



DEPARTMENT OF THE NAVY

TRAINING SQUADRON SEVEN
NAVAL AIR STATION
101 FULLER ROAD SUITE 270
MERIDIAN, MS 39309-5405

TRARONSEVENINST 1301.1C

N1

6 Mar 15

TRARON SEVEN INSTRUCTION 1301.1C

From: Commanding Officer, Training Squadron SEVEN (VT-7)

Subj: CHECK-IN AND CHECK-OUT PROCEDURES

Ref: (a) TRARONSEVENINST 1740.1 (Series)
(b) COMTRAWINGONEINST 1301.1 (Series)

Encl: (1) Check In/Out Sheet - Instructor Pilot (IP)
(2) Check In/Out Sheet - Student Naval Aviator (SNA)
(3) Primary Next of Kin Questionnaire (PNOK) - Single Service Members
(4) Primary Next of Kin Questionnaire (PNOK) - Married Service Members

1. Purpose. To set forth procedures for the check-in and check-out of Training Squadron Instructor Pilots (IPs) and Student Naval Aviators (SNAs).

2. Cancellation. TRARONSEVENINST 1301.1B

3. Check-In Process

a. Sponsor Coordinator. Upon receipt of PCS orders for an IP, the Administrative Officer will assign a sponsor and ensure that a "Welcome Aboard" package is forwarded per reference (a). Training Air Wing ONE (TW-1) Student Control will provide similar information to all SNAs per reference (b).

b. Initial Check-In. Newly assigned VT-7 officers will report to the Administrative Department and provide a copy of their most recent Fitness Report. Newly assigned SNAs will report to TW-1 Student Control prior to reporting to the VT-7 Administration Department.

c. Administrative Office.

(1) Pass Liaison Representative (PLR). The PLR will review and update the service member's NAVPERS 1070/602 and SGLI

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8286 election form. IP travel claims and other related PCS eligible pay issues will be liquidated via TOPS through PSD Pensacola. SNA initial travel claims will be processed via TW-1 with assistance from Customer Service Department (CSD) Meridian for additional pay and travel related issues.

(2) Check-In/Check-Out Sheets. Enclosure (1) or (2) will be completed (as applicable) and returned to the VT-7 Administrative Department.

(3) Primary Next of Kin (PNOK) Questionnaires. Enclosure (3) or (4) shall be completed (as applicable) and be turned into the Safety/NATOPS Department. The PNOKs will be placed in a secure location and will only be used in the event of an accident or other serious event.

d. CO/XO Secretary. Incoming IPs will report to the Commanding Officer's Secretary to complete a Command Locator Card.

4. Check-Out Process

a. IP. Upon receipt of BUPERS directed PCS orders, the PLR will complete the following with the assistance of PSD Pensacola.

(1) Overseas Screening (as applicable).

(2) Security Clearance paperwork (as applicable).

(3) Advance Travel, DLA & other pay request (as applicable).

b. SNA. Navy SNA's will receive a closeout Fitness Report with a "to" date (block 15) corresponding to the date of winging.

c. Check-In/Check-Out Sheets. Enclosure (1) or (2) will be completed (as applicable) and returned to the VT-7 Administrative Department.

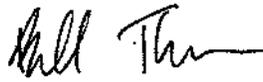
5. Action

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a. Administrative Officer. Ensure the compliance of this instruction by all reporting and detaching IPs and SNAs.

b. VT-7 Student Control Officer. Provide the proper indoctrination and training for reporting SNA's and ensure their compliance with this instruction.

c. Class Advisor. Class advisors shall ensure assigned classes comply with this instruction and emphasize the importance of the Government Credit Card Program (GTCC), Officer's Fitness Reports, and student's DOD Security Clearance (E-QIP) responsibilities.



W. B. THAMES

Distribution:

TRARONSEVENINST 5216.1X

List I

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VT-7 INSTRUCTOR PILOT CHECK IN/OUT RECORD

NAME (LAST, FIRST, MIDDLE) RANK

LOCAL ADDRESS LOCAL PHONE

COMMAND/ACTIVITY REPORTING FROM DATE REPORTED ON BOARD

SQUADRON	CHECK IN/OUT	IN	OUT
	COMMANDING OFFICER		
	EXECUTIVE OFFICER		
	ADMIN OFFICER		
	SENIOR MARINE (Marine Only)		
	CO/XO SECRETARY		
	OPERATIONS OFFICER (Check out)		
	NATOPS OFFICER		
	SAFETY OFFICER		
	GROUND SAFETY OFFICER		
	SQUADRON MESS OFFICER		
	PRT COORDINATOR		
	STANDARDIZATION OFFICER		
	MATERIAL CONTROL CLERK		
	SECURITY MANAGER - Sid Harris, Wing Admin		
	TW-1 TIMS MANAGER - Linda Wiginton, RM 2067		
	TIMS SUPPORT (Priority) - Sean Pitts, RM 2086		
	TW-1 MARINE LIAISON (Marine Only)		
	TW-1 IA/PII - IAO, RM 2060		
	NMCI - RM 2074		
	VT-7 LOGBOOK CLERK		
	NAPP - Gerry Boos, RM 2092		
	VT-7 TRAVEL CLERK (Citi GTCC, DTS)		
	VT-7 ADMIN (check-in packet)		
	CMEO BRIEF		
	SAPR/SWO		
	URINALYSIS (Database Entry)		

BASE CHECK IN/OUT IN OUT
 MATSG ADMIN (Marine Only)

FORWARDING ADDRESS:

NOTE: SEPERATING MEMBERS MUST FILL OUT BACK PAGE

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Separating Members MUST fill out the following information with Medical prior to transferring. This check out sheet MUST be returned to Admin to process your Separation paperwork with PSD.

Have you returned your medical/dental records: _____

List of last 5 duty stations:

Location	Dates

Actual separation date: _____

Filled out my medical staff:

- Medical/Dental Records are in possession of appropriate medical or dental department
- Medical/Dental Records are NOT in possession of appropriate medical or dental department and member has signed SF600 indicating it is not in their possession

Signature of Medical Staff

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VT-7 STUDENT NAVAL AVIATOR CHECK IN/OUT RECORD

NAME (LAST, FIRST, MIDDLE) RANK

LOCAL ADDRESS LOCAL PHONE

COMMAND/ACTIVITY REPORTING FROM DATE REPORTED ON BOARD

SQUADRON CHECK IN/OUT	IN	OUT
CLASS ADVISOR (INDOC)		N/A
COMMANDING OFFICER (INDOC)		N/A
EXECUTIVE OFFICER (INDOC)		N/A
CO/XO SECRETARY (INDOC)		
SENIOR MARINE (Marine Only) (INDOC)		
OPERATIONS OFFICER (Log book check-out)	N/A	
ADMIN OFFICER (INDOC)		N/A
SQUADRON MESS OFFICER (Buy-in, patches) (INDOC)		
PRT COORDINATOR (Database Entry)		
STANDARDIZATION OFFICER (Critique Sheet)	N/A	
TW-1 TIMS MANAGER - Linda Wiginton, RM 2067		
TW-1 IA/PII - IAO, RM 2060		
NMCI - RM 2074		
VT-7 LOG BOOK CLERK		
VT-7 SAFETY/NATOPS CLERK		
GROUND SAFETY OFFICER		
VT-7 ADMIN (FITREP, Citi GTCC, DTS) <i>NAVY-COPY OF FITREP</i>		
CMEO (INDOC)		
WEATHER OFFICE (NFWB Account Set-up)		
SAPR/SWO		
URINALYSIS (Database Entry)		
DUTY DESK - Check in with SDO & learn how to stand SDO/IWO		
BASE CHECK IN/OUT	IN	OUT
MATSG ADMIN (Marine Only)		

FORWARDING ADDRESS: _____

INCOMING STUDENT ATTACH COPY OF TW-1 CHECK IN/OUT SHEET
RETURN COMPLETED CHECK IN/OUT FORM BACK TO VT-7 ADMIN

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PRIMARY NEXT OF KIN QUESTIONNAIRE (SINGLE)

This form is designed for single service members. It should be completed by the individual, signed and sealed in an envelope with his/her name and date of completion printed on the envelope. The envelope will be maintained in the VT-7 NATOPS Office. Only in the event of a death or serious injury to the bachelor will the envelope be opened to permit expeditious and efficient completion of the member's wishes. If a question does not apply, indicate with N/A.

1. Name _____

Rank _____ D.O.B. _____

Local Address _____ Phone# _____

- a. Have you provided an updated copy of your Page II to VT-7 Admin? Yes No
 b. Have you provided an updated copy of your SGLI Form to VT-7 Admin? Yes No

2. Parent's Name _____ Phone# _____

Address _____

Other parent (if different) Name _____

Address _____ Phone# _____

Would you like them notified by a Military Representative from their area or a relative/friend?

Name _____

Address _____ Phone# _____

Are there any medical considerations? _____

3. Other friends/relative you would like notified by phone/telegram (if changes in girlfriend/boyfriend status occurs, ensure most current information is reflected here).

a. Name _____ Phone# _____

Address _____ Relationship _____

b. Name _____ Phone# _____

Address _____ Relationship _____

4. Do you have a will? _____ Date _____

Location of will _____

Location of other documents (title papers, insurance, etc.)

5. Are there any business transactions which will require attention (leases, contracts, mortgages, partnerships)? _____

6. Home key location/custodian _____

7. Car (make, model, color, year, license number, location) _____

8. Location of personal effects (other than squadron) _____

9. Pet information _____

10. In case of your death, what is your preference?

- a. Military Funeral
- b. National Cemetery (location)
- c. Burial at Sea
- d. Cremation
- e. Details of arrangements, if other (including names)

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PRIVACY ACT STATEMENT: Authority to request this information is derived from Title 5 United States Code 301, Departmental Regulations. The principal purpose of the information requested is to enable competent authority to notify the Next of Kin in the event of death or serious injury. Completion of this form is completely voluntary; failure to provide required information may result in undue delay if notification of Next of Kin becomes necessary. This document does not become a permanent part of an official record.

Signature _____ Date _____

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PRIMARY NEXT OF KIN QUESTIONNAIRE (MARRIED)

This form is designed for married couples. It should be completed by the spouse with service member's assistance, signed by both wife and husband and sealed in an envelope with the service member's name and date of completion printed on the envelope. Envelopes will be maintained in the VT-7 NATOPS Office. Only in the event of death or serious injury will the envelope be opened to permit expeditious and efficient completion of the husband's/wife's wishes. Items 10, 12, and 13 need service member's input; remainder pertains essentially to spouse. If questions do not apply, please indicate with N/A.

In the event of an accident involving the service member, an official call will be made to the spouse in person by either the squadron CO or his representative, along with the CO's and XO's wives and other persons you so designate on this form. If your spouse is not located in the local area, a representative from the nearest military installation will make the call in person.

1. Service Member:

Name _____

Rate _____ DOB _____

- a. Have you provided an updated copy of your Page II to VT-7 Admin? Yes No
 b. Have you provided an updated copy of your SGLI form to VT-7 Admin? Yes No

2. Spouse:

Name _____

Address _____

Phone # _____

3. If Spouse works, employer's

Name _____

Address _____

Phone # _____ Hours _____

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UPON NOTIFICATION OF DEATH OR INJURY TO THE SERVICE MEMBER:

4. a. Does spouse desire clergyman in attendance or notified? _____

If so, Name _____ Phone # _____

Husband's faith _____ Wife's faith _____

b. Does spouse desire local friend/relative in attendance? _____

If so, Name _____ Phone# _____

Address _____

Name _____ Phone # _____

Address _____

5. Does medical condition of spouse warrant a physician's presence? _____

If so, Name of Physician _____

Address _____ Phone # _____

Is spouse taking any medication? _____

6. Names of children Birth Date *School/Grade Phone # Special Medical Care

a. _____

b. _____

c. _____

d. _____

e. _____

*School, Day Care Center, Babysitter

7. Do you have a medical Power of Attorney for children? _____

If so, who is listed? Name _____ Phone # _____

Name of children's doctor _____ Phone # _____

8. Should someone other than spouse provide temporary care for children? _____

If so, Name _____

Address/Phone Number _____

Location of medical Power of Attorney _____

9. Are any children away at school or living elsewhere? _____

If so, is there a friend or relative in the area you would like the military to contact:

Name _____ Relationship _____

Address _____ Phone # _____

*Who is authorized to pick up children from school or day care?

Name _____ Phone# _____

10. PARENTS/RELATIVES

The Navy will contact service member's parents unless it has been specified otherwise. Do you wish the Navy to notify the service member's parents?

YES NO

How does service member want parents notified? (a) By spouse? (b) By a military representative from their area? (c) By relatives?

If relative, Name _____ Relationship _____

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Address _____ Phone # _____

Are there medical considerations? _____

Parents' names _____

Address _____

If both parents involved, who should we contact immediately for child care status?

Name _____ Relationship _____

Address _____ Phone # _____

Does the sponsor have a medical Power of Attorney? _____ Location _____

Does the spouse have a medical Power of Attorney? _____ Location _____

11. List names of friends/relatives other than the above, who should be notified by phone call.
Who should notify the people below?

a. Name _____ Phone # _____

Address _____

b. Name _____ Phone # _____

Address _____

c. Name _____ Phone # _____

Address _____

12. Preference for CACO (Casualty Assistance Calls Officer). Consideration must be given to availability of the person(s) named, for example, deployments, transfers, retirements. Husband and wife should discuss choices.

a. Name _____ Phone _____

Address _____

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b. Name _____ Phone _____

Address _____

c. Name _____ Phone _____

Address _____

13. Service member preferences in event of fatal injuries: (Choose or add as desired) Military funeral, burial in National Cemetery, cremation, burial at sea, location of funeral, arrangements for funeral, eulogy/speakers, any funeral details. Use back if desired. Check if more on back.

In case of emergency involving spouse:

Please give the name of a friend or relative the service member would want to be with him/her or with the children at this time:

Name _____

Address _____

Home # _____ Work # _____

14. In case of death of both husband and wife:

Location of will: _____

Location of Insurance Papers: _____

Location of Safe Deposit Box: _____

Executor(s) if desired: _____

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Other family/child issues not previously discussed:

15. Pertinent pet information (Name, type, location, temperament, boarding instructions, name, etc.)

16. Any other information or special desires which should be considered.

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17. Signature:

Sponsor _____ Date _____

Spouse _____ Date _____