



DEPARTMENT OF THE NAVY
COMMANDER
TRAINING AIR WING FIVE
7480 USS ENTERPRISE STREET SUITE 205
MILTON, FLORIDA 32570-6017

IN REPLY REFER TO

COMTRAWINGFIVEINST 1080.1H
Code 00
16 Sep 11

COMTRAWING FIVE INSTRUCTION 1080.1H

Subj: TRAINING AIR WING (TRAWING) FIVE CHECK-IN/OUT PROCEDURES

Ref: (a) COMTRAWINGFIVEINST 1740.1D
(b) COMTRAWINGFIVEINST 1750.1G

Encl: (1) Check-In/Out Sheet
(2) TAD Check-In/Out Sheet
(3) Individual Augmentee (IA) Check-In/Out Sheet
(4) TRAWING FIVE Emergency Contingency Data
(5) Hail and Farewell Information
(6) TRAWING FIVE Personal Data Sheet
(7) Command Sponsor and Indoctrination Program Survey
(8) Family Care Plan Arrangements
(9) Navy Family Accountability and Assessment System (NFAAS)

1. Purpose. To prescribe procedures for Check-In/Out of all personnel reporting to/departing from Training Air Wing FIVE per references (a) and (b).

2. Cancellation. COMTRAWINGFIVEINST 1080.1G.

3. Policy. It is the policy of Commander, TRAWING FIVE that all personnel assigned Permanent Change of Station (PCS), Temporary Additional Duty (TAD), Temporary Duty Under Instruction (TEMDUINS) status, or assigned to an Individual Augmentee (IA) Billet shall report to the Wing Administration Office, Building 2944, Second Deck for Check-In/Out.

4. Action

a. PCS Personnel

(1) Reporting. All PCS personnel reporting to TRAWING FIVE will initially Check-In to the Wing Admin Office by 0730 of the first reporting workday associated with their orders. The Admin Clerk will ensure enclosures (1) through (9) are completed before the individual's departmental sponsor is notified to begin the assistance required for Base Check-In. Per reference (a), enclosure (8) will be completed if applicable.

(2) Detaching. All personnel in receipt of transfer orders shall notify the Wing Admin Office of the exact transfer date by

forwarding their Personnel Support Detachment (PSD) transfer package to the Admin Clerk. For detaching Officer Fitness Reports (FITREPS) and Enlisted Evaluations (EVALS), the transferring individual's department head is to ensure a working rough input is delivered to the Commodore's Secretary no later than 14 working days prior to the transfer date requested. The detaching individual may pick up enclosure (1) no earlier than three workdays prior to the detach date. The individual's FITREP or EVAL will be received for his/her final outbrief upon completion of the TRAWING FIVE check-out process on the day of departure.

b. TAD Personnel. Squadron Commanding Officers shall direct personnel accepted for Wing TAD assignments to report with orders to the Wing Admin Office enroute to TRAWING FIVE Departments. All reporting personnel are to complete enclosures (2), (4), (5), and (6). Upon completion of TAD assignments, which includes personnel in receipt of PCS orders, all personnel shall report to the Wing Administrative Office. The Admin Clerk will verify the departure date and ensure completion of the Check-Out process, including an outbrief with a final FITREP or EVAL.

c. TEMDUINS. All personnel reporting to the Helicopter Instructor Training Unit (HITU) and Fixed-Wing Instructor Training Unit (FITU) for Temporary Duty Under Instruction (TEMDUINS) shall report to the Wing Admin Office upon arrival for orders verification. Upon completion of training, the individual's parent squadron will either prepare a Not Observed (NOB) FITREP for the training period or will include the time the Instructor Training Unit (IUT) in the next regular FITREP.

(1) Check-In. All Instructors-Under-Training (IUTs) shall Check-In as set forth in the following paragraphs and shall not commence instructor training until the appropriate ITU Officer-in-Charge has confirmation.

(a) All USN IUTs shall initially report to the parent command with a copy of their Permanent Change of Station (PCS) orders.

(b) All USMC IUTs shall initially Check-In with the TRAWING FIVE Senior Marine for further assignment to a squadron. The USMC IUT shall hand-carry a copy of the assignment letter to the Wing Admin Office. Secondly, the IUT shall proceed to his/her assigned squadron for assignment to the appropriate ITU.

(c) All USCG IUT assignments are allocated by Coast Guard Liaison Office Pensacola. Newly reporting USCG IUTs shall check-in with the TRAWING FIVE Senior Coast Guard member to confirm squadron assignment.

(2) Check-Out

(a) No later than 1100 each Friday, the ITUs shall provide TRAWING FIVE Operations a memorandum listing potential check-outs for the coming week. The Operations Department Secretary shall prepare and forward all letters of designation for all IUT check-outs to the Commodore's Secretary, who will forward them to the Commodore for signature. The Operation's Secretary will retain the signed designation letters until the IUTs complete and come for their letters.

d. GSA/IA Deployees. All staff personnel assigned to a billet in support of Individual Augmentation tasking shall report to the Command Individual Augmentee Coordinator (CIAC) in Wing Admin where they will be given a copy of their orders, an expeditionary screening checklist, pre-deployment brief, a pre-deployment information package, and a Check-In/Out Sheet.

5. Forms. Check-In/Out Sheet shall be used as required and additional forms may be obtained from the Wing Admin Office or by downloading from the TRAWING FIVE Instruction Website.


J. L. VANDIVER

Distribution:
COMTRAWINGFIVEINST 5216.1S
List II

CHECK-IN/OUT SHEET

NAME _____ RANK/RATE _____

SSN/DESIG _____ DATE REPORTED _____ DEPT _____

PERSON TO CHECK-IN/OUT WITH (MUST HAVE STAMP OR INITIAL)	INIT	DATE
COMMODORE (SEE SECRETARY FOR APPOINTMENT)		
DEPUTY COMMODORE (SEE SECRETARY FOR APPOINTMENT)		
CHIEF STAFF OFFICER (SEE SECRETARY FOR APPOINTMENT)		
DEPARTMENT HEAD		
TRAWING FIVE ADMIN RECALL/ROSTER INFO _____ NAME TAG _____ GTCC _____ KEY CONTROL _____ IT TRNG REQMTS AND FORMS _____		
ADMIN O/SECURITY MANAGER/MESS TREASURER/DEPENDENT CARE		
PRT COORDINATOR		
URINALYSIS COORDINATOR (URINALYSIS REQUIRED WITHIN 24 HOURS OF CHECK-IN. REPORT TO STUCON.)		
SENIOR MARINE (ALL MARINE IPs)		
SAFETY OFFICER		
SENIOR WATCH OFFICER (O-4 AND BELOW)		
EQUAL OPPORTUNITY OFFICER (ALL PERSONNEL)		
IT DEPARTMENT: AFTER SAAR FORMS AND TRAINING CERTIFICATES COMPLETED IN ADMIN		
DRUG AND ALCOHOL PROGRAM ADVISOR		
CAREER COUNSELOR (BLDG 1401) (ENLISTED ONLY)		
PARALOFT (NOT VALID WITHOUT STAMP) (OFFICERS ONLY)		
ACADEMIC TRAINING (BLDG 2946) (OFFICERS ONLY) PUB ISSUE		
MEDICAL (MON-FRI: 0700-1100 & 1300-1500/THURS: 0700-1000)		
DENTAL (MON-FRI: 0700-1530)		

NOTE: All officers reporting PCS/TAD are required to provide office photograph for CTW-5 Staff Board. Please see Admin to have your photograph taken if you don't have a photo to provide.

TAD
CHECK-IN/OUT SHEET

NAME _____ RANK/RATE _____

SSN/DESIG _____ DATE REPORTED _____ DEPT _____

PERSON TO CHECK-IN/OUT WITH (MUST HAVE STAMP OR INITIAL)	INIT	DATE IN	INIT	DATE OUT
CSO				
TRAWING FIVE ADMIN (ROOM 205) NAME TAG				
PRT COORDINATOR (BLDG 2994 ROOM 12) PH: 7925 or HITU				
MESS TREASURER (ROOM 206)				
TAD/MANPOWER CHECK-IN/CHECK-OUT (TW5 ADMIN) (ROOM 205)				
URINALYSIS COORDINATOR (LT HEATH)				
SAFETY OFFICER (ROOM 229)				
SENIOR WATCH OFFICER (O-3 AND BELOW) (BLDG 2946 ROOM 17 PH: 7659)				
INFORMATION ASSURANCE OFFICER (ROOM 113)				
DEPARTMENT HEAD				
COMMODORE'S SECRETARY (FITREP INFO)				

VERIFIED BY: _____

NOTE: All officers reporting PCS/TAD are required to provide office photograph for CTW-5 Staff Board. Call NAS Pensacola Photo Lab at 452-3100 Ex 1545/46 to schedule an appointment.

INDIVIDUAL AUGMENTEE (IA)
CHECK-IN/OUT SHEET

AUGMENTEE RANK/NAME _____

REPORT TO _____ DATE DEPARTING _____/REPORTING _____

APPROXIMATE NUMBER OF DAYS DEPLOYED _____

SSN/DESIG _____

COMMAND/DEPT _____ DEPLOYING TO/FROM _____

PERSON TO CHECK-IN/OUT WITH (MUST HAVE STAMP OR INITIAL)	INIT	DATE OUT	INIT	DATE IN
CSO				
IA COORDINATOR				
SECURITY MANAGER (ADMIN, ROOM 205)				
GOVT TRAVEL CREDIT CARD (ADMIN, ROOM 205)				
DOG TAGS (CAN BE OBTAINED FROM ADMIN, ROOM 205. CAN BE IMPRESSED AT NEX. ALSO, SAVE RECEIPT - REIMBURSABLE ON TRAVEL CLAIM.)				
BRANCH MEDICAL CLINIC (APPTS 505-7171)				
DENTAL CLINIC (PH #: 623-7227/7626 WALK-IN 0700-1400)				
NAVY KNOWLEDGE ONLINE (www.nko.navy.mil) TRAINING COMPLETED AND VERIFIED. (SEE ATTACHED)				
PERSONAL PROPERTY (PH #: x7677) (AS NEEDED)				
LEGAL (PH #: x7231 x42) (AS NEEDED)				
CHAPLAIN (PH #: x7211/x7395)				
TRAVEL CLERK (ROOM 205)				
FLEET AND FAMILY SERVICES CENTER (PH #: X7234/x7177)				

REQUIRED DOCUMENTS IN-HAND UPON DEPLOYMENT:

- ORDERS
- DA 7425
- TRAINING CERTIFICATES
- COPY OF PAGE 2/SGLI
- SECURITY CLEARANCE MEMO
- CAC CARD
- GOVT TRAVEL CREDIT CARD
- PASSPORT (IF REQUIRED)
- MEDICAL/DENTAL RECORDS
- DOG TAGS

Last Name _____
Phone _____

OFFICIAL USE ONLY
PRIVACY ACT SENSITIVE

TRAWING FIVE
EMERGENCY CONTINGENCY DATA

PRIVACY ACT STATEMENT - 5 U.S.C. 301, DEPARTMENTAL REGULATIONS

PURPOSE: To have readily available emergency data and service member's request for notification to persons desired in the case of an accident, serious injury, or death.

DISCLOSURE IS VOLUNTARY: The form will be maintained in the admin office and will only be used by the COMO, CSO, ADMIN OFFICER, or CACO in case of injury or death. Upon transfer from TW-5, at your discretion, the form will be either destroyed or returned to you.

Spouse Information

SPOUSE'S NAME: _____
ADDRESS / PHONE: _____
SPOUSE EMPLOYER / PHONE: _____

Would you like a friend or relative to be with your spouse?

NAME / ADDRESS / PHONE: _____

Parent Information

FATHER'S NAME: _____
ADDRESS / PHONE: _____

MOTHER'S NAME: _____
ADDRESS / PHONE: _____

Spouse's Parents Information

FATHER'S NAME: _____
ADDRESS / PHONE: _____

Clergy Information

Is there a clergyman you would like contacted?

NAME: _____

CHURCH ADDRESS / PHONE: _____

Other Friends / Relatives

Are there other friends / relatives you would like to be contacted by phone or telegram?

NAME: _____

ADDRESS / PHONE: _____

NAME: _____

ADDRESS / PHONE: _____

Would you or your spouse rather notify these friends or relatives? If not, please provide the name of the individual you would like to handle this for you.

NAME: _____

ADDRESS / PHONE: _____

Other Emergency Data

In case of an emergency involving you and your spouse, please provide the name of a friend or relative you would want to be with you and your children at this time.

NAME: _____

ADDRESS / PHONE: _____

What medications, if any, are your children taking?

What is your preference concerning command spouses and neighbors visiting your spouse? Please specify:

Are there any specific instructions you have during this time? Please specify any feelings or desires. They will be honored.

SIGNATURE _____ DATE _____

HAIL INFORMATION

NAME/RANK:

Reporting from:

Assignment at TW-5:

Married: yes/no Spouse's name:

Children: How many? Ages? Names?

Born/Raised:

Years of service:

Previous duty stations:

Hobbies:

Goals while assigned to TW-5:

Misc Information:

FAREWELL INFORMATION

Years of Service:

Years at CTW-5:

Career highlights:

Duties while assigned to TW-5:

Future plans:

Include job/travel info:

Relocating? yes/no If yes, where?

Family recognition...who will be present at Farewell?

COMMAND SPONSOR AND INDOCTRINATION PROGRAM SURVEY

Your help is requested in evaluating the effectiveness of our sponsor and indoctrination program. We ask that you voluntarily complete this questionnaire based on your experience with your recent PCS transfer. Leave name spaces blank if you desire to remain anonymous. The information you provide will be combined with the responses of others and will be confidential. Completion of this survey is entirely voluntary. There is no penalty for not providing the requested information, except the lack of representation of your views in the final results and outcome.

LAST NAME: _____ FIRST NAME: _____ MI: _____

RANK/RATE: _____ DEPARTMENT: _____

1. Were you informed of the sponsor program and its benefits by your former command prior to transfer? YES NO
2. Did you receive advance activity information from this command? YES NO
3. If yes, was the information adequate to inform you about this command? YES NO
4. If yes, was the information adequate to inform you about this area? YES NO
5. If yes, was the information received in time to permit adequate advance planning? YES NO
6. If no, what additional information would have made your transfer and relocation easier? _____
7. Were you assigned a sponsor? YES NO
8. Who is your sponsor? _____
9. Did your sponsor contact you prior to your departure from your previous command? YES NO
10. Did your sponsor meet you upon your arrival? YES NO
11. Was your sponsor knowledgeable about this command and the local community and able to answer your questions? YES NO
12. When did you receive your orders? _____

13. When did you transfer from your last command? _____

14. Did you attend a school(s) or take leave in transit to this command? YES NO

List dates: _____

15. Did your previous command inform you of the resources available to you at your nearest Fleet and Family Support Center (FFSC)? YES NO

16. Overall, were you satisfied with this command's Sponsor Program? YES NO

17. Please list any suggestions you have for improving this command's Sponsor Program.

(THIS SURVEY WILL BE RETURNED TO THE COMMAND SPONSOR PROGRAM COORDINATOR WHO WILL REPORT TO THE COMMODORE)

FAMILY CARE PLAN ARRANGEMENTS

PRIVACY ACT

AUTHORITY: 10 U.S.C. Section 5013, Secretary of the Navy; E.O. 9397; and OPNAVINST 1740.4C

PRINCIPAL PURPOSE: To identify and ensure that single military members and military couples with dependents have made adequate dependent care arrangements. To ensure the member is world-wide assignable. To ensure combat readiness and document a plan for the care of family members in the event of a medium or long term absence. To evaluate compliance with DOD and Navy programs requiring Family Care Plans. To ensure family members are cared for during deployments, reserve mobilizations, temporary duty, etc. and that arrangements are in place for the financial well being of family members covered by the Family Care Plan during separations.

ROUTINE USES: Used by the Commanding Officer or his/her representative to ensure Family Dependent Care Program is in place.

DISCLOSURE: Individuals who fail to maintain a current Family Care Plan may be subject to separation from the Navy (OPNAVINST 1740.4C paragraph 7.d.(6)).

CHECK THE ITEMS THAT YOU HAVE COMPLETED FOR YOUR FAMILY CARE PLAN. PLEASE PROVIDE THE PERSONAL CONTACTS AND LOCATION OF INFORMATION. ATTACH COPIES OF IMPORTANT DOCUMENTS.

1. FINANCIAL ARRANGEMENTS:

- ALLOTMENTS TO CAREGIVER
- IDENTIFICATION OF ACCOUNTS WITH ACCESS FOR CAREGIVER
- ACCESS TO FUNDS WITH ACCOUNTABILITY
- AUTO-PAYMENT OF OBLIGATIONS
- MODIFICATION OF SUPPORT AGREEMENTS/ORDERS

ADDITIONAL COMMENTS:

2. LOGISTICAL ARRANGEMENTS:

- MOVEMENT OF FAMILY MEMBERS AND/OR CAREGIVER(S)
 - EXISTING CUSTODY/VISITATION ORDERS
 - MODIFICATIONS OF EXISTING CUSTODY/VISITATIONS ORDERS
 - NOTIFICATION TO OTHER NATURAL OR ADOPTIVE PARENT
 - COURT ORDER GRANTING PERMISSION TO RELOCATE
 - WRITTEN CONSENT TO RELOCATE FROM OTHER NATURAL OR ADOPTIVE PARENT
- METHOD OF RELOCATION
 - AIR AIRLINES: _____ DATE DEPARTURE: _____
 - GROUND VEHICLE: _____
 - ITINERARY AND MAPS PROVIDED
- FINANCIAL SUPPORT AT THE NEW LOCATION
- CARE OR MAINTENANCE OF HOME/QUARTERS
- LANGUAGE TRANSLATOR (IF REQUIRED)

FAMILY CARE PLAN ARRANGEMENTS (CONTINUED)

2. LOGISTICAL ARRANGEMENTS (CONTINUED):

- SCHOOL ARRANGEMENTS (MAY NOT BE ABLE TO ENROLL CHILD IN SCHOOL WITHOUT COURT ORDER)
- ACCESS TO AND USE OF GOVERNMENT SERVICES (COMMISSARY, EXCHANGE, ETC.)
- NON-MILITARY ESCORT FOR FAMILY MEMBERS NEEDING ASSISTANCE (CHILDREN, ELDERLY, DISABLED)

NAME: _____ PHONE: _____ CELL PHONE: _____

ADDRESS: _____

E-MAIL: _____

ADDITIONAL COMMENTS:

3. MEDICAL/HEALTH CARE SERVICES:

- IN LOCO PARENTIS POWER OF ATTORNEY TO ALLOW TREATMENT OF CHILDREN
- EXPLAINED INSURANCE AND MEDICAL PAYMENT METHODS
- IDENTIFIED CURRENT HEALTH CARE CONCERNS AND ON-GOING TREATMENTS
- PROVIDED LOCATION OF MEDICAL FACILITIES

NAME OF FACILITY: _____ PHONE: _____

ADDRESS: _____

- PROVIDED NAME OF MEDICAL, DENTAL AND OTHER HEALTH CARE PROVIDERS

DOCTOR: _____ DENTIST: _____

ADDITIONAL COMMENTS:

4. EDUCATIONAL FACILITIES LOCATION:

- IDENTIFIED EDUCATIONAL FACILITIES

NAME OF SCHOOL: _____ PHONE: _____

ADDRESS: _____ PRINCIPAL: _____

- CONTACTED SCHOOLS AND LOCAL BOARD OF EDUCATION FOR ENROLLMENT INFORMATION
- EDUCATIONAL/CHILDCARE FACILITIES WILL ACCEPT CHILDREN

FAMILY CARE PLAN ARRANGEMENTS (CONTINUED)

4. EDUCATIONAL FACILITIES LOCATION (CONTINUED):

- POWER OF ATTORNEY
- COURT ORDER FOR CAREGIVER

ADDITIONAL COMMENTS:

5. LEGAL:

- PROVIDED COPIES OF EXISTING COURT ORDERS FOR CUSTODY/VISITATION/SUPPORT/OTHER
- DISCUSSED PENDING COURT CASES FOR CUSTODY/VISITATION/SUPPORT/OTHER

NAME OF COURT: _____ LOCATION: _____

- PENDING CIVIL MATTERS FOR OTHER ISSUES: _____

- PROVIDED LOCATION OF LEGAL DOCUMENTS (WILLS, POER OF ATTORNEY, COURT ORDERS)

- IDENTITY OF PERSONS/AGENTS TO MANAGE YOUR AFFAIRS IN THE EVENT OF INCAPACITY

NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

- LEGAL POINTS OF CONTACT FOR THE CAREGIVER

ATTORNEY: _____ PHONE: _____

LEGAL SERVICE OFFICE: _____ PHONE: _____

- EXPLAINED WHAT THE CAREGIVER SHOULD DO IN THE EVENT THEY ARE NO LONGER ABLE TO CARE FOR FAMILY MEMBERS

ADDITIONAL COMMENTS:

6. TYPED OR PRINTED NAME OF MEMBER:

7. MEMBER'S SIGNATURE:

8. DATE:

Navy Family Accountability and Assessment System (NFAAS)
Login Instructions

In the event of an emergency or natural disaster you will be required to access the NFAAS website and update all your information.

1. Go to any computer with internet access, login to the website: www.navyfamily.navy.mil
2. Click the button "For Navy Personnel or their family members trying to update information."
2. The login screen will come up, your login is your SSN - with no dashes. Your password is your date of birth: YYYYMMDD, you can change your password upon logging it, but it's not required.
3. The site will open to the NFAAS "Home" tab. This tab has all the latest information on what is happening, frequently asked questions, IA information. Browse the information and also encourage your family to do the same.
4. Click on the "My Info" tab at the top of the page.
5. There are 4 sections (all on the same page) here:

Navy member info,
Event Information,
Location and Contact Information, and
Additional family Members
6. Click the "Edit" button to update and/or populate any missing information in each individual section. When complete, click the "Save" button and Logout.
7. The additional Tab - Assessment, is only available if a disaster happened in our area or an area where your family members reside. At which point, they would be able to go to this section to identify any special needs they require.
8. The Reference Library Tab has a lot of information available, Phone Numbers, Fact Information, Resources, Downloads, etc...

PART 1 - FAMILY DISASTER PLAN

- Most people who decided to ride Hurricane Ivan out in the Pensacola area probably wished they had evacuated and safeguarded their irreplaceable valuables. Here are a couple of things to think about when coming up with a family disaster plan:
- Where will you go? When will you leave? How will you travel? How will you pay for it? Do you have a plan for the family pet?
- What types of hazards could affect your family? Do you know your home's vulnerability to storm surge, flooding, and wind?
- Locate the safest areas in your home for each hurricane hazard. In certain circumstances the safest areas may not be in your home but within your community.
- Identify valuables and place them in waterproof containers. Set aside proof of insurance, bank account numbers, important photos, and high value items. Do you have proof of ownership, such as videotape of the contents of your home?
- Determine escape routes from your home and places to meet.
- Have an out-of-state point of contact, enabling all your family members to have a single point of communication.
- Plan ahead for what to do with your pets if you need to evacuate.
- Post emergency telephone numbers by your phones and make sure your children know how and when to call 911.
- Check your insurance coverage; flood damage is not usually covered by homeowners insurance. If you rent, do you have renter's insurance? What policies do you have? What is covered and what is not covered? Many insurance companies stop issuing policies if a projected storm path takes it over the area you're trying to get coverage for. In the event all else fails, contact Lloyd's of London as they will insure anything on the face of the planet!
- Stock non-perishable emergency supplies and a Disaster Supply Kit (see disaster supply kit section of NOAA website.)
- Prepare your house for the storm! Buy plywood, fasteners, and a generator before the storm hits. If a storm were to hit tomorrow, what would you be trying to buy at Lowe's or Home Depot? Buy these items now!
- Identify potential sources of damage. You may want to trim or remove the tree leaning over your house prior to the storm. What items in your yard could cause destruction as a result of tropical

storm force winds? Do the doors and windows on your house fit securely and lock properly?

- Use a NOAA weather radio. Remember to replace its battery every 6 months, as you should with your smoke detectors.

PART 2 - WHERE TO START?

A good first step is research. The National Hurricane Center, FEMA, the American Red Cross, and the Environmental Protection Agency all have published checklists to help prepare your family for severe weather. Browsing through the websites can help you understand what you should be concerned about, how to prepare your family and personal property, as well as where help can be found.

www.nhc.noaa.gov/HAW2/english/action.shtml --ID hazards, disaster plan, what to put in a disaster supply kit

www.fema.gov/hazard/hurricane/index.shtm --Federal Emergency Management Association

www.redcross.org --what the Red Cross can help you with in a disaster

www.epa.gov/hurricanes/ --potential hazards from hurricanes

www.crownweather.com/ --current storm tracking information.