

<b>REPORT OF ADMINISTRATIVE OFFICER OF THE DAY</b>				<b>PERIOD COVERED</b>		
For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General				FROM <i>(Hour &amp; Date)</i>	TO <i>(Hour &amp; Date)</i>	
Complete in single copy only. Submit to Executive Officer upon completion of tour of duty. Attach copies of all messages sent or received with notation of action taken where appropriate.				HOSPITAL		
<b>1.</b> <b>HOSPITAL</b>	HOUR OF INSPECTION	RESULT <i>(Include needed repairs and any fire or safety hazards noted)</i>				
<b>2.</b> <b>P&amp;N WARDS</b> <b>PRIS WARD</b>	HOUR OF INSPECTION	RESULT				
<b>3.</b> <b>GROUND</b>	HOUR OF INSPECTION	RESULT				
<b>4.</b> <b>MOTOR VEHICLES</b>	HOUR CHECKED	RESULT <i>(When applicable list of vehicles will be attached)</i>				
<b>5.</b> <b>SECURITY</b>	HOUR OF INSPECTION	RESULT				
<b>6. INSPECTION OF MESSES</b>		HOUR	HOUR	<b>7. ADDITIONS TO SERIOUSLY ILL LISTS AND DEATHS*</b>		
TYPE OF INSPECTION	SAT- ISFAC TORY	UNSAT- ISFAC TORY	NAME	WARD	ADMIN ACTION COMPL	
a. QUALITY OF FOOD CHECKED			VERY SERIOUSLY ILL			
b. QUANTITY OF FOOD CHECKED			a.			
c. SANITATION			b.			
EXPLAIN DEFICIENCIES NOTED			c.			
			d.			
			SERIOUSLY ILL			
			e.			
			f.			
			g.			
			h.			
			DEATHS			
			i.			
			j.			
			k.			
			l.			
REMARKS <i>(Comments, recommendations, unusual circumstances, etc. Use reverse side if necessary)</i>						
PRINT OR TYPE NAME & GRADE OF ADMIN OFFICER OF THE DAY				SIGNATURE		

*\*IF ADMINISTRATIVE ACTION IS NOT COMPLETED EXPLAIN IN REMARKS SECTION.*