

**Command Inspection Checklist
USA DENTAC Fort Carson**

RESP-POC Code			
D- DENTAC Commander			
F- First Sergeant-Senior Dental NCO			
I- Info Systems Operator			
L- Administrative Sergeant/Specialist			
M- Management Support Assistant			
N- Clinic NCOIC			
S- Secretary			
O- Clinic OIC			
P- All providers (dentists and hygienists)			
X- Executive Officer			
Z- All supervisors			
CC- Chairman, Credentials Committee			
CQ- Chairman, QA Committee			
DE- All dentists			
LO- Prosthetic Lab Officer			
TL- Team Leader			
TN- Team NCO			
Policy:			
- Assign responsibility (RESP) to the lowest supervisory level consistent with authority and organizational efficiency.			
- To the maximum degree possible, administrators administrate and providers provide.			
- The individual identified as responsible (RESP) is responsible for issue compliance and will usually, but not always, be the supervisor of the point-of-contact (POC).			
- The POC is the individual the inspector will contact for info on the issue, and also the individual who ensures issue completeness, accuracy, and official filing (MARKS) of the original supporting documentation.			
-This guide is written from the viewpoint of the DENTAC Commander. The individual responsible (RESP) cannot further delegate responsibility for issue compliance; however, he/she is encouraged to designate others in the team/workcenter to assist with issue execution.			
- R/Y/G (red/yellow/green): Red- the issue is in noncompliance and cannot be corrected (green) without assistance from higher/external authorities. Yellow- the issue is currently being worked to compliance. Green- the issue is in complete compliance.			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
I	I. Interest Area: Organization and Unit Administration			
	A. INTERNAL CONTROL REVIEW/AUDIT			
1.1	1. If a separate Organization and Function Supplement to MEDCOM is	NA	S	
1.2	2. Has the Commander assumed command in writing? Have acting	D	S	
1.3	3. Has commander delegated his signature authority in writing? Has the	D	S	
1.4	4. Is the Executive Officer (MSC) correctly utilized and reflected (appointed) as Dental Company Commander and noted on the TDA?	NA	F	
1.5	5. Are all military dental personnel assigned to the Dental Company/Detachment?	F	L	
1.6	6. Does the unit have a PT Program with written guidance outlining local implementation?	F	F	
1.7	7. Is RDC/DENTAC administrative guidance published in correct format (supplement, regulation, etc.)?	D	S	
1.8	8. Does the RDC/DENTAC/ADL have a CPO Servicing Agreement?	D	S	
1.9	9. Does the DENTAC have an awards program?	D	X	
1.10	10. Are recommendations for military awards made via appropriate channels?	F	F	
1.11	11. Does the DENTAC/ADL/RDC have an Alcohol and Drug Abuse Program?	D	F	
1.12	12. Does the unit conduct a Command Information Program?	D	S	
1.13	13. Are MEDCOM CG Bulletins and policy letters available to all personnel?	S	S	
1.14	14. Has the Commander attended a labor-management relations course?	D	D	
1.15	15. Does DENTAC have its own Program Budget Advisory Committee (PBAC)? Are minutes on file? Does the DENTAC PBAC meet at least quarterly?	D	X	
1.16	16. Does the DENTAC have its own pinpoint distribution account? Is it updated annually (DA Form 12 Series)?	D	S	
1.17	17. Are Management Control Evaluation Checklists being used?	X	X	
1.18	18. Are audit resolution and follow-up responsibilities written in appropriate Officer Evaluation Report or Civilian Performance Plan? (DENTAC Commander and XO as a minimum.)	D	S	
1.19	19. Are SIR (Serious Incident Reports) correctly submitted if required? Category 4 incidents are mentioned in HSC Suppl 1 to AR 190-40.	D	F	
1.20	20. Is there a representative of the Department of Dentistry on the Pharmacy and Therapeutic Agents Committee?	D	S	
	B. OFF-DUTY EMPLOYMENT			
1.21	21. Are any AMEDD military personnel engaged in off-duty employment? Has the Commander approved employment? Are yearly statements of current off-duty employment status completed and on file for all AMEDD personnel? Negative statements are required. Is the Commander following the directives of DOD 5500.7R Aug 93 for officer and privileged civilian personnel?	F	L	
1.22	22. If called to testify as an expert witness during litigation involving patients, has approval been sought from the Staff Judge Advocate or Litigation Division?	DE	M	
1.23	23. Does the unit have an Organizational History File 870-5a? Included are:	D	S	
	a. Unit history and annual supplements.			
	b. Data on organizational flags.			
	c. Newspaper, book, and magazine clippings.			

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	d. Unframed photographs, pictures, letters, certificates relating to historical ceremonies and organizational traditions.			
	e. Names and social security numbers of all commanders and dates of changes of assumption of command.			
1.24	24. Is there a unit guidon?	D	F	
1.25	25. Is wear and appearance of Army uniforms and insignia within current guidelines?	D	F	
1.26	26. Do enlisted personnel have access to the unit commander? (Open door policy)	D	F	
	C. PERSONNEL REGISTER			
1.27	27. Personnel Register	F	L	
	a. Are instructions for signing in and out posted in the vicinity of the registers?			
	b. Did personnel sign in or out on PCS on DA Form 647 as required?			
	c. Has the Commander designated where the register will be located during and after duty hours?			
	d. Were the personnel registers closed out on the lines immediately after the last entries?			
	e. Were DA Forms 647 (647-1; use only when mailed from an outlying unit) filled out properly?			
	f. Are completed DA Forms 647 filed under 680-1a and retained for 6 months?			
	D. LEAVE			
1.28	28. Leave	F	L	
	a. Has the Commander established an annual leave program?			
	b. If leave is disapproved was block 30 of DA 31 annotated stating reason for disapproval by supervisor or leave authenticating authority?			
	c. Are counseling statements on file for personnel with excess of 60 days accrued leave, who refuse to take annual leave on command annual leave programs?			
	d. Was DA Form 4179-R (Leave Control Log) being maintained?			
	e. Was soldier counseled to have block 26 (Part II, DA Form 31) completed at servicing stations/organizations, when leave is granted in conjunction with TDY/PCS or accession move?			
	f. Are control numbers being assigned and logged?			
	g. Are suspense copies of the DA Forms 31 being sent to MILPO upon approval of leave using a transmittal memorandum?			
	h. Are the original copies of DA Forms 31 being sent to Finance and Accounting Officer (FAO) within 72 hours of completion of leave via a transmittal memorandum?			
	i. Are Leave Control Logs (DA Form 4179-R) being filed and retained on FY file for the required period of 12 months?			
	j. Were original copies of DA Forms 31 which were marked void forwarded through the MILPO via unit transmittal letter (UTL) to the servicing Finance and Accounting Officer within 72 hours?			
	k. Has authenticating authority been delegated in writing for DA Form 31?			
	l. Does the Commander approve leave before the control number is assigned?			
	m. Are all DA Form 31s receiving a control number?			
	n. When the automated leave control log is being used is it transferred to another working disk NLT the next day?			

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	n. When the automated leave control log is being used is the automated log transferred to another working disk NLT the next day?			
	o. Is proper notification being sent to Finance and Accounting Office (F&A) on leave extensions?			
	p. Are organizational copies of DA Form 31 on file and maintained properly for the required retention period of 6 months?			
	q. Are memoranda of transmittal (UTM) filed? Are they retained for 60 days?			
	r. Is leave being taken in conjunction with passes?			
	E. SUSPENSION OF FAVORABLE PERSONNEL ACTIONS			
1.29	29. Suspension of Favorable Personnel Actions	F	L	
	a. Were DA Forms 268 and all related correspondence pertaining thereto retained 90 days from the date of the closed DA Form 268 in restricted access files and then destroyed? (Except DA Form 268 pertaining to personnel who were on the Weight Control Program.)			
	b. Do applications for attendance at civil or military schooling contain the following: "This action is not in contravention of AR 600-8-2" or "AR 600-8-2 applies?"			
	c. Were DA Forms 268 initiated when required?			
	d. Is proper distribution being made of DA Form 268?			
	e. Did item 17, DA Form 268, reflect that the member was given a copy of the report either in person or by mail; or if the member was not given a copy, did item 17 state the reason?			
	f. Were separate reports submitted on each suspension?			
	g. Were final reports submitted immediately after actions were completed?			
	h. Was DA Form 268 properly completed?			
	i. Has the legal clerk submitted a SIDPERS flag transaction to initiate a flag in the data base?			
	j. Has a copy of the C95 report been reviewed and forwarded to HQ MEDCOM?			
	k. Has the unit commander reviewed current status of the flag?			
	l. If the soldier is promotable, has the promotions work center been notified?			
	F. DUTY ROSTER			
1.30	30. Duty Roster	F	F	
	a. Were all individuals normally eligible for duty included on the duty roster?			
	b. Are soldiers listed alphabetically by grade?			
	c. Are individuals given credit for authorized absences and are these annotated IAW DA guidance?			
	d. Are dates being carried forward correctly?			
	e. Are duty rosters being filed IAW AR 25-400-2 prescribed regulation? Destroyed three months after last entry?			
	f. Were duty rosters posted properly?			
	g. Is the "TO" date entered when roster is closed?			
	h. Is DA Form A 1594 (Daily Staff Journal or Duty Officer's Log (if required) filed under file FN 1d (Duty Reports)?			
	G. PROMOTIONS			
1.31	31. Promotions (DENTACs with SGM authorized and assigned are permitted to have their own promotion boards.	F	L	

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	a. Are Promotion Selection Boards being held as appropriate? Monthly, when personnel are recommended.			
	b. Have board members been appointed, and are appointments on file?			
	c. Were female representatives appointed as board members when female enlisted personnel were being considered?			
	d. Are minority group personnel appointed as voting members of promotion boards? (Females are not considered a minority.)			
	e. Are records of proceedings signed by the president of the board?			
	f. Were the board recorders qualified in military personnel procedures? (Indication: Look at MOS of recorders; should be 71L or 75B.)			
	g. Was the recommended list for promotion current and on file and IAW AR 25-400-2?			
	h. Is the order of merit signed by the president of the board?			
	i. Does unit personnel section maintain files (to monitor advancement to E-2, E-3, and E-4) of rosters and printouts. Does unit personnel have a system to notify Commander of eligible personnel for promotion?			
	j. Were recommendations for promotion to E-5 and E-6 processed through the unit Commander? For individual recommended, has the recommending official indicated on informal memorandum that the soldier recommended meets the promotion criteria and that he/she understands the soldier may be required to change duty position, and that he/she is willing to release the soldier upon promotion?			
	k. If the recommendation, including waiver, is disapproved, was it returned through channels to the recommending officials with the reason for disapproval clearly and concisely stated? Has the soldier, who is not recommended for promotion attested in writing that he/she has been counseled and advised of the reason for disapproval? (This only pertains to members in primary zone of consideration.)			
	l. Is the individual advised of the disapproval by the recommending official? Are areas of deficiencies pointed out, and are means of improving performance suggested to the individual?			
	m. For individuals not recommended by a local promotion board, does DA Form 3355-R, 56-R or 57-R reflect the date of counseling? NOTE: The soldier and recommending official will affix their initials following the notation indicating that counseling has been accomplished. Check DENTAC written guidelines.			
	n. Are board proceedings and a copy of current recommended list forwarded to the gaining unit upon reassignment prior to promotion of E-5, and E-6?			
	o. Is the original report of proceedings (DA Form 3356 and DA Form 3357) filed by the promotion authority for 2 years and then destroyed?			
	p. Is AR 600-8-19 and AR 614-200 (contained in Enlisted Ranks Personnel Update #16) on hand or on order?			
	q. Are fully eligible personnel being promoted to PV2/CPL?			
	r. Are copies of the SGT/SPC(P) standing list posted to section bulletin boards?			
	s. If the Commander and Senior Dental NCO allowing soldiers to perform to their fullest abilities on APFT tests and weapons qualifications?			
	H. Enlisted/Officer Evaluation System			
1.32	32. Enlisted/Officer Evaluation System	F	L	
	a. Does unit personnel maintain an up-to-date rating scheme?			

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	b. Has the Personnel Division established controls to return NCOER/OER to the MILPO by established suspense date?			
	c. Is each member of the unit aware of who his/her rater and indorser are or, when applicable, who he must rate?			
	d. Have controls been established by commanders to insure that:			
	(1) Each rater, senior rater, and reviewer receives instructions on the contents of AR 623-205, AR 623-105, DA PAM 623-105 and DA PAM 623-205.			
	(2) The identity of each soldier's rater, senior rater, and reviewer is made known to soldier through publication and posting of an official rating scheme within the unit of assignment? The rating scheme may be posted by name or duty position. The rating scheme should include personnel in pay grade E-5 and above.			
	(3) Is initial counseling documented for all NCOs within 30 days of beginning of rating period and quarterly thereafter?			
	e. Does the rated soldier receive a copy of his/her NCOER? (In addition, for E-5, a copy of the report will be filed in the "action pending" section of the MPRS and destroyed upon promotion to E-6.)			
	f. Is a copy of AR 623-105 (OERs) and AR 623-205 (NCOERs) on hand or on order?			
	g. Are the rating schemes established in accordance with DENCOM guidance?			
	h. Has the rater discussed the scope of the rated officer's duties with him or her within 30 days after the beginning of the rating period?			
	I. UTILIZATION OF ENLISTED PERSONNEL			
1.33	33. Utilization of Enlister Personnel	F	F	
	a. Are all Selective Reenlistment Bonus/Enlisted Bonus soldiers working in their Military Occupational Specialty (MOS) or Primary Military Occupational Specialty (PMOS) or Career Progression Military Occupational Specialty (CPMOS)?			
	b. Are soldiers working in PMOS, SMOS, or substitutable MOS?			
	c. Were soldiers identified on UMR as reassignable, overstrength, or surplus in POSN 9990 or 9991, respectively?			
	J. FAMILY CARE PLANS			
1.34	34. Family Care Plans	F	L	
	a. Have pregnant soldiers been counseled by commander or designated counselor? Commander must be approving authority. Have pregnant enlisted members signed the Statement of Counseling IAW procedure 9-6, DA Pamphlet 600-8?(Use DA Form 5304-R and 5305-R). Has a family care plan been approved NLT 90 days prior to the expected date of birth?			
	b. Have all sole parents or Army married couples submitted a Family Care Plan (FCP) 45 days after having been counseled? Has FCP been approved by the special courts-martial activity if disapproved by local Commander. (NOTE: GCM authority can disapprove FCP.)			
	K. REENLISTMENT ACTIVITIES/RECRUITMENT			
1.35	35. Reenlistment	D	F	
	a. Do company commanders maintain monthly, quarterly and fiscal year reenlistment statistics?			
	b. Do company commanders inspect the Reenlistment Data Card file on a monthly basis?			

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	c. What Reenlistment Incentive Program does the unit have? Has the program been announced by letter, dated, and signed by the current unit commander?			
	d. Does the Primary Duty Retention NCO (79D) conduct monthly, quarterly, and FY statistics for the commander?			
	e. Is there a DA Form 1315 (Records of Inspections) for all soldiers in the rank of SSG and below.			
	f. Does MILPO prepare the DA Form 1315 and forward it to the unit within 15 days from the date of assignment?			
	g. Are all entries in pencil and legibly recorded.			
	h. Are all interviews being conducted as prescribed by appendix C?			
	i. Are DA 1315 cards being maintained by the DENTAC/ADL/RDC reenlistment NCO?			
	j. Have soldiers (enlisted and officers) been counseled on reserve opportunities prior to separation from active duty?(Officer Counseling Program)			
	k. Has a Recruitment Training Officer (RTO) been assigned for each RDC and/or DENTAC?	NA	D	
	L. WEIGHT CONTROL PROGRAM			
1.36	36. Weight Control Program	F	L	
	a. Does the unit have a weight control program/SOP?			
	b. Are all personnel weighed in when they take the Army Physical Fitness Test or at least every 6 months?			
	c. Has body fat composition been determined for personnel whose weight exceeds the screening table weight?			
	d. Was medical evaluation requested when the soldier has a medical limitation or is pregnant, or when requested by the unit commander? If health care personnel discover no underlying cause and the individual is classified as overweight the individual will be enlisted in a weight control program.			
	e. Has a suspension of favorable personnel actions been initiated for individuals enlisted in a weight control program?			
	NOTE: File 600-9 maintained at unit level, disposition IAW AR 25-400-2			
	f. If there was no weight loss for any two consecutive monthly weigh-ins were personnel counseled regarding their unsatisfactory progress and that they are subject to separation?			
	g. If there was no significant progress after 6 months and no underlying medical cause to impede weight loss, has the Commander or supervisor informed the individual in writing that initiation of separation proceedings will be considered?			
	h. Upon entry into the weight control program, are soldiers also entered into a mandatory exercise program?			
	M. CORRESPONDENCE			
1.37	37. Correspondence	S	S	
	a. Are memoranda being used for military purposes only?			
	b. Are coordination actions being accomplished by the most informal method possible?			
	c. Are replies to non-suspense correspondence being completed within 15 working days or within the limit specified by the agency or command, whichever is sooner?			
	d. Is DA Form 209 being used for acknowledgement of receipt for unclassified records when required?			

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	e. Is DA Forms 200 (Transmittal Record) being used to provide information not contained in document being sent?			
	f. Are only abbreviations authorized in AR 25-50 for military correspondence and those contained in standard dictionaries being used?			
	g. Are military acronyms being used in correspondence outside of the DOD? They should not be used outside DOD.			
	h. Are acronyms spelled out completely when used for the first time with the acronyms following in parentheses?			
	i. Are acronyms being used to start a sentence? (They should not be used to start a sentence.)			
	j. Are courtesy copies being furnished to accompany the original correspondence when a reply is expected?			
	k. Has the official record copy been marked "record/file copy" along the edge of the right margin?			
	l. When correspondence is to be signed by another office, was the record file copy attached for signature above the signature block and dated?			
	m. Has writer identification been identified on all correspondence? This will include rank, name and phone number (DSN or commercial number).			
	n. Are envelopes and correspondence being addressed as prescribed in AR 25-1, AR 25-50 and AR 25-51.			
	o. Are references listed in the first paragraph in order they appear in the text of the correspondence?			
	p. Are references listed properly as required by AR 25-50?			
	q. Are pages and paragraphs numbered correctly?			
	r. Has the commander developed a correspondence quality control program? Are correspondence spot checks documented?			
	s. Are all dates on official military correspondence being expressed in day, month, and year on one line?			
	t. Is identification of each enclosure or attachment in the lower right corner of the first page?			
	u. Has the commander delegated his/her signature authority outside of principal staff in writing with an explanation of material they can sign for?			
	N. PUBLICATIONS			
1.38	38. PUBLICATIONS	S	S	
	a. Are rescinded or obsolete publications removed from the files and destroyed?			
	b. Is black lead pencil being used for posting?			
	c. Are change numbers and date of change posted to front cover of the basic publication?			
	d. Is the word "posted", the date, and initials of the person completing the posting on the change instruction sheet?			
	e. Are reference publications maintained on a need-to-know basis?			
	f. Are applicable regulations (AR-PAM-CIR-MEDCOM/HSC),etc on file or requisition?			
	g. Are MEDCOM and local supplements filed with the supplemented Army regulation?			
	h. Are copies of the current subscription forms/printout (DA 12 series) on file and periodic reviews conducted?			
	i. Has pinpoint distribution account been established and reviewed?			
	O. FILES			

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1.39	39. Files	S	S	
	a. Are deviation from disposition instructions that extend the prescribed retention period approved? Are approved instructions on file label of folder?			
	b. Are all folders and record containers labeled?			
	c. Are file numbers being entered on documents at the time of creation, or prior to filing of the documents?			
	d. Are file numbers placed on non-military correspondence prior to filing?			
	e. Are files with specific number of years cut off at the end of the year?			
	f. Are files with continuing type disposition not cut off but purged instead?			
	g. Are SF 135 and SF 135-A being used to transfer records?			
	h. Are records received for file complete with unnecessary material eliminated?			
	i. Are selected file numbers list maintained on MEDCOM Form 250-R, or prepared electronically following format of HSC Form 250-R under file number 25-400-2c, or in front of the first cabinet drawer?			
	j. Is AR 25-400-2 on hand or on order?			
	P. MEAL CARDS			
1.40	40. MEAL CARD MANAGEMENT	NA	F	
	a. Has the Commander designated in writing a commissioned officer, warrant officer, senior non-commissioned officer (E-7 or above) or civilian (GS-9 or above) as the meal card control officer (MCCO) for all Meal Cards (DD Form 714)?			
	b. Has the MCCO developed and published procedures to accomplish meal card management?			
	c. What system is in place to ensure prompt (immediate) issuance of meal cards to newly assigned/attached personnel and the turn in of meal cards when subsistence-in-kind (SIK) is not authorized?			
	d. Has the MCCO returned meal card control books and associated records to the meal card control book control officer (BCO) within 5 duty days following the time last card in book is recorded as inactive, lost, stolen or destroyed?			
	e. Have meal card verification checks been accomplished using Meal Card Verification Form (DA Form 4550-R) and filed IAW AR 25-400-2, file #600-38?			
	f. Has MCCO provided an annual written status report on the number of valid cards per book issued and/or still in book, to include the total number of issued and unissued cards in the unit? It will also include, by card number, the number of cards reported lost, stolen, and destroyed. Was the annual report initiated as of 31 December each year?			
	g. Has the MCCO requested replacement meal card control books using DA Form 410? or DA Form 3161 if mailed?			
	h. Upon change of the MCCO/BCO has the vacating officer prepared a memo in four copies IAW AR 600-38, para 3-4(3)a-g and distributed and filed IAW AR 25-400-2?			
	i. Has the MCCO maintained card control registers DA Form 4809-R in three ring binders IAW AR 600-38 and AR 25-400-2?			
	j. Are the appointment orders of the current and previous MCCO filed in front of the first binder?			
	k. Does the first binder contain DA Form 410 and/or DA Form 3161 if applicable?			

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	l. Does the binder contain a separate section for each card book. Is the DA Form 4809R maintained alphabetically, by soldiers' last name for meal cards issued on a permanent basis?			
	m. Are temporary meal cards maintained numerically in the meal card control binders?			
	n. Are the inactive meal card control binders maintained separately from each meal card control book and contain all closed out DA Form 4809R in card number sequence?			
	o. Has the unit conducted meal card verification checks using DA Form 4550-R and has the completed form been forwarded to MCCO for filing IAW AR 25-400-2 for units 50 or more per day based on a 10-day headcount? (Frequency depending on count for each meal)			
	p. Has written notification been given to MCCO when there is a change in the status of enlisted soldiers' entitlement from SIK to BAS?			
	Q. COMMAND SPECTION PROGRAM			
1.41	41. Command Inspection Program:	D	F	
	a. Has a Command Inspection Program (CIP) been implemented?			
	b. Does the CIP include a formal schedule of inspections? Is the schedule and topics of inspection posted on unit bulletin boards?			
	c. Does the CIP include mechanisms for feedback to identify strengths as well as weaknesses? Is teaching an element of the inspection?			
	d. Does the CIP schedule include follow up evaluations of previous inspections?			
	e. Does the commander participate in the CIP? (At a minimum, the commander must be present during a portion of the inspection as a participant.) Does the commander provide an assessment upon completion?			
	f. Is there an annual review of the CIP to determine that the frequency, scope, and duration of inspections remain appropriate and specific inspection requirements remain valid?			
	g. Does the CIP include the commander's inspection of all clinics and services within the DENTAC?			
	h. Is QA included in the CIP?			
	i. New Detachment and Company Commanders will receive an initial command inspection from his/her rater within 90 days of assuming command.			
1.42	42. Are affiliation agreements current and in the proper format? Are requests for approval sent through Medical Command Dental Command (MCDS) to Medical Command Resource Management-Management Div (MCRM-M) and were appropriate, documents signed by both head of educational institution and commander?	D	S	
1.43	43. Are gratuitous agreements approved by local Purchasing and Contracting (P&C) and forwarded to MEDCOM, MCRM-M?	D	X	
1.44	44. Are Civilian Performance Counseling Checklists completed and on file for all civilian employees GS8 and below assigned to a position 120 days or more? Recorded, communicated and reviewed periodically? Progress review required at mid-point.	Z	F	
1.45	45. Are Senior Civilian Evaluation Report Support Form DA Form 7222-1 and Senior System Civilian Evaluation Report DA Form 7222 used for civilian employees GS9 and above?	Z	S	
1.46	46. When required, have personnel with added duties been correctly appointed? Is the authority quoted? Examples:	D	S	

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	a. Precious Metals Coordinator and Alternate (DENTACs, ADL) Precious Metals Monitor and Alternate - (Clinics, Lab)			
	b. Director of Dental Education			
	c. Forensic Dental Officer			
1.47	47. Is the Commander the Deputy Chairman of the Consumer Health Committee?	NA	S	
	48. Are hours worked by civilian personnel duly compensated?	S	S	
	R. EEO			
1.49	49. Equal Employment Opportunity (EEO) Program	F	N	
	a. Is the unit chain of command aware of their Equal Employment Opportunity responsibilities?			
	b. Are the Equal Employment Opportunity Counselors appointed on orders? Are these individuals fully indoctrinated by the EEO Officer (or servicing EEO Officer) on their duties and responsibilities?			
	c. Has an EEO Committee been established for the installation/MEDCEN/MEDDAC? Does the committee include dental unit representation?			
	d. Has the commander established a system for assessing and reporting the status of EEO activities throughout the unit?			
	e. Are the following items current and prominently displayed on official bulletin boards in the unit?			
	(1) MEDCOM and DENTAC/RDC/ADL Commander's Policy Statement on Equal Employment Opportunity and Affirmative Employment.			
	(2) MEDCOM and DENTAC/RDC/ADL Commander's Policy Statement on the Prevention of Sexual Harassment.			
	(3) Procedures for processing complaints of discrimination from civilian employees and applicants for employment in DENTAC/RDC/ADL.			
	(4) Poster identifying EEO officials and EEO Counselors by name, work location, and telephone number. (provided by servicing EEO Office)			
	f. Has the servicing EEO Officer developed a Multi-Year Affirmative Employment Program Plan that includes DENTAC/RDC/ADL requirements?			
	g. Has an annual Accomplishment Report and Command Update of the Affirmative Action Program Plan that includes unit requirements been developed?			
	h. Have newly assigned managers and supervisors received training and orientation concerning their EEO responsibilities?			
	i. Have Commanders, Managers, Supervisors, and Civilian employees received the DA approved Training in the Prevention of Sexual Harassment?			
	j. Has the unit conducted or participated in ethnic observances and celebrations throughout the year to honor and recognize all personnel to include minorities and women?			
	k. Has a Plan for the Prevention of Sexual Harassment in the work force been developed by the servicing EEO Office to include unit activities?			
	l. Are employees informed and do they feel free to use the Complaints Processing System without fear of reprisal, restraint, interference, or coercion?			
	m. Are supervisors and employees aware of their responsibilities with respect to employment of individuals with disabilities?			

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	n. Are commanders and supervisors aware of procedures to provide equal services to individuals physically challenged (i.e., hearing impaired, sight impaired, speech impaired, mobility impaired)?			
	S. EO Program			
1.50	50. EO Program	D	F	
	a. Leader Involvement			
	Focus: Commander's responsibility for a positive EO climate and leader accountability for program implementation and effectiveness			
	(1) Has the commander established a system for assessing the EO climate of the unit within 90 days of assuming command and annually thereafter?			
	(2) Is the chain of command aware of their EO responsibilities?			
	(3) Has the commander issued policy statements addressing Equal Opportunity, Prevention of Sexual Harassment, and Complaints Procedures?			
	(4) Is the chain of command conducting and participating in EO training?			
	b. Staffing			
	(1) Are Equal Opportunity Advisor(EOA) positions at all RDC level and above units documented on unit manning authorization documents?			
	(2) Do those units without a dedicated EOA have Service Support Agreements for EO program support?			
	(3) Does each unit below RDC level have at least one school trained Equal Opportunity Representative (EOR) appointed on orders?			
	(4) Do dedicated or supporting EOAs have access to the commander and considered part of the commander's staff?			
	(5) Are EOAs and EORs fully indoctrinated on his/her duties, responsibilities, and commander's expectations?			
	c. Training			
	Focus: All assigned soldiers and civilian supervisors receive appropriate EO training through unit level, senior executive, and/or Equal Opportunity Leadership Course (EOLC) training programs			
	(1) Is mandatory EO training incorporated into the unit training plan and conducted twice annually?			
	(2) Is EO training relevant and beneficial to the needs of the unit?			
	(3) Does the chain of command participate in discussion based training sessions?			
	(4) Is EO training conducted twice annually specifically for officers, senior noncommissioned officers, and civilian supervisors?			
	d. Complaint Processing			
	Focus: Accessibility to assistance when needed, responsiveness by leadership, and accountability by everyone for their own actions			
	(1) Are soldiers aware of the commander's complaint procedures for redress of equal opportunity complaints?			
	(2) Are soldiers utilizing the chain of command as the primary means to resolve EO complaints?			
	(3) Do soldiers have confidence that they are free of intimidation, harassment, retaliation or reprisal for filing an EO complaint?			
	(4) Are EO complaints, whether formal or informal, processed in a timely manner utilizing established procedures?			

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	(5) Are follow-up assessments conducted on all formal EO complaints to assess the effectiveness of corrective actions and to detect/deter any EO Complaints incidents of reprisal?			
	(6) Is final disposition of EO complaints retained on file for a period of two years with the first echelon of command at which an EOA is authorized?			
	e. Affirmative Actions			
	Focus: Brigade equivalent (those organizations with COL authorization for the Commander position) and higher units have established Affirmative Actions which support the MEDCOM EO program			
	(1) Have commanders reviewed the unit AAP within 90 days of assuming command and annually thereafter to assess the need for goal revision?			
	(2) Do AAPs compliment higher command AAPs or host installation AAPs?			
	(3) Do units required to publish AAPs collect and maintain statistical data for the various AAP subject areas?			
	(4) Do units required to publish AAPs submit to higher headquarters a narrative and statistical report on equal opportunity progress annually and EO complaint reports quarterly?			
	f. Other			
	Focus: Pro-active strategies are utilized to implement and assess the EO program			
	(1) Is the supporting PAO involved with planning, executing and monitoring EO programs?			
	(2) Are special/ethnic observances promoted and supported by unit commanders?			
	(3) Does the commander employ a variety of assessment tools to determine if potential problems or actual EO abuses exist?			
	(4) Is the supporting IG utilized to assess the EO climate and effects of AAPs?			
	(5) Has the organization developed an Affirmative Action Council to develop, review, and analyze the commander's affirmative actions?			
	T. ARMY SAFETY PROGRAM			
1.51	51. Army Safety Program	F	N	
	a. Has the DENTAC/RDC/ADL Commander established an effective safety program? Has the Commander published a safety policy statement? Is the DENTAC safety program conducted IAW current written standards, policies, and guidelines? This may be done in conjunction with the MEDCEN/MEDDAC when a full time safety professional is employed.			
	b. Is a unit Safety Officer appointed on orders as a collateral duty?			
	c. Is there a DENTAC/RDC/ADL safety committee and does it meet at least quarterly? This requirement can be waived if the DENTAC is represented on the MEDCEN/MEDDAC safety committee.			
	d. Is there a Safety Training/Education Program?			
	e. Has the commander established and implemented procedures to carry out the Army accident prevention awards program?			
	f. Has the commander implemented requirements for all supervisory and management level personnel (military and civilian) to be evaluated in their performance appraisals for safety performance?			
	g. Are all accidents and unsafe/ unhealthful conditions being reported IAW local procedures?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
	h. Are required occupational safety and health inspections of all patient care areas conducted at least every 6 months ?			
	i. Are Safety and Occupational Health Inspections and Surveys (SASOHI) conducted annually of all activities within the command?			
	j. Is there documented evidence of an effective Civilian Resource Conservation Program? Is the unit meeting its reduction goals?			
	k. Are precautions taken to minimize the mercury vapors in the clinics? Are there adequate policies and guidelines for handling mercury and beryllium?			
	l. Are Nitrous Oxide (N2O) anesthesia machines and anesthesia gases stored in a locked room or container when authorized personnel are not present in the dental clinic?			
	m. Are proper anesthesia administration techniques and equipment maintenance being used to minimize exposure to N2O?			
	n. Are the guidelines followed for the use of nitrous oxide units: - restricted to 50:50 (Nitrous Oxide/Oxygen) units capable of delivering greater than 50% nitrous oxide?			
	o. Are compressed gas cylinders properly stored, used and handled through-out the DENTAC? Is oxygen tested for quality and certified results indicated on DD Form 1191 before use? Since most clinics do not have O2 testers this must be done prior to delivery of cylinders to clinics.			
	p. Is there a written fire plan for each dental clinic that addresses the use and function of fire alarms and detection systems, containment, storage and handling of flammable substances, and the protection of lives including evacuation plans and use of fire extinguishers? Is the fire evacuation plan implemented at least quarterly?			
	q. Are flammable and corrosive liquids correctly handled and stored? Are quantities above working stocks stored in approved flammable and corrosive liquid storage containers?			
	r. Are fire extinguishers checked monthly using HSC Form 267?			
	I. Interest Area:			
	Organization and Unit Administration			
	U. SPONSORSHIP AND ORIENTATION PROGRAM			
1.52	52. Sponsorship & Orientation Program	F	L	
	a. Has the Commander established a sponsorship and orientation program?			
	b. Does the Commander monitor the administration of the programs to ensure compliance?			
	c. Has sponsor training been conducted at unit level?			
	d. Are family members included when applicable in the sponsorship program?			
	e. Are welcome packets sent to all incoming personnel (includes civilian) within 10 days after the receipt of the Request for Sponsorship?			
	f. Were welcome letters from gaining unit Commanders and sponsors enclosed in welcome packet?			
	V. MENTAL HEALTH EVALUATIONS OF UNIT PERSONNEL			
1.53	53. Mental Health Evaluation of Unit Personnel	D	F	

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	Is the commander aware of the guidelines outlined in Department of Defense Directive 6490.1 for referring unit personnel to have a mental health evaluation? Prior to the referred for mental health evaluation the commanding officer shall consult with a mental health professional. No person shall refer a member for a mental health evaluation as a reprisal for making or preparing a lawful communication to a Member of Congress, any appropriate authority in the chain of command of the member, an inspector general (IG), or a member of a DoD audit, inspection, investigation, or law enforcement organization.			
	W. MENTORSHIP PROGRAM			
1.54	54. Has an Officer Mentorship Program been implemented? Is documentation for program available for review by RDC/DENTAC during staff assistance visits/command assistance visits?	NA	D	
II	II. Interest Area: Quality Assurance			
	A. GENERAL	D	M	
2.A.1	1. Has the Commander published a written plan for the Quality Assurance Program that addresses:			
	a. Patient care evaluation			
	b. Credentials review /privileging process			
	c. Utilization management			
	d. Risk management			
2.A.2	2. Is the plan evaluated annually for overall effectiveness?			
2.A.3	3. Does DENTAC follow the Calendar of Dental Review Topics to ensure QA reviews are conducted?			
2.A.4	4. Does each clinic OIC forward QA reports on a scheduled basis?			
2.A.5	5. Has the Commander established a continuous, criteria-based, planned, and systematic monitoring and evaluation process?			
	B. PATIENT CARE EVALUATION	CQ	M	
2.B.1	1. Does the DENTAC have a monitoring and evaluation plan to determine the quality and appropriateness of care provided?			
2.B.2	2. Are dental record and worksheet reviews conducted monthly?			
2.B.3	3. Are drug use reviews, to include prophylactic antibiotics, conducted to ensure that therapeutic agents are being properly prescribed? Are appropriate entries documenting prescribed drugs made in the dental record? Are all adverse drug reactions reported on DA Form 4106 (Report of Unusual Occurrence); includes intentional and unintentional overdoses? Are adverse drug reactions reported to the Chief, Pharmacy to ensure review by Pharmacy and Therapeutics Committee (P & T)?			
2.B.4	4. Is the type/name of metal recorded on SF 603/603A for all inserted dental prosthesis?			
2.B.5	5. Do dental records properly annotate quarters referral?			
	C. CREDENTIALS/PRIVILEGING	CC	M	
2.C.1	1. Does the Credentials Committee send its reports directly to the Commander?			
2.C.2	2. Are all scheduled meetings of the credentials committee announced in writing at least 5 working days before planned date?			
2.C.3	3. Are all votes by secret ballot for all privileging actions?			
2.C.4	4. Do the Credential Committee minutes reflect the total vote cast yes and no for each individual considered for privileging?			
2.C.5	5. Do the minutes include the names and professional positions held in the facility by the members at the meeting?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
2.C.6	6. Is the Credentials Committee reviewing the quality of care provided by any practitioner when requested by the Commander? When referred by the QA Committee? When referred by the Risk Manager?			
2.C.7	7. Do the committee meeting minutes reflect the names of the practitioners considered before the committee and the determination of their respective clinical privileges (i.e., approval limitation, or revocation)?			
2.C.8	8. Has the DENTAC verified information regarding the applicant's licensure, specific training, experience, current competence health and action of QA activities? Action on an individual's application for clinical privileges is withheld until such information is made available and is verified.			
2.C.9	9. Did the military appointee's first duty station receive the AMEDD Officer Procurement Division, U.S. Army Health Professional Support Agency (SGPS-PD) validated packet?			
2.C.10	10. Did the MTF commander or his designated representative independently verify the accuracy of Civil Services and contract practitioners' statements regarding his or her medical education, training, experience, and current licensure?			
2.C.11	11. Primary source verification is necessary for the following: Dental diploma, residency training, board certification, nitrous oxide and IV sedation training, and initial license for each state license.			
	<p>Note: Primary Source Verification is either an original letter from the educational institution or certifying body attesting to successful completion of specialty training, etc., or verification by telephone communication between the Commander or his designated representative (Army recruiter for new accessions) and the education institution or specialty board. Telephone verification will be recorded on official letterhead and will be signed and dated by individual making phone call. (The person validating must be appointed on orders or in Credentials Committee minutes.) Verification is a one-time task. For example, a state license must be verified once, but each time it is renewed, it must be validated. Validation of state license renewal or CHE will be from the original document (not a copy) actually seen by the Credentials Technician or responsible individual. A copy will be made and annotated that it is a "true copy" of the original, dated and signed by the verifier.</p>			
2.C.12	12. Are unlicensed dental practitioners practicing under supervision?			
	a. Did the DENTAC Credentials Committee recommend to the commander that unlicensed officer's be limited to "Supervised Privileges"?			
	b. Are the limitations of privileges filed in the PCF? Is the "remarks" section of DA Form 5440-1-R properly annotated? Is the Supervisory Plan on the back of 5440-1-R? Does Section III of the PCF contain both a copy of the credentials minutes and a letter of notification from the commander to the individual? Only the sections of the credentials minutes pertaining to the individual will be placed in section III. All other material must be whited out.			
	c. Are primary and alternate supervisors appointed?			
	d. Has a copy of DA Form 2499 (Health Care Provider Action Report) been included with the supervisory plan submitted to HQ MEDCOM (MCHO-CL-Q) through MCDS (DENCOM)?			
2.C.13	13. Has the status of privileges been properly applied?			
	a. Are regular privileges given to Reserve practitioners assigned to the DENTAC for annual training?			

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	b. Are temporary privileges granted for a period of not more than 30 days to practitioners when time constraints will not allow full credentials review? Has the mandatory requirement for verification of licensure and current competence been accomplished prior to granting temporary privileges?			
	c. Have PCFs been updated to reflect the appropriate (new) terminology for clinical Privileges? (Regular, Temporary, or Supervised)			
	d. Are supervised privileges granted for periods not to exceed 24 months without renewal?			
2.C.14	14. Are privileges properly delineated?			
	a. Is the Credentials Committee evaluating and either reinstating or modifying the privileges of all individually privileged practitioners at least biennially?			
	b. Is the delineation of privileges reasonably comprehensive and not stated simply as a specialty designation?			
	c. Is the determination of regular privileges based upon the individual's education, professional license or other authorizing document, experience, current competence, ability to perform requested privileges, and judgment? Do privileges exceed a 24 month period without renewal?			
	d. Is evaluation and reinstatement or modification (extension or limitation) of privileges based on education, training, experience, thorough appraisals of clinical performance, privileges specifically requested in writing by the practitioner, and professional conduct.			
	e. Before an ARNG or USAR member assumed his or her duties, did the responsible Credentials Committee review the member's PCF and grant appropriate privileges?			
	f. Dental Residents, Training Credentials File (TCF)			
	(1) Have the professional qualifications (i.e., education, training, and experience) and any other standards been clearly stated?			
	(2) Have the working relationships, clinical duties, and responsibilities (scope of patient care services) granted been spelled out in a written statement that can be expanded, modified, or canceled as needed?			
	(3) Has the Credentials Committee approved the professional qualifications required and the scope of patient care services granted to a professional category?			
	(4) Is each individual meeting the requirements of the category evaluated at least annually by the supervising dentist in conjunction with the clinic chief to determine renewal of privileges?			
	(5) Are the DENTACs training mentors in residencies and fellowships completing DA Form 5374-R (Performance Assessment) and DA Form 5441-1-R (Evaluation of Clinical Privileges) showing those privileges felt warranted at the resident's first DENTAC assignment based on performance during training? Is the file sent by certified mail to the gaining facility to arrive 15 days prior to PCS?			
2.C.15	15. Is evaluation of privileges accomplished with timeliness and appropriateness?			
	a. Are Evaluation of Privileges (DA Forms 5441-1-R) and Performance Assessment (DA Form 5374-R) completed at least every 2 years, when a practitioner changes station, and following periods of temporary privileges delineation?			
	b. When privileges are modified because of reappraisal, the reason is stated under "Comments" on DA Form 5441-R?			

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	c. When the practitioner requests modification of his or her clinical privileges for the upcoming period, is it documented in the "Remarks" section of the DA Form 5440-R series prepared for the period?			
	d. Is any education or training taken since completion of the DA Form 4691 R (Initial Application for Clinical privileges) or last DA Form 5440A (Delineation of Privileges Record) validated? Is substantiating documentation in parts IV or VI of the PCF?			
	e. Is the DA Form 5374-R completed in duplicate by the clinic chief with copy furnished the practitioner?			
	f. Is a copy of the completed DA Form 5441-1-R given to the practitioner?			
	g. Are evaluations (DA Form 5441-R) on ARNG and USAR practitioners done during annual training and following each duty period for 5 or more days?			
2.C.16	16. Practitioner Credentials File (PCF)			
	a. Is the PCF maintained in a six-part file in reverse chronological order?			
	(1) Section I (Current National Practitioner Data Base report within 24 months)			
	(a) DA Form 4691-R (Initial Application for Clinical Privileges)			
	(b) DA Forms 5440-1-R (Delineation of Privileges-Dentistry) and DA Forms 4692-R (Clinical Privileges Annual Evaluation) (past) in reverse chronological order			
	(c) DA Form 5440A-R (Delineation of Privileges Record			
	(d) DA Forms 5441-1-R (Evaluation of Privileges)			
	(e) DA Form 5754-R (Malpractice and Privileges Questionnaire)			
	(f) HSRA Forms 532 (Request for Information Disclosure) and 532-1 (Request for Information Disclosure--Supplement)			
	(2) Section II			
	(a) DA Form 5374-R (Performance Assessment)			
	(b) Letter of commendation			
	(3) Section III--Documents of adverse action			
	(a) Letters of notification			
	(b) Letters of acknowledgment			
	(c) Hearing summary or minutes			
	(d) Investigation reports			
	(e) Adverse statements, to include National Practitioner Data Bank reports within 24 months.			
	(f) Letters of decision			
	(g) Malpractice claims reports			
	(h) Copies of any other adverse information			
	(4) Section IV--Continuing dental education certificates, lectures given, papers published, etc.			
	(5) Section V--DA Forms 5440-R-series, 5441-R-series, and 5374-R from previous MTFs or privileges granted at civilian agencies, if applicable.			
	(6) Section VI--Copies of diplomas, certificates, licenses, BCLS (CPR), etc. Verification- (see AR 40-68 par 4-6c)			
	b. Is the PCF released only to the MTF or DENTAC commander, the Credentials Cmte, and reviewing authorities? Have other releases been authorized by the practitioner?			
	d. Does the PCF reflect the entire service career of the military practitioner?			

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	f. If the practitioner changes station to an administrative position involving no clinical practice or attends a civilian or military school (other than graduate medical or dental education), is the file sent to HQ MEDCOM (MCHO-CL-Q)? If practitioner is attending a civilian graduate education program, is a copy of the PCF sent to the civilian institution and the original to HQ MEDCOM, (MCHO-CL-Q)?			
	g. For Individual Ready Reserve (IRR), USAR members, is ARPERCEN forwarding the file by certified mail to the DENTAC where the reservist will perform AT or ADT?			
	h. Are gaining ARNG or USAR units requesting the PCF from the last DENTAC?			
	i. For disposition at separation or retirement are original PCFs forwarded to USAR Components Personnel and Administration, ATTN: ARPC-OPS-QA? (After 5 years, the PCF may be destroyed)			
	(1) Military Practitioners. Is a copy kept at DTF for 1 year?			
	(2) Civilian Practitioners-retain in last DTF of employment and destroy 5 years after termination of employment.			
	j. Are ARNG and USAR organizations initiating the PCF? Is USAR or ARNG Application for Clinical Privileges To Perform Active or Inactive Duty Training (DA Form 5753-R) included?			
2.C.17	17. Are the policy/guidelines for privileging in parenteral techniques of conscious sedation being followed?			
2.C.18	18. Does the Credentials Committee meet at the discretion of the Commander at least annually? Are separate minutes prepared? Are the minutes signed by the Credentials Committee Chairman and approved by the next higher commander.			
	D. UTILIZATION MANAGEMENT	CQ	CQ	
2.D.1	1. Does the DENTAC have a Utilization Management (UM) Program/plan?			
2.D.2	2. Is the authority and responsibility of those involved in the performance of UM activities, to include corrective action, defined?			
2.D.3	3. Are UM activities and findings reported to the QA Committee? Does the UM program describe methods for identifying and monitoring UM activities?			
2.D.4	4. Does the UM program review and analyze, at least annually, efficiency of appointment schedules, sick call hours, examination hours and patient waiting times?			
2.D.5	5. Are failed appointment rates analyzed at least quarterly, and if above established levels are corrective actions taken?			
2.D.6	6. Is there an ongoing evaluation of equipment and facility usage to ensure maximum efficiency?			
2.D.7	7. Is pertinent information activities such as PBAC, CEEP and MEDCASE incorporated into the UM program? Is there an annual assessment of equipment and a five year replacement plan?			
2.D.8	8. Are dental laboratory turn around times monitored?			
2.D.9	9. Is the use of supplies monitored periodically?			
	E. RISK MANAGEMENT PROGRAM	CQ	M	
2.E.1	1. Is there a risk management program in place which is concerned with accident and injury prevention and the lowering of financial losses after an incident has occurred?			
2.E.2	2. Are all incidents investigated by priority?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
2.E.3	3. Are DENTAC records (SF 603/603a, etc) copied and given to the risk manager within 48 hours of the request or as soon as the priority system will allow?			
2.E.4	4. Is professional review accomplished within 14 days?			
2.E.5	5. Does the risk manager's report (or committee minutes, when there is a committee) summarize activities to include problem trends with recommendations and status of claims and potentially compensable incidents?			
2.E.6	6. Are practitioner specific findings reported to the Credentials Committee?			
2.E.7	7. Is there evidence that the overall effectiveness of the RM program is reviewed quarterly with the QA Committee chairperson?			
2.E.9	8. Is there a tracking log that monitors corrective actions?			
2.E.9	9. Occurrence Screening -- Is there a system in place for the DENTAC to perform occurrence screening systematically?			
	a. Is a DA Form 4106 (Quality Assurance/Risk Management Document) prepared and submitted to the Clinic Chief within 24 hours?			
	b. Does the risk manager receive the report within 48 hours? Sooner if the incident requires immediate follow-up.			
	c. Is the DA Form 4106 factual and objective providing full details of the incident in a concise manner? The report should not contain an analysis of the cause of the incident.			
	d. If the incident is related to a patient's condition, is an appropriate medical/dental record entry made that states the patient's injury and action taken for the patient and not just that the incident or accident occurred?			
	e. Is RDC/DENCOM immediately notified telephonically when there is potentially substandard care or possible provider negligence resulting in a serious medical/dental incident? Are written reports properly sent thru (MCDS) to HQ MEDCOM (MCHO-CL-Q)?			
	f. Is DA Form 4106 (Quality Assurance/Risk Management Document) used whenever a serious dental incident occurs?			
	g. Are all dental incidents resulting in monetary award to a claimant properly reported thru HQ, DENCOM to HQ, MEDCOM (MCHO-CL-Q).			
	h. Are appropriate risk management concerns communicated to safety management personnel?			
	F. RADIOLOGIC QA	O	O	
2.F.1	1. Is there a documented radiologic QA Program?			
2.F.2	2. Is the DENTAC performing quarterly checks to ensure proper marking and orientation of panoramic films? Each panograph must be labeled with "L" on the patient's left side and/or "R" on the right. Are the checks documented?			
2.F.3	3. Has the commander insured that annual instruction has been provided in radiation protection practices and in the biologic effects and risks of ionizing radiation exposure?			
2.F.4	4. Has documentation been maintained indicating participation of appropriate personnel in inservices education, on the job training and outside workshops?			
2.F.5	5. Are technique charts, cooling curves, and tube rating charts posted?			
2.F.6	6. Are radiographs taken only after evaluation of pertinent history and need established by Dental Officer?			

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2.F.7	7. Are all lead aprons checked/inspected at least semi-annually and checked/inspected at least annually for safety defects? Are aprons properly placed/stored when not in use to prevent damage?			
2.F.8	8. Are student x-ray technologists supervised?			
2.F.9	9. Has a radiation protection survey been conducted prior to the use of new x-			
2.F.10	10. Is there a current radiation protection survey for existing facilities?			
2.F.11	11. Are all interlock systems, "on-off" beam mechanisms, and safety and			
2.F.12	12. Are appropriate warning signs posted?			
2.F.13	13. Is there a retake log which includes examination, projection, room, reason and technologist? (E.G., 1 Jan, PA #12, Endo, missed apex, PDS.) Is this log reviewed weekly?			
2.F.14	14. Is there a daily evaluation of the index of speed, index of contrast, solution temperatures and base plus fog? Sensitometer/densitometers may be used for this or a step wedge test.			
2.F.15	15. When working with film processing chemicals do personnel wear aprons, gloves and splashproof eyewear and is there an approved emergency eye lavage available? Do conditions require an emergency shower? If so, is one available?			
2.F.16	16. Are DD Forms 1141 (Record of Occupational Exposure to Ionizing Radiation) or, preferably, Automated Dosimetry Records being maintained?			
1.F.17	17. Is the film badge storage area designated in writing by the RPO.			
2.F.18	18. Are view boxes checked quarterly for consistency of light output?			
2.F.19	19. Are individual panoramic cassettes radiographically identified and numbered and right or left side marked. Are evaluation of film-screen contact, screen conditions, light leaks and film-screen combinations done at least quarterly?			
2.F.20	20. Is there an RPO and and A-RPO for the DENTAC? The DENTAC Commander may appoint his own personnel or use MEDDAC/MEDCEN staff.			
2.F.21	21. Has a qualified expert surveyed each x-ray system within the last 3 years?			
	G. 1990 CRIME CONTROL ACT	D	S	
2.G.1	1. Has every civilian hire (both civil service and contract) who is involved in direct patient care of patients under the age of 18 had a criminal history background check? (both a fingerprint check through the FBI and checked against State Criminal History Repositories)			
	2. Is Line of Sight Supervision being utilized for those individuals whom the criminal history check has not yet been completed?			
	3. Has coordination been made with the servicing Civilian Personnel Office to identify positions (either filled, vacant, or prospective), subject to the requirements of this act?			
	III. Interest Area: SECURITY			
	A. SECURITY CLEARANCE CHECKLIST	F	F	
3.A.1	1. Is a Security Manager appointed in writing? Is he/she familiar with appropriate regulations?			
3.A.2	2. Does the Security Manager maintain liaison with the supporting MEDCEN/MEDDAC Security Manager to ensure that required support is provided?			
3.A.3	3. Are newly assigned personnel, who are granted access to classified information, given an initial and periodic security orientation? Is the Classified Information Nondisclosure Agreement (SF 312) being maintained for all cleared personnel?			

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3.A.4	4. Is a copy of the current Security Clearance Access Roster on file for ready reference?			
3.A.5	5. Is supporting MEDCEN/MEDDAC Security Manager advised of adverse suitability/ loyalty information pertaining to DENTAC personnel whether or not they are currently holding a security clearance?			
3.A.6	6. Are personnel who had access to classified information and who terminate (retire or resign) employment debriefed?			
3.A.7	7. Are classified documents stored at the DENTAC? If so:			
	a. Are they stored in a GSA approved security container?			
	b. If SECRET and/or Confidential documents are stored:			
	(1) Is a classified document custodian appointed in writing?			
	(2) Are "accountable" classified documents properly maintained, logged, inventoried, receipted, and destroyed?			
3.A.8	8. Are all reproduction machines (Xerox, etc.) properly posted with warning signs to control or prohibit reproduction of classified material?			
3.A.9	9. Are classified documents destroyed by use of an approved shredder or incinerator?			
3.A.10	10. Are all personnel within the DENTAC who may receive or store information on non-affiliated persons and organizations acquainted with the restrictions on maintaining information on non-affiliated persons and organizations? Is a "policy book" maintained?			
	B. PHYSICAL SECURITY	F/N	F/N	
3.B.1	1. Does the local key control plan include DENTAC procedures?			
3.B.2	2. Has a Key Control Officer been appointed in writing? Have Key Custodians been appointed where required?			
3.B.3	3. Does each Key Control Officer and Key Custodian maintain an accurate written inventory of all keys under their purview (including unissued keys)?			
3.B.4	4. Are keys signed in/out on DA Form 5513-R (Key Control Register & Inventory) or other system described in HSC Reg 190-1?			
3.B.5	5. Are all unissued keys appropriately stored and controlled?			
3.B.6	6. Are key control registers (DA Form 5513-R) reconciled upon change of shift or close of business and missing or unaccounted for keys reported?			
3.B.7	7. Are padlock and key inventories conducted by serial number semiannually? Are personal retention keys inventoried on a "show basis" at least monthly?			
3.B.8	8. Are keys issued for personal retention held to an absolute minimum and have they and the persons (positions) issued to been specifically designated by the Commander?			
3.B.9	9. Is a Physical Security Officer appointed by the DENTAC? Has a Physical Security Plan been developed and coordinated with the installation?			
3.B.10	10. Are biennial physical security inspections conducted by the Provost Marshall? Has the commander requested this inspection? Has the commander designated mission essential or vulnerable areas?			
	C. INFORMATION SYSTEMS SECURITY:	X	I	
3.C.1	1. Are Security Managers at all activities appointed Activity Information Systems Security Managers (ISSM)?			
3.C.2	2. Are Information Systems Security Officers appointed for each MEDCOM Information System or groups of systems?			
3.C.3	3. If needed, are Terminal Area Security Officers appointed?			
3.C.4	4. Are employees subjected to personnel security investigations as required?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
3.C.5	5. Are security briefings conducted?			
3.C.6	6. Are passwords generated, issued and controlled?			
3.C.7	7. Has each system been evaluated as to sensitivity and officially designated?			
3.C.8	8. Has a risk assessment or analysis been conducted?			
3.C.9	9. Has an accreditation document been prepared, reviewed and approved?			
3.C.10	10. Has a statement of accreditation been issued and dated?			
3.C.11	11. Has the system(s) been reaccredited as required?			
	IV. Interest Area: LOGISTICS			
	A. MEDICAL MATERIEL	O	N	
4.A.1	1. Under the Prime Vender system, are stock levels maintained at 3-4 days?			
4.A.2	2. Are Prime Vender and reorder points correct based on demand history?			
4.A.3	3. Does the DENTAC maintain an expendible DA Form 2064 (Document Register for Supply Items) or equivalent document register for each clinic?			
4.A.4	4. Is an Appointment of Ordering Officer Memo used for Prime Vender? Is it updated when personnel change?			
4.A.5	5. Does the DENTAC update its TAMMIS due out roster with the medical materiel officer monthly?			
4.A.6	6. Is the DENTAC maintaining a quality control register? Are all U.S. Army Medical Materiel Agency (USAMMA) quality control messages on hand?			
4.A.7	7. Is DENTAC reporting defective medical materiel in accordance with AR 40-61?			
4.A.8	8. Are unused needles and syringes stored in locked containers and keys closely controlled? (Used needles and syringes should not be stored in the same cabinet or container as unused items.)			
4.A.9	9. Are used needles and syringes disposed of in proper red non- penetrable containers?			
4.A.10	10. Are physical security procedures for medical gases (oxygen, CO2, and Nitrous Oxide) being followed?			
4.A.11	11. Are monthly controlled item inspections being done for pharmacy items and emergency drug kits?			
4.A.12	12. Are dental clinics maintaining informal fund control registers? The HSC Form 213-R, Informal Commitment Ledger, can be used to set up an informal ledger. This is a "checkbook type" record showing amount of funds provided, committed, and balance remaining.			
4.A.13	13. Has MEDCOM approval been obtained prior to any alteration, modification, or diversion from intended use of a DTF?			
	B. Property Management:	O	N	
4.B.1	1. Does the Dental Activity have a 5 year medical equipment replacement program?			
4.B.2	2. Have property inventories been completed annually or upon change of primary hand-receipt holders?			
4.B.3	3. Are suspense files being maintained for temporary hand receipts? (DA Form 2062 (Hand Receipt/Annex Number)/DA Form 3161 (Request for issue or turn-in)			
4.B.4	4. Are excess equipment and furniture being properly identified, reported to the MEDDAC for command-wide advertisement, and turned in when not redistributed?			
4.B.5	5. Are technical inspections being done on medical equipment prior to being turned in as excess?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
4.B.6	6. Has DENTAC coordinated site preparation requirements through property management office prior to receipt of equipment?			
	C. PRECIOUS METALS AND PRECIOUS METAL-BEARING and SCRAP (PMBS)	O	N	
4.C.1	1. Has the DENTAC Commander established an internal Precious Metal Recovery Program (PMRP). Has this program been coordinated with the MEDCEN/MEDDAC PMC?			
4.C.2	2. Has a DENTAC precious metals coordinator (PMC) and alternate been appointed in writing? Has a Primary Precious Metals Monitor (PMM) been appointed at each clinic and an alternate at each lab or site within the clinic utilizing and/or generating precious metals (x-ray lab, ceramic lab, etc)?			
4.C.3	3. Does the DENTAC PMC/alternate maintain a document register (DA FORM 2064) and enter all requisitions, receipts, issues, and turn-ins of precious metals and PMBS? NOTE: Register will be maintained IAW PAM 710-2-1.			
4.C.4	4. Is the Stock Accounting Record (DA Form 1296) being kept by the DENTAC PMC/alternate to post receipt and turn-ins of PMBS? Only required if PMBS is stored prior to turn-in or PM are stored for further distribution to other clinics/labs. (Stored in this case means kept overnight or longer.)			
4.C.5	5. Are all clinic/labs alternate PMMs utilizing the Controlled Substance Record (DA Form 3949) to document receipts and issues of precious metals and turn-ins of PMBS to DENTAC PMC?			
4.C.6	6. Is the document register for supply actions (DA Form 2064) and all supporting documents being kept for the current year plus three past years?			
4.C.7	7. Does the monthly inventory officer inventory all precious metals and PMBS monthly down to clinic/lab every month?			
4.C.8	8. Is all PMBS being provided adequate storage to prevent pilferage and/or abuse?			
4.C.9	9. Is all PMBS being weighed and the net weight entered on the turn-in document? Is silver flake/sludge being weighed and the "dry" net weight entered on the turn-in document?			
4.C.10	10. Does DD Form 2322 (Dental Laboratory Work Authorization) indicate amounts and types of precious metals issued, used and returned?			
4.C.11	11. Has a unique block of document numbers been assigned by the Property Book Officer for turn-in of PMBS to the MEDCEN/MEDDAC PMC?			
4.C.12	12. Are silver alloy capsules being managed as Note Q items? (Standard controlled substances are identified by Notes R & Q in the notes column of the Federal Supply Catalog, DOD Section, Medical Material)			
	D. SENSITIVE ITEMS	O	N	
4.D.1	1. Are Controlled Substances Records (DA Form 3949 and 3949-1) being used by all activities which have controlled substances? Separate sections are required for Note R (Schedule II) and Note Q (Schedules III, IV, V) items.			
4.D.2	2. Has a physical security inspection of mission essential or vulnerable areas (MEVA) been conducted when required (but at least every two years)?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
4.D.3	3. Has a local files check been done of personnel who are assigned duties that require access to controlled medical substances and sensitive item storage areas?			
4.D.4	4. Are all controlled medical substances w/(Note R - Schedule II, Note Q - Schedules III, IV, V) stored appropriately?			
	E. Medical Maintenance	O	N	
4.E.1	1. Are scheduled preventive maintenance inspections being accomplished?			
4.E.2	2. Is DA Form 2407 (Maintenance Request) being maintained on all items being turned for repair?			
4.E.3	3. Is there a suspense system to ensure that the Commander is aware of outstanding work orders and the period that the work orders have been outstanding?			
	F. OCIE/WHITES	O	N	
4.F.1	1. Are duty white uniforms being maintained on the DA Form 3645/3645-1 for all required personnel? Clothing Records are usually maintained by Medical Proponency and not DENTAC. Should be addressed in an MOU.)			
4.F.2	2. Do all soldiers and Department of the Army Civilian (DAC) employees requiring duty white uniforms have the authorized number of sets?			
4.F.3	3. Are clothing inspections being accomplished for all newly arrived E4s and below.			
	V. Interest Area: MOBILIZATION	D	F	
5.1	1. Has the DENTAC prepared a dental annex to the installation mobilization plan as well as a dental annex to the MEDCEN/ MEDDAC mobilization plan? Are these documents reviewed for currency at least every two years?			
5.2	2. Has the DENTAC Commander provided input for dental staffing in the activity MOBTDA? Is it accurately reflected in the final document?			
5.3	3. Is the DENTAC commander providing mission letter to dental augmentation personnel assigned to the Installation Medical Support Unit (IMSU). Are copies available in the files and are they being used for annual training System Part 3, guidance as applicable?			
5.4	4. Are clinic plans for extended shifts (16-24 hours) for mobilization supported by plans for increased medical maintenance and has this been coordinated with the MEDCEN/ MEDDAC medical maintenance section/ division?			
5.5	5. Does the DENTAC commander partici-pate as a member of the MEDCEN/MEDDAC Mobilization Planning Committee?			
5.6	6. Is the DENTAC commander, in his role as installation Director of Dental Services, familiar with his role in support of installation deployment missions? Has he developed an SOP or plan for these requirements with assistance from available DIMAs/IMAs?			
5.7	7. Has the DENTAC Commander considered his area support role in mobilization planning? (e.g., support of reserve component training centers, support of troop movements as they traverse through the health service area, support of troops at distant training sites, etc.)			
5.8	8. Has the DENTAC Commander appointed, on orders, a Director of Dental Services for each Power Projection/Support Platform (PPP/PSP) within the RMC? Has he furnished the appointed officer a listing of required duties and directed develop-ment of a SOP for the location?			
5.9	9. Has the DENTAC Commander provided for a training plan for individual refresher training for mobilizing RC enlisted personnel?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
	VI. Interest Area: Training, Readiness, and Continuing Education	F	M	
6.1	1. Are all health care personnel who provide or assist in patient care trained and certified in BLS?			
6.2	2. Has the DENTAC developed an annual unit training plan/training schedule? Are mandatory training requirements met? Includes MEDCOM/HSC requirements)			
6.3	3. Has the DENTAC implemented procedures to maintain proficiency in first aid and emergency medical treatment?			
6.4	4. Is training in first aid and emergency medical treatment documented on the Dental Corps Officers Training Management checklist and filed in the PCF. Is documentation forwarded to the gaining command with the PCF?			
6.5	5. Is there command emphasis on the management and operation of local continuing education programs?			
6.6	6. Has a Director of Dental Education been appointed?			
6.7	7. Do all dentists receive 30 hours of Continuing Education yearly? (Twenty hours must be Category I)			
6.8	8. Are Soldier's Manual, and Job Book on hand?			
6.9	9. Are all dental personnel reviewing "Standards of Conduct" semiannually?			
6.10	10. Does each dental officer have a copy of the latest NATO Handbook of Emergency War Surgery?			
6.11	11. Has required Common Task Test (CTT) been accomplished and documented?			
	VII. Interest Area: Reserves/IMA	D	F	
7.1	1. Is coordination being accomplished between RDC/DENTAC and Reserve Components for annual training and IDT when possible? (Mutual Support Program)			
7.2	2. Does the Commander utilize his IMA during annual training and throughout the year?			
7.3	3. Are OER and NCOER for IMA correctly controlled?			
7.4	4. Have reserve component practitioners been properly privileged?			
7.5	5. Does the MEDCEN/MEDDAC coordinate training requirements for IMAs appropriately with the RDC/DENTAC?			
7.6	6. Does the RDC/DENTAC update current personal data from each IMA during annual training?			
7.7	7. Are required references on hand?			
	a. AR 140-145 Individual Mobilization Augmentation (IMA) Program, dated 23 Nov 94			
	b. AR 135-210, Order to Active Duty as Individuals for Other Than a Presidential Selected Reserve Call-up, Partial of Full Mobilization, dated 31 Dec 96			
	c. ARPERCEN/ARPERSCOM Pamphlet 140-145, Individual Mobilization Augmentation (IMA) Handbook, dated 30 Jun 97.			
	d. MEDCOM Table of Distribution and Allowances (TDA) Unit Status Report (USR) Guidance Document, dated Dec 96			
	e. Current unit/subordinate unit ARPERCEN/ARPERSCOM Orders and Resource System (AORS) IMA Register			
	f. Orders file for all IMAs assigned to unit and subordinate units			
	g. Copy of unit and subordinate unit's current table of distribution and allowances (TDA) and mobilization table of distribution and allowances (MOBTDA)			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
7.8	8. IMA Management	NA	F	
	a. Is there a designated IMA coordinator for the unit and all subordinate units?			
	b. Are the Annual Training (AT) periods scheduled by the unit, staff section in direct coordination with the IMA?			
	c. Are IMA Annual Training (AT) request for orders (DA 2446) submitted within the 60 day time frame to ARPERCEN/ ARPERSCOM?			
	d. Are OER/NCOER rating schemes published for IMA positions and available for review?			
	e. Are the scheduling and performance of all authorized inactive duty training (IDT) periods by Drilling IMA (DIMA) soldiers coordinated directly between the soldier and the assigned unit/section?			
	f. Are DIMA IDT performance appropriately documented on DA Form 1380 (Record of Individual Performance of Reserve Duty Training)?			
	g. Is DA Form 1380 for DIMAs pre-pared and submitted to ARPERCEN/ARPERSCOM within 72 hours following the completion of the scheduled training?			
	h. Is a current DA Form 577 (Signature Card) maintained for all personnel authorized to sign DA Form 1380 certifying duties performed during DIMA IDT periods?			
	i. Are all valid IMA and Individual Ready Reserve(IRR) Augmentee positions been cross leveled onto the most current approved MOBTDA?			
	j. Are staff sections and departments notified on a regular basis of the status of IMAs who are assigned to a particular area? (Includes assignments and reassignments)			
	k. Are IMAs accounted for and properly reported on the facility TDA USR?			
	l. Are IMAs given an entrance and exit briefing during their AT period with their immediate supervisor?			
	VIII. Interest Area: PROFIS	NA	F	
8.1	1. Are commanders meeting their requirements to ensure that appropriate actions have been taken for personnel designated in the PROFIS program?			
8.2	2. Are changes promptly made to the PROFIS Filler Roster upon departure or change to a new position?			
8.3	3. Are all filler personnel Soldier Readiness Program (SRP) qualified?			
8.4	4. Does the Dental Activity have a plan or program to support the family members of deployed PROFIS personnel?			
	IX. Interest Area: Records Management	O	N	
9.1	1. Are records filed separately by patient category? Active Duty 40-66b; retirees 40-66ii; family members 40-66jj.			
9.2	2. Is there a Cross Reference Card Index System for outpatient records? Alpha roster permitted for active duty records.			
9.3	3. Are records accounted for during in-processing and out-processing of personnel? Records will be screened upon arrival.			
9.4	4. Are Dental Records classified using the Class 1-4 System?			
9.5	5. Are incoming Dental Records reviewed? Is the review entered on SF 603? Soldiers with Dental Fitness Class 3 will have the condition causing potential emergency described in the SF 603. Class 3 and 4 individuals will receive expedited treatment so they do not remain in Class 4 over 60 days or in Class 3 over six months after arrival.			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
9.6	6. Are aviators meeting the minimum standard of Dental Fitness Category 2 as defined by AR 40-3 and AR 40-35? Are dental conditions for temporarily suspending aviators flying duty properly applied?			
9.7	7. Are records of AD personnel screened against current rosters semiannually?? Has DENTAC conducted a 100% audit of AD records annually to ensure accuracy of dental fitness classification?			
9.8	8. Are Dental Health Records being properly disposed of?			
9.9	9. Is the records "charge-out" system utilized properly and out records followed up in a timely manner?			
9.10	10. Are all HREC properly annotated when soldier released, discharged from service?			
9.11	11. Do all AD records contain a diagnostic quality panographic x-ray? Is x-ray filed on left side of record?			
9.12	12. Are DENTAC Commanders assisting USAR & ARNG in acquiring panographic radiographs?			
9.13	13. Have patients with significant medical conditions been identified on the front of the Dental Record Folder with DA Label 162 (Emergency Medical Identification Symbol)?			
9.14	14. Is the Dental Record Folder correctly marked?			
9.15	15. Does each Record Jacket contain a signed Privacy Act Statement?			
9.16	16. Is SF 522 (Request for Administration of Anesthesia and for Performance of Operations and other Procedures) properly completed? Section B-1 should contain documentation of treatment to be rendered in lay terms for each course of treatment.			
9.17	17. Is there a records review/audit committee? Is there a cross audit with the Daily Treatment Logs?			
9.18	18. Are medical adjunctive patient records properly identified? Do their records indicate what authority authorized this care? Is a physician's certification included?			
9.19	19. Are correct entries made upon initiation of SF 603 for basic trainees?			
9.20	20. Are approved abbreviations used on SF 603?			
9.21	21. Are orthodontic treatment procedures being entered on SF 603?			
9.22	22. Are the proper entries used on the SF 603/603A when administering nitrous oxide conscious sedation? Are SF 522 (Request for Administration of Anesthesia & Performance of Operations & Other Procedures), and OF 517 (Optional Form- Anesthetic Record) being used in intra-venous sedation cases?			
9.23	23. Are all dental records labeled as to which clinic is custodian?			
9.24	24. Are temporary records properly made up using manila folders? Is date record initiated on folder? Is record converted to new HREC after 60 days?			
	X. Interest Area: Clinical Operations			
	A. CATEGORIES OF CARE	O	N	
10.A.1	1. Is the Dental Activity complying with the priorities of dental care?			
	a. Does the DENTAC have published guidelines? Has a patient handout been developed? Is there a "stand-by" appointment system?			
	b. Are DENTAC personnel aware of dental care authorized for the various categories of allied military training (AMT)?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
10.A.2	2. Has the DENTAC implemented DEERS? Are required eligibility checks being performed? (25% of all dental visits) Dependent eligibility verification required for each visit unless a 30-day eligibility verification is requested. Each clinic must establish auditable procedures to trace when last eligibility verification was performed. Are retired service members checked annually? Are the Dental Services relying on proper identification of eligibility for dental care?			
10.A.3	3. Are patients referred to civilian dentists only as authorized?			
10.A.4	4. Are claims for civilian dental care in excess of \$500. Appropriately authorized?			
10.A.5	5. Are third party payment insurance companies being billed when appropriate?			
10.A.6	6. Is orthodontic care for active duty personnel being properly initiated?			
10.A.7	7. Are the policies directing the use of dental implants in DTFs being properly followed? Is there written implant protocol on file and approved by the RDC Commander? Has the requirement been met for annual Dental Implant Report through DENTAC Commander to RDC?			
10.A.8	8. Are qualification forms for Medical and Dental Preparation for Overseas Move-ment) being reviewed by the Dental Activity.			
10.A.9	9. Prior to any major change in medical services or capabilities by a DTF was the DENCOM/RDC notified?			
	a. A change in current volume of care within any medical specialty or clinic which will last for 6 months or more, and which comprises 10% or more workload for large facilities and 50% or more for small facilities for one or more categories of beneficiaries.			
	b. A change which may stimulate significant local public or congressional objections such as decreasing, terminating or reinstating services.			
	B. HIV	O	N	
10.B.1	1. Are records of HIV positive patients handled appropriately?			
	a. Not routinely labeled as special category.			
	b. DA Label 162 (Emergency Medical Identification Symbol on front of record jacket. (IAW AR 40-15)			
	c. On health questionnaire "Blood Donor Ineligible V72.62."			
	d. No requirement to enter test results on SF 603.			
10.B.2	2. Has a POC been appointed to coordinate the dental management of HIV infected patients and the education of Dental Health Care Workers (DCHW)?			
	C. WORKLOAD REPORTING	O	N	
10.C.1	1. Are reports submitted in a timely manner?			
10.C.2	2. Is HSC Form 35R being completed correctly?			
10.C.3	3. Is there a functional audit system to ensure that the Dental Service Report, Daily Treatment Log, and the SF 603 accurately reflect accomplished work?			
10.C.4	4. Is lost time due to failed/cancelled appointments being properly entered on HSC Form 035R?			
10.C.5	5. Is workload certified by the commander? Is workload certified in a timely manner?			
	D. NUCLEAR /CHEMICAL PERSONNEL RELIABILITY PROGRAM (PRP)	NA	N	
10.D.1	1. Has the DENTAC Commander coordinated with the MEDCEN/MEDDAC Commander an effective implementation of the PRP?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
10.D.2	2. The DENTAC Commander is responsible for maintenance and accountability of all dental records of personnel in the NPRP/ CPRP.			
10.D.3	3. Are current copies and changes of Nuclear/Chemical Duty Position Rosters maintained?			
10.D.4	4. Are Dental Records of personnel in the PRP maintained separately from other dental records? Is there a cross reference system using chargeout cards?			
10.D.5	5. Has a PRP training program been developed and implemented? (Coordinate with N/C Surety Office). Have personnel working with PRP received training no later than 30 days after identification to PRP duties? A record of training must be maintained.			
10.D.6	6. Recommend the commander appoint in writing a DENTAC Nuclear/Chemical Surety Officer to act as liaison and point of contact with commanders of supported units who have personnel in PRP. Otherwise, the MEDDAC N/C Surety Officer must do this for the DENTAC.			
10.D.7	7. Are communications with the PRP certifying official effected promptly whenever any individual is observed for any incident or condition that might result in restriction from PRP duties or disqualification? This includes prompt notification to commander of any prescribed medication that may tend to detract from the ability of an individual to perform his/her assigned nuclear/chemical duties.			
	a. Immediately notifying the PRP unit commander orally or by telephone and making a note of this action on the SF 603.			
	b. Is the oral or telephonic notification followed up in writing sent "EXCLUSIVE FOR" the unit commander by the fastest means?			
10.D.8	8. For personnel in the Nuclear/Chemical Surety Program, does the dental record contain DA Form 4515 as the top document on the right side of the folder? DA Form 3180 filed on the left had side of the dental record?			
	E. Sterilization/Infection Control	O	N	
10.E.1	1. Does the DENTAC have a written Infection/Control Program? Is it updated at least annually?			
	a. Where is it kept? It should be accessible to all employees.			
10.E.2	2. Does the DENTAC have a written exposure control plan?			
	a. Where is it kept? It should be accessible to all employees.			
	b. How is it updated (at least annually)? Who is responsible?			
	c. Are employees familiar with content and location?			
10.E.3	3. Are employees/job titles categorized IAW OSHA requirements?			
	a. Are tasks and/or procedures defined for employees who are in the classification of "some exposure"?			
10.E.4	4. Hepatitis B. Vaccination:			
	a. Where are records kept?			
	b. All military personnel vaccinated?			
	c. Are all civilian healthcare providers vaccinated for Hepatitis B?			
	d. How do new employees get training and HBV vaccination? Is it accomplished within 10 days?			
	e. Are United States Public Health Service (USPHS) recommendations followed?			
	f. Is vaccination data in employee medical record?			
10.E.5	5. Is copy of 29 CFR 1910.1030 (Bloodborne Pathogen Standard) available for employees? Where is it kept?			
10.E.6	6. Is a schedule of implementation present?			
10.E.7	7. Are procedures for evaluating exposure incidents present in the plan?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
10.E.8	8. Methods of compliance: Universal Precautions observed on a routine basis? No "special treatment rooms or special appt times", etc.			
10.E.9	9. Are engineering and work practice controls in place, in use, and evaluated by inspections and monitoring and evaluation type studies.			
	a. Sharps procedures:			
	(1) Type of container:			
	a) How is "full" determined?			
	b) What is the turn-in procedure?			
	(2) Is sharps container in laundry area?			
	b. Barrier technique			
	c. Personal protective equipment:			
	d. Other:			
10.E.10	10. Is needle recapping justified in the exposure control program and specific technique for other than two-handed recap specified? No bending, shearing, or other needle manipulation before disposal.			
10.E.11	11. Are handwashing facilities available in area of procedures. Proper handwashing technique utilized (before and after donning gloves, before leaving area, etc.)? No washing of disposable gloves.			
10.E.12	12. Are specimen containers properly labeled if contents may be infectious or contain tissue or fluids covered by this standard that have not been rendered non-infectious? Teeth fall under the packaging and labeling of this standard.			
10.E.13	13. Is contaminated equipment decontaminated before maintenance or repair procedures? If decontamination not possible, equipment tagged or labeled properly. Who trained DEH or Medical Maintenance personnel?			
10.E.14	14. Is Personal Protective Equipment provided and maintained by employer?			
	a. Eye protection:			
	(1) Projectiles:			
	(2) Splash:			
	b. Garments:			
	c. Masks:			
	d. Gloves:			
	(1) Disposable:			
	(2) Utility:			
	e. Resuscitation devices:			
	f. Other:			
10.E.15	15. Is the level of PPE based on procedure, not type of patient?			
10.E.16	16. PPE should not worn out of the work area. PPE should be removed or covered before entering "clean" area.			
10.E.17	17. No food, drink, smoking, cosmetics or contact lens manipulation in work area.			
10.E.18	18. Is routine cleaning schedule maintained? Bins, pails, etc. that could reasonably be anticipated to become contaminated cleaned and decontaminated on a regular basis?			
10.E.19	19. Surface disinfection			
	a. Is surface disinfection based on contamination created by procedure?			
	b. Protective covering used properly?			
	c. Is selection of surface disinfectant based on CDC, ADA, and OTSG guidelines? (Tuberculocidal, EPA Registered, ADA approved).			
10.E.20	20. Reusable sharps:			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
	a. Employees should not reach into containers containing contaminated, reusable sharps (commonly stored in ultrasonic cleaner).			
	b. Biohazard warning on all ultrasonic cleaners.			
	c. Ultrasonic cleaners run with lids in place.			
10.E.21	21. Laundry:			
	a. Method for turn-in and collection IAW OSHA standards?			
	b. Bagging or shipping container and method of shipping IAW OSHA Standard?			
	c. Proper handling of contaminated laundry, proper PPE used by handlers?			
10.E.22	22. Regulated Waste:			
	a. Definition clear to employees?			
	b. Collection bins/bags properly marked or color coded?			
	c. If treated, is it acceptable to local and state guidelines.			
	d. Improper use of regulated waste containers?			
10.E.23	23. Post Exposure Evaluation/Follow-up:			
	a. Is plan in writing and do employees seem familiar with proper reporting and how to receive the PE evaluation?			
	b. Is reporting exposure incidents discouraged by supervisors?			
	c. Who is health care provider responsible for the evaluation?			
	d. Is the employee given written opinion within 15 days of examination?			
	e. Is exposure incident documented and investigated?			
10.E.24	24. Are labels use properly to identify biohazard areas?			
10.E.25	25. Training:			
	a. Is initial training documented for all employees?			
	b. Are the areas required by the OSHA standard covered?			
	c. Are proper records maintained?			
	d. Is additional training provided when new techniques or exposure tasks introduced?			
	e. Is a question/answer period documented in the training record?			
	f. Is annual training documented for all employees?			
	g. Is training provided in handling an emergency body fluid spill?			
10.E.26	26. Sterilizer Log:			
	a. Proper documentation present at each autoclave?			
	b. Biologic monitor used at least weekly and in correct manner? Results reported to QI committee at least annually?			
	c. Proper maintenance on sterilizer?			
10.E.27	27. Instrument packaging:			
	a. Proper expiration dates?			
	b. Proper packaging?			
	c. First in-First out storage?			
	d. Proper storage and packaging maintenance?			
10.E.28	28. Water lines flushed properly (3-5 minutes at beginning of day, 20-30 seconds between patients)?			
10.E.29	29. Surface Disinfection Techniques:			
	a. Are employees familiar with HAZCOM information and use guidelines?			
	b. Any storage of cotton fiber cleaning pads in disinfectant?			
	c. Uncovered disinfectant containers?			
	d. Glutaraldehydes used properly:			
	(1) Immersion only			
	(2) Proper timing			

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	e. Is proper reuse information for product being followed?			
10.E.30	30. Dental Laboratory Infection Control:			
	a. Clean vs. Dirty Lab concept?			
	b. Are proper disinfection steps used prior to entering lab or in the case receiving area?			
	c. Are policies enforced properly?			
	d. What requirements are placed on DHCW entering the production area in the laboratory?			
	F. Hazard Communication	O	N	
10.F.1	1. Does a written program exist?			
	a. Does it describe labeling?			
	b. Does it describe how hazards of unlabeled pipes will be handled?			
	c. Is training mentioned?			
	d. List who and how on-site contractors will be advised of hazardous chemicals?			
	e. Is the plan available to all employees at any time?			
	f. Is a copy of 29 CFR 1910.1200 available?			
10.F.2	2. Is a list of hazardous chemicals present?			
	a. Is this list available during all work shifts for all employees or contract workers, even after hours?			
	b. Is this list cross referenced to all labels and MSDSs?			
10.F.3	3. Does the chemical inventory include:			
	a. Metals that are melted or used in a manufacturing process?			
	b. Waxes that are used in lost-wax technique casting?			
	c. Gases, to include Carbon Monoxide?			
	d. Cleaning supplies?			
10.F.4	4. Labeling:			
	a. Does primary and secondary labeling match the chemical inventory and the MSDS file?			
	b. Are portable or temporary containers labeled if used by more than one employee or by more than one work shift?			
	c. How are labels updated, who is responsible for ensuring secondary labels are accurate?			
	d. Are labels in English? e. Are target organ effects on secondary labels?			
	f. Are unreadable or defaced labels replaced immediately? Who is responsible for primary label replacement if it becomes necessary?			
	g. Do employees know the purpose of secondary labeling?			
	h. Are old labels COMPLETELY removed prior to using a container for holding a different chemical?			
	i. Are containers with embossed labels (raised or molded into the container) discarded and never reused with a different chemical?			
	j. Is use of medical or pharmaceutical containers for secondary containers discouraged?			
10.F.5	5. MSDSs:			
	a. Is an MSDS available for every hazardous chemical in use?			
	b. What procedure exists for updating an existing MSDS? Who is responsible?			
	c. How is receipt of a new chemical and MSDS handled in reference to updating the chemical inventory and training involved employees? Who is responsible?			
	d. What procedure is taken if no MSDS arrives with a new chemical?			

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ID#	Point of Interest	Resp	POC	Status (R/Y/G)
	e. How is effort to obtain MSDS from a manufacturer documented?			
10.F.6	6. Are non-routine tasks identified (spills, etc.)?			
	a. Is training for spill clean-up or other proper procedures provided?			
	b. Is a "spill team" defined?			
10.F.7	7. Training:			
	a. Does training include location of local HAZCOM program, chemical inventory, and MSDSs?			
	b. Is reading labels and MSDSs covered in training?			
	c. Proper PPE for hazardous chemicals?			
	d. Methods and observations that can be used to detect the presence or release of hazardous substances into their work environment?			
	e. Emergency procedures in the event of accidental exposure, i.e., emergency telephone numbers, location and operation of eye wash stations and/or emergency showers?			
	f. Are all eyewash and emergency showers adequate?			
	g. Is training Unit wide or site/job specific? If site/job specific is proper training provided if an employee changes location or job?			
	h. Is information on physical and health hazards of the chemicals in the workplace covered?			
10.F.8	8. Are chemicals stored in proper facilities and sorted by compatibility groups in the storage facility?			
	G. HAZARD ASSESSMENT OF THE WORKPLACE	O	N	
10.G.1	1. Has the Commander done (+ documented) a Hazard Assessment of the workplace. Have employees been trained in use of personal protective equipment required by the assessment and is it documented.			
	H. ORAL HEALTH FITNESS PROGRAM	O	N	
10.H.1	1. Has the Dental Fitness Program been implemented, and does it receive full command support?			
10.H.2	2. Is the Dental Fitness Report done semi-annually?			
	I. PREVENTIVE MEDICINE/ARMY HEALTH PROMOTION	O	N	
10.I.1	1. Are health care providers integrating hypertension screening and tobacco use counseling as part of the routine dental exams?			
10.I.2	2. Is the Commander/Director of Dental Services a member of the installation Health Promotion Council (HPC)?			
10.I.3	3. Have all AMEDD personnel been immunized against Hepatitis B virus? Have all DOD civilian personnel; including trainees, volunteers, and other temporary staff, with duties involving direct patient contact who were hired or began activity on or after 1 January 1997 been immunized for Hepatitis B?			
10.I.4	4. Are used needles/syringes disposed of in closed one-way puncture resistant containers, securely mounted to building structure? (Decentralized procedures require written exception.) Is this container treated as regulated medical waste and disposed IAW AR 40-5?			
	J. EMERGENCY KITS	O	N	
10.J.1	1. Are emergency drug kits available?			
10.J.2	2. Are they inventoried monthly by the Pharmacy to ensure they are adequate and current? Are they properly sealed?			
10.J.3	3. If defibrillators are present within dental facilities, are they tested? Are operators trained?			
	K. IV Sedation	NA	O	

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10.K.1	1. Do all HCP's who are using paren-teral techniques of conscious sedation (IV sedation) possess the proper credentials to be privileged in this technique?			
10.K.2	2. Are paraprofessional staff properly trained in monitoring and recovery techniques of IV Sedation patients?			
10.K.3	3. Is adequate documentation on the paraprofessional training protocol and attendance available?			
10.K.4	4. Is there a written DENTAC protocol or SOP? Are written preoperative and postoperative instructions used? Are written discharge criteria available in the SOP?			
	XI. Interest Area Dental Prosthetic Production Operations	O	LO	
11.1	1. As a safety precaution against projectiles in the dental prosthetic laboratory, are the following precautions taken:			
	a. Entrance labeled IAW AR 385-30?			
	b. Protective eyewear provided all personnel?			
	c. Safety shields provided for all grinding, buffing, and polishing lathes?			
	d. During clean-up procedures when positive pressure air hoses are used, do all personnel wear protective eyewear?			
	e. Is compressed air used for cleaning purposes reduced to less than 30 p.s.i.?			
	f. Are all dry operation grinding and polishing lathes equipped with standard hoods and dust collector units or a part of a system having dust collectors?			
11.2	2. Are laboratory operations using liquids or pastes (e.g., methyl methacrylate) known to liberate potentially harmful gases or vapors conducted in a laboratory hood providing exhaust ventila-tion (away from the workers breathing zone) of at least 100 cubic feet per minute per square foot of hood face opening?			
11.3	3. Are boil-out ovens used to eliminate wax from molds exhaust vented or vented to the outside?			
11.4	4. Are flammable liquids, acids or corrosives stored in the lab? Are approved and separate storage cabinets provided and clearly labeled?			
11.5	5. Are properly designed/approved (consult local Safety Manager) eye lavages and deluge showers or deluge hoses provided for employees protection? Are their locations posted with highly visible signs? (Deluge showers are required if acids or other hazardous chemicals requiring rapid rinse from skin or eyes are used. If this is not the case but the lab is large enough, a deluge shower should be installed. Deluge hose is permissible if the room is small and hazardous chemicals are not used.)			
	XII. Interest Area: Dental Education Committee (DEC)	NA	M	
12.1	1. Where there are formal training programs has a DEC been formed?			
12.2	2. Has Commander appointed someone beside himself as Chairman of Education Committee in order to keep appeal authority?			
12.3	3. Does the DEC meet monthly? Maintain minutes reflecting evaluation of goals, progress, and accomplishments?			
12.4	4. Minutes must reflect:			
	a. Approval of teaching plans.			
	b. Approval of research projects, papers, studies.			
	c. Recommendation of short absences.			
	d. Recommendation of attendance at short courses.			
	e. Recommendation for award of certificates.			

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	f. Professional activities and events paragraph.			
	g. Quarterly evaluation of officer students:			
	(1) Specific recommendation noted in minutes.			
	(2) Copy DA XXXX-R filed or equivalent.			
	(3) Copy DA XXXX-R forwarded when appropriate or equivalent.			
12.5	5. Following conferences are required:			
	a. Twelve professional staff conferences.			
	b. CPC - monthly.			
	c. Departmental conferences.			
	d. Lit Review - monthly.			
	e. Clinical demonstrations.			
	f. Training in Wartime Medical Treatment			
	XIII. Interest Area: Army Audit Agency (AAA)			
13.1	1. Report of excess equipment was being accomplished as required by AR 40-61.	O	N	
13.2	2. Required safety equipment was on hand and not used.	O	N	
13.3	3. Scrap precious metals were turned in or audited as required by AR 40-61.	O	N	
13.4	4. Workload of laboratory technicians was monitored.	O	LO	
13.5	5. Soldiers were used in positions in line with their military positions or training.	F	F	
13.6	6. Are multiple treatment rooms used by dentists for patient care?	TL	O	
13.7	7. All soldiers did receive annual examinations.	TL	O	
13.8	8. Sufficient action was taken to discourage and reduce missed appointments?	TL	O	
13.9	9. Reports listing soldiers participation in the oral health fitness program were accurate.	TL	TN	
13.10	10. Time spent treating patients was recorded properly on appointment schedules.	P	TN	
13.11	11. Available treatment time not spent with patients was properly recorded on daily treatment logs.	P	TN	
13.12	12. Unfilled appointment time was properly reported on the daily treatment log.	P	TN	
13.13	13. Actual name of care provider was always used on the DoD daily treatment log.	P	TN	
13.14	14. Patient and care provider names were not included in various committee reports.	CQ	M	
13.15	15. A quality assurance problem log was maintained.	CQ	M	
13.16	16. Deficiencies noted during record reviews were adequately documented or corrected.	CQ	M	
13.17	17. Was Risk Management Program formalized?	CQ	M	
13.18	18. Utilization reviews were performed to evaluate resource, time, or space management.	CQ	CQ	
13.19	19. The dental care assessment program of the QA Program had been adequately implemented.	CQ	M	
13.20	20. Annual evaluation of the QA plan had been accomplished.	CQ	M	
13.21	21. Record reviews should cover administrative concerns and also be used as one of the key tools in dental care assessment.	CQ	M	
13.22	22. Guidelines on how many and which records to review should be established by the DENTAC.	CQ	M	
13.23	23. Chargeout cards must be used for all dental records not returned to the main records files at the end of the day that the patient was treated.	TN	N	

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13.24	24. Before contract employees were hired were other alternatives explored: e.g., civil service employees, TDY, cross-leveling, etc.	D	S	
XIV. Interest Areas: Spreading the Word				
14.1	1. Are all members of the command familiar with the contents of the DENCOCOM Newsletter?	F	F/N	
14.2	2. Are all members of the command familiar with the contents of the DENCOCOM Commanders Guide?	D	O/F	
14.3	3. Are all members of the command familiar with the U.S. Army Dental Command Policies?	D	O/F	