate clerical support to maintain records and project files?				
<b>Remarks:</b>							
		X	10. What is the distribution of personnel in the FM organization for the following categories?				
		X	a. Management and Administrative				
		X	b. In-house Engineering/Tech support				
		X	c. Contract Engineering/Tech support				
		X	d. Dedicated DPW Engineering/Tech support				
		X	e. In-house Maintenance Workforce				
		X	f. Contract Maintenance Workforce				
		X	g. Dedicated DPW Maintenance Workforce				
<b>Remarks:</b>							

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<b>Adequacy of Maintenance Workforce</b>							
		X	11. What is the ratio of maintenance personnel (including foremen) related to Sq. Ft. of the MTF? The intent of these questions is to determine if the FM organization has an adequate maintenance workforce to handle PM and minor repairs.				
<b>Remarks:</b>							
		X	12. Has a study, such as the Staffing Plan described in Section 8 of the Operation Maintenance Management Plan (OMMP) been performed to equate the actual level of maintenance with required staffing? If so, provide it for review. FIB# 96-045				
<b>Remarks:</b>							
<b>Outsourcing</b>							
		X	13. Does the FM have a plan such as the Outsourcing Plan described in Section 8, subsection IV of the OMMP that evaluates all sources to achieve the most economical mix of contract and in house work performance considering cost, quality, and customer service? Note: The intent of this question is to determine if the FM is evaluating, on at least an annual basis, the economic feasibility of contracting out maintenance activities versus using in-house work force or vice-versa. (AR 40-61, Chapter 8, Sec VIII)				
<b>Remarks:</b>							
		X	14. Is a commercial activities (A-76) study scheduled within the next 12 months?				
<b>Remarks:</b>							
		X	15. Does the FM organization have a good working relationship with the DPW organization? If not, why not?				
<b>Remarks:</b>							
<b>II. Administration and Records</b>							
<b>Standards, Regulations and Plans</b>							
		X	16. Does the FMB have access to the following current codes, standards, pubs, regulations, etc.?				
		X	a. DFAS-IN-37-100				
		X	b. Current Accreditation Standards (JCAHO, AAALAC, CAP)				
		X	c. National Fire Protection Association (NFPA)				
		X	(1) 25 - Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems				
		X	(2) 30 - Flammable and Combustible Liquids Code				
		X	(3) 54 - National Fuel Gas Code				
		X	(4) 70 - National Electrical Code				
		X	(5) 70B - Electrical Equipment Maintenance				
		X	(6) 72 - National Fire Alarm Code				
		X	(7) 80 - Fire Doors and Windows				
		X	(8) 90A - Standard for the Installation of Air Conditioning and Ventilating Systems				

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		X	(9) 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations				
		X	(10) 99 - Health Care Facilities				
		X	(11) 101 - Life Safety Code				
		X	(12) 110 - Standard for Emergency and Standby Power Sys.				
		X	d. DoD, Army and MEDCOM Regulations, Pubs, PAMs and TMs				
		X	(1) DoD Medical Space Planning Criteria				
		X	(2) Army Health Facility Design Guide Plates				
		X	(3) MIL-HANDBOOK 1191				
		X	(4) AR 405-70 - Utilization of Real Property				
		X	(5) AR 415-15 - Army MILCON Program				
		X	(6) AR 415-18 - MILCON Responsibilities				
		X	(7) AR 415-20 - Project Development and Design Approval				
		X	(8) AR 415-28 - DA Real Property Codes				
		X	(9) AR 415-35 -Minor Construction, Emergency Construction, and Replacement of Facilities Damaged or Destroyed				
		X	(10) AR 420-10 - Management of Installation Directorate of Public Works				
		X	(11) DA PAM 420-11 - Project Definition and Work Classification				
		X	(12) Architect-Engineer Instructions (AEI)				
		X	(13) Medical Design Standards (MDS)				
		X	(14) Installation Design Guide (Installation specific)				
		X	(15) U.S. Army Corps of Engineers Manuals				
		X	(16) Federal Acquisition Regulation for DoD (FAR)				
		X	e. ADA/UFAS Regulations				
		X	f. Center for Disease Control and Prevention Guidelines				
		X	(1) Guidelines for Isolation Precautions in Hospitals				
		X	(2) Guidelines for Preventing the Transmission of TB in Health Care Facilities				
		X	(3) Guidelines for Handwashing and Hospital Environmental Control				
		X	g. Appropriate building code (i.e. UBC, BOCA, etc.)				
		X	h. National Standard Plumbing Code				
		X	i. American Hospital Association (AHA)				
		X	(1) Maintenance Management for Health Care Facilities				
		X	j. American Standards Institute/American Society of Mechanical Engineers (ANSI/ASME)				
		X	(1) A17.1 - Safety Code for Elevators and Escalators				
		X	(2) A17.2 - Inspectors Manual for Elevators and Escalators				
		X	k. AIA Academy of Architecture for Health - Guidelines for Design and Construction of Hospitals and Health Care Facilities.				
		X	l. Occupational Safety and Health Administration (OSHA) Requirements				

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<b>Remarks:</b>							
		X	17. Does the library have the following current plans, signed as required, regardless of proponent?				
		X	a. Repair, Alteration, Maintenance and Operations Plan (RAMOP) (FIB# 99-009)				
		X	b. Health Care Business Plan (Medical Master Plan) (FIB#97049)				
		X	c. Facility Master Plan for all the MTF's facilities (FIB# 970490)				
		X	d. OMMP to include the following (FIB# 96-045)				
		X	(1) Maintenance Plan				
		X	(2) Financial Plan				
		X	(3) Staffing Plan				
		X	(4) Training Plan				
		X	(5) Outsourcing Plan				
		X	e. Work Plans (AR-61, Chapter 8, Sec VIII)				
		X	(1) Annual				
		X	(2) Intermediate				
		X	(3) Long Range				
X		X	f. Emergency Preparedness Plan (EC.1.6)				
X		X	g. Utility Management Plan (EC.1.9)				
		X	h. Quality Surveillance Plan for PM (AR-61, Chapter 8, Sec VIII)				
		X	i. Quality Control Plan for projects (AR-61, Chapter 8, Sec VIII)				
X		X	j. Safety Management Plan (EC.1.3)				
<b>Remarks:</b>							
		X	18. Is the FM aware that the Facility Information Bulletins (FIBs) and the toolbox manual are available through the ACSIE&FM WEB site?				
<b>Remarks:</b>							
<b>Personnel Administration</b>							
X		X	19. Are job descriptions on all FM personnel current? (HR.1)				
<b>Remarks:</b>							
		X	20. Is there a centralized personnel file on FM employees?				
<b>Remarks:</b>							
<b>Training</b>							
X		X	21. a. Have all employees had their initial Briefing? (HR.3.2)				
		X	b. Are all their annual Briefing records current? (HR.3.2)				
<b>Remarks:</b>							
X		X	22. Is there a written O&M training program? Note: This program should be designed to further train the staff and promote development, improve retention, enhance technical skills of the workforce and to provide required continuing certification education. (HR.3)				
<b>Remarks:</b>							
X		X	23. Are personnel training records available in a central location? (HR.3)				
<b>Remarks:</b>							

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<b>Automation</b>							
<b>Defense Medical Logistics Standard Support (DMLSS)</b>							
		<b>X</b>	24. Is the Facility Management (FM) module of DMLSS installed at this activity?				
<b>Remarks:</b>							
		<b>X</b>	25. If so, which of the following sub-modules are being used:				
		<b>X</b>	a. MTF (Installation Information)?				
		<b>X</b>	(1) Primary Installation?				
		<b>X</b>	(2) Sub-installations?				
		<b>X</b>	b. Buildings?				
		<b>X</b>	(1) Cat 500?				
		<b>X</b>	(2) Non-cat 500?				
		<b>X</b>	c. Rooms?				
		<b>X</b>	d. Preventive Maintenance?				
		<b>X</b>	e. Work Order?				
		<b>X</b>	f. Project Management?				
		<b>X</b>	g. Budget?				
		<b>X</b>	h. Business Objects?				
<b>Remarks:</b>							
		<b>X</b>	26. a. Does the FM feel that additional training on DMLSS is required?				
		<b>X</b>	b. If so, on which sub-modules listed in question # II.10 above?				
<b>Remarks:</b>							
		<b>X</b>	27. a. Does the FM feel that DMLSS adequately meets requirements?				
		<b>X</b>	b. If not, state which sub-modules listed in question # II.10 above and why?				
<b>Remarks:</b>							
		<b>X</b>	28. If DMLSS FM is not being used, what Automated Maintenance Management System is being utilized to increase the accuracy and efficiency of maintenance management?				
<b>Remarks:</b>							
<b>X</b>		<b>X</b>	29. If none, how does the FM manage the maintenance activity? (Explain the process) (EC.1.9 and 2.8)				
<b>Remarks:</b>							
<b>Computer Aided Drafting and Design (CADD)</b>							
		<b>X</b>	30. a. Does the FM have a CADD system?				
		<b>X</b>	b. If so, which (AutoCAD, Microstation, Drawbase, other)?				
<b>Remarks:</b>							
<b>III. Operations, Maintenance and Project Management</b>							
<b>As-built Drawings</b>							
<b>X</b>		<b>X</b>	31. Does the FM have or have access to as-built drawings of the activities' MTFs? (EC.2.8)				

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<b>Remarks:</b>							
		X	32. Are the as-built drawings in electronic format? If so, which (AutoCAD, Microstation, Drawbase, other)?				
<b>Remarks:</b>							
X		X	33. Is there a system in place to annotate changes to drawings to reflect their as-built status by either maintenance and engineering personnel or contractors doing work? (EC.2.8)				
<b>Remarks:</b>							
<b>Tools and Spare Parts</b>							
		X	34. Is there a program for managing tools and spare parts? Explain the process. (DA PAM 710, Sec 2-1)				
<b>Remarks:</b>							
		X	35. Are parts and tools located in a common accessible and secured area?				
<b>Remarks:</b>							
<b>Warranty Management</b>							
		X	36. How are records maintained on all equipment and construction under warranty?				
<b>Remarks:</b>							
		X	37. Is warranty work enforced when entitled?				
<b>Remarks:</b>							
<b>Quality Control, Quality Assurance and Surveillance</b>							
		X	38. Is there a quality surveillance plan for verification of PM? Explain the process.				
<b>Remarks:</b>							
		X	39. Is there a process in place for quality assurance on construction and major repair projects? Explain the process.				
<b>Remarks:</b>							
		X	40. Are follow-up inspections conducted and documented to ensure corrective action has been taken on previously cited deficiencies?				
<b>Remarks:</b>							
<b>Customer Satisfaction/Problem Resolution</b>							
X		X	41. Are customer complaints properly investigated for validity, documented, and resolved to satisfaction? (EC.3.2)				
<b>Remarks:</b>							
		X	42. Are customer surveys available for customer input?				
<b>Remarks:</b>							
		X	43. Is action taken on customer comments received through the feedback system?				
<b>Remarks:</b>							
<b>Indoor Air Quality</b>							
X		X	44. Who is the proponent for monitoring the indoor air quality? (EC.4.1d)				
<b>Remarks:</b>							

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		X	45. Does the FM have a copy of the indoor air quality SOP?				
Remarks:							
		X	46. Is an HVAC test and air balance report available for review?				
Remarks:							
		X	47. Is there an SOP for controlling indoor air quality during repair projects? (OSHA)				
Remarks:							
		X	48. a. Are there requirements for controlling indoor air quality during construction projects in the contract specifications? (OSHA)				
		X	b. Are all violations reported in writing to the Contracting Officer or COR?				
		X	c. Are the Indoor Air Quality specifications enforced by the Contracting Officer and COR?				
Remarks:							
		X	49. Does the preventive maintenance program require inspection of ducts to determine when duct cleaning is needed?				
Remarks:							
		X	50. When determined by PM to be required, is action taken to clean air ducts?				
Remarks:							
		X	51. Is there evidence to show that balancing is spot checked to determine when a total re-balance is required?				
Remarks:							
<b>Emergency Preparedness</b>							
X		X	52. Is there an emergency preparedness plan that specifically addresses facilities systems? (EC.1.6)				
Remarks:							
X		X	53. Is training conducted on unscheduled shutdowns and emergency preparedness procedures? Provide records. (EC. 2.9)				
Remarks:							
<b>Emergency Shutoff Devices</b>							
X		X	54. Can the maintenance staff promptly locate emergency shut-off valves and control devices for all critical systems as identified in NFPA 99? (EC.2.8)				
Remarks:							
X		X	55. Are as-built status drawings or schematics available to accurately locate these devices? (EC.1.9i)				
Remarks:							
X		X	56. Are the valves and shutoffs appropriately tagged? (EC.1.9i)				
Remarks:							
<b>Preventive Maintenance (Scheduled)</b>							
X		X	57. Is there an established PM program? (EC.1.9 and 2.8)				
Remarks:							

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		X	58. What is the percentage of the following as a component of either total productive labor hours or RPMA funds? The intent is to determine distribution of PM with other workload.				
		X	a. Preventive Maintenance (goal is 55-65%)				
		X	b. Corrective Maintenance (goal is 25-35%)				
		X	c. New Work / Major Repairs (10% max.)				
<b>Remarks:</b>							
		X	59. Is there a "Back Log" of either PM or Corrective Maintenance, and if so, how much? (answer in either "Man Days" or "Man Hours")				
		X	a. Preventive Maintenance				
		X	b. Corrective Maintenance				
<b>Remarks:</b>							
X		X	60. a. Is there a current inventory available for documenting each equipment item and system requiring maintenance?(EC.1.9 and 2.8)				
		X	b. Is the remaining life expectancy data available for each equipment item and system requiring maintenance?				
<b>Remarks:</b>							
		X	61. a. Does the FM have access to the supporting PM verification records?				
		X	b. Where are they kept?				
<b>Remarks:</b>							
X		X	62. Does the PM program address all the systems in the facility described by NFPA-99 as "Critical Systems"? (Critical systems are systems whose failure has immediate impact on patient care or operations.) (EC 1.9 and 2.8)				
<b>Remarks:</b>							
<b>PM Scheduling</b>							
X		X	63. Are PM schedules established for each equipment item and system requiring maintenance? (EC 1.9 and 2.8)				
<b>Remarks:</b>							
X		X	64. Do PM schedules include the following? (EC 1.9 and 2.8)				
		X	a. Tasks to be performed				
		X	b. Time required to perform the PM				
		X	c. Trades required to perform the PM				
		X	d. Parts required to perform the PM				
		X	e. Cost associated with performing the PM				
		X	f. Reference material required to perform the PM				
		X	g. Safety procedures required to perform the PM				
<b>Remarks:</b>							
X		X	65. Is PM scheduling derived using predictive indicators? (EC 1.9 and 2.8)				
<b>Remarks:</b>							
X		X	66. Is there evidence that PM generates follow-on service/work orders? (EC 1.9 and 2.8)				

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Remarks:							
<b>Testing, Inspections and Operating Permits</b>							
X		X	67. Are the following records for critical operating components of the utility systems centrally located and available for immediate review? (EC 2.14)				
		X	a. Test reports?				
		X	b. Inspections?				
		X	c. Operating permits, if required?				
Remarks:							
X		X	68. Are emergency generator and essential electrical testing performed in accordance with NFPA 99 and 110 and applicable accreditation standards? ( EC 2.14d)				
Remarks:							
<b>Central Energy Plant Operations</b>							
		X	69. Is the FMB responsible for maintaining a Central Energy Plant? (If no, then skip questions 70 - 76)				
Remarks:							
		X	70. Is the central energy plant (CEP) located within the confines of the main building or is it located as a separate stand-alone building?				
Remarks:							
		X	71. Does the CEP service only the hospital?				
Remarks:							
		X	72. If the CEP services other facilities, do all of these facilities belong to the MTF?				
Remarks:							
		X	73. How many full time maintenance personnel are dedicated to the CEP?				
Remarks:							
X		X	74. If the CEP is not manned on a 24-hour basis, is an effective mechanism available for after hours response? (EC 1.9 and 2.8)				
Remarks:							
X		X	75. Are all required training records, CEP logbooks and operator licenses kept up to date and available for review? (EC 1.9 and 2.8)				
Remarks:							
X		X	76. Are written procedures available on CEP equipment?				
		X	a. Start-up? (EC 2.8a)				
		X	b. Shutdown? (O&M Manuals)				
Remarks:							
<b>Corrective Maintenance (Unscheduled)</b>							
<b>Work/Service Order Processing</b>							
		X	77. Is there a centrally located and staffed work order center?				
Remarks:							
X		X	78. Is the work order center responsive on a 24-hour basis? (EC 2.1)				
Remarks:							

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X		X	79. How are service orders processed? Explain the process? (EC 2.1)				
Remarks:							
		X	80. What are the response times for the following service orders?				
		X	a. Emergency service orders				
		X	b. Nonemergency service orders				
Remarks:							
X		X	81. How many critical system failures have there been since the last CLRT? Provide a list for review showing the failed system(s) and corrective action(s). (EC 2.1)				
Remarks:							
X		X	82. a. Have all critical system failures been recorded in either the Environment of Care or Safety Meetings' minutes? (EC 2.1)				
		X	b. Has the Commander approved the meetings' minutes?				
Remarks:							
<b>New Work/Project Management</b>							
<b>Project Planning</b>							
		X	83. a. Is there a current short-term (current year) prioritized list of all major repair, minor construction, renewal, and medical MILCON projects? Provide the list for review (AR 40-61, Chapter 8, Sec VIII)				
		X	b. Is there a long-range list (4 years out)?				
		X	c. Has the Facility Master Plan been considered when developing ALL projects? (FIB# 99-008)				
Remarks:							
		X	84. a. Are projects considered for the Energy Savings Performance Contract (ESPC) program?				
		X	b. Which projects are currently being done by the ESPC program?				
Remarks:							
		X	85. a. Are all project requests reviewed and approved by the DPW? (AR 420-10, Sec 3-5a)				
		X	b. Who at the DPW has signature authority for projects?				
		X	c. Does the DPW revalidate each project request when either the scope changes or the CWE exceeds the PA? (AR 420-10, Sec 3-5a)				
Remarks:							
		X	86. Are project plans reviewed as required for safety, fire protection/prevention, OSHA/Environmental and signed off by the appropriate authority having jurisdiction? Gives examples. (AR 420-10, Sec 3-5a)				
Remarks:							
<b>Project Records</b>							
		X	87. Are project files centrally located and is a project folder available for each project? Do project folders have the following documents? (DA PAM 420-11, Chapter 3.2)				
		X	a. Work Request DA Form 4283				

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		X	b. Major Repair/Minor Construction Project Document MC 234-R				
		X	c. Quality Control Plan				
		X	d. Quality Assurance Reports for ongoing facility work				
		X	e. Design Specifications, Work Plans, etc.				
		X	f. Independent Government Estimates				
		X	g. Funding Obligation Reports				
		X	h. DD Form 1391, if applicable				
		X	i. Warranty Documents, if applicable				
<b>Remarks:</b>							
<b>Project Tracking, Scheduling and Execution</b>							
		X	88. Does the FM have a system for tracking project status?				
<b>Remarks:</b>							
		X	89. What is the process for monitoring cost on projects? Show the process for review. (AR 420-11)				
<b>Remarks:</b>							
		X	90. How are work requests for major repair and minor construction projects processed? Explain the process. (AR 420-11)				
<b>Remarks:</b>							
		X	91. What problems have been encountered with project implementation?				
<b>Remarks:</b>							
		X	92. What is the average time to process and obtain:				
		X	a. Approval on a work request DA Form 4283?				
		X	b. A completed DD Form 1391 through the DPW?				
<b>Remarks:</b>							
<b>A/E Design</b>							
		X	93. How does the FM accomplish engineering and architectural design work?				
<b>Remarks:</b>							
<b>IV. Resource/Financial Management</b>							
<b>Reporting</b>							
		X	94. What was the amount spent last year for each of the following accounts?				
		X	a. J-Account (Utility)				
		X	b. J-Account (CEP Operations)				
		X	c. K-Account (Operations and Maintenance)				
		X	d. L-Account (Project/New work)				
		X	e. M-Account (Design/Engineering, Entomology and Fire Inspection)				
		X	f. Program "X" (RMC/MEDCOM)				
<b>Remarks:</b>							

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		X	95. Is the projected cost per square foot for recurring maintenance and minor repairs on the RAMOP lower than or equal to the MEDCOM funding level for RPM? (FIB# 99-014)				
<b>Remarks:</b>							
		X	96. Does the organization allow for adequate use of RPM account dollars for training and awards for FMB personnel?				
<b>Remarks:</b>							
<b>PM Funding</b>							
		X	97. Is there a system in place for tracking/controlling RPM funds? Explain the process. (AR 40-61, Chapter 8, Sec VIII)				
<b>Remarks:</b>							
<b>Financial Programming</b>							
		X	98. Does the FM organization have adequate additional funds to perform the extra duties identified in question #2?				
<b>Remarks:</b>							
		X	99. Is there a facility life cycle investment strategy for this activity? Provide it for review. (AR 40-61, Chapter 8, Sec VIII)				
<b>Remarks:</b>							
		X	100. ISA/MOU. Is there an Installation Service Agreement or Memorandum of Agreement in place to define maintenance responsibilities of supporting agencies (DPW, DOIM etc.)? Provide it for review. (AR 420-10, Sec 3-5f)				
<b>Remarks:</b>							
<b>Credit Card</b>							
		X	101. Does the FM have credit card(s) <b>DIRECTLY</b> available and designated for use on facilities requirements? The intent of this is to determine if the FM has control of his/her funds, as opposed to having to get permission from others to function.				
<b>Remarks:</b>							
<b>Real Property Management</b>							
		X	102. Does the FM have a current and accurate inventory of all buildings in the MTF? Provide the inventory list for review. (AR 405-45)				
<b>Remarks:</b>							
		X	103. What is the total square footage for each type of facility within the different RPM funding levels?				
		X	a. RPM Funding level for:				
		X	(1) Medical Center				
		X	(2) Hospital				
		X	(3) Research facility				
		X	(4) Pharmacy				
		X	(5) Mechanical/utility buildings providing direct support of the above functions				
<b>Remarks:</b>							
		X	b. RPM Funding level for:				

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		X	(1) Clinic formerly operated as a hospital				
		X	(2) Dental clinic(s)				
		X	(3) Mechanical/utility buildings providing direct support of the above functions				
<b>Remarks:</b>							
		X	c. RPM Funding level for:				
		X	(1) Health clinic(s)				
		X	(2) Free standing hospital clinic building(s)				
		X	(3) Vet Facilities				
		X	(4) Mechanical/utility buildings providing direct support of the above functions				
<b>Remarks:</b>							
		X	d. RPM Funding level for:				
		X	(1) Free standing medical warehouses that support local medical activities				
		X	(2) Free standing administrative office space that supports local medical activities				
		X	(3) Free standing medical maintenance facilities that support local medical activities				
		X	(4) Free standing ambulance garages that support local medical activities				
<b>Remarks:</b>							
		X	e. RPM Funding level for:				
		X	(1) Buildings that are funded by BASOPS transfer				
		X	(2) Nonmedical and war reserve warehouses				
		X	(3) Barracks				
		X	(4) Troop unit headquarters				
		X	(5) Nonmedical buildings that do not directly support health care functions				
<b>Remarks:</b>							
		X	104. a. Are the building square footages correct?				
		X	b. Are the building Categories correct?				
		X	c. Do they match what is in the DPW's IFS-M system and on the 1354s?				
<b>Remarks:</b>							
		X	105. List all W.W.II wood buildings.				
<b>Remarks:</b>							
		X	106. Is there a plan for turn-in of these structures to the DPW?				
<b>Remarks:</b>							
<b>Master Planning</b>							
		X	107. a. Is there a Facility Master Plan?				
		X	b. Who prepared it?				
		X	c. When was it completed?				

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		X	d. Does it have Command support?				
		X	e. When was it last reviewed/updated?				
<b>Remarks:</b>							
<b>Space Management</b>							
		X	108. Is the FM included in the planning for space utilization within the hospital? (AR 40-61, Chapter 8, Sec VIII)				
<b>Remarks:</b>							
		X	109. When was the last department-level space analysis performed? Provide it for review.				
<b>Remarks:</b>							
		X	110. Does the FM have floor plans that accurately account for and show how space is currently allocated on a department basis in the hospital? If so, provide them for review.				
<b>Remarks:</b>							
		X	111. a. How many beds was the hospital designed for?				
		X	b. How many beds does the hospital currently have?				
		X	c. Based on headwall capacity, what is your maximum expansion capability?				
<b>Remarks:</b>							
<b>V. Regulatory/Accreditation Compliance</b>							
<b>Accreditation Survey Results</b>							
		X	112. Provide date(s) when the last survey(s) was/were conducted and next survey(s) is/are due.				
<b>Remarks:</b>							
		X	113. If applicable, identify all recent JCAHO findings, including recommendations, related to the Environment of Care. Provide the list for review.				
<b>Remarks:</b>							
		X	114. If applicable, identify all recent CAP and/or AAALAC findings related to facilities. Provide the list for review.				
<b>Remarks:</b>							
<b>Corrective Action and Follow-up</b>							
X		X	115. If applicable, has a Statement of Conditions been performed on the medical treatment facility? (EC.1.1)				
<b>Remarks:</b>							
		X	116. Have PFI projects been submitted to MEDCOM for approval/funding, if required? Provide the list for review.				
<b>Remarks:</b>							
		X	117. What is the required funding for the most recent JCAHO survey Plan for Improvement projects that have not been implemented?				
<b>Remarks:</b>							
		X	118. For surveys other than JCAHO, has a plan for corrective action been developed? Provide the plan for review.				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	119. If a JCAHO PFI exists, is the work being tracked properly for timely completion as shown in the PFI? (EC 1.1)				
<b>Remarks:</b>							
<b>Regulatory Standard Operating Procedures</b>							
		X	120. If applicable, does the FM have SOPs for the following areas?				
		X	a. Regulated Medical Waste				
		X	b. Silver Recovery				
		X	c. Underground Storage Tank Maintenance and Testing				
		X	d. Indoor Air Quality				
		X	e. Asbestos Abatement				
		X	f. Safety Management for Construction and Maintenance				
<b>Remarks:</b>							
<b>Environmental Coordination</b>							
		X	121. Does the FM attend routine meetings with other health care staff and the ESO to review environmental program requirements, develop projects, and program for funding via the EPR (formerly known as the A106)?				
<b>Remarks:</b>							
		X	122. Does the FM get involved with oversight and accomplishment of environmental projects.				
<b>Remarks:</b>							
<b>Energy Conservation</b>							
		X	123. Who is the proponent for energy conservation? (AR 40-61, Chapter 8, Sec VIII)				
<b>Remarks:</b>							
		X	124. Are all buildings metered? If not, provide a list of what buildings are not metered. Are there plans to meter these buildings in the future? If not, why?				
<b>Remarks:</b>							
		X	125. How is energy usage and cost tracked? Identify basis for utility rate structure?				
<b>Remarks:</b>							
<b>Safety Management</b>							
		X	126. Has personal protective safety equipment been issued to all maintenance personnel and have they been trained on its use and do they use it when required? (OSHA)				
<b>Remarks:</b>							
		X	127. Are safety meetings routinely conducted and safety training records maintained on all personnel?				
<b>Remarks:</b>							
X		X	128. Are personnel injuries promptly and properly investigated?(EC.3)				
<b>Remarks:</b>							

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X		X	129. Are new employees provided with an initial safety orientation and briefing by the Safety Officer following their employment? (EC.1.3h and EC.2.1)				
<b>Remarks:</b>							
		X	130. Are electrical lock-out/tag-out and confined area procedures available and in use? (OSHA: 29CFR-1910-147)				
<b>Remarks:</b>							
<b>Physical Security</b>							
		X	131. Are key control procedures, for keys within your responsibility, in accordance with activity/installation regulations? (AR 190)				
<b>Remarks:</b>							
X		X	132. Are mechanical and electrical rooms kept secured? (EC.1.4e)				
<b>Remarks:</b>							
<b>VI. Physical Plant Assessment</b>							
X		X	133. Are the following systems and equipment assessed for adequacy and functionality on an annual basis, and what is the condition of each of the systems (rate as red, amber or green)? Provide the assessments for review. (EC.2.14)				
		X	a. Fire Protection:				
		X	(1) Fire Alarm				
		X	(2) Sprinkler System				
		X	(3) Fire Water Pumps				
		X	(4) Smoke Control System				
		X	(5) Fire doors				
<b>Remarks:</b>							
		X	b. Heating, Ventilation, and Air Conditioning:				
		X	(1) Air Handling Units				
		X	(2) Re-circulating Pumps				
		X	(3) Chillers				
		X	(4) Boilers				
		X	(5) Air Distribution Devices				
		X	(6) Duct System				
		X	(7) Controls				
		X	(8) Fuel Oil Dispensing System for Boilers				
		X	(9) Fuel Storage Tanks for Boilers				
		X	(10) Heat Transfer Devices				
		X	(11) Cooling Towers				
		X	(12) Chilled Water Distribution System				
		X	(13) Hydronic Hot Water Distribution System				
		X	(14) Steam Distribution System				
<b>Remarks:</b>							
		X	c. Plumbing:				
		X	(1) Medical Gas and Vacuum Systems				

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		X	(2) Domestic Hot and Cold Water System				
		X	(3) Sanitary Drain System				
		X	(4) Storm Drain System				
		X	(5) Food Service Equipment				
		X	(6) Cart Washes				
		X	(7) Waste Disposal Systems				
		X	(8) Water Fountains				
<b>Remarks:</b>							
		X	d. Vertical and Horizontal Transport:				
		X	(1) Elevators				
		X	(2) Dumb Waiters				
		X	(3) Escalators				
		X	(4) Pneumatic Tube System				
		X	(5) Automatic Box Conveyors				
<b>Remarks:</b>							
		X	e. Electrical:				
		X	(1) Emergency Generators				
		X	(2) Automatic Doors				
		X	(3) Essential Electrical Distribution System				
		X	(4) Normal Power Electrical Distribution				
		X	(5) Fuel Oil Dispensing System for Emergency Generators				
		X	(6) Fuel Storage Tanks for Emergency Generators				
<b>Remarks:</b>							
		X	f. Structural:				
		X	(1) Roof				
		X	(2) Fire Proofing				
		X	(3) Exterior Walls				
		X	(4) Exterior Doors				
		X	(5) Windows				
			(6) Loading Ramps/Platforms				
<b>Remarks:</b>							
		X	134. If any of the above systems are either amber or red, what is the plan for corrective action?				
<b>Remarks:</b>							
<b>VII. Physical Plant and Site Survey</b>							
<b>Note: This portion will be filled out by the CLRT surveyor during the walk through. A survey will be conducted for each reimbursable building.</b>							
		X	135. a. Which reimbursable building does the following survey cover?				
<b>Remarks:</b>							
		X	b. Give overall rating, red, amber, or green.				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
		X	136. Mechanical/Electrical Equipment Appearance and Maintenance (Give overall rating, red, amber, or green).				
Remarks:							
		X	a. Are spaces cluttered and unclean?				
Remarks:							
		X	b. Was the surveyor unable to locate spill control/hazard control material?				
Remarks:							
		X	c. Is there evidence that fire extinguishers in equipment spaces are not inspected on a monthly basis?				
Remarks:							
		X	d. Are air handling unit filters dirty?				
Remarks:							
		X	e. Are pump seals leaking?				
Remarks:							
		X	f. Are any temperature and pressure gauges nonoperational?				
Remarks:							
		X	g. Were any leaking water lines observed?				
Remarks:							
		X	137. Interior Appearance and Maintenance. Give overall rating, red, green, or amber).				
Remarks:							
		X	a. Is it difficult to find one's way around the facility utilizing the current way-finding system?				
Remarks:							
		X	b. Are floor finishes (i.e., carpeting, Terrazzo, sheet vinyl, etc.) worn and in poor condition?				
Remarks:							
		X	c. Are interior surfaces poorly painted, or do wall coverings show signs of aging and in need of replacement?				
Remarks:							
		X	d. Is there evidence to suggest that outages on elevators are frequent?				
Remarks:							
		X	e. Is there evidence to suggest that fire door replacement is required?				
Remarks:							
		X	f. Are exit signs or emergency lights out?				
Remarks:							
		X	g. Are lighting fixture lamps out or unclean?				
Remarks:							
		X	h. Are ceiling tiles loose, removed, or in poor condition?				
Remarks:							
		X	i. Are wall bumper guards loose or hanging from walls?				

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<b>Remarks:</b>							
		X	j. Are bumper guards at the wrong elevation causing wall damage?				
<b>Remarks:</b>							
		X	k. Are interior doors in main traffic areas in banged up condition or inoperable?				
<b>Remarks:</b>							
		X	l. Is floor tile chipped, loose, or removed in certain areas?				
<b>Remarks:</b>							
		X	m. Are emergency electrical outlets improperly identified?				
<b>Remarks:</b>							
		X	n. Were hazardous materials observed improperly stored in areas?				
<b>Remarks:</b>							
		X	o. Was the FM unable to access any secured areas?				
<b>Remarks:</b>							
		X	p. Were cigarette butts observed with-in areas under the control of the FMB?				
<b>Remarks:</b>							
		X	q. If applicable, was any combustible material observed in the interstitial area?				
<b>Remarks:</b>							
		X	r. Is fire proofing material on structural elements in poor condition or failing?				
<b>Remarks:</b>							
		X	s. Are crawl spaces and basements leaking?				
<b>Remarks:</b>							
		X	t. Were any unsealed penetrations through fire or smoke barriers observed that were not listed in the SOC and PFI?				
<b>Remarks:</b>							
		X	138. Exterior Appearance and Maintenance. (Give overall rating, red, amber, or green)				
<b>Remarks:</b>							
		X	a. Do exterior walls show signs of leakage or poor maintenance?				
<b>Remarks:</b>							
		X	b. Are windows and exterior wall panels in need of caulk?				
<b>Remarks:</b>							
		X	c. Are grounds associated with the facility poorly maintained?				
<b>Remarks:</b>							
		X	d. Are exterior parking lot lights out or show signs of poor maintenance?				
<b>Remarks:</b>							
		X	e. Are parking lots poorly maintained?				

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JCAHO	RC	MC		YES	NO	D	DPL
<b>Remarks:</b>							
		<b>X</b>	139. Appearance and Maintenance outside of a construction or repair project area. (if applicable) (Give overall rating, red, amber, or green) (OSHA)				
<b>Remarks:</b>							
		<b>X</b>	a. Is there construction debris visible outside the construction area?				
<b>Remarks:</b>							
		<b>X</b>	b. Is there construction dust (layers of dust on the surfaces, dusty foot prints or hand prints on surfaces) visible outside the construction area?				
<b>Remarks:</b>							
		<b>X</b>	c. Are there barriers in place that are fire rated and capable of containing dust and odors?				
<b>Remarks:</b>							

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## TRANSPORTATION

APPENDIX U

MEDCOM Pam 700-1

<b>Installation/Activity:</b>							
<b>Date of Visit:</b>							
<b>Reviewer's Name &amp; Phone #:</b>							
JCAHO	RC	MC		YES	NO	D	DPL
		<input checked="" type="checkbox"/>	1. Are the following transportation publications on hand or readily accessible:				
		<input checked="" type="checkbox"/>	a. AR 55 Series?				
		<input checked="" type="checkbox"/>	b. AR 58-1?				
		<input checked="" type="checkbox"/>	c. AR 71-32				
		<input checked="" type="checkbox"/>	d. AR 600-55				
		<input checked="" type="checkbox"/>	e. AR 750 Series?				
		<input checked="" type="checkbox"/>	f. DA PAM 750 Series?				
		<input checked="" type="checkbox"/>	g. Defense Travel Regulations (DTR) DoD 4500.9R?				
		<input checked="" type="checkbox"/>	h. DoD 4500.36R?				
		<input checked="" type="checkbox"/>	i. Joint Federal Travel Regulation (JFTR) Code of Federal Regulation (CFR)49				
		<input checked="" type="checkbox"/>	j. MEDCOM Reg 500-5-3?				
		<input checked="" type="checkbox"/>	k. TB 38-600				
		<input checked="" type="checkbox"/>	l. TB 55 Series?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	2. Is there a transportation officer/transportation coordinator appointed on order to perform the transportation functions IAW DOD 4500.9R ?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	3. Are there current written procedures on file to document the performance of the coordinator's assigned functions IAW 4500.9R				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	4. Are all vehicles listed on the activity's authorization document IAW AR-58-1 and AR 71-32?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	5. Does the activity exceed its authorized quantity of vehicles IAW AR 58-1?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	6. Has the MEDCOM Headquarters visited the facility during the past 4 years as part of the activity's regulatory Non-Tactical Vehicle Survey IAW AR 58-1?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	7. Is there a program in place to supervise the daily motor vehicle operator's maintenance IAW AR 750-1?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	8. Do all operators of motor vehicles have a valid Form 346 (U.S. Government Motor Vehicle Operator's Identification Card) IAW AR 58-1 and AR 600-55?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	9. Is there a current ledger of all Form 346 issued by the transportation office IAW AR 600-55?				
<b>Remarks:</b>							
		<input checked="" type="checkbox"/>	10. Has a Preventive Maintenance Checks and Services (PMCS) checklist been developed IAW TM 38-600?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
		X	11. Are there adequate tools, material and equipment for operators to perform their operation checks IAW AR 750-1 and AR 58-1?				
<b>Remarks:</b>							
		X	12. Are vehicles utilized for official purposes only IAW AR 58-1?				
<b>Remarks:</b>							
		X	13. Are vehicles secured and locked when not in use IAW AR 58-1?				
<b>Remarks:</b>							
		X	14. Are Fuel Credit Cards issued on a control log and secured in a locked container when not in use IAW AR 58-1?				
<b>Remarks:</b>							
		X	15. Are toll/bridge script/credit cards issued on a control log and secured in a locked container when not in use IAW AR 58-1?				
<b>Remarks:</b>							
		X	16. Is un-leaded or diesel fuel from self-service pumps being used in the vehicles IAW AR 56-11 and AR 58-1?				
<b>Remarks:</b>							
		X	17. Is the wait for a personal property shipment appointment more than five days? (IAW JFTR and AR 55-71)				
<b>Remarks:</b>							
		X	18. Is the Commercial Travel Office (CTO) Credit Card (Bank of America) bill being paid within 30 days IAW DOD 4500.9-R?				
<b>Remarks:</b>							
		X	19. Are Government Bill of Lading (GBL) assigned numbers secured when not being assigned or used IAW AR 55-71?				
<b>Remarks:</b>							
		X	20. Are personnel involved in shipping, receiving, and preparing documentation of hazardous materiel properly trained and is training documented IAW CFR 49?				
<b>Remarks:</b>							
		X	21. Does the Transportation Officer or Transportation Coordinator participate in mobilization planning IAW MEDCOM Reg 500-5-3?				
<b>Remarks:</b>							
		X	22. Does the Fire Department maintain a DA Form 5380-R (Fire Apparatus Test Record) on assigned Emergency Response Fire Fighting Equipment? This documents the vehicle capacity test per NFPA 1904.				
<b>Remarks:</b>							

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## ENVIRONMENT OF CARE

APPENDIX V

MEDCOM Pam 700-1

Installation/Activity:							
Date of Visit:							
Reviewer's Name & Phone #:							
JCAHO	RC	MC		YES	NO	D	DPL
<b>Section I. Safety Management</b>							
<b>Management Plan (EC.1.3)</b>							
X		X	1. Does the facility have a management plan for Safety? If so, does it include processes for:				
X		X	a. Maintaining and supervising all grounds and equipment?				
X		X	b. Conducting risk assessment that proactively evaluates the impact of buildings, grounds, equipment, occupants, and internal physical systems on patient and public safety?				
X		X	c. Examining safety issues by appropriate representatives from administration, clinical services, and support services?				
X		X	d. Reporting and investigating all incidents of property damage, occupational illness, and patient, personnel, or visitor injury?				
X		X	e. Ongoing hazard surveillance, including response to product safety recalls? (and EC.2.11)				
			In addition, does the plan establish:				
X		X	f. A qualified individual(s) to oversee development, implementation, and monitoring of safety management?				
X		X	g. An individual(s) to intervene whenever conditions pose an immediate threat to life or health or threaten damage to equipment or buildings?				
X		X	h. An orientation and education program that addresses (and EC.2.1): (1) General safety processes? (2) Area-specific safety? (3) Specific job-related hazards? (4) Provision of safety-related information through new employee orientation and continuing education?				
X		X	i. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) The level of staff participation? (3) Monitoring and inspection activities? (4) Emergency and incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				
X		X	j. Safety policies and procedures that are distributed, practiced, enforced, and reviewed as frequently as necessary, but at least every three years?				
X		X	k. How an annual evaluation of the safety management plan's objectives, scope, performance, and effectiveness will occur.				
Remarks:							
X		X	2. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
Remarks:							
<b>Staff Orientation and Education (EC.2.1)</b>							

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## ENVIRONMENT OF CARE

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	3. In addition to the orientation and education described in EC.1.3h, can personnel describe or demonstrate:				
X		X	a. Safety risks in the environment of care?				
X		X	b. Reporting procedures for incidents involving property damage; occupational illness; and patient, personnel, or visitor injury?				
X		X	c. Actions to eliminate, minimize, or report safety risks?				
Remarks:							
X		X	4. Can leaders describe their role in developing safety policies and procedures and provide examples of safety management program goals and performance improvement standards?				
Remarks:							
X		X	5. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Safety Plan Implementation (EC.2.2)</b>							
X		X	6. Is there evidence that the safety management plan has been implemented? <i>NOTE: Written procedures to accomplish the elements are described in EC.1.3.</i>				
Remarks:							
X		X	7. Are hazard surveillance surveys performed in all patient care areas at least every six months and in nonpatient care areas at least annually to identify environmental deficiencies, hazards, and unsafe practices (and EC.2.11 and EC.1.3)?				
Remarks:							
<b>Section II. Information, Collection, and Evaluation System (ICES)</b>							
<b>Review of Safety Problems (EC.3.1)</b>							
X		X	8. Is there an individual appointed to direct the safety program (either safety officer or director)?				
X		X	a. Does he/she direct the ongoing, organizationwide collection of information about deficiencies and opportunities for improvement in the environment of care?				
X		X	b. Does he/she review summaries of deficiencies, problems, failures, and user errors related to managing safety, security, hazardous materials and waste, emergency preparedness, life safety, medical equipment, and utility systems?				
X		X	c. Does he/she draw on other sources of information, such as published hazard or recall reports?				
X		X	d. Does he/she report on findings, recommendations, actions taken, and results of measurement?				
X		X	e. Does he/she regularly participate in hazard surveillance and incident reporting?				
X		X	f. Does he/she participate in the development of safety policies and procedures?				
Remarks:							
<b>Safety Committee (EC.3.2)</b>							
X		X	9. Is there a safety/environment of care committee composed of representation from administration, clinical services, and support services that carry out analysis of and seek resolution of safety issues?				

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<b>Remarks:</b>							
X		X	10. Does it meet regularly? If meetings are held more or less frequently than bimonthly, is this supported by current organization experience and safety committee approval?				
<b>Remarks:</b>							
X		X	11. Based on the ongoing monitoring of performance in each of the seven management areas, are recommendations for one or more performance improvement activities communicated at least annually to the organization's leaders?				
<b>Remarks:</b>							
X		X	12. Does the safety officer receive a summary of patient incidents that may be reported through quality activities or through a separate risk management program?				
<b>Remarks:</b>							
X		X	13. Do staff members in all departments participate in safety management through safety surveys, education, reporting of hazards, and involvement in activities of the safety committee, as appropriate?				
<b>Remarks:</b>							
X		X	14. Are safety issues analyzed, prioritized, and recommendations developed and approved in a timely manner?				
<b>Remarks:</b>							
X		X	15. Are safety issues communicated to the Executive Committee, Commander, directors of services, applicable departments, and individuals responsible for performance-improvement activities?				
<b>Remarks:</b>							
<b>Effectiveness Monitoring (EC.3.3)</b>							
X		X	16. Are safety findings tracked, trended, and effectiveness of actions measured?				
<b>Remarks:</b>							
X		X	17. Are staff members in leadership roles aware of the findings and actions of the safety program, and can they verbalize their understanding of the person, show correspondence from the safety program, or demonstrate their attendance at safety meetings?				
<b>Remarks:</b>							
X		X	18. Does the safety manager work with appropriate staff to implement safety committee recommendations and monitor their effectiveness?				
<b>Remarks:</b>							
<b>Section III. Security Management</b>							
<b>Management Plan (EC.1.4)</b>							
X		X	19. Does the facility have a management plan for Security? If so, does it include processes for:				
X		X	a. Leadership's designation of personnel responsible for developing, implementing, and monitoring the security management plan?				
X		X	b. Addressing security issues concerning patients, visitors, personnel, and property?				
X		X	c. Reporting and investigating all security incidents involving patients, visitors, personel, and property?				

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X		X	d. Providing identification, as appropriate, for all patients, visitors, and staff?				
X		X	e. Controlling access to and egress from sensitive areas, as determined by the organization?				
X		X	f. Providing vehicular access to urgent care areas?				
			In addition, does the plan establish:				
X		X	g. A security orientation and education program that addresses: (1) Processes for minimizing security risks for personnel in security sensitive areas? (2) Emergency procedures followed during security incidents? (3) Processes for reporting security incidents involving patients, visitors, personnel, and property?				
X		X	h. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				
X		X	i. Emergency security procedures that address: (1) Actions taken in the event of a security incident or failure? (2) Handling of civil disturbances? (3) Handling of situations involving VIPs or the media? (4) Provision of additional staff to control human and vehicle traffic in and around the environment of care during disasters?				
X		X	j. How an annual evaluation of the security management plan's objectives, scope, performance, and effectiveness will occur?				
Remarks:							
X		X	20. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
Remarks:							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	21. In addition to the orientation and education described in EC.1.4g, can personnel in security-sensitive areas of the environment of care describe or demonstrate:				
X		X	a. Processes for minimizing security risks?				
X		X	b. Emergency procedures for security incidents?				
X		X	c. Reporting procedures for security incidents involving patients, visitors, personnel, and property?				
Remarks:							
X		X	22. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Security Management Plan Implementation (EC.2.3)</b>							
X		X	23. Has the Security Management Plan been implemented? <i>NOTE: Written procedures to accomplish the elements are described in</i>				
Remarks:							
<b>Section IV. Hazardous Materials and Waste Management</b>							

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<b>Management Plan (EC.1.5)</b>							
X		X	24. Does the facility have a management plan for hazardous materials and waste? If so, does it include processes for:				
X		X	a. Selecting, handling, storing, using, and disposing of hazardous materials and waste from receipt or generation through use or final disposal?				
X		X	b. Establishing written criteria consistent with applicable law and regulation, to identify, evaluate, and inventory hazardous materials and waste used or generated?				
X		X	c. Managing chemical waste, chemotherapeutic waste, radioactive waste, and regulated medical or infectious waste, including sharps?				
X		X	d. Monitoring and disposing of hazardous gases and vapors?				
X		X	e. Providing adequate and appropriate space and equipment for safe handling and storage of hazardous materials and waste?				
X		X	f. Reporting and investigating all hazardous materials or waste spills, exposures, and other incidents?				
			In addition, does the plan establish:				
X		X	g. An orientation and education program for personnel who manage or have contact with hazardous materials and waste that addresses: (1) Precautions for selecting, handling, storing, using, and disposing of hazardous materials and waste? (2) Emergency procedures for hazardous material and waste spills or exposure? (3) Health hazards of mishandling hazardous materials? (4) For all appropriate personnel, orientation and education about reporting procedures for hazardous materials and waste incidents, including spills or exposures?				
X		X	h. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				
X		X	i. Emergency procedures describing the specific precautions, procedures, and protective equipment used during hazardous material and waste spills or exposures?				
X		X	j. How an annual evaluation of the hazardous material and waste management plan's objectives, scope, performance, and effectiveness will occur?				
<b>Remarks:</b>							
X		X	25. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
<b>Remarks:</b>							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	26. In addition to the orientation and education described in EC.1.5g, can personnel who manage or have contact with hazardous materials and waste describe or demonstrate:				

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X		X	a. Procedures and precautions for selecting, handling, storing, using, and disposing of hazardous materials and waste?				
X		X	b. Emergency procedures for handling hazardous material and waste spills or exposures?				
X		X	c. Health hazards of mishandling hazardous materials and waste?				
X		X	d. Reporting procedures for hazardous materials and waste spills or exposures?				
Remarks:							
X		X	27. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Hazardous Materials and Waste Management Plan Implementation (EC.2.4)</b>							
X		X	28. Has the Hazardous Materials and Waste Management Plan been implemented? <i>NOTE: Written procedures to accomplish the elements are described in EC.1.5.</i> Does the organization also:				
X		X	a. Maintain documentation, including required permits, licenses, and adherence to other regulations?				
X		X	b. Maintain manifests for handling hazardous materials and waste?				
X		X	c. Properly label hazardous materials and waste?				
X		X	d. Provide adequate, appropriate space and equipment for managing hazardous materials and waste?				
X		X	e. Effectively separate hazardous materials and waste storage and processing areas from other areas of the facility?				
Remarks:							
<b>Section V. Emergency Preparedness Management</b>							
<b>Management Plan (EC.1.6)</b>							
X		X	29. Does the facility have a management plan for Emergency Preparedness? If so, does it include processes for:				
X		X	a. Implementing specific procedures in response to a variety of disasters?				
X		X	b. Defining and, when appropriate, integrating the organization's role with communitywide emergency preparedness efforts?				
X		X	c. Notifying external authorities of emergencies?				
X		X	d. Notifying personnel when emergency response measures are initiated?				
X		X	e. Assigning available personnel in emergencies to cover all necessary staff positions?				
X		X	f. Managing space, supplies, and security?				
X		X	g. Evacuating the facility when the environment cannot support adequate patient care and treatment?				
X		X	h. Establishing an alternative care site when the environment cannot support adequate patient care?				
X		X	i. Managing patients during emergencies, including scheduling, modification or discontinuation of services, control of patient information, and patient transportation?				
			Does the plan identify:				
X		X	j. An alternative source of essential utilities?				

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X		X	k. A backup communication system in the event of failure during disasters and emergencies?				
X		X	l. Facilities for radioactive or chemical isolation and decontamination?				
X		X	m. Alternate roles and responsibilities of personnel during emergencies?				
			Does the plan establish:				
X		X	n. An orientation and education program for personnel who participate in implementing the emergency preparedness plan? NOTE: Education addresses: (1) Specific roles and responsibilities during emergencies; (2) The information and skills required to perform duties during emergencies; (3) The backup communication system used during disasters and emergencies; and (4) How supplies and equipment are obtained during disasters or emergencies.				
X		X	o. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				
X		X	p. How an annual evaluation of the emergency preparedness management plan's objectives, scope, performance, and effectiveness will occur?				
<b>Remarks:</b>							
X		X	30. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
<b>Remarks:</b>							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	31. In addition to the orientation and education described in EC.1.6n, can personnel who implement the emergency preparedness plan describe or demonstrate:				
X		X	a. Their roles and responsibilities during emergencies?				
X		X	b. Their roles and past participation in organizationwide drills?				
X		X	c. The backup communication system used during disasters and emergencies?				
X		X	d. How to obtain supplies and equipment during disasters or emergencies?				
<b>Remarks:</b>							
X		X	32. Is this orientation and education documented? If so, where?				
<b>Remarks:</b>							
<b>Emergency Preparedness Plan Implementation (EC.2.5)</b>							
X		X	33. Is there evidence that the emergency preparedness plan has been implemented? NOTE Written procedures to accomplish the elements are described in EC.1.6.				

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<b>Remarks:</b>							
X		X	34. Are there two drills a year, either in response to an emergency or in planned drills that execute the emergency preparedness plan? <i>NOTE: Must be conducted at least four months apart and no more than eight months apart.</i>				
<b>Remarks:</b>							
X		X	35. Does the facility offer emergency services, or has a location been designated as a disaster receiving station? If so, one of the exercises must include an influx of volunteer or simulated patients. <i>NOTE: Each freestanding building, classified as a business occupancy that does not offer emergency services nor is designated as a disaster receiving station, need only participate in one emergency preparedness drill annually. Staff in areas of the building that the organization occupies must participate in such drills.</i>				
<b>Remarks:</b>							
X		X	36. Are after action reports compiled and a copy submitted to the Safety Council? If not, where is the documentation located?				
<b>Remarks:</b>							
X		X	37. Are lessons learned from each drill incorporated into the emergency preparedness plan to be tested the next time a drill is performed?				
<b>Remarks:</b>							
<b>Section VI. Life Safety Management</b>							
<b>Designed and Maintained to Comply with Life Safety Code (EC.1.1)</b>							
X		X	38. Has a current, organizationwide Statement of Conditions compliance document (SOC) been prepared?				
<b>Remarks:</b>							
X		X	39. Does the organization have procedures to keep the SOC current?				
<b>Remarks:</b>							
X		X	40. Does each building in which patients are housed or receive treatment comply with the Life Safety Code? If not, are the resolution of all deficiencies evidenced through:				
X		X	a. An equivalency approved by the Joint Commission? Or,				
X		X	b. Continued progress in completing an acceptable Plan for Improvement (SOC - Part 4)?				
<b>Remarks:</b>							
X		X	41. Are all items listed on the PFI funded? If not, has the Commander sent a letter to the Joint Commission promising to allocate funds once funds become available?				
<b>Remarks:</b>							
X		X	42. Are all items listed on the PFI completed within 6 months of the projected completion date? If not, has the organization sent a letter to the Joint Commission asking for an extension? <i>NOTE: The Joint Commission will try to hold the hospital to one extension.</i>				
<b>Remarks:</b>							
X		X	43. Does the PFI only list LSC deficiencies? Are the LSC deficiencies listed on the PFI identified by specific location?				
<b>Remarks:</b>							

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X		X	44. Does the facility use design criteria referenced by the health care community when designing/renovating the environment of care IAW EC.1.2?				
Remarks:							
<b>Management Plan (EC.1.7)</b>							
X		X	45. Does the facility have a management plan for Life Safety? If so, does it include processes for:				
X		X	a. Protecting patients, personnel, visitors, and property from fire, smoke, and other products of combustion?				
X		X	b. Inspecting, testing, and maintaining fire protection and life safety systems, equipment, and components on a regular basis IAW the standards of EC.2.12?				
X		X	c. Reviewing proposed acquisitions of bedding, window draperies, and other curtains, furnishings, decorations, wastebaskets, and other equipment for fire safety?				
X		X	d. Reporting and investigating fire protection deficiencies, failures, and user errors?				
			In addition, does the plan establish:				
X		X	e. A life safety orientation and education program that addresses:				
X		X	(1) Specific roles and responsibilities of personnel, physicians, and other licensed independent practitioners at a fire's point of origin?				
X		X	(2) Specific roles and responsibilities of personnel, physicians, and other licensed independent practitioners away from a fire's point of origin?				
X		X	(3) Specific roles and responsibilities of other personnel who must participate in the fire plan, such as volunteers, students, and physicians?				
X		X	(4) Use and functioning of the fire alarm systems?				
X		X	(5) Specific roles and responsibilities in preparing for building evacuation?				
X		X	(6) Location and proper use of equipment for evacuating or transporting patients to areas of refuge?				
X		X	(7) Building compartmentalization procedures for containing smoke and fire?				
X		X	f. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency and incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				

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X		X	g. Emergency procedures that address: (1) Facilitywide fire-response needs? (2) Area specific needs and fire evacuation routes? (3) Specific roles and responsibilities of personnel at a fire's point of origin? (4) Specific roles and responsibilities of personnel away from a fire's point of origin? (5) Specific roles and responsibilities of personnel in preparing for building evacuation?				
X		X	h. How an annual evaluation of the life safety management plan's objectives, scope, performance and effectiveness will occur?				
Remarks:							
X		X	46. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
Remarks:							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	47. In addition to the orientation and education described in EC.1.7n, can personnel describe or demonstrate:				
X		X	a. Facilitywide fire-response needs?				
X		X	b. Area specific needs and fire evacuation routes?				
X		X	c. Their specific roles and responsibilities when at a fire's point of origin?				
X		X	d. Their specific roles and responsibilities when away from a fire's point of origin?				
X		X	e. Use and functioning of fire alarm systems?				
X		X	f. Their specific roles and responsibilities in preparing for building evacuation?				
X		X	g. Location and proper use of equipment for evacuating or transporting patients to refuge areas?				
X		X	h. Building compartmentalization procedures for containing smoke and fire?				
Remarks:							
X		X	48. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Life Safety Plan Implementation (EC.2.6)</b>							
X		X	49. Is there evidence that the Life Safety Management Plan has been implemented? <i>NOTE: Written procedures to accomplish the elements are described in EC.1.7.</i>				
Remarks:							
X		X	50. Does the organization maintain current record drawings addressing all structural features of fire protection?				
Remarks:							
X		X	51. Does the organization have an ILSM policy and criteria to evaluate various LSC deficiencies and construction hazards for determining when and to what extent one or more of the ILSM are applicable?				
Remarks:							
X		X	52. Are ILSM enforced and documented as determined by the organization?				

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Remarks:							
<b>Fire Drills (EC.2.10)</b>							
X		X	53. Are fire drills conducted quarterly, one during each shift? <i>NOTE: In freestanding business occupancies, are fire drills conducted one/shift/year?</i>				
Remarks:							
X		X	54. Are at least 50 percent of the fire drills unannounced?				
Remarks:							
X		X	55. Are all areas observed during drills or in lieu of all areas, are the following areas observed: the smoke department where the drill is initiated; another smoke compartment on the same floor and immediately adjacent to the smoke compartment where the drill is initiated; another smoke compartment on another floor and immediately above or below to the smoke compartment where the drill is initiated; and an additional 20 percent of the total number of occupied smoke compartments?				
Remarks:							
X		X	56. Do quarterly fire drills exercise and test staff knowledge of:				
X		X	a. Use and functioning of fire alarm systems (where such alarms are available)?				
X		X	b. Transmission of alarms (where such alarms are available)?				
X		X	c. Containment of smoke and fire?				
X		X	d. Transfer to areas of refuge;				
X		X	e. Fire extinguishments?				
X		X	f. Specific fire-response duties?				
X		X	g. Preparation for building evacuation? <i>NOTE: Health care occupancies drill by utilizing transfer to areas of refuge rather than evacuation.</i>				
Remarks:							
X		X	57. Is the performance of all areas during fire drills evaluated?				
Remarks:							
X		X	58. Are fire drills, responses to fire events, or false alarms documented and critiqued (if they are going to be counted as fire drills)?				
Remarks:							
<b>Equipment Maintained, Tested and Inspected (EC.2.12)</b>							
X		X	59. Can the organization demonstrate and show documentation that fire alarms and detection equipment are tested as follows (Table 7-3.2, NFPA 72-1996):				
X		X	a. Initiating devices: (1) All supervisory signal devices (except valve tamper switches) are tested at least <b>quarterly</b> ? (2) All valve tamper switches and water flow devices are tested at least <b>semiannually</b> ? (3) All duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, smoke detectors are tested at least <b>annually</b> ?				

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X		X	b. Occupant Alarm Notification devices including all audible devices, speakers, and visible devices are tested at least <b>annually</b> ?				
X		X	c. Off-premises Emergency Forces Notification transmission equipment is tested at least <b>quarterly</b> ?				
Remarks:							
X		X	60. Can the organization demonstrate and show documentation that automatic extinguishing equipment is inspected and tested as follows:				
X		X	a. Water based automatic fire extinguishing systems (NFPA 25-1998): (1) All fire pumps are tested at least <b>weekly</b> under no flow condition? (2) All fire pumps are tested at least <b>annually</b> under flow? (3) All water storage tank high and low water level alarms are tested at least <b>semiannually</b> ? (4) All water storage tank low water temperature alarms (during cold weather only) are tested at least <b>monthly</b> ? (5) Main drain tests are conducted at least <b>annually</b> at all system risers? (6) <del>All fire department connections are inspected quarterly?</del>				
X		X	b. Kitchen automatic fire extinguishing systems are inspected for proper operation at least <b>semiannually</b> (actual discharge of the fire extinguishing system is not required)?				
X		X	c. Carbon dioxide and other gaseous automatic fire extinguishing systems are tested for proper operation at least <b>annually</b> (actual discharge of the fire extinguishing system is not required)?				
Remarks:							
X		X	61. Can the organization demonstrate and show documentation that all portable fire extinguishers and standpipe systems are inspected, tested, and maintained as follows:				
X		X	a. All portable fire extinguishers are (Sections 1-6, 4-3, and 4-4, NFPA 10-1994): (1) Clearly identified? (2) Inspected at least <b>monthly</b> ? (3) Maintained at least <b>annually</b> ?				
X		X	b. All standpipe: (1) Occupant hoses are hydrostatically tested <b>five years</b> after installation and at least every <b>three years</b> thereafter? (Section 2-3, NFPA 1962-1993) (2) Systems receive water flow tests at least every <b>five years</b> ? (NFPA 25-1998).				
Remarks:							
X		X	62. Can the organization demonstrate and show documentation that building fire protection equipment is maintained as follows:				
X		X	a. All fire and smoke dampers are operated (with fusible links removed where applicable) to verify they fully close at least every <b>four years</b> ? (Section 3-4.7, NFPA 90A-1996)				
X		X	b. All automatic smoke detection shutdown devices for air handling equipment are tested at least <b>annually</b> ? (Section 4-4.1, NFPA 90A-1996)				

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X		X	c. All horizontal and vertical sliding and rolling fire doors are tested for proper operation and full closure at least annually? (Section 15-2.4, NFPA 80-1995)				
Remarks:							
<b>Section VII. Medical Equipment Management</b>							
<b>Management Plan (EC.1.8)</b>							
X		X	63. Does the facility have a management plan for Medical Equipment? If so, does it include processes for:				
X		X	a. Selecting and acquiring medical equipment?				
X		X	b. Establishing criteria for identifying, evaluating, and taking inventory of medical equipment to be included in the management program before the equipment is used? Do these criteria address: (1) Equipment function (diagnosis, care, treatment, and monitoring)? (2) Physical risks associated with use? (3) Maintenance requirements? (4) Equipment incident history? <i>NOTE: All medical equipment may be included in the program rather than a limited selection based on risk criteria.</i>				
X		X	c. Assessing and minimizing clinical and physical risks of equipment use through inspection, testing, and maintenance?				
X		X	d. Monitoring and acting on equipment hazard notices and recalls?				
X		X	e. Monitoring and reporting incidents in which a medical device is connected to the death, serious injury, or serious illness of any individual, as required by the Safe Medical Devices Act of 1990?				
X		X	f. Reporting and investigating equipment management problems, failures, and user errors?				
			In addition, does the plan establish:				
X		X	g. A medical equipment orientation and education program that addresses: (1) Capabilities, limitations, and special applications of equipment? (2) Basic operating and safety procedures for equipment use? (3) Emergency procedures in the event of equipment failure? (4) Information and skills necessary to perform assigned maintenance responsibilities? (5) Processes for reporting medical equipment management problems, failures, and user errors?				
X		X	h. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency and incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				

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X		X	i. Emergency procedures that address: (1) Specific procedures in the event of equipment failure? (2) When and how to perform emergency clinical interventions when medical equipment fails? (3) Availability of backup equipment? (4) How to obtain repair services?				
X		X	j. How an annual evaluation of the medical equipment management plan's objectives, scope, performance, and effectiveness				
Remarks:							
X		X	64. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
Remarks:							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	65. In addition to the orientation and education described in EC.1.8g, can medical equipment users describe or demonstrate:				
X		X	a. Capabilities, limitations, and special applications of equipment?				
X		X	b. Operating and safety procedures for equipment use?				
X		X	c. Emergency procedures in the event of equipment failure?				
X		X	d. Processes for reporting equipment management problems, failures, and user errors?				
Remarks:							
		X	66. Can medical equipment maintainers demonstrate or describe:				
X		X	a. Knowledge and skills necessary to perform maintenance responsibilities?				
X		X	b. Processes for reporting equipment management problems, failures, and user errors?				
Remarks:							
X		X	67. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Medical Equipment Management Plan Implementation (EC.2.7)</b>							
X		X	68. Has the Medical Equipment Management Plan been implemented? <i>NOTE: Written procedures to accomplish the elements are described in EC.1.8.</i>				
Remarks:							
<b>Maintained, Tested, and Inspected (EC.2.13)</b>							
		X	69. Does the facility maintain documentation of:				
X		X	a. A current, accurate, and separate inventory of all equipment in the medical equipment management program, regardless of ownership?				
X		X	b. Performance and safety testing of all equipment in the management program prior to initial use and at least annually thereafter? <i>NOTE: An equipment time frame longer than 12 months may be justified based on previous experience and safety committee approval. The specification of an annual testing interval is not intended to be a single standard of testing needs. It is expected that organizations will apply professional judgment in establishing intervals so that risks and hazards are adequately managed.</i>				

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	c. Preventive maintenance and inspection of medical equipment according to a schedule based on current organizational experience and ongoing monitoring and evaluation?				
X		X	d. Chemical and biological testing of water used in renal dialysis and performance of other applicable tests based upon regulation, manufacturers' recommendations, and organizational experience?				
X		X	e. Performance testing of all sterilizers used?				
Remarks:							
<b>Section VIII. Utility Systems Management</b>							
<b>Management Plan (EC.1.9)</b>							
X		X	70. Does the facility have a management plan for Utility Systems? If so, does it include processes for:				
X		X	a. How the facility promotes a safe, controlled, comfortable environment of care?				
X		X	b. How the facility assesses and minimizes risks of utility failures?				
X		X	c. How the facility ensures operational reliability of utility systems?				
			Does the plan provide processes for:				
X		X	d. Establishing criteria for identifying, evaluating, and taking inventory of critical operating components of systems to be included in the utility management program? These criteria address the impact of utility systems on: (1) Life support systems; (2) Infection control systems; (3) Environmental support systems; (4) Equipment-support systems; and (5) Communications systems.				
X		X	<i>NOTE: All utility systems, rather than a limited selection of elements based on risk criteria, may be included in the management program.</i>				
X		X	e. Inspecting, testing, and maintaining critical operating components?				
X		X	f. Inspecting, testing, and maintaining critical components of piped medical gas systems including master signal panels, area alarms, automatic pressure switches, shutoff valves, flexible connectors, and outlets?				
X		X	g. Testing piped medical gas systems when the systems are installed, modified, or repaired including cross-connection testing, piping, purity testing, and pressure testing?				
X		X	h. Developing and maintaining current utility system operational plans to help ensure reliability, minimize risks, and reduce failures?				
X		X	i. Mapping the distribution of utility systems and labeling controls for a partial or complete emergency shutdown?				
X		X	j. Investigating utility systems management problems, failures, or user errors and reporting incidents and corrective actions?				
			In addition, does the plan establish:				

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X		X	k. An orientation and education program that addresses: (1) Utility systems' capabilities, limitations, and special applications? (2) Emergency procedures in the event of system failure? (3) Information and skills necessary to perform assigned maintenance responsibilities? (4) Location and instructions for use of emergency shutoff controls? (5) Processes for reporting utility system management problems, failures, and user errors?				
X		X	l. Ongoing monitoring of performance regarding actual or potential risk related to one or more of the following: (1) Staff knowledge and skills? (2) Level of staff participation? (3) Monitoring and inspection activities? (4) Emergency and incident reporting? (5) Inspection, preventive maintenance, and testing of equipment?				
X		X	m. Emergency procedures for utility system disruptions or failures that address: (1) Specific procedures in the event of utility systems malfunction? (2) Identification of an alternative source of essential utilities? (3) Shutoff of malfunctioning systems and notification of staff in affected areas? (4) Obtaining repair services? (5) How and when to perform emergency clinical interventions when utility systems fail?				
X		X	n. How an annual evaluation of the utility systems management plan's objectives, scope, performance, and effectiveness will occur?				
<b>Remarks:</b>							
X		X	71. Does the management plan cover all outlying clinics or does each outlying clinic have its own unique, independent management plan?				
<b>Remarks:</b>							
<b>Staff Orientation and Education (EC.2.1)</b>							
X		X	72. In addition to the orientation and education described in EC.1.9k, can utility system users describe or demonstrate:				
X		X	a. Utility system capabilities, limitations, and special applications?				
X		X	b. Emergency procedures in the event of a system failure?				
X		X	c. Processes for reporting utility system management problems, failures, and user errors?				
X		X	d. Location and use of emergency shutoff controls?				
X		X	e. Whom to contact in emergencies?				
<b>Remarks:</b>							
		X	73. Can utility system maintainers describe or demonstrate:				
X		X	a. The knowledge and skills necessary to perform maintenance responsibilities?				

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X		X	b. Processes for reporting utility system management problems, failures, and user errors?				
X		X	c. Location and use of emergency shutoff controls?				
X		X	d. Whom to contact in the event of an emergency?				
Remarks:							
X		X	74. Is this orientation and education documented? If so, where?				
Remarks:							
<b>Utility Systems Plan Implementation (EC.2.8)</b>							
X		X	75. Is there evidence that the utility systems management plan has been implemented? <i>NOTE: Written procedures to accomplish the elements are described in EC.1.9.</i>				
Remarks:							
<b>Maintained, Tested, and Inspected (EC.2.14)</b>							
X		X	76. Does the facility maintain, test, and inspect critical operating components of utility systems and maintain documentation of:				
X		X	a. A current, accurate, and separate inventory of all utility components in the utility management program?				
X		X	b. Performance and safety testing of each critical component in the program prior to initial use and at least annually thereafter? <i>NOTE: An equipment time frame longer than 12 months may be justified based on previous experience and safety committee approval. The specification of an annual testing interval is not intended to be a single standard of testing needs. It is expected that organizations will apply professional judgment in establishing intervals so that risks and hazards are adequately managed.</i>				
X		X	c. Preventive maintenance and inspection of utility systems according to a schedule based on current organizational experience and ongoing monitoring and evaluation?				

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	<p>d. Demonstration of the Emergency Power Supply System's (EPSS) reliability by conducting:</p> <p>(1) Testing of each generator 12 times a year with testing intervals not less than 20 days and not more than 40 days. These tests shall be conducted for at least 30 continuous minutes under a dynamic load that is at least 30% of the nameplate rating of the generator. NOTE: Organizations may choose to test to less than 30% of the emergency generator's nameplate rating. However, these organizations shall (in addition to performing a test for 30 continuous minutes under operating temperature at the intervals described above) revise their existing documented management plan to conform to current NFPA 99 and NFPA 110 testing and maintenance activities. These activities shall include inspection procedures for assessing the prime mover's exhaust gas temperature against the minimum temperature recommended by the manufacturer. If diesel-powered generators do not meet the minimum exhaust gas temperatures as determined during these tests, they shall be exercised for continuous 30 minutes at the intervals described above with available EPSS load, and exercised annually with supplement loads of:</p> <ul style="list-style-type: none"> <li>- 25 percent of nameplate rating for 30 minutes, followed by</li> <li>- 50 percent of nameplate rating for 30 minutes, followed by</li> <li>- 75 percent of nameplate rating for 60 minutes for a total of two continuous hours.</li> </ul> <p>(2) Testing of all automatic transfer switches 12 times a year with testing intervals not less than 20 days and not more than 40 days.</p> <p>(3) Testing of Stored Emergency Power Supply Systems (SEPSS) whose malfunction may cause a severe jeopardy to life and safety of the occupant. Testing includes:</p> <ul style="list-style-type: none"> <li>- A quarterly functional test for 5 minutes or as specified for its class, whichever is less; and</li> <li>- An annual test at full load for 60% of the full duration of its class.</li> </ul> <p>(4) Testing of all battery-powered lights required for egress. Testing includes:</p> <ul style="list-style-type: none"> <li>- A functional test at 30-day intervals for a minimum of 30 seconds; and</li> <li>- An annual test for a duration of 1-1/2 hours.</li> </ul>				
<b>Remarks:</b>							
X		X	77. Does the facility conduct/document weekly inspections of each EPS according to the manufacturer's recommendations?				
<b>Remarks:</b>							
X		X	78. Are fuel tanks sized so that fuel is consumed within the storage life (diesel 1-1/2 years; gasoline 6 months)?				
<b>Remarks:</b>							
X		X	79. Does the facility check the main fuel tank and the day tank fuel supply level weekly?				
<b>Remarks:</b>							

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	80. Does the facility check for water in the main fuel tank and day tank weekly?				
Remarks:							
X		X	81. Is the room in which the EPS is located free of storage (NFPA 110)?				
Remarks:							
X		X	82. Is the room in which the EPS is located restricted to authorized personnel only?				
Remarks:							
X		X	83. Has the facility calculated 30% of the nameplate rating? If so, what is it?				
Remarks:							
X		X	84. Does the facility check for evidence of wet stacking weekly?				
Remarks:							
X		X	85. Do the load tests include complete cold starts?				
Remarks:							
X		X	86. Does the generator log contain (at a minimum): date, time started, time stopped, load carried, exhaust gas temperature, minimum temperature recommended by manufacturers, automatic transfer switches tested, initial oil pressure and battery-charging rate, oil pressure, battery charging rate, water or air temperature after 15 minutes running time, cranking time, running time meter (reading at the start of the test), time delay on start, nameplate amps, and nameplate times 30%.				
Remarks:							
<b>Section IX. Other Environmental Considerations (EC.4)</b>							
<b>Appropriate Space (EC.4.1)</b>							
X		X	87. Does the facility provide appropriate space to support patient services, such as:				
X		X	a. Appropriate interior space? The space is designed, equipped, and maintained to be comfortable, safe, clean, and attractive.				
X		X	b. Appropriate exterior space? When patient groups experience long lengths of stay, the hospital provides access to the outdoors through appropriate use of hospital grounds, nearby parks and playgrounds, and adjacent countryside.				
X		X	c. Is lighting suitable for the health care and patient specific activities being conducted?				
X		X	d. Does ventilation allow for acceptable levels of temperature, humidity, and elimination of odors. Is ventilation sufficient to remove odors and provide fresh air to each patient's room?				
X		X	e. Are closet and drawer space provided for storing personal property and other items provided for use by patients. Are lockers, drawers, or closet space provided for patients who are in charge of their own personal grooming and wear street clothes (such as psychiatric patients who wear street clothes and are expected to meet their personal grooming needs)?				
Remarks:							

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<b>Environment Fosters a Positive Self-image for Patient (EC.4.2)</b>							
X		X	88. Does the facility enhance the positive self-image of patients and preserve their human dignity? <i>NOTE: Because the hospital becomes the patient's home, for example, in a long term care unit, a patient has space to display greeting cards, calendars, and other personal items important to his or her orientation and well being. Door locks and other structural restraints used are consistent with the individual patient's needs, program policy, law, and regulation.</i>				
Remarks:							
<b>Adequate Privacy to Patients (EC.4.3)</b>							
X		X	89. Is space or equipment arranged to ensure auditory and visual privacy?				
Remarks:							
X		X	90. Do patients who desire private telephone conversations have access to space and phones appropriate to their clinical condition; also, physically challenged individuals?				
Remarks:							
X		X	91. Does each patient have privacy in his or her sleeping room unless clinically contraindicated?				
Remarks:							
X		X	92. Is the number of patients in a room appropriate to the hospital's goals and the patients' ages, development levels, clinical conditions or diagnosis needs?				
Remarks:							
<b>Environment Supports Patient's Interests, Skills, and Provides Opportunities for Personal Growth (EC.4.4)</b>							
X		X	93. Does the environment of care allow for social interaction among patients through recreational interchange? Does the hospital make adequate arrangements for patients' leisure-time activities which consider and respond to their needs? For example, are facilities available for providing patient snacks and/or permitting patient participation in the selection of snacks?				
Remarks:							
X		X	94. Do furnishing and equipment reflect patient characteristics related to age, level of disability, and therapeutic needs?				
Remarks:							
<b>Section X. Nonsmoking Environment (EC.5)</b>							
X		X	95. Does the facility have a nonsmoking policy that is communicated and enforced throughout all buildings?				
Remarks:							
X		X	96. Does the smoking policy contain exceptions for patients who may have medical reasons for smoking if authorized by a licensed independent practitioner?				
Remarks:							

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JCAHO	RC	MC		YES	NO	D	DPL
X		X	97. Does the smoking policy contain exceptions for patients who are long term care patients (such as chronically mentally ill, long-term, forensic psychiatry patients, and postacute head trauma patients) to smoke without a licensed independent practitioner's written authorization? Is there a smoking area provided?				
Remarks:							
X		X	98. When patients are allowed to smoke in the building, does the hospital act to minimize the smoke, discourage smoking, and provide education and options for smoking cessation activities?				
Remarks:							

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## GLOSSARY

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AAALAC	American Association for the Accreditation of Laboratory Animal Care
AC	Active Component
ACN	Asset Control Number
ACSIEFM	Assistant Chief of Staff for Installation, Environmental & Facilities Management
ACSLOG	Assistant Chief of Staff for Logistics
ACSRM	Assistant Chief of Staff for Resource Management
ADA	American Disabilities Act
ADPE	Automated Data Processing Equipment
ADSM	Automated Data Systems Manual
AIA	American Institute of Architect
AMCR	Army Materiel Command Regulation
AMEDDPAS	Army Medical Department Property Accounting System
AR	Army Regulation
ARMS	Automated Resources Management System
ASAFM&C	Assistant Secretary of the Army for Financial Management & Comptroller
BASOPS	Base Operations
BOCA	Building Official Code Administrators
C, LOG	Chief of Logistics
CAP	College of American Pathologists
CBU	Calibrate Before Using
CEEP	Capital Expense Equipment Procurement
CEO	Chief Executive Officer
CEP	Central Energy Plant
CFR	Code of Federal Regulations
CHPPM	Center for Health Promotion and Preventive Medicine
CIF	Central Issue Facility
CLRP	Command Logistics Review Program
CLRT	Command Logistics Review Team
CLRTX	Command Logistics Review Team - Expended
CNR	Calibration Not Required
CONUS	Continental of the United States
COR	Contracting Officer Representative
CSDP	Command Supply Discipline Program
CTA	Common Table of Allowance
CVC	Calibration/Verification/Certification
CWE	Current Work Estimate
CY	Calendar Year
DA	Department of the Army
DARMP	Defense Automation Resource Management Program
DBPA	Decentralized Blanket Purchase Agreement
DEA	Drug Enforcement Agency
DENTAC	Dental Activity
DITMS	Defense Information Technology Management System
DLA	Defense Logistics Agency
DO	Due-out
DOD	Department of Defense
DOIM	Directorate of Information Management
DOL	Directorate of Logistics
DOT	Department of Transportation

## GLOSSARY

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DPW	Directorate of Public Works
DRMO	Defense Reutilization & Marketing Office
DSCP	Defense Supply Center Philadelphia
EC	Environment of Care
EPA	Environmental Protection Agency
EPR	Environmental Program Requirement
EPS	Emergency Power Supply
EPSS	Emergency Power Supply System
ESO	Environmental Science Officer
F&AO	Finance and Accounting Office
FDA	Food and Drug Administration
FIB	Facility Information Bulletin
FM	Field Manual
FM	Facility Manager (as it relates to Facilities)
FMB	Facility Management Branch
FOI	Found on Installation
FORSCOM	Forces Command
GLAC	General Ledger Account Code
HA	Health Affairs
HAZMAT	Hazardous Material
HCA	Healthcare Activity
HDWU	Hospital Duty White Uniform
HHO	Hospital Housekeeping Officer
HM	Hazardous Material
HQDA	Headquarters Department of the Army
HQDASG	Headquarters Department of the Army Surgeon General
HR	Hand Receipt
HSC	Health Services Command
HVAC	Heating, Ventilation, and Airconditioning
HW	Hazardous Waste
IAW	In Accordance With
IDS	Intrusion Detection System
ILSM	Interim Life Safety Measures
IMO	Information Management Office
IMPAC	International Merchant Purchase Authorization Card
IMSA	Installation Medical Supply Activity
ISA	Installation Support Agreement
JCAHO	Joint Commission for Accreditation of Healthcare Organizations
LDR	Land Disposal Restrictions
LIN	Line Item Number
LMO	Linen Management Officer
LSC	Life Safety Code
MARKS	Modern Army Record Keeping System
MED/SURG	Medical/Surgical
MEDCASE	Medical Care Support Equipment
MEDCEN	Medical Center
MEDCOM	Medical Command
MEDDAC	Medical Department Activity
MEDLOG BN	Medical Logistics Battalion

## GLOSSARY

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MEDSTEP	Medical Standby Equipment Program
MILCON	Military Construction
MMBP	Military Medical Benefit Program
MODF	Method of Destruction File
MOU	Memorandum of Understanding
MPR/MSTF	MEDCASE Program Requirement/MEDCASE Support and Transmittal Form
MRE	MEDCASE Requirements and Execution
MSDS	Material Safety Data Sheet
MSO	Medical Supply Officer
MTF	Medical Treatment Facility
NCOIC	Noncommissioned Officer In Charge
NFPA	National Fire Protection Association
OCIE	Organizational Clothing and Individual Equipment
OMA	Operations and Maintenance, Army
OMD	Operations and Maintenance, Defense
OSHA	Occupational Safety and Health Agency
P2	Pollution Prevention
P2OA	Pollution Prevention Opportunity Assessment
PAM	Pamphlet
PBO	Property Book Officer
PFI	Plan for Improvement
PM	Preventive Maintenance
PO	Purchase Order
POPS	Performance Oriented Packaging
PR	Purchase Request
PROFIS	Professional Filler System
PV	Prime Vendor
RC	Reserve Component
RCN	Record Control Number
Reg	Regulation
RMC	Regional Medical Command
RMO	Resource Management Office
RMW	Regulated Medical Waste
RO	Requisitioning Objectives
RPM	Real Property Maintenance
RPMA	Real Property Maintenance Activity
RW	Repair by Warranty
SB	Supply Bulletin
SEPSS	Stored Emergency Power Supply System
SF	Standard Form
SMART	Special Medical Augmentation Response Team
SOC	Statement of Conditions
SOP	Standing Operating Procedures
SSA	Supply Support Activity
STARFIARS	Standard Army Financial Inventory Accounting and Reporting System
TAMMIS	Theater Army Medical Materiel Information System
TB	Technical Bulletin
TBM	Transportation of Biomedical Material
TDA	Table of Distribution and Allowances

## GLOSSARY

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TI	Technical Inspection
TMDE	Test, Measurement, and Diagnostic Equipment
TOE	Table of Organization and Equipment
TRADOC	Training and Doctrine Command
TSDF	Treatment, Storage, Disposal Facility
UBC	Uniform Building Code
UFAS	Uniform Federal Accessibility Standards
UN	United Nation
UND	Urgency of Need
USALIA	United States Army Logistics Integration Agency
USAMMA	United States Army Medical Materiel Agency
USAMMCE	United States Army Medical Materiel Center Europe
USPFO	U.S. Property and Fiscal Office
VIP	Very Important Person

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FOR THE COMMANDER:



PATRICK D. SCULLEY  
Major General  
Chief of Staff

CARL E. HENDRICKS  
Colonel, MS  
Assistant Chief of Staff for  
Information Management

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