

478

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC SABANA SECA
ACTIVITY UIC: 39082**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4,5
2. Staffing	6

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	21698	11412	11412	11412	11412	11412	11412	11412	11412
UNMET	1593	1697	1697	1697	1697	1697	1697	1697	1697
TOTAL	23291	13109	13109	13109	13109	13109	13109	13109	13109

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data. Please show all calculations and assumptions in the space below:

Assumptions/Explanations:

- 1) MET workload = total CTVs during the period.
- 2) Population is assumed constant at 571 personnel throughout the time period specified.
- 3) Staffing is based on 1 full-time dentist and 1 hygienist (half a day a week).
- 4) Drop in CTVs from FY-93 to FY-94 reflects decrease in hygienist staffing from 5 days per week to 1/2 day per week.
- 5) UNMET CTV formula based on efficiency review calculation as shown on next page.

Calculations:

1) UNMET CTVs = Class 2s x 4.55 + Class 3s x 9.2 + Class 4s x 4.77

For FY93:	Class 2 = 251	251 x 4.55 = 1142
	Class 3 = 34	34 x 9.2 = 313
	Class 4 = 29	29 x 4.77 = 138

		1593 UNMET CTVs

For FY94-01:	Class 2 = 280	280 x 4.55 = 1274
	Class 3 = 34	34 x 9.2 = 313
	Class 4 = 23	23 x 4.77 = 110

		1697 UNMET CTVs

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	23291	23291	23291	23291	23291	23291	23291	23291
UNMET	0	0	0	0	0	0	0	0
TOTAL	23291	23291	23291	23291	23291	23291	23291	23291

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice. Please show all calculations and assumptions in the space below:

Assumptions:

- 1) Population is assumed constant at 571 throughout the time period periods specified.
- 2) Physical plant is limited to two Dental Operatories.
- 3) MET CTVs = total CTVs during period.

Calculations:

- 1) UNMET CTVs = 0
- 2) With the addition of all required dental officer assets, BDC Sabana Seca will be able to meet all workload requirements and thus UNMET CTVs should be zero, impeded only by personal compliance.

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV) **	0	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
DENTAL HYGIENISTS (MIL AND CIV)	1	0	0	0	0	0	0	0	0

740607
MED-63
KRM

Note: ** Although there are no authorized prophy tech billets at BDC Sabana Seca, 1 general duty Dental Technician provides prophy and other patient care services equivalent to .30 FTEs.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

W.H. Wilson
Signature

Commanding Officer

Title

31 MAY 94
Date

USNDC Roosevelt Roads

Activity

ENCLOSURE (4)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

6-8-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

J. B. Greene Jr.

Signature

ACTING

Title

6/20/94

Date

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Branch Dental Clinic Sabana Seca, Puerto Rico</i>
Acronym(s) used in correspondence	<i>BRDENCLIN Sabana Seca, P. R.</i>
Commonly accepted short title(s)	<i>BDC Sabana Seca, P.R.</i>

- Complete Mailing Address

Branch Dental Clinic, Sabana Seca
Naval Security Group Activity
FPO AA 34053

- PLAD

NAVSECGRUACT SABANA SECA RQ

- PRIMARY UIC: 39082 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data call response page.

- ALL OTHER UIC(s): PURPOSE:

N/A

ENCLOSURE (2)

39082

. PLANT ACCOUNT HOLDER:

- Yes No (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

- Yes No (check one)

• **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

- Yes No (check one)
- Primary Host (current) UIC: 66754
- Primary Host (as of 01 Oct 1995) UIC: 66754
- Primary Host (as of 01 Oct 2001) UIC: 66754

• **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

- Yes No (check one)

39082

4. **SPECIAL AREAS:** List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

5. **DETACHMENTS:** If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

. **BRAC IMPACT:** Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

N/A

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

39082

Current Mission

- To provide dental health care to authorized personnel in the Commander, Naval Security Group, Sabana Seca area of responsibility, and others as covered by Memoranda of Understanding.

Projected Missions for FY 2001

- Same as above

8. **UNIQUE MISSIONS:** Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- N/A

39082

Projected Unique Missions for FY 2001

- N/A

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

- | | |
|--|--------------|
| • Operational name | UIC |
| <u>U.S. Naval Dental Center, Roosevelt Roads</u> | <u>68445</u> |
| • Funding Source | UIC |
| <u>Same as above</u> | _____ |

39082

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
• Reporting Command	<u> 1 </u>	<u> 2 </u>	<u> 0 </u>
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
• Reporting Command	<u> 1 </u>	<u> 2 </u>	<u> 0 </u>
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• Director			
<u>E. P. O'Neill, LCDR, DC, USN (809)795-2255/ext296 (809)784-4633 (809)784-8535</u>			
• Duty Officer			[N/A]

39082

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

39082

● Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>U.S. Coast Guard, Greater Antilles</i>	<i>San Juan, PR</i>	<i>Dental Care</i>

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

● Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

39082

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8 1/2"x 11".)
- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

39082

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W. H. Wilson, CAPT, DC, USN
NAME (Please type or print)

W H Wilson
Signature

Commanding Officer
Title

26 Jan 94
Date

U.S. Naval Dental Center, Roosevelt Roads
Activity

ENCLOSURE (2)

39082

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____
NAME (Please type or print)

× *Donald Hagen*
Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY _____
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

J. B. Greene Jr
Signature

ACTING
Title

16 FEB 1004
Date

478

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC SABANA SECA
ACTIVITY UIC: 39082**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

To provide dental health care to personnel of the uniformed services, and other authorized personnel in support of Naval Security Group Activity Sabana Seca within the San Juan, Puerto Rico area.

2. CUSTOMER BASE (Based on Personnel Support Detachment personnel data current as of 23 May 94)

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE
USCG SAN JUAN	0771640	SAN JUAN, PR	220
NAVAL SECURITY GROUP ACTIVITY SABANA SECA	66754	SABANA SECA, PR	209
MGU	52610	SABANA SECA, PR	57
NAVAL SECURITY GROUP ACTIVITY CC	32703	SABANA SECA, PR	33
NAVAL RECRUITING CENTER	35180	SABANA SECA, PR	22
BRANCH MEDICAL CLINIC SABANA SECA	32650	SABANA SECA, PR	8
NRF	0566A	SABANA SECA, PR	6
PERSONNEL SUPPORT ACTIVITY DET	43335	SABANA SECA, PR	6
MEPS	41753	SABANA SECA, PR	4
BRANCH DENTAL CLINIC SABANA SECA	39082	SABANA SECA, PR	3
NSHS BETHESDA DETACHMENT	43730	SAN JUAN, PR	1
MECP	49086	SAN JUAN, PR	1

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	571
B. FY1993 MET WORKLOAD (CTVs)	21698
C. FY1993 UNMET WORKLOAD (CTVs)	1593
D. TOTAL WORKLOAD (B+C)	23291
E. MET WORKLOAD PER CAPITA (B÷A)	38
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.79
G. WORKLOAD PER CAPITA (D÷A)	40.79

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 23291

Explanation: Constraints placed upon a one dental officer clinic make it extremely difficult to meet all required workload or full capacity for CTVs.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	571	571	571	571	571	571	571	571
A: TOTAL MET CTVs	11412	11412	11412	11412	11412	11412	11412	11412
B: TOTAL UNMET CTVs	1697	1697	1697	1697	1697	1697	1697	1697
C: TOTAL WORKLOAD REQUIREMENT (A+B)	13109	13109	13109	13109	13109	13109	13109	13109
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	.3 0							
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

940607
MCA 63
RAM.

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 13109

Explanation: Constraints placed upon a one dental officer clinic make it extremely difficult to meet all required workload or full capacity for CTVs.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years. NONE

* NOT APPLICABLE FOR BDC Sabana Seca

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
	Building 2/Branch Dental Clinic/Patient Care	960	50	Adequate

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

* Not Applicable to BDC Sabana Seca

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

DENTAL EQUIPMENT AND FACILITIES REPORT

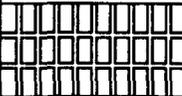
DATE OF REPORT	15 MAY 1994	UIC	39082
FACILITY	Branch Dental Clinic, Sabana Seca, Puerto Rico Bldg. 2		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	30 X 32	Bldg. 2
2. DENTAL TREATMENT ROOM	02	10 X 12	adequate
3. STERILIZATION ROOM	01	12 X 8	inadequate
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB	01	7 X 6	inadequate
7. STOREROOM/ SUPPLY ROOM			
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE			
10. DENTAL OFFICER'S OFFICE	01	12 X 12	adequate

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	11 X 7	adequate
13. RECORDS CONTROL OFFICE	01	12 X 9	adequate
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE 2070	02	A-4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY 1005	02	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	02	A-4
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ CV 102 DUAL	01	A-4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIRSTAR 5	01	A-4
6. STERILIZER	PELTON&CRANE VAL 10+	01	A-4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT	JELENSKO AUTOGLAZER 262	01	A-4

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	SEIMANS HELIDENT 70	01	A-4	MAY92
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AIRTECHNIQUES PERIPRO	01	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/> DC	a. VOLTAGE: 110	b. CYCLE:
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
DATE	TYPED NAME AND GRADE W.H. WILSON, CAPT, DC, USN		SIGNATURE	

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

* NONE

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

* NONE

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements** planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
MILCON P-333	Medical/Dental Facility	FY-99	2.6 M

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

No significant impact on the performance of the mission.

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

It has a positive effect on our mission in that Branch Dental Clinic Sabana Seca is easily assessible for all eligible beneficiaries in the San Juan, Puerto Rico area.

Branch Dental Clinic Sabana Seca is located near San Juan, Puerto Rico and provides easy access to personnel attached to the various units in this large metropoliton area.

a. What is the importance of your location relative to the clients supported?

Being located near San Juan provides all eligible beneficiaries in the area the opportunity to receive prompt dental care without driving approximately 1 1/2 hours to the nearest naval dental treatment facility in Roosevelt Roads.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air: The nearest military air terminal is onboard the Naval Station Roosevelt Roads and is 45 miles from the dental faciilty. The nearest commerical air terminal is in San Juan approximately 10 miles from the Naval Base at Sabana Seca.

Rail: There is no railroad systems in Puerto Rico.

Sea: The nearest military seaport is located on base at the Naval Satation Roosevelt Roads and is located 45 miles (1 1/2 hours) from the Dental Facility. A large commercial seaport operation is also located approximately 10 miles away in San Juan.

Ground: Trucking and other transporation services are available throughout Puerto Rico. The closest city which can provide necessary services is San Juan which is located approximately 5 miles from the Naval Station at Sabana Seca.

c. What is the importance of your location given your mobilization requirements?

We currently do not have a specific mobilization mission or requirements.

d. On the average, how long does it take your current client/customers to reach your facility?

The majority of our customers (Naval Security Group Sabana Seca personnel) can reach our facility in 5 minutes. Customers stationed in San Juan area can reach our facility within half an hour.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

We are somewhat limited by the need to recruit fluent English speaking personnel from a largely Spanish speaking population. In addition, personnel from CONUS are reluctant to accept employment in Puerto Rico due to real or perceived crime concerns and the language barrier.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

If the capabilities of this facility were lost, eligible beneficiaries would have to seek dental care treatment at Branch Dental Clinic Roosevelt Roads, FT Buchanan or civilian dental sources (See section 11a for further information).

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

If the Branch Dental Clinic Sabana Seca were to close, the active duty population would have very limited dental care alternatives within reasonable driving distance of Naval Security Group Activity Sabana Seca. The closest military facilities are as follows:

a. The Army maintains a Dental Clinic at Fort Buchanan approximately 10 miles driving distance (30 minutes) from Naval Security Group Activity Sabana Seca. The clinic is manned by one civilian contract dentist.

b. The Coast Guard maintains a Dental Clinic at Borinquen approximately 100 miles driving distance (3 hours) from Naval Security Group Activity. This clinic is manned by one Public Health Dentist.

c. The Navy maintains a Dental Clinic at Roosevelt Roads approximately 45 miles driving distance (1 1/2 hours) from Naval Security Group Activity Sabana Seca. This clinic is manned by seven Naval Dental Officers.

12. Mobilization. What are your facility's mobilization requirements? Our facility does not have any mobilization requirements, so this section is not applicable.

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

* Not Applicable

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

* Not Applicable

13. Quality of Life. (Refer to Naval Security Group Activity Sabana Seca, UIC 66754, Military Value section, Data Call 37)

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
 yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on your BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

Commanding Officer

Title

USNDC Roosevelt Roads

Activity

W. H. Wilson
Signature

31 MAY 94
Date

ENCLOSURE (2)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

R. R. SAREERAM

NAME (Please type or print)

Signature

Title

Date

Active

[Handwritten Signature]

27 JUN 1994

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Branch Dental Clinic, Submarine Base, San Diego</i>
Acronym(s) used in correspondence	<i>BDCSUBASE San Diego</i>
Commonly accepted short title(s)	<i>BDCSUBASE San Diego</i>

- Complete Mailing Address

Director, Branch Dental Clinic
 Naval Submarine Base
 140 Sylvester Road
 San Diego, CA 92106

- PLAD

NAVDENCEN SAN DIEGO
 44557^{66A}

- PRIMARY UIC: 66022(*) (Plant Account UIC for Plant Account Holders)

(*) For Class-III Plant Account only.

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): 44557 PURPOSE: For DIRS reporting

2. **PLANT ACCOUNT HOLDER:**

- Yes No (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

• **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

(UIC - ~~66022~~) 44557
657

• Yes _____ No X (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes X No _____ (check one)

• Primary Host (current) UIC: 63406

• Primary Host (as of 01 Oct 1995) UIC: 63406

• Primary Host (as of 01 Oct 2001) UIC: 63406

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No X (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
Not applicable		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
Not applicable				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Not applicable.

(UIC - 65022)

44557
650

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.
- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

Projected Missions for FY 2001

Provide comprehensive dental care, administrative services, and logistical support that absolutely delights our customers through:

- Training and development.
- Efficient Personnel utilization.
- Effective material, facilities, and patient management.
- Commitment to quality of life issues.

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

(UIC - ~~66022~~) 44557
6511

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC): Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

• Operational name UIC
Commanding Officer, Naval Dental Center, San Diego 66022

• Funding Source UIC
Not applicable

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1 OUSA</u>	<u>1 OUSA</u>	<u>0</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>0</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>0</u>	<u>1 OUSA</u>	<u>0</u>
• Contracted	<u>N/A</u>	<u>N/A</u>	<u>0</u>
• Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC			
F.H. WELCH	619-533-7199	619-533-0172	N/A
LCDR, DC, USN	DSN-933-7199	DSN-933-0172	
Branch Director			

(UIC - 66022) 44557
600

T.C. SPLITGERBER CAPT, DC, USN Commanding Officer	619-556-8200 DSN-526-8200	619-556-8559 DSN-526-8559	N/A
• DANILO L. YU LCDR MSC USN BRAC Coordinator	619-556-8217 DSN-526-8217	619-556-8221 DSN-526-8221	N/A

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not applicable					

(UIC - 660227 1557
65A

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>Not applicable</i>		

14. FACILITY MAPS: This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

- Local Area Map. This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)

- Installation Map / Activity Map / Base Map / General Development Map / Site Map. Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36" x 42" (2 copies, if available); and 11" x 17" (12 copies).)

- Aerial photo(s). Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½" x 11".)

- Air Installations Compatible Use Zones (AICUZ) Map. (Provide 12 copies.)

(UIC - ~~6002~~) 4 + 557
CSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

LCDR F. H. WELCH, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

31 AUG 94
Date

BRANCH DENTAL CLINIC, SUBMARINE BASE, SAN DIEGO
Activity

(UIC - 66022) 44557
6CM

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T. C. SPLITGERBER, DC, USN
NAME (Please type or print)

COMMANDING OFFICER
Title

NAVAL DENTAL CENTER, SAN DIEGO
Activity


Signature

2 Feb 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

Document Separator

479

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCHDENCLINIC SBASE SDIEGO CA
ACTIVITY UIC: 44557**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******



TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload 3,4
2. Staffing5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVS	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	15981	17896	17896	17896	17896	17896	17896	17896	17896
UNMET	3186	3620	3620	3620	3620	3620	3620	3620	3620
TOTAL	19167	21516	21516	21516	21516	21516	21516	21516	21516

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

MET = Total CTV FY-93 = 15,981

UNMET =	CLASS	RECORDS	MULTIPLES	UNMET NEEDS
	2	339	4.55	1,542
	3	102	9.20	938
	4	148	4.77	706
			TOTAL	3,186

MET = Total CTV FY-94 (6 mos. X 2) = 17,896

UNMET =	CLASS	RECORDS	MULTIPLES	UNMET NEEDS
	2	596	4.55	2,712
	3	79	9.20	727
	4	38	4.77	180
			TOTAL	3,620

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

SAME AS NUMBER 1.

CTVS	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET								
UNMET								
TOTAL								

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

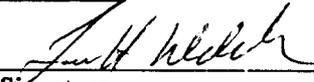
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

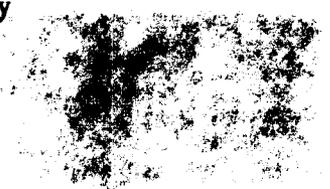
LCDR F.H. WELCH, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, SUBMARINE BASE, SAN DIEGO
Activity



I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

Signature

Date



26 May 94

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity



I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

x *D. F. Hagen*
Signature

6-17-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

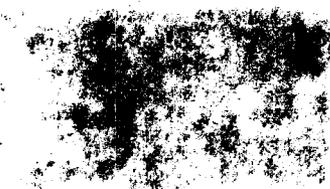
R. R. SAREERAM

R. R. SAREERAM
NAME (Please type or print)

ACTD6
Title

R. R. Sareeram
Signature

28 JUN 1994
Date



479

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLINIC SBASE SDIEGO CA
ACTIVITY UIC: 44557**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******



TABLE OF CONTENTS

Mission Requirements

1. Mission3
2. Customer Base4
3. Workload per Capita5
4. Projected Workload/Personnel6
5. Training Programs7

Facilities

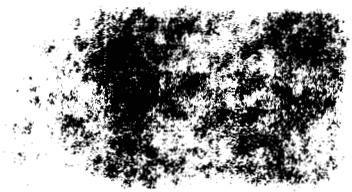
6. Facilities Description.....8
7. Programmed Improvements.....9
8. Impact of Facilities' Condition.....9

Location

9. Geographic Location.....10
10. Manpower and Recruiting Issues.....10

Features and Capabilities

11. Capabilities.....11,12
12. Mobilization.....13
13. Quality of Life.....14



MISSION REQUIREMENTS

1. **Mission.** State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

Provide dental services to personnel attached to Naval Submarine Base, San Diego and ten (10) tenant commands located on the base, U.S. Coast Guard, Naval Research and Development, and U.S. Army personnel located at SBASE and Point Loma, CA.

Perform other functions as may be directed by the Commanding Officer SBASE.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PORT SERVICES	63406	NSB	143
SUBTRAFAC	31954	NSB	139
CSG-5	33175	NSB	110
WEAPONS	63406	NSB	96
SECURITY	63406	NSB	53
CSDG-1	55522	NSB	49
BEQ/BOQ	63406	NSB	41
FACILITIES	63406	NSB	36
PSD POINT LOMA	68554	NSB	30
NHRC	63116	NSB	23
GALLEY	63406	NSB	20
USCG	Z13430	NSB	19
ADMINISTRATION	63406	NSB	17
SUPPLY	63406	NSB	17
BUPERS	63406	NSB	16
ZWR	63406	NSB	16
NPRDC	63406	NSB	14
U.S.AA	NSB	13
ICSP	...3	NSB	11
ENVIR	...06	NSB	6
MOTU-5	63406	NSB	4
CAAC	63406	NSB	1

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	858
B. FY1993 MET WORKLOAD (CLVs)	15,981
C. FY1993 UNMET WORKLOAD (CLVs)	3,186
D. TOTAL WORKLOAD (B+C)	19,167
E. MET WORKLOAD PER CAPITA (B÷A)	18.6
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.7
G. WORKLOAD PER CAPITA (D÷A)	22.3

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: N/A

Explanation:

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1995	FY 1996	FY1997	FY1998	FY1999	FY2000	FY 2001
POPULATION	868	868	868	868	868	868	868
A: TOTAL MET CTVs	17896	17896	17896	17896	17896	17896	17896
B: TOTAL UNMET CTVs	3620	3620	3620	3620	3620	3620	3620
C: TOTAL WORKLOAD REQUIREMENT (A+B)	21516	21516	21516	21516	21516	21516	21516
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1

PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs:

Explanation:

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC - 66022**

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

**** NOT APPLICABLE. HOST COMMAND, NAVAL SUBMARINE BASE SAN DIEGO, UIC-63406 MAINTAINS THE INVENTORY RECORD.**

PLEASE SEE ATTACHED FACILITIES REPORT.

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
N/A	N/A	N/A	N/A	N/A

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically feasible means." For all the categories above where facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7a. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A	N/A	N/A	N/A

8. Impact of Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

NOT APPLICABLE

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	66022
FACILITY	NAVAL SUBMARINE BASE, BLDG 140, NAVAL DENTAL CENTER BOX 147, NAVAL STATION, SAN DIEGO, CA 92136		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	15' X 48'	BLDG. 140
2. DENTAL TREATMENT ROOM	03	12' X 15'	
3. STERILIZATION ROOM	01	11' X 07'	
4. X-RAY EXPOSURE ROOM	01	12' X 07'	
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM			
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	01	12' X 07'	
10. DENTAL OFFICER'S OFFICE	01	10' X 12'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	01	10'X11'X10'X3'	
13. RECORDS CONTROL OFFICE			SAME AS ADMIN OFFICE
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS SUPPLY ROOM	01	14'X5'X7'X10'	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC CONTINENTAL	03	(3) A4
2. DENTAL OPERATING CHAIR	ADEC 1005	03	(3) A4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	03	(3) A4
4. CENTRAL VACUUM SYSTEM	AIR TECHNIQUES VAC STAR 5	01	(1) A4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES VST	01	(1) A4
6. STERILIZER	PELTON AND CRANE MAGNACLAVE SPECTROLINE	01 01	(1) A4 (1) A4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT	REDWING LATHE BALDOR DUST COLLECTOR MODEL TRIMMER HANDLER VACUUM FORMING MACHINE	01 01 01 01	(1) A4 (1) A5 (1) A4 (1) A4

NAVMED 6750/4 (Rev. 5/91)

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Extremely important. Close to fleet activities.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air - 7 miles. Rail - 2 miles. Ground - 1/2 miles

c. What is the importance of your location given your mobilization requirements?

No impact.

d. On the average, how long does it take your current client/customers to reach your facility?

15 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Located in a large metropolitan area. A large pool of qualified applicants are available.

FEATURES AND CAPABILITIES

11. **Capabilities.** What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

The expected amount of work-time lost due to a dental appointment is approximately one hour. If the facility were not available within walking distance, it would be safe to expect three hours of lost manpower. Furthermore, time would be increase again should the patient opt for using a form of public transportation.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

The population would be serviced at other Branch Dental Clinics remaining open.

12. Mobilization. What are your facility's mobilization requirements?

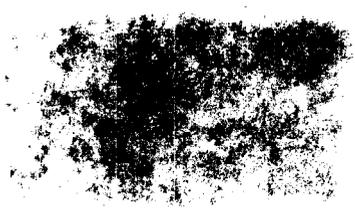
**** NOT APPLICABLE. REPORTED UNDER PARENT COMMAND, UIC-66022.**

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
N/A	N/A	N/A

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.



13. Quality of Life.

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL SUBMARINE BASE,
SAN DIEGO, UIC-63406, DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle)
 yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

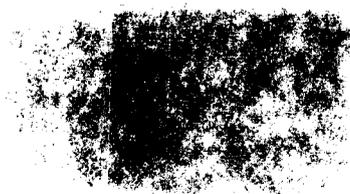
What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		



¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1994.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?



(2) **BEQ:**

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) **BOQ:**

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\# \text{ Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?



b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		



²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASERE

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

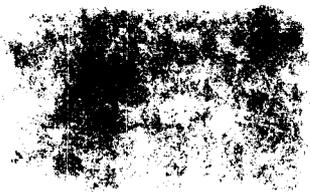
j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info

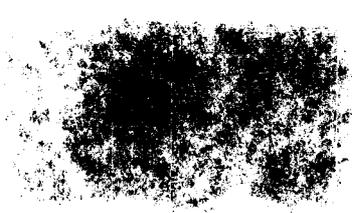
(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					



(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					



k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

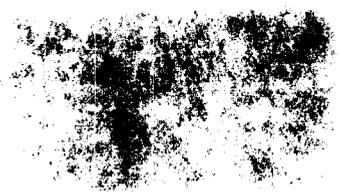
n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

Off Base Personnel - civilian			
----------------------------------	--	--	--



Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

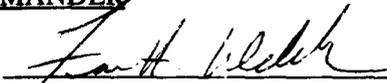
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

LCDR F.H. WELCH, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 MAY 94
Date

BRANCH DENTAL CLINIC, SUBMARINE BASE, SAN DIEGO
Activity



I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

CAPT T.C. SPLITGERBER, DC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title

NAVAL DENTAL CENTER, SAN DIEGO

Activity

T.C. Splitgerber
Signature
26 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date



I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE AND SURGERY

Activity

D. F. Hagen
Signature

6-17-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print)

ACTING

Title

R. R. Sareeram
Signature

30 JUN 1994
Date



Activity Information:

Activity Name:	BDC, SUBBASE, SAN DIEGO
UIC:	44557
Host Activity Name (if response is for a tenant activity):	SUBMARINE BASE, SAN DIEGO
Host Activity UIC:	63406

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC, SUBMARINE BASE, SAN DIEGO		UIC: 44557	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	0	0	0
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify) Telephone Custodial	0 1000	0 0	0 1000
2k. Sub-total 2a. through 2j:	1000	0	1000
3. Grand Total (sum of 1c. and 2k.):	1000	0	1000

BUMED
MED-825
GSA
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

O&M, DPH

c. Table 1B - Base Operating Support Costs (DBOF Overhead).

This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NOT APPLICABLE		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :			

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BDC, SUBMARINE BASE, SAN DIEGO	UIC: 44557
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	2060
Material and Supplies (including equipment):	10085
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	1112
Total:	13257

BUMED
MED 825
65A
7/25/94

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be performed "on base" in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BDC, SUBMARINE BASE, SAN DIEGO	UIC: 44557
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0
Mission Support:	0
Procurement:	0
Other:*	0
Total Workyears:	0

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

NONE

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

NOT APPLICABLE

**DATA CALL 66
INSTALLATION RESOURCES**

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
	NOT APPLICABLE

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CAPT W. M. DERN, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER (Acting)
Title

JUL 13 1994
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

[Signature]
Signature

14 July 1994

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

Title

BUREAU OF MEDICINE & SURGERY

Activity

[Signature]
Signature

7-19-94

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

[Signature]
Signature

7/27/94

Date

ENCLOSURE(12)

Document Separator

UIC 35759
BDC SOUTH WEYMOUTH

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (delete the examples when providing your input). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

• Name

Official name	Branch Dental Clinic South Weymouth, MA
Acronym(s) used in correspondence	BDC South Weymouth, MA
Commonly accepted short title(s)	

• Complete Mailing Address: Branch Dental Clinic
Naval Air Station
South Weymouth, MA 02190

• PLAD: BRDENCLINIC SOUTH WEYMOUTH MA

• PRIMARY UIC: 35759 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

• ALL OTHER UIC(s): N/A PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

• Yes _____ No x (check one)

ENCLOSURE (8)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions.

• HOST COMMAND: A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes _____ No x (check one)

• TENANT COMMAND: A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes x No _____ (check one)

- Primary Host (current) UIC: 00101
- Primary Host (as of 01 Oct 1995) UIC: Same as above
- Primary Host (as of 01 Oct 2001) UIC: Same as above

• INDEPENDENT ACTIVITY: For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes _____ No x (check one)

4. SPECIAL AREAS: List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

-Base population is projected to increase with the move of the following units: Reserve Centers for Quincy, Lawarncce, Chicope, and New Bedford. Additionally, it is anticipated that a C-130 squadron will be assigned at this base. These increases will have a major impact on dental support and increased manning will be required.

7. MISSION: Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

-Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographical area as prescribed by Title 10, U.S. Code, and other applicable directives.

Projected Missions for FY 2001

-No changes anticipated.

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	2	4	1 <u>0*</u>
• Tenants (total)	2	4	1

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	2	4	1 <u>0*</u>
• Tenants (total)	2	4	1

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>
R. L. Jucovics, CAPT, DC, USN,	Commanding Officer, NDC Newport, RI
P. G. Lynch, CAPT, DC, USN,	Executive Officer
C. L. Burton, LT, MSC,	Admin Officer

DSN 948-2258/3028, FAX 948-2090
 Commercial (401) 846

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, end strength as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. REGIONAL SUPPORT: Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
USS CONSTITUTION	Boston, MA	Dental Support
DOD FOOD PROGRAM	Natick, MA	"
NRC WORCESTER	Worcester, MA	"
NAVY CLOTHING & TEXTILE RESEARCH	Natick, MA	"
MASS MARITIME ACADEMY	Buzzards Bay, MA	"
NRC QUINCY	Quincy, MA	"
CHINFO NEW ENGLAND	Boston, MA	"
HARVARD CENTER FOR INTERNAT'L AFFAIRS	Cambridge, MA	"
DEFENSE CONTRACT MNGMNT	Boston, MA	"
DEFENSE PLANT REP OFC GE AIRCRAFT ENGINES	Lynn, MA	"
MIT POST GRAD	Cambridge, MA	"
HOLY CROSS NROTC	Worcester, MA	"
MIT DEFENSE & ARMS CONTROL STUDIES PROGRAM	Cambridge, MA	"

14. FACILITY MAPS: ATTACHED

UIC 35759
BDC SOUTH WEYMOUTH

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

Commanding Officer
Title

NAVAL DENTAL CENTER NEWPORT, RI
Activity

R. L. Jucovics
Signature
1 Feb 94
Date

UIC 35759
BDC SOUTH WEYMOUTH

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

R. I. Ridenour
Signature

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE & SURGERY
Activity

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)

J. B. Greene, Jr
Signature

ACTING
Title

Date

Activity

Document Separator

480

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic SOUTH WEYMOUTH, MA
ACTIVITY UIC: 35759**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload
2. Staffing

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	24,192	62,487	61,870	61,767	61,492	61,492	61,492	61,492	61,492
UNMET *	2,305	5,954	5,895	5,885	5,859	5,859	5,859	5,859	5,859
26,497 TOTAL	68,441	67,765	67,652	67,351	67,351	67,351	67,351	67,351	67,351

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- *This dental clinic has UNMET CTV workload.
- *FY93 population from September 1993 Dental Readiness Reports.
- *FY94-2001 population is RAPS data.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	93,731	92,805	92,650	92,238	92,238	92,238	92,238	92,238
UNMET	0	0	0	0	0	0	0	0
TOTAL	93,731	92,805	92,650	92,238	92,238	92,238	92,238	92,238

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Staffing increased to optimize dental treatment rooms.
- New met CTVs=(met CTVs/present staff)*full staffing.
- New unmet CTVs=total CTVs-new met CTVs.

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	N/A								

Onboard as of May 1994

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA
UIC: 35759

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center Newport, RI
Activity

R. L. Jucovics
Signature
24 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)


Signature

ACTING CHIEF BUMED
Title

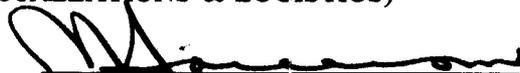
116 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)


Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

480

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental South Weymouth, MA
ACTIVITY UIC: 35759**

**Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics**

*******If any responses are classified, attach separate
classified annex*******

TABLE OF CONTENTS

Mission Requirements

1. Mission
2. Customer Base
3. Workload per Capita
4. Projected Workload/Personnel
5. Training Programs

Facilities

6. Facilities Description
7. Programmed Improvements
8. Impact of Facilities' Condition

Location

9. Geographic Location
10. Manpower and Recruiting Issues

Features and Capabilities

11. Capabilities
12. Mobilization
13. Quality of Life

*ATTACHED: DENTAL EQUIPMENT AND FACILITIES REPORT
(NAVMED 6750/4)

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

To provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographical area as prescribed by Title 10, U.S. Code, and other applicable directives.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME *(SW) SOUTH WEYMOUTH	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
NAS SW	00101	SW, MA	646
NAVCUITDIST	62435	BOSTON, MA	166
MAG-49	03025	SW, MA	126
RAIMD	44491	SW, MA	102
LOG SQD 62	09324	SW, MA	69
USS CONSTITUTION	01024	SW, MA	57
CAMBRIDGE PG	31404	CAMBRIDGE, MA	26
PSD	43079	SW, MA	25
FT DEVENS	32860	FITCHBURG, MA	22
NAVRES	61803	QUINCY, MA	18
MEDICAL	35311	SW, MA	11
NAVTRAMETOC	66470	SW, MA	11
DENTAL	35759	SW, MA	6
(53 RESERVE UNITS)		BOSTON AREA	2,422

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

*Current active duty population as of May 1994, source Dental Readiness Report.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION *	705
B. FY1993 MET WORKLOAD (CTVs)	24,192
C. FY1993 UNMET WORKLOAD (CTVs)	2,305
D. TOTAL WORKLOAD (B+C)	26,497
E. MET WORKLOAD PER CAPITA (B÷A)	34.3
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.3
G. WORKLOAD PER CAPITA (D÷A)	37.6

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: 36,288, If staffing were increased to optimize clinic dental treatment room space.

Explanation:

***Actual population based on September 1993 Dental Readiness Report.**

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1,821	1,803	1,800	1,792	1,792	1,792	1,792	1,792
A: TOTAL MET CTVs	62,487	61,870	61,767	61,492	61,492	61,492	61,492	61,492
B: TOTAL UNMET CTVs	5,954	5,895	5,885	5,859	5,859	5,859	5,859	5,859
C: TOTAL WORKLOAD REQUIREMENT (A+B)	68,441	67,765	67,652	67,351	67,351	67,351	67,351	67,351
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

If row A is not your maximum capacity for CTVs, identify below and explain. *

Maximum capacity for CTVs: FY94 93,731, If staffing were to be increased to optimize clinic dental treatment room space.

Explanation:

*Source for population is RAPS data.

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
N/A								

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
54010	BDC, SOWEY/Pt. care	1,682	52	Sub-standard

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7a. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

The clinic is insufficient in square footage, there is no space available for an adequate locker room or CSR. The medical and dental clinics are colocated in the same building and currently

have an agreement for a common CSR.

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

-This clinic handles the bulk (2,422) of reserve dental care in the North Eastern section of the U.S.

a. What is the importance of your location relative to the clients supported?

-55% of our clients work on the base making for easy access for treatment.

b. What are the nearest air, rail, sea, and ground transportation nodes?

-Air: Boston, MA, 18 miles.

-Rail: Boston, MA, 18 miles.

-Sea: Boston, MA, 18 miles.

-Ground: Boston, MA, 18 miles.

c. What is the importance of your location given your mobilization requirements?

-Quick access to transportation nodes. Primary dental screening facility for 2,422 reservest.

d. On the average, how long does it take your current client/customers to reach your facility?

-5 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

-This clinic is able to hire qualified civilian staff.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

-Active duty member would have to travel to Newport, RI (1 hour) to receive military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of the active duty staff.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

-Active duty member would have to travel to Newport, RI (1 hour) to receive military dental care. Such discontinuation of services would have a tremendously adverse affect on the dental health and readiness of the active duty staff.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED *
N/A		

*Assigned as of May 1994.

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

N/A

13. Quality of Life.

Submission made by:

RLC: Naval Air Station South Weymouth, MA

UIC: 00101

BRAC Data Call: 33

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 January 1994	UIC	35759
FACILITY	Branch Dental Clinic, BLDG 24, Naval Air Station, 1134 Main Street South Weymouth, MA 02190-5002		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BDC, South Weymouth	1	32' X 35'	BLDG 24
2. DENTAL TREATMENT ROOM	3	9' X 12'	
3. STERILIZATION ROOM			
4. X-RAY EXPOSURE ROOM	1 1	8' X 13' 9' X 8'	ONE ROOM ALSO USED AS CSR
5. DARKROOM	1	4' X 5'	MUST USE DAYLIGHT LOADER
6. PROSTHETIC LAB	1	8' X 12'	
7. STOREROOM/ SUPPLY ROOM	1	8' X 20'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	9' X 12'	
10. DENTAL OFFICER'S OFFICE	1	11' X 12'	

BDC, NAS, SOUTH WEYMOUTH

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	8' X 8'	
13. RECORDS CONTROL OFFICE	1	8' X 12'	
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS Duty Room Crews Lounge			

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	3	(3) A5
2. DENTAL OPERATING CHAIR	ADEC 1005	3	(3) A5

3. DENTAL OPERATING LIGHT	ADEC 6300	3	(3) A4
4. CENTRAL VACUUM SYSTEM	VACSTAR 5	1	(1) A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES AIR STAR 5 AIR TECHNIQUES MS-T	1 1	(1) A5 (1) A5
6. STERILIZER (S & E)	PELTON&CRANE VALIDATOR PLUS VERNITRON 8080 PELTON&CRANE OCM	1 1 1	(1) A4 (1) A6 (1) A6
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT	X-RAY CHAIR, KOENIGRAMER	1	(1) A5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT	JLENKO GLAZING OVEN REDWING LATHE HANDLER MODEL TRIMMER	2 2 1	(2) A5 (2) A5 (1) A5

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA
UIC: 35759

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)

R. L. Jucovics
Signature

Commanding Officer
Title

24 May 94
Date

Naval Dental Center Newport, RI
Activity

Enclosure (8)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

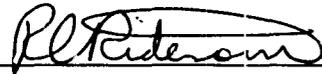
Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

x 
Signature

ACTING CHIEF BUMED
Title

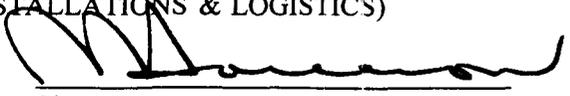
17.6 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)


Signature

ACTING
Title

30 JUN 1994
Date

480

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA
UIC:	35759
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION SOUTH WEYMOUTH, MA
Host Activity UIC:	00101

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development; Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CENTER SOUTH WEYMOUTH, MA			UIC: 35759
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3		3
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	3		3
2. Other Base Operating Support Costs:			
2a. Utilities	3		3
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	2		2
2j. Other (Specify) Communications	3		3
2k. Sub-total 2a. through 2j:	8		8
3. Grand Total (sum of 1c. and 2k.):	11		11

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
O&M	11
GRAND TOTAL 1A"3"	11

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 2l., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA		UIC: 35759	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.	N/A		N/A
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:	N/A		N/A
3. Depreciation	N/A		N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A		N/A

**DATA CALL 66
INSTALLATION RESOURCES**

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA	UIC: 35759
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	3
Material and Supplies (including equipment): T, W, Y	19
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	
Other Purchases (Contract support, etc.):	
Q - Maintenance and Repair	3
M - Utilities	3
N - Communications	3
Total:	31

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC SOUTH WEYMOUTH, MA	UIC: 35759
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

0

2) Estimated number of workyears which would be eliminated:

None

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

None

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (**ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above**):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. JUCOVICS
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

19 JULY 1994
Date

BRANCH DENTAL CLINIC
SOUTH WEYMOUTH, MA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-26-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/6/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name **BRANCH DENTAL CLINIC, SUPERINTENDENT OF SHIPBUILDING AND REPAIR, NEWPORT NEWS, VIRGINIA**

Official name	<i>BRANCH DENTAL CLINIC, SUPERINTENDENT OF SHIPBUILDING AND REPAIR, NEWPORT NEWS, VA</i>
Acronym(s) used in correspondence	BDC, SUPSHIPS
Commonly accepted short title(s)	

- Complete Mailing Address
BRANCH DENTAL CLINIC
SUPSHIPS
3100 HUNTINGTON AVE
NEWPORT NEWS, VA 23607

- PLAD: NAVDENCEN NORFOLK VA \\N45\\

- PRIMARY UIC: 35051 (Plant Account UIC for Plant Account Holders)
Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): N/A PURPOSE: _____

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No X (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

● **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

• Yes No (check one)

● **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

• Yes No (check one)

- Primary Host (current) UIC: 62793
- Primary Host (as of 01 Oct 1995) UIC: 62793
- Primary Host (as of 01 Oct 2001) UIC: 62793

● **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

• Yes No (check one)

4. **SPECIAL AREAS:** List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

UIC: 35051

5. **DETACHMENTS:** If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. **BRAC IMPACT:** Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Because this is a support command, fluctuations in patient population caused by homeport changes, commissionings and decommissionings have an impact on our mission. However, this impact has not been measurable to date.

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental care to eligible beneficiaries as specified in Title 10, US Code with primary emphasis on maintaining the dental readiness of the fleet and other deployable forces.
- Provide training to staff and other medical department personnel to maintain qualifications.
- Provide personnel and other resources to fill mobilization and operational requirements.

Projected Missions for FY 2001

- We assume that our mission will remain the same in the foreseeable future.

8. **UNIQUE MISSIONS:** Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- This command provides support services to both shore and fleet units, including fleet units with their own organic dental treatment capability.

Projected Unique Missions for FY 2001

- The uniqueness of our mission is expected to continue throughout the foreseeable future.

9. **IMMEDIATE SUPERIOR IN COMMAND (ISIC):** Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

- | | |
|--|-------|
| ● Operational name | UIC |
| <u>COMMANDER, NAVAL BASE, NORFOLK</u> | 61463 |
| ● Funding Source | UIC |
| <u>CHIEF, BUREAU OF MEDICINE
AND SURGERY</u> | 00018 |

10. PERSONNEL NUMBERS: Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>1</u>	<u>2</u>	<u>1</u> 0*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>2</u>	<u>3</u>	<u>1</u> <u>0</u> <u>65A</u> 0*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

11. KEY POINTS OF CONTACT (POC): Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

	<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC	<u>CAPT R. L. KJOME, DC, USN</u>	804-444-7021	804-445-6751	804-481-3849
● Duty Officer		804-444-7011		
● Branch Director	<u>CDR S. LAING</u>	804-380-7940	804-380-3702	804-249-2624

* DENOTES CONTACTOR PERSONNEL

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. **REGIONAL SUPPORT:** Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. **FACILITY MAPS:** This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

PROVIDED BY HOST

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- **Aerial photo(s).** Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

35051
67A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER



R. E. KJOME
COMMANDING OFFICER
NAVAL DENTAL CENTER, NORFOLK

31 Jan '94
DATE

ENCLOSURE (6)

35051
USA

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

_____ NAME (Please type or print)	_____ Signature
_____ Title	_____ Date
_____ Activity	

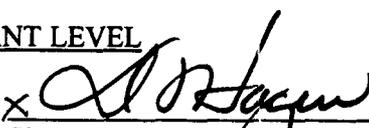
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

_____ NAME (Please type or print)	_____ Signature
_____ Title	_____ Date
_____ Activity	

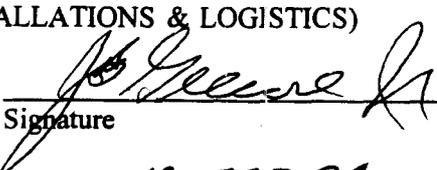
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC NAME (Please type or print)	X  Signature
SURGEON GENERAL/CHIEF BUMED Title	2-9-94 Date
BUREAU OF MEDICINE & SURGERY Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR NAME (Please type or print)	 Signature
ACTING Title	16 FEB 94 Date

481

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL SSCR NEWPORT NEWS VA
ACTIVITY UIC: 35051**

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

Document Separator

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

UIC:35051-BDC SUPSHIPS

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	14,055	14,055	13,914	14,749	14,601	14,689	14,719	14,719	14,719
UNMET	2,458	4,622	4,576	4,851	4,802	4,831	4,841	4,841	4,841
TOTAL	16,513	18,677	18,490	19,600	19,403	19,520	19,560	19,560	19,560

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC: 35051-BDC SUPSHIPS

CTVS	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	14,055	13,914	14,749	14,601	14,689	14,719	14,719	14,719
UNMET	4,622	4,576	4,851	4,802	4,831	4,841	4,841	4,841
TOTAL	18,677	18,490	19,600	19,403	19,520	19,560	19,560	19,560

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

04 Dec 17
 [Handwritten Signature]

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35051-BDC SUPSHIPS

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	14,055	13,914	14,749	14,601	14,689	14,719	14,719	14,719
UNMET	4,622	4,576	4,851	4,802	4,831	4,841	4,841	4,841
TOTAL	18,677	18,490	19,600	19,403	19,520	19,560	19,560	19,560

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Methodology used for evaluating facility constraint:

$$\frac{\text{Unmet CTV}}{\text{Actual Met CTV}} = \frac{\text{Additional staff for unmet need}}{\text{Actual staff (DDS/RDH/Prophy)}} - \frac{\text{Additional DTR needed}}{\text{DTR in use}}$$

$$\frac{4,622}{14,055} = .329 = \frac{X}{(2/1/-)} - \frac{(.658/.329/-)}{(2/1/-)} - \frac{(1/1/-)*}{(2/1/-)} - \frac{2 \text{ Additional DTRs}}{3 \text{ DTRs in Use}}$$

• 2+3 DTRs = 5 > 3 DTR capacity: Unmet need (4,622) due to facility constraint (scope, staff mix unaltered).

* in reality fractional staff rounded to next whole provider.

R 3 *[Signature]* 940617
meob

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC:35051 - BDC SUPSHIPS

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

[Handwritten signature]
 940617
 M. Castle

2. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC:35051 - BDC SUPSHIPS

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	0

Explanation:

• Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.

• The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

948617
R. E. 63
R. E. V

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

SUSAN L. LAING, CDR, DC, USN
NAME (Please type or print)

Susan L. Laing
Signature

DIRECTOR
Title

Date 27 May 94

BRANCH DENTAL CLINIC SUPERVISOR
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, NORFOLK
Activity

Robert L. Kjome
Signature
31 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-10-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)
ACTING
Title

R. R. Sareeram
Signature
30 JUN 1994
Date

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL SSCR NEWPORT NEWS
ACTIVITY UIC: 35051

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

SUPSHIPS - UIC: 35051

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

The mission of this facility is to promote and sustain the operational readiness of locally supported commands; to include precommissioning or commissioned units attached to Naval vessels under construction, repair or conversion at Newport News Shipbuilding, providing basic dental services to them. Dental services are available in close proximity to workcenters minimizing the impact of lost manhours due to dental care during this critical, fast paced training period. The closest dental facility outside of SUPSHIP is 20 miles away and would result in an additional loss of 2-3 manhours per visit.

SUPSHIPS 35051 (Total Count = 946)

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PCU JOHN C STENNIS	21847		276
USS MONTPELIER	21762		148
PCU CHARLOTTE	21763		146
PCU TOLEDO	21807		99
SUPSHIP	62793		76
PCU TUCSON	21816		67
PCU GREENVILLE	21831		44
MCRC NEWPORT NEWS	67808		37
NRRO	44624		37
SEAWOLF	62793		13
SUBLANT	48538		3
			946

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY UIC:35051-BDC SUPSHIPS	FY 1993 DATA
A. ACTUAL POPULATION	946
B. FY1993 MET WORKLOAD (CTVs)	14,055
C. FY1993 UNMET WORKLOAD (CTVs)	2,458
D. TOTAL WORKLOAD (B+C)	16,513
E. MET WORKLOAD PER CAPITA (B÷A)	14.857
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.598
G. WORKLOAD PER CAPITA (D÷A)	17.456

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35051 BDC SUPSHIPS	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	946	937	993	983	989	991	991	991
A: TOTAL MET CTVs	14055	13914	14749	14601	14689	14719	14719	14719
B: TOTAL UNMET CTVs	4622	4576	4851	4802	4831	4841	4841	4841
C: TOTAL WORKLOAD REQUIREMENT (A+B)	18677	18490	19600	19403	19520	19560	19560	19560
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

940217

 6

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35051 BDC SUPSMIPS	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	946	937	993	983	989	991	991	991
A: TOTAL MET CTVs	14055	13914	14749	14601	14689	14719	14719	14719
B: TOTAL UNMET CTVs	4622	4576	4851	4802	4831	4841	4841	4841
C: TOTAL WORKLOAD REQUIREMENT (A+B)	18677	18490	19600	19403	19520	19560	19560	19560
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994. RAPS data not available beyond FY 1999.- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20 and 4.77 for records held in class 2, 3 and 4.

R. 6

94 del 7
MED 63

[Signature]

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NOT APPLICABLE								

FACILITIES - BDC Supervisor of Shipbuilding, Newport News, VA
35051

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

6750/4 attached.

This command does not maintain the inventory record for this clinic. The Plant property holder is Supervisor Shipbuilding, Newport News, VA

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
na				

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: This facility is adequate

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

35051

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

This information is reported by the host UIC 62793

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

This information is reported by the host UIC 62793

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

This information is reported by the host UIC 62793

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

The condition of this facility is adequate for mission accomplishment.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	5 JANUARY 1994	UIC	N35051
FACILITY	BRANCH DENTAL CLINIC, SUPERINTENDENT OF SHIPBUILDING		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	32'X 32'	
2. DENTAL TREATMENT ROOM	3	10'X 10' 10'X 10' 10'X 12'	
3. STERILIZATION ROOM	1	9'X 12'	
4. X-RAY EXPOSURE ROOM	1	10'X 12'	ALSO A DENTAL TREATMENT ROOM
5. DARKROOM	1	7' X 5'	DARKROOM AND PROSTHETIC LAB
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	10'X 18'	LOCATED UPSTAIRS
8. CONFERENCE ROOM	NONE		
9. ADMINISTRATIVE OFFICE	NONE		
10. DENTAL OFFICER'S OFFICE	1	9'X 8'	

11. DENTAL REPAIR SHOP	NONE		
12. PATIENT WAITING AREA	1	14'X 13'	
13. RECORDS CONTROL OFFICE	1	7'X 6'	IT IS WITHIN PATIENT WAITING AREA
14. LOCKER ROOM (MALE)	NONE		
15. LOCKER ROOM (FEMALE)	NONE		
16. TOILET FACILITY (MALE)	NONE		
17. TOILET FACILITY (FEMALE)	NONE		
18. OTHER MAJOR ROOMS	NONE		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 1005	3	A-4
2. DENTAL OPERATING CHAIR	ADEC 1005 USED AS X-RAY CHAIR	3	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 1005	3	A-4
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ MC-202	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	MDT/MCKESSON 3-08-1000-30	1	A-4
6. STERILIZER	PELTON & CRANE MAGNA CLAVE MODEL MC 450	1	A-4
7. LIFE SUPPORT EQUIPMENT	OXYGEN TANK REGULATION #42500	1	A-4
8. OTHER MAJOR EQUIPMENT	SPECTOLINE-DRY CLAVE MODEL #450	1	A-4

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	"N/A" BAMED	822	
2. VACUUM PORCELAIN FURNACE	MSS	14 Jul 94	
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																												
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																								
1. STATIONARY INTRA-ORAL	GENDEX 1000 (TUBEHEAD MODEL 46-137660G20)	1	A4	24NOV92																																								
2. MOBILE INTRA-ORAL																																												
3. PANORAMIC																																												
4. CEPHALOMETRIC																																												
5. FILM PROCESSOR	PERI-PRO MODEL 9000 DL	1	A4	<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
PART III - UTILITIES																																												
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 120	b. CYCLE: 60																																						
2. GAS:	<input type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL	<input type="checkbox"/>	BOTTLE	<input type="checkbox"/>	ACETYLENE																																				
PART IV - REMARKS AND RECOMMENDATIONS																																												
NUMBER OF DENTAL TREATMENT ROOMS CURRENTLY NOT SET UP FOR TREATMENT =0																																												
DATE	TYPED NAME AND GRADE		SIGNATURE																																									

Document Separator

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Located within the main berthing facility at Supships. Immediate access no transportation required.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air: Newport News/Williamsburg International Airport Rail: Amtrak, Newport News, Sea: Port of Norfolk; Ground: Bus terminal, Newport News. All nodes available within 1 hour travel time from clinic.

c. What is the importance of your location given your mobilization requirements?

All major military embarkation points Land, Sea, Air, within one half hour travel time from clinic.

d. On the average, how long does it take your current client/customers to reach your facility?

From berthing - immediate access 10-15 minutes. From water front docks - 10-15 minutes.

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Located in depressed, high crime area. Location may tend to keep qualified personnel from coming into this area.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

Would result in 2-3 times current lost manhours for dental appointments and physicals for both Navy and Marine Corps. The most valuable asset of BDC Supship is access for beneficiaries which predominantly require only basic, non specialized care.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

1. Would need to refer them to closest DOD dental facility -
 - BDC Yorktown
 - BDC Norfolk
 - Dental Langley AFB
 - Dental Fort Eustis

The above locations are 1/2 hour one way by car.

2. Ship's personnel without organized dental would have to seek support from ship's with organized dental capability provided spaces exist.

- (a) Negotiate use of dental spaces aboard naval vessels with dedicated dental spaces and equipment.

- (b) commands/ships without organized dental departments would be supported/would seek support from commands/ships with assigned dental assets.

3. Contract mobile dental facility.

12. Mobilization. What are your facility's mobilization requirements?
 a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

BDC: SUPSHIPS

UIC: 35051

UNIT NAME	UNIT NUMBER	# OF STAFF ASSIGNED
FLTHOSP #3 (500 CBTZ)	68683	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The mobilization requirement for this small clinic is significant. The administrative requirements needed for mobilization preparedness adversely affect the number of patients seen in the clinic. The benefit of not having the mobilization requirement would be related to the position effected. (ie: Dentist or Dental Tech; on the average a dentist sees 8 patients a day with good staffing. If the tech is gone, the number of patients seen is reduced.

13. Quality of Life.

This information was provided by UIC #N62793, Supervisor, Shipbuilding, Conversion and Repair, Newport News, Virginia, BRAC Data Call #47.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

SUSAN L. LAING, CDR, DC, USN
NAME (Please type or print)

Susan Laing
Signature

DIRECTOR
Title

27 May 94
Date

BRANCH DENTAL CLINIC SUPSHIP
Activity

ENCLOSURE (2)
PART #

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, NORFOLK
Activity

Robert L. KJOME
Signature
3/27/94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-20-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Title

W. A. Earners
Signature
8/13/94
Date

101

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, SUPSHIP
UIC:	35051
Host Activity Name (if response is for a tenant activity):	SUPERVISOR OF SHIPBUILDING CONVERSION AND REPAIR, USN
Host Activity UIC:	62793

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC-SUPSHIPS			UIC: 35051
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0		0
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	0		0

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of lc. and 2k.):	0		0
--------------------------------------	---	--	---

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

c. Table 1B - Base Operating Support Costs (DBOF Overhead).

This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

DATA CALL 66
INSTALLATION RESOURCES

N/A

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name:		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			

**DATA CALL 66
INSTALLATION RESOURCES**

4. Grand Total (sum of 1c., 2m., and 3.) :			
--	--	--	--

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. **(Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.)** The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC-SUPSHIPS	UIC: 35051
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	5
Industrial Fund Purchases (other DBOF purchases):	7
Transportation:	0
Other Purchases (Contract support, etc.):	4
Total:	17

**DATA CALL 66
INSTALLATION RESOURCES**

*This is a blank page VR Bumed 82A
7/29/94*

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC-SUPSHIPS	UIC: 35051
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	0

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

2) Estimated number of workyears which would be eliminated:

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

See page 9R
9

VR Bumed 824
7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

b. **Potential Disposition of On-Base Contract Workyears.** If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

-0-

2) Estimated number of workyears which would be eliminated:

-0-

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

-0-

9 R

VR Burned ⁽⁸²⁴⁾ 7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (**ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above**):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

8-7-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

M. A. EARNER

NAME (Please type or print)

M. A. Earner

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. Kjome, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center, Norfolk, VA
Activity


Signature

Date

Document Separator

~~SECRET~~
CSA

DATA CALL 1: GENERAL INSTALLATION INFORMATION
for 35750

1. **ACTIVITY:**

Official Name: Branch Dental Clinic
U.S. Naval Academy
Annapolis, MD

Acronym: BDC, USNA

Short Title: BDC, Annapolis, MD

Mailing Address: Branch Dental Clinic
101 Sands Road
U.S. Naval Academy
Annapolis, MD 21402-9980

PLAD: BRDENCLINIC USNA ANNAPOLIS

Primary UIC: 35750

2. **PLANT ACCOUNT HOLDER:** No

3. **ACTIVITY TYPE:**

Host Command: No

Tenant Command: Yes

Primary Host	UIC: 00161
as of 1 Oct 1995	UIC: 00161
as of 1 Oct 2001	UIC: 00161

Independent Activity: No

4. **SPECIAL AREAS**

(Left blank per LT Tennyson)

5. **DETACHMENTS:**

Name: Naval Station Annex

UIC: 35750

Location: Naval Station, Annapolis, MD

Host Name: Naval Station, Annapolis, MD

Host UIC: 62226

Encl (12)

~~SECRET~~ 65A

35750

6. BRAC IMPACT: None

7. MISSION:

Current Mission:

- Provide a state of optimum oral health and ensure dental readiness of assigned active duty Navy and Marine Corps personnel to enable them to accomplish their mission.

- Augment the military medical effort of the National Naval Dental/Medical Center, particularly during periods of armed conflict, mass casualty and other contingencies.

- Maximize quality of life and customer satisfaction inside and outside our command.

- Promote wellness.

- Ensure all personnel are trained, ready and equipped to accomplish their mission.

- Provide dental health care services to all eligible beneficiaries as authorized by law and subject to staff availability.

- Support out dental corps team by advancing the profession of dentistry through ongoing training and professional development.

Projected Mission for FY 2001

- Same as above.

8. UNIQUE MISSIONS:

Current Unique Mission

- Providing dental health care to the Brigade of Midshipmen, the future leaders of our Navy and country ensuring they have an initial positive impression of the Navy Dental Corps.

- Set an outstanding example so that we may help develop midshipmen morally, mentally, and physically and to imbue them with the highest ideals of duty, honor and loyalty in order to provide graduates who are dedicated to a career of naval service and have potential for future development of mind and character to assume the highest responsibilities of command, citizenship and government.

Projected Unique Missions for FY 2001

- Same as above.

~~CGSA~~ 35750

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC).

Operational Name: Superintendent
U.S. Naval Academy
Annapolis, MD

Commanding Officer
National Naval Dental Center
8901 Wisconsin Ave.
Bethesda, MD 20889-5602

UIC: 00161

UIC: 0608A

Funding Source: Commanding Officer
National Naval Dental Center
Bethesda, MD

UIC: 06084

10. PERSONNEL NUMBERS:

On Board Count as of 1 Jan 94

	<u>Officers</u>	<u>Enlisted</u>	<u>Civilian (GS)</u>	<u>Civilian Contract</u>
Reporting	0	0	0 6 ^{CSA}	0
Tenant	11	18	5	1

Authorized as of 30 Sep 94

	<u>Officers</u>	<u>Enlisted</u>	<u>Civilian (GS)</u>	<u>Civilian Contract</u>
Reporting	0 10 ^{CSA}	0 18 ^{CSA}	0 6 ^{CSA}	0
Tenant	11 09 _{RT}	18	5	1

11. KEY POINTS OF CONTACT (POC):

Director: CAPT Leon R. Escude, JR.

Office: (410) 267-2289

FAX: (410) 267-4831

Home: (410) 268-3905

Duty Officer: Rotates among 10 officers

Office: (410) 267-3756

FAX: (410) 267-4831

12. TENANT ACTIVITY LIST:

Tenant Command Name:

Branch Dental Annex, Naval Station, Annapolis, MD

UIC: 35750 48741

Encl (2)

~~SECRET~~

35750

Personnel Count:

Included in paragraph 10.

Officer - 1

Enlisted - 2

Civilian - 0

13. REGIONAL SUPPORT (MOU'S and ISSA'S):

Name: U.S. Naval Academy

Location: Annapolis, MD

Functions: Dental Support

Name: AEGIS Combat Systems Center

Location: Wallops Island, VA

Functions: Dental Support

Name: University of Maryland

Location: Baltimore, MD

Functions: Dental Support

Name: American Red Cross

Location: Anne Arundel County, MD

Functions: Dental Support

13. FACILITY MAPS

To be included in Host Command's BRAC-95.

Encl 12

~~35750~~ CSA 35750

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 OF 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

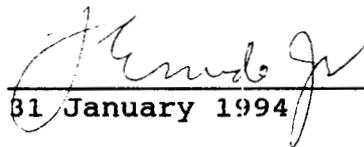
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign the certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

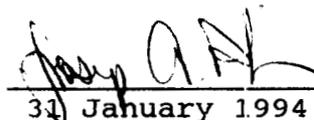
ACTIVITY COMMANDER

L. R. ESCUDE, JR.
Director
Branch Dental Clinic
U.S. Naval Academy
Annapolis, MD


31 January 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. A. PHILLIPS
Leading Chief Petty Officer
Branch Dental Clinic
U.S. Naval Academy
Annapolis, MD


31 January 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

SHANLEY, J. J., CAPT, DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Clinic
Naval Academy Annapolis

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
Surgeon General/Chief BUMED
Title

D. Hagen
Signature
2-8-94
Date

Bureau of Medicine and Surgery
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)
ACTING
Title

J. B. Greene, Jr
Signature
16 FEB 1994
Date

Document Separator

~~35750~~ 35750

DATA CALL 1: GENERAL INSTALLATION INFORMATION
for

1. **ACTIVITY:**

Official Name: Branch Dental Annex
Naval Station
Annapolis, MD

Acronym: BDA, ANNAPOLIS

Short Title: BDC, NAVSTA, Annapolis, MD

Mailing Address: Branch Dental Annex
58 Benning Road
Naval Station
Annapolis, MD 21402-5054

PLAD: BRDENANX NAVSTA ANNAPOLIS

Primary UIC: 35750

2. **PLANT ACCOUNT HOLDER:** No

3. **ACTIVITY TYPE:**

Host Command: No

Tenant Command: Yes

Primary Host	UIC: 62226
as of 1 Oct 1995	UIC: 62226
as of 1 Oct 2001	UIC: 62226

Independent Activity: No

4. **SPECIAL AREAS**

(Left blank per LT Tennyson)

5. **DETACHMENTS:**

Name: None

UIC: None

Location: None

Host Name: None

Host UIC: None

6. BRAC IMPACT: None

7. MISSION:

Current Mission:

- Provide a state of optimum oral health and ensure dental readiness of assigned active duty Navy and Marine Corps personnel to enable them to accomplish their mission.

- Augment the military medical effort of the National Naval Dental/Medical Center, particularly during periods of armed conflict, mass casualty and other contingencies.

- Maximize quality of life and customer satisfaction inside and outside our command.

- Promote wellness.

- Ensure all personnel are trained, ready and equipped to accomplish their mission.

- Provide dental health care services to all eligible beneficiaries as authorized by law and subject to staff availability.

- Support out dental corps team by advancing the profession of dentistry through ongoing training and professional development.

Projected Mission for FY 2001

- Same as above.

8. UNIQUE MISSIONS:

Current Unique Mission

None

Projected Unique Missions for FY 2001

None

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC).

Operational Name: Commanding Officer
Naval Station
Annapolis, MD

UIC: 62226

~~35740~~ 35740
CSA

Funding Source: Commanding Officer
National Naval Dental Center
Bethesda, MD

UIC: 06084

10. **PERSONNEL NUMBERS:**

On Board Count as of 1 Jan 94

	<u>Officers</u>	<u>Enlisted</u>	<u>Civilian (GS)</u>	<u>Civilian Contract</u>
Reporting	0	0	0	0
Tenant	2 _{CSA}	2 _{CSA}	0	0

Authorized as of 30 Sep 94

	<u>Officers</u>	<u>Enlisted</u>	<u>Civilian (GS)</u>	<u>Civilian Contract</u>
Reporting	0	0	0	0
Tenant	2 _{CSA}	2 _{CSA}	0	0

11. **KEY POINTS OF CONTACT (POC):**

Director: LT Robert A. Bouffard
Office: (410) 267-3178
FAX: (410) 267-4831
Home: (410) 551-0620

Duty Officer: Emergency services provided at BDC, USNA.
Office: (410) 267-3756
FAX: (410) 267-4831

12. **TENANT ACTIVITY LIST:**

Tenant Command Name: None

UIC: None

Personnel Count: None

13. **REGIONAL SUPPORT (MOU'S and ISSA'S):**

Name: U.S. Naval Academy
Location: Annapolis, MD
Functions: Dental Support

~~SECRET~~ 35780
600

Name: AEGIS Combat Systems Center

Location: Wallops Island, VA

Functions: Dental Support

Name: University of Maryland

Location: Baltimore, MD

Functions: Dental Support

Name: American Red Cross

Location: Anne Arundel County, MD

Functions: Dental Support

13. FACILITY MAPS

To be included in Host Command's BRAC-95.

~~35750~~ 35750
CSA

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 OF 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign the certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

L. R. ESCUDE, JR.
Director
Branch Dental Clinic
U.S. Naval Academy
Annapolis, MD



31 January 1994

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

J. A. PHILLIPS
Leading Chief Petty Officer
Branch Dental Clinic
U.S. Naval Academy
Annapolis, MD



31 January 1994

35750
62+

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

SHANLEY, J. J. CAPT, DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Annex
Naval Station Annapolis

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
Surgeon General/Chief BUMED
Title

Donald Hagen
Signature
2-8-94
Date

Bureau of Medicine and Surgery
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)
ACTING
Title

J. B. Greene Jr
Signature
16 FEB 1994
Date

Document Separator

483

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, WASHINGTON NAVY YARD
UIC:	62312
Host Activity Name (if response is for a tenant activity):	HQ NDW WASH DC, DISTRICT COMMANDANT
Host Activity UIC:	00171

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead).

This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Add additional

**DATA CALL 66
INSTALLATION RESOURCES**

lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC, WNY		UIC: 62312	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	7		7
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	7		7
2. Other Base Operating Support Costs:	58		58
2a. Utilities	7		7
2b. Transportation	7		7
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) *	12		12
2k. Sub-total 2a. through 2j:	77		77
3. Grand Total (sum of 1c. and 2k.):	84		84

* (CUSTODIAN 2, TELECOMMUNICATION 10)

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
N/A	

c. Table 1B - Base Operating Support Costs (DBOF Overhead). This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). **Leave shaded areas of table blank.**

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

**DATA CALL 66
INSTALLATION RESOURCES**

N/A

Table 1B - Base Operating Support Costs (DBOF Overhead)

Activity Name: BRANCH DENTAL ICLINIC, PATUXENT RIVER		UIC: 35751		
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)			
	Non-Labor	Labor	Total	
1. Real Property Maintenance Costs:				
1a. Real Property Maintenance (> \$15K)				
1b. Real Property Maintenance (< \$15K)				
1c. Minor Construction (Expensed)				
1d. Minor Construction (Capital Budget)				
1c. Sub-total 1a. through 1d.				
2. Other Base Operating Support Costs:				
2a. Command Office				
2b. ADP Support				
2c. Equipment Maintenance				
2d. Civilian Personnel Services				
2e. Accounting/Finance				
2f. Utilities				
2g. Environmental Compliance				
2h. Police and Fire				
2i. Safety				
2j. Supply and Storage Operations				
2k. Major Range Test Facility Base Costs				
2l. Other (Specify)				
2m. Sub-total 2a. through 2l:				

**DATA CALL 66
INSTALLATION RESOURCES**

3. Depreciation				
4. Grand Total (sum of 1c., 2m., and 3.) :				

2. **Services/Supplies Cost Data.** The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC, WNY	UIC: 62312
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	22
Material and Supplies (including equipment):	225
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	7
Other Purchases (Contract support, etc.):	233
Total:	487

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. On-Base Contract Workyear Table. Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC, WNY	UIC: 62312
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	03
Procurement:	
Other:*	
Total Workyears:	03

* Note: Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

3 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

3 CONTRACT WORK YEARS

See pg 7R
7

VR Bumed 824 7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

Branch Dental Clinic, Washington Navy Yard
62312

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

3 CONTRACT WORK YEARS

2) Estimated number of workyears which would be eliminated:

NONE WILL BE ELIMINATED

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

NONE WILL REMAIN IN PLACE

7 R VRBUMED 824 7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

c. **"Off-Base" Contract Workyear Data.** Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above):

N/A

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)

N/A

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D. F. Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

8-1-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

W. A. Earner

Signature

NAME (Please type or print)

8/25/94

Title

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

D.D. WOOFER, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER ACTING
Title

2/14/94
Date

NATIONAL NAVAL DENTAL CENTER
Activity

Document Separator

~~SECRET~~

1000
31 Jan 1994

BRAC-IV DATA CALL 1
UIC: 62312

1. Activity.

Official Name: Branch Dental Clinic, Washington Navy Yard
Acronym: BDC, WNY
Short Title: N/A

Address: 901 M. Street, SE
Building 166
Washington Navy Yard
Washington, DC 20374

PLAD: BRDENCLN WNY WASHINGTON DC

UIC: 62312

2. Property Account Holder:

No X

3. Activity Type.

Host Command: No

Tenant Command: Yes X

4. Special Areas:

NAME	LOCATION	UIC
N/A	N/A	N/A

5. Detachments:

<u>NAME</u>	<u>UIC</u>	<u>LOCATION</u>	<u>HOST NAME</u>	<u>HOST UIC</u>
BRANCH DENTAL ANNEX	44530	WASH, DC	NAVSECSTA	70092
BRANCH DENTAL ANNEX	35756	WASH, DC	ANDREWS AFB	00166
BRANCH DENTAL ANNEX	44527	WASH, DC	ARL ANNEX	62980
BRANCH DENTAL ANNEX	44529	WASH, DC	MC BARRACKS	62980
BRANCH DENTAL ANNEX	44528	WASH, DC	MC HQ	62980

6. The Branch Dental Clinic, Washington Navy Yard was not effected by the BRAC-88,-91-or-93.

End (3)

~~0608A~~ GSA

UIC: 62312

7. Mission:

Current Mission

- provide dental support to 84 UIC's in Naval District Washington, including members of congress, senate, and embassy personnel

- provide medical augmentation to USNS COMFORT(T-AH-20), Field Hospital, Camp LeJeune, as well as platforms in Norfolk, VA

- provide medical augmentation during contingency operations in Naval District Washington environs (i.e.: plane crash, metro disaster, etc.)

- provide back up for National Receiving Morgue, Dover Air Force Base, Dover, Delaware

Projected Mission as of 2001

- no projected changes

8. Unique Missions:

N/A N/A N/A

9. ISIC:

Operational Name	UIC
National Naval Dental Center	0608A

10. Personnel Numbers.

Reporting Command	On Board Count		
	Officers	Enlisted	Civilians
	20	38 ^{GSA} 37	14 16*
CONTRACTED			{ * 1 contract hygienist { * 1 contract dentist

Authorized Positions as of 30 Sep 94

Officers	Enlisted	Civilians
18 ²⁰ 22 ^{GSA}	30 ⁴⁶ 46 ^{GSA}	16 ¹⁴ 14 ^{GSA}

11. Key OIC Point of Contact (POC):

	OFFICE	FAX	HOME
CAPT J. F. WHITTAKER	202-433-3115	202-433-7360	704-960-0826

12. Tenant Activity: N/A N/A N/A

0608A

UIC: 62312

13. Regional Support:

Naval District Washington	ISSA	Provide Dental Support
NAF, Andrews AFB	ISSA	Provide Dental Support
Navy Annex, Arlington	ISSA	Provide Dental Support
Naval Security Station	ISSA	Provide Dental Support
Marine Corps Headquarters & Marine Corps Barracks	ISSA	Provide Dental Support

14. Facility Maps. - Provided by ISIC.

BRAC-95 CERTIFICATION

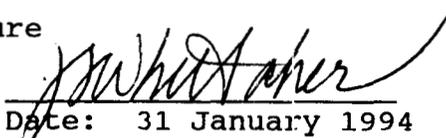
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

NAME

Signature

J. F. WHITTAKER, CAPT, DC, USN
Branch Director


Date: 31 January 1994

Branch Dental Clinic, Washington Navy Yard
Activity

Encl (3)

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

SHANLEY, J. J. CAPT, DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Clinic
Washington Navy Yard
Washington, DC 20374

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC
NAME (Please type or print)
Surgeon General/Chief BUMED
Title

Donald Hagen
Signature
2-8-94
Date

Bureau of Medicine and Surgery
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR
NAME (Please type or print)
ACTING
Title

J. B. Greene Jr
Signature
16 FEB 1994
Date

Document Separator

483

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:BRDENCLINIC WNY WASH DC
ACTIVITY UIC:62312

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	243916	243916	364527	364527	364527	364527	364527	364527	364527
UNMET	35336	43998	42086	41832	41303	41303	41303	41303	41303
TOTAL	279252	287914	406613	406359	323224	323224	323224	323224	323224

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	287914	406613	406359	323224	323224	323224	323224	323224
UNMET	0	0	0	0	0	0	0	0
TOTAL	287914	406613	406359	323224	323224	323224	323224	323224

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

*** ASSUMPTIONS**

- THE TOTAL REMAINS THE SAME AS IN QUESTION #1 ON PREVIOUS PAGE BECAUSE THE PATIENT POPULATION IS THE SAME.
- THE MET CTV'S WILL GO UP FOR EVERY OPERATORY AVAILABLE FOR A PROVIDER THAT WAS NOT FULLY STAFFED.
- THE UNMET WILL GO DOWN AS MET GOES UP.

*** MATH MODEL**

- DETERMINE # OF ROOMS.
- DETERMINE CURRENT # OF PROVIDERS (DENTISTS & HYGIENISTS).
- DETERMINE MAX POSSIBLE # OF PROVIDERS (1 PER ROOM).
- DETERMINE AVERAGE # CTV'S PER CURRENT PROVIDER.
- MULTIPLY CURRENT CTV'S PER PROVIDER X ADDITIONAL POSSIBLE PROVIDERS.
- ADD ABOVE # TO MET CTV'S = NEW MET CTV'S.
- SUBTRACT INCREASED MET CTV'S FROM TOTAL CTV'S = NEW UNMET CTV'S.
- TOTAL REMAINS THE SAME.

* $243916 \text{ CTV'S} \div 25 \text{ PROVIDERS} = 9757 \text{ CTV'S PER PROVIDER. } 30 \text{ PROVIDERS.}$

2. **Staffing.** Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	22	24	24	24	24	24	24	24	24
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0	1

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)



Signature

COMMANDING OFFICER

Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

940602

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

D F Hagen

Signature

NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL

7-24-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

W A Earner

Signature

NAME (Please type or print)

Signature

Title

8/3/94

Date

483

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC WNY WASHINGTON DC ____
ACTIVITY UIC: 62312 ____

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

Mission Requirements

- 1. Mission3
- 2. Customer Base4
- 3. Workload per Capita5
- 4. Projected Workload/Personnel6
- 5. Training Programs7

Facilities

- 6. Facilities Description.....8
- 7. Programmed Improvements.....9
- 8. Impact of Facilities' Condition.....9

Location

- 9. Geographic Location.....10
- 10. Manpower and Recruiting Issues.....10

Features and Capabilities

- 11. Capabilities.....11,12
- 12. Mobilization.....13
- 13. Quality of Life.....14

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

-provide dental support to 84 Unit Identification Codes (UICs) in Naval District Washington including members of congress, senate and embassy personnel.

-provide medical augmentation to USNS COMFORT (T-AH-20), fleet hospitals, and platforms and contingency operations in Naval District Washington environment (i.e. mass casualty disaster drills or operations)

BDC WNAV (62312)

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MC BRKS 'A' CO	10001	WASHINGTON DC	148
MC BRKS 'B' CO	20002	WASHINGTON DC	135
MC BRKS H&S CO	30003	WASHINGTON DC	187
MC BRKS DRUM & BUGLE	40004	WASHINGTON DC	88
MC BRKS MARINE BAND	50005	WASHINGTON DC	163
MC BRKS MCI	60006	WASHINGTON DC	129
MC BRKS GUARD DET	80008	WASHINGTON DC	151
BUMED	00018	WASHINGTON DC	121
NAVY FOOD SVC	00031	WASHINGTON DC	8
NDW HQTRS	00171	WASHINGTON DC	8
NAV RES LAB	00173	WASHINGTON DC	18
NAVREGFIN CEN	00179	WASHINGTON DC	
NAVREGCONTRACT	00600	WASHINGTON DC	2
NAVY BAND	0434A	WASHINGTON DC	161

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

BDC WNY WASH DC (62312)

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY-MARINE CORPS TRAIL	0529A	WASHINGTON DC	2
CEREMONIAL GUARD	30027	WASHINGTON DC	214
EXECUTIVE OFFICE PRES	30117	WASHINGTON DC	2
CNO BARGE	30118	WASHINGTON DC	4
SUGAR GROVE NAV SECDET	31188	WEST VIRGINIA	49
BRANCH MEDICAL CLINIC	32563	WASHINGTON DC	41
SUGAR GROOVE NSGD CC S	32725	WEST VIRGINIA	14
SUGAR GROVE BRMED CLINIC	32747	WEST VIRGINIA	3
NAT'L SCIENCE FOUNDATION	32967	WASHINGTON DC	18
NAVAL DIST WASH BASE COMM	33288	WASHINGTON DC	98 18
NAVAL DIST WASH HQ	33355	WASHINGTON DC	98
NAVY OCCUP DEV/ANAL CTR	33381	WASHINGTON DC	46
SUGAR GROVE NAVRADRCVRFAC	35136	WASHINGTON DC	3
PMS WASHINGTON	35366	WASHINGTON DC	3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVY RECRUIT EXHIBIT	63011	WASHINGTON DC	11
BOARD OF INSPEC/SURVEY	63023	WASHINGTON DC	12
NAVY TACTICAL SUPPORT	63084	WASHINGTON DC	6
NAVAL HISTORICAL CTR	63151	WASHINGTON DC	19
COMTELSTA	63165	WASHINGTON DC	30
CNO MESS MGMT	63959	WASHINGTON DC	12
DISARMAMENT AGENCY	64122	WASHINGTON DC	4
INTERIOR DEPT	64172	WASHINGTON DC	N/A
NATIONAL DEFENSE UNIV	64358	WASHINGTON DC	6
NAVY-MARINE APPELLATE REV	65116	WASHINGTON DC	34
INTERAMERICAN DEFENSE COLL	65143	WASHINGTON DC	3
DEFENSE COMM AGENCY	65462	WASHINGTON DC	2
WHITE HOUSE COMMUNICATIONS	65475	WASHINGTON DC	16
NAVY ADP SELECTION OFC	66032	WASHINGTON DC	3

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

BDC WASH (62312)

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MR BRKS WASH	67029	WASHINGTON DC	1
FIELD SUPPORT ACTIVITY	67597	WASHINGTON DC	5
HOSP CO 4FSSG UMCR	67876	WASHINGTON DC	5
NAVAL RESERVE REDCOM 6	68306	WASHINGTON DC	29
ARMED FORCES RESERVE CTR	68337	WASHINGTON DC	4
NAVAL LEGAL SERVICE CTR	68382	WASHINGTON DC	7
OFC VICE PRES	68392	WASHINGTON DC	4
COUNSELING & ASSISTANCE CTR	68469	WASHINGTON DC	2
NAVY BROADCAST SERVICE	68481	WASHINGTON DC	46
NAVY ALCOHOL AND DRUG PROG	68491	WASHINGTON DC	1
NAVAL CONST BAT CBU-422	68871	WASHINGTON DC	43

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

W-4 - 62312

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	11706
B. FY1993 MET WORKLOAD (CTVs)	243916
C. FY1993 UNMET WORKLOAD (CTVs)	35336
D. TOTAL WORKLOAD (B+C)	279252
E. MET WORKLOAD PER CAPITA (B÷A)	20.78
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.01
G. WORKLOAD PER CAPITA (D÷A)	23.85

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

BDC WMD 62312

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	10966	10489	10426	10294	10294	10294	10294	10294
A: TOTAL MET CTVS	24391 6	36452 7						
B: TOTAL UNMET CTVS	43998	42086	41832	41303	41303	41303	41303	41303
C: TOTAL WORKLOAD REQUIREMENT (A+B)	28791 4	40661 3	40635 9	32322 4	32322 4	32322 4	32322 4	32322 4
DENTISTS (MIL AND CIV)	22	24	24	24	24	24	24	24
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)								1

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

*CTVs + Manpower in class Amerex's totals.
(vic 44527, 35756, 44530)*

*R. D. [Signature]
22 July 99
W. D. [Signature]*

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES (PERIO, ENDO, PROS, ETC)	23	25	25	25	25	25	25	25
SPECIALTY ASSTING	50	53	53	53	53	53	53	53
TQL	40	42	42	42	42	42	42	42
INFECTION CONTROL	73	75	75	75	75	75	75	75
SAFETY (PERSONAL, MSDS, FIRE, HAZMAT)	73	75	75	75	75	75	75	75
MEPERS, DIRS DENTAL RECORDS	73	75	75	75	75	75	75	75
CPR/BLS	73	75	75	75	75	75	75	75
SEXUAL HARASSMENT	73	75	75	75	75	75	75	75

FACILITIES

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

Document Separator

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	10 January 1994	UIC	62312
FACILITY	Branch Dental Clinic, Washington Navy Yard, DC		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg 166 31,042 Sqft	
2. DENTAL TREATMENT ROOM	25	8'x10'	
3. STERILIZATION ROOM	1	13'x10'	Dirty side
	1	10'x7'	Clean side
4. X-RAY EXPOSURE ROOM	2	8'x16'	
5. DARKROOM	2	4'x8'	
6. PROSTHETIC LAB	1	36'x48'	
7. STOREROOM/ SUPPLY ROOM	1	16'x12'	
	1	15'x12'	
8. CONFERENCE ROOM	1	12'x24'	
9. ADMINISTRATIVE OFFICE	4	6'x8'	
10. DENTAL OFFICER'S OFFICE	3	8'x10'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	16'x20'	
13. RECORDS CONTROL OFFICE	3	8'x10'	
14. LOCKER ROOM (MALE)	1	8'x16'	
15. LOCKER ROOM (FEMALE)	1	10'x16'	
16. TOILET FACILITY (MALE)	2	10'x12'	
17. TOILET FACILITY (FEMALE)	2	8'x10'	
18. OTHER MAJOR ROOMS	2	10'x12'	
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Dental Ez AS2000	15	A-4
	Dental Ez AS1500	10	A-4
2. DENTAL OPERATING CHAIR	Dental Ez E2000	25	A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Dentalez 900U	8	A-4
	Pelton&Crane LFII	18	A-4
	Pelton&Crane LF+	4	A-5
4. CENTRAL VACUUM SYSTEM	Dentsply 202	2	A-5
	Dentalez MC 201	2	A-4
	Dentalez MC 202	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	Air Techniques 56000	2	A-5
	Air Techniques 58000	1	A-5
6. STERILIZER	MDT 3533	1	A-4
	Pelton Magna Clave	1	A-4
	Pelton Validator 8	4	A-4
7. LIFE SUPPORT EQUIPMENT	Phisio Control Life-Pac 9	1	A-4
8. OTHER MAJOR EQUIPMENT	Lifestat 200 BP Monitor	1	A-4
	Water Distiller	1	A-4
	Ohmeda Pulse Oximeter 3700	1	A-4
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	Ticonium Minicast	1	A-4
	Ticomatic	1	A-9
	Kerr Centerifico 334445	1	A-6
2. VACUUM PORCELAIN FURNACE	Jelenko Flagship	2	A-4
	Ney Mark III	2	A-5
3. BURNOUT OVEN	Jelenko Accutherm 250	1	A-4
	Jelenko Accutherm	2	A-4
	Ticonium Superoven	1	A-4
4. OTHER PROSTHETIC EQUIPMENT	Microblaster MB102	1	A-4
	Ticonium Sandblaster 3160	2	A-4

NAVMED 6750/4 (Rev. 5/91)

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned for years 1995 through 1997**.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned for 1995 through 1999**.

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts.

NNDCBETHNOTE 7000
08 June 1993

PROJECT REQUIREMENTS - FY 94

From: Director, Branch Dental Clinic, Washington Navy Yard
To: Head, Fiscal Management Department

Subj: MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

1. The following list of minor construction requests fall into two categories; safety and quality of life. The safety issue are the most critical.

a. Safety Issue Estimated Cost

- NAF Andrew's CSR renovation \$3500

JUST: Deficiency noted during IG inspection

b. Quality of Life Issue

- Ventilation in Heads, BDC, WNY \$7500

JUST: The four heads (2 male and 2 female) located on the 2nd deck of the Navy Yard Dental Clinic - Building 166 do not have a ventilation system. In order to provide ventilation to these spaces, the installation of duct work will be required. Public works at the Navy Yard will provide the manpower to install the ventilation system; however, the dental clinic must provide the materials.

Reviewed:


J. F. WHITTAKER
CAPT, DC, USN
DIRECTOR

ENCLOSURE (4)

ENCLOSURE(4)

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

- Centrally located for eligible beneficiaries

b. What are the nearest air, rail, sea, and ground transportation nodes?

-Washington National Airport, Baltimore (sea), Union Station (rail), Central Washington, DC (ground)

c. What is the importance of your location given your mobilization requirements?

-Close proximity to NNDC Bethesda, Norfolk Naval Base, Camp Lejuene MCB and Little Creek Amphibious for fleet hospital and operational platform support.

d. On the average, how long does it take your current client/customers to reach your facility?

-30 minutes

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? No

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

- Routine and specialty care would be non-existent to Navy and Marine Corps beneficiaries in the downtown Washington, DC area.

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USNS COMFORT	T-AH-20	2
FLTHOSP #20		2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. N/A

13. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information: N/A

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
 What makes it inadequate?
 What use is being made of the facility?
 What is the cost to upgrade the facility to substandard?
 What other use could be made of the facility and at what cost?
 Current improvement plans and programmed funding:
 Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list. Average wait per grade category is 3 months

Pay Grade	Number of Bedrooms	Number on List ¹	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

¹As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

Top Five Factors Driving the Demand for Base Housing	
1	Cost of housing
2	Travel
3	Resale
4	Utility costs
5	Maintenance

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)? N/A. Host command (Naval District Washington) maintain and track this data.

(g) Provide the utilization rate for family housing for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(2) **BEQ:**

- (a) Provide the utilization rate for BEQs for FY 1993. N/A. Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

AOB = (# Geographic Bachelors x average number of days in barracks)

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			

TOTAL		100
--------------	--	-----

(e) How many geographic bachelors do not live on base? N/A

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993. N/A
Host command (Naval District Washington) maintain and track this data.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? N/A. Host command (Naval District Washington) maintain and track this data.

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows: N/A. Host command (Naval District Washington) maintain and track this data.

AOB = (# Geographic Bachelors x average number of days in barracks)

365

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary. N/A. Host command (Naval District Washington) maintain and track this data.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			

TOTAL		100
--------------	--	-----

(e) How many geographic bachelors do not live on base? N/A
Host command (Naval District Washington) maintain
and track this data.

b. For on-base MWR facilities² available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table. N/A. Host command (Naval District Washington) maintain and track this data.

LOCATION _____ DISTANCE _____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

²Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitabl e (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

- c. Is your library part of a regional interlibrary loan program?
N/A. Host command (Naval District Washington) maintain and track this data.

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base. N/A. Host command (Naval District Washington) maintain and track this data.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A. Host command (Naval District Washington) maintain and track this data.

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

What other use could be made of the facility and at what cost?

Current improvement plans and programmed funding:

Has this facility condition resulted in C3 or C4 designation on your BASEREP? N/A

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list. N/A. Host command (Naval District Washington) maintain and track this data.

(4). How many "certified home care providers" are registered at your base? N/A. Host command (Naval District Washington) maintain and track this data.

(5). Are there other military child care facilities within 30

minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs). N/A. Host command (Naval District Washington) maintain and track this data.

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)
Annapolis MD	55
Baltimore, MD	36
Washington DC	05

DC 29 62312
THIS PAGE
IS BLANK
BUNKO
MED 825
GSA 7/24/94

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	314.33	175.87
E2	314.33	197.67
E3	304.92	224.68
E4	333.54	232.79
E5	358.43	250.25
E6	401.64	273.41
E7	445.49	309.46
E8	455.86	344.62
E9	444.44	337.38
W1	508.26	386.01
W2	539.96	423.51
W3	539.31	438.40
W4	503.58	446.50
O1E	431.76	320.26
O2E	471.21	375.69
O3E	487.77	412.65
O1	428.21	315.54
O2	411.12	321.34
O3	461.82	388.82
O4	495.17	430.60
O5	472.86	391.05
O6	464.70	384.64
O7	396.88	322.46

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994. N/A. Host command (Naval District Washington) maintain and track this data.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994? N/A. Host command (Naval District Washington) maintain and track this data.

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area? N/A Host command (Naval District Washington) maintain and track this data.

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area. N/A. Host command (Naval District Washington) maintain and track this data.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area. N/A Host command (Naval District Washington) maintain and track this data.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following: N/A Host command (Naval District Washington) maintain and track this data.

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base. N/A Host command (Naval District Washington) maintain and track this data.

Location	% Employees	Distance (mi)	Time(mi n)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents: N/A

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies. N/A

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies. N/A

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					
	Day					
	Night					
	Correspondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities. N/A

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. N/A

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. N/A

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base. N/A

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN
NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER
Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

940602
Date

Activity
BDC WNY
Washington DC

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-24-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/29/94

Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. **ACTIVITY:** Follow example as provided in the table below (*delete the examples when providing your input*). If any of the questions have multiple responses, please provide all. If any of the information requested is subject to change between now and the end of Fiscal Year (FY) 1995 due to known redesignations, realignments/closures or other action, provide current and projected data and so annotate.

- Name BRANCH DENTAL CLINIC, YORKTOWN

Official name	BRANCH DENTAL CLINIC, WEPSTA, YORKTOWN, VA
Acronym(s) used in correspondence	BDC, YORKTOWN
Commonly accepted short title(s)	

- Complete Mailing Address
BRANCH DENTAL CLINIC
NAVAL WEAPONS STATION
P. O. BOX 0090
YORKTOWN, VA 23691-0090

- PLAD: NAVDENCEN NORFOLK VA \\N46\\

- PRIMARY UIC: 35042 (Plant Account UIC for Plant Account Holders)

Enter this number as the Activity identifier at the top of each Data Call response page.

- ALL OTHER UIC(s): N/A PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

3. **ACTIVITY TYPE:** Choose most appropriate type that describes your activity and completely answer all questions.

● **HOST COMMAND:** A host command is an activity that provides facilities for its own functions and the functions of other (tenant) activities. A host has accountability for Class 1 (land), and/or Class 2 (buildings, structures, and utilities) property, regardless of occupancy. It can also be a tenant at other host activities.

- Yes _____ No X _____ (check one)

● **TENANT COMMAND:** A tenant command is an activity or unit that occupies facilities for which another activity (i.e., the host) has accountability. A tenant may have several hosts, although one is usually designated its primary host. If answer is "Yes," provide best known information for your primary host only.

- Yes X _____ No _____ (check one)
- Primary Host (current) UIC: 47616 _____
- Primary Host (as of 01 Oct 1995) UIC: 47616 _____
- Primary Host (as of 01 Oct 2001) UIC: 47616 _____

● **INDEPENDENT ACTIVITY:** For the purposes of this Data Call, this is the "catch-all" designator, and is defined as any activity not previously identified as a host or a tenant. The activity may occupy owned or leased space. Government Owned/Contractor Operated facilities should be included in this designation if not covered elsewhere.

- Yes _____ No X _____ (check one)

4. **SPECIAL AREAS:** List all Special Areas. Special Areas are defined as Class 1/Class 2 property for which your command has responsibility that is not located on or contiguous to main complex.

Name	Location	UIC
N/A		

UIC: 35042

5. **DETACHMENTS:** If your activity has detachments at other locations, please list them in the table below.

Name	UIC	Location	Host name	Host UIC
N/A				

6. **BRAC IMPACT:** Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative.

Because this is a support command, fluctuations in patient population caused by homeport changes, commissionings and decommissionings have an impact on our mission. However, this impact has not been measurable to date.

7. **MISSION:** Do not simply report the standard mission statement. Instead, describe important functions in a bulletized format. Include anticipated mission changes and brief narrative explanation of change; also indicate if any current/projected mission changes are a result of previous BRAC-88, -91,-93 action(s).

Current Missions

- Provide comprehensive dental care to eligible beneficiaries as specified in Title 10, US Code with primary emphasis on maintaining the dental readiness of the fleet and other deployable forces.
- Provide training to staff and other medical department personnel to maintain qualifications.
- Provide personnel and other resources to fill mobilization and operational requirements.

Projected Missions for FY 2001

- We assume that our mission will remain the same in the foreseeable future.

8. **UNIQUE MISSIONS:** Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities.

Current Unique Missions

- This command provides support services to both shore and fleet units, including fleet units with their own organic dental treatment capability.

Projected Unique Missions for FY 2001

- The uniqueness of our mission is expected to continue throughout the foreseeable future.

9. **IMMEDIATE SUPERIOR IN COMMAND (ISIC):** Identify your ISIC. If your ISIC is not your funding source, please identify that source in addition to the operational ISIC.

- Operational name UIC
COMMANDER, NAVAL BASE, NORFOLK 61463
- Funding Source UIC
CHIEF, BUREAU OF MEDICINE
AND SURGERY 00018

10. **PERSONNEL NUMBERS:** Host activities are responsible for totalling the personnel numbers for all of their tenant commands, even if the tenant command has been asked to separately report the data. The tenant totals here should match the total tally for the tenant listing provided subsequently in this Data Call (see Tenant Activity list). (Civilian count shall include Appropriated Fund personnel only.)

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>2</u>	<u>3</u>	<u>2</u> 1*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>3</u>	<u>3</u>	<u>2</u> <u>1</u> <u>65A</u> 1*
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

11. **KEY POINTS OF CONTACT (POC):** Provide the work, FAX, and home telephone numbers for the Commanding Officer or OIC, and the Duty Officer. Include area code(s). You may provide other key POCs if so desired in addition to those above.

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
● CO/OIC			
<u>CAPT R. L. KJOME, DC, USN</u>	804-444-7021		804-445-6751 804-481-3849
● Duty Officer	804-444-7011		
Branch Director			
CDR HILL	804-887-7404	804-887-7450	804-867-8201

* DENOTES CONTACTOR PERSONNEL

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, on board as of **30 September 1994**, for all tenants, even if those tenants have also been asked to provide this information on a separate Data Call. (Civilian count shall include Appropriated Fund personnel only.)

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing in Special Areas (Special Areas are defined as real estate owned by host command not contiguous with main complex; e.g. outlying fields).

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

13. **REGIONAL SUPPORT:** Identify your relationship with other activities, not reported as a host/tenant, for which you provide support. Again, this list should be all-inclusive. The intent of this question is capture the full breadth of the mission of your command and your customer/supplier relationships. Include in your answer any Government Owned/Contractor Operated facilities for which you provide administrative oversight and control.

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
N/A		

14. **FACILITY MAPS:** This is a primary responsibility of the plant account holders/host commands. Tenant activities are not required to comply with submission if it is known that your host activity has complied with the request. Maps and photos should not be dated earlier than 01 January 1991, unless annotated that no changes have taken place. Any recent changes should be annotated on the appropriate map or photo. Date and label all copies.

PROVIDED BY HOST

- **Local Area Map.** This map should encompass, at a minimum, a 50 mile radius of your activity. Indicate the name and location of all DoD activities within this area, whether or not you support that activity. Map should also provide the geographical relationship to the major civilian communities within this radius. (Provide 12 copies.)
- **Installation Map / Activity Map / Base Map / General Development Map / Site Map.** Provide the most current map of your activity, clearly showing all the land under ownership/control of your activity, whether owned or leased. Include all outlying areas, special areas, and housing. Indicate date of last update. Map should show all structures (numbered with a legend, if available) and all significant restrictive use areas/zones that encumber further development such as HERO, HERP, HERF, ESQD arcs, agricultural/forestry programs, environmental restrictions (e.g., endangered species). (Provide in two sizes: 36"x 42" (2 copies, if available); and 11"x 17" (12 copies).)
- **Aerial photo(s).** Aerial shots should show all base use areas (both land and water) as well as any local encroachment sites/issues. You should ensure that these photos provide a good look at the areas identified on your Base Map as areas of concern/interest - remember, a picture tells a thousand words. Again, date and label all copies. (Provide 12 copies of each, 8½"x 11".)
- **Air Installations Compatible Use Zones (AICUZ) Map.** (Provide 12 copies.)

35042
65A

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER



R. L. KJOME
COMMANDING OFFICER
NAVAL DENTAL CENTER, NORFOLK

31 Jan '94
DATE

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____
NAME (Please type or print)

[Handwritten Signature]

Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-9-94

Date

BUREAU OF MEDICINE & SURGERY _____
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

[Handwritten Signature]

Signature

ACTING

Title

16 FEB 94

Date

Document Separator

484

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL WEPST YORKTOWN VA
ACTIVITY UIC: 35042

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

1. **Workload.** Using the table below and the parameters given, fill in your met and unmet Composite Time Values (CTV) for FY 1993 through FY 2001. If you had no unmet CTVs in FY's 1993 or 1994, explain how many more CTVs you could have done with your current staffing, physical plant, and equipment. (Show all calculations and explain how you determined your answer.)

UIC: 35042-BDC YORKTOWN

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	26,946	26,946	26,677	28,277	27,994	28,162	28,219	28,219	28,219
UNMET	5,178	5,862	5,803	6,151	6,089	6,126	6,138	6,138	6,138
TOTAL	32,124	32,808	32,480	34,428	34,083	34,288	34,357	34,357	34,357

Parameters: No change in staffing, funding, scope of practice or physical plant. Use RAPS population data.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

gyllet
[Signature]
this is a copy
OK. [Signature]
MEMB3
940617

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35042 BDC YORKTOWN

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	26,946	26,677	28,277	27,994	28,162	28,219	28,219	28,219
UNMET	5,862	5,803	6,151	6,089	6,126	6,138	6,138	6,138
TOTAL	32,808	32,480	34,428	34,083	34,288	34,357	34,357	34,357

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

Handwritten signatures and dates:
940617
MCP63
10/2/94

1a. Using the table below and the parameter given, fill in your met and unmet Composite Time Values (CTV) for FY 1994 through FY 2001.

UIC:35042 BDC YORKTOWN

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	26946	26677	28277	27994	28162	28219	28219	28219
UNMET	5862	5803	6151	6089	6126	6138	6138	6138
TOTAL	32,808	32,480	34,428	34,083	34,288	34,357	34,357	34,357

Parameter: Assume your only constraint is your physical plant, what would your met and unmet CTVs be. Use RAPS population data. Do not change your scope of practice.

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS data not available beyond FY 1999.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- Methodology used for evaluating facility constraint:

$$\frac{\text{Unmet CTV}}{\text{Actual Met CTV}} = \frac{\text{Additional staff for unmet need}}{\text{Actual staff (DDS/RDH/Prophy)}} - \frac{\text{Additional DTR needed}}{\text{DTR in use}}$$

$$\frac{5,862}{26,946} = .218 = \frac{X}{(2/-/1)} - \frac{(.436/-/.218)}{(2/-/1)} = \frac{(1/-/1)*}{(2/-/1)} - \frac{2 \text{ Additional DTRs}}{3 \text{ DTRs in Use}}$$

• 2+3 DTRs = 5 > 4 DTR capacity: Unmet need (5,862) due to facility constraint (scope, staff mix unaltered)

* in reality, fractional staff rounded to next whole provider.

3

David
9/20/96
MS063
David

2. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC: 35042 - BDC YORKTOWN

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	3	3	3	6	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophyl technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

[Handwritten signature and scribbles]

2. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care):

UIC:35042 - BDC YORKTOWN

PROVIDER TYPE	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

Explanation:

• Used fluctuations reported by RAPS population data to project FY 1995 and beyond. RAPS population data not available beyond FY 1999.

• The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

948617

 M863

 R 5

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M.P.Hill
NAME (Please type or print)

M.P.Hill
Signature

Branch Director
Title

27 May 94
Date

Naval Weapons Station, Yorktown
Activity

ENCLOSURE (1)
PART I

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. L. KJOME
NAME (Please type or print)
Commanding Officer
Title
Naval Dental Center, Norfolk
Activity

R. L. KJOME
Signature
31 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-20-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print)
ACTING
Title

R. R. Sareeram
Signature
30 JUN 1994
Date

Document Separator

484

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCL WEPST YORKTOWN VA
ACTIVITY UIC: 35042

Category.....Personnel Support
Sub-category.....Dental
Types.....Dental Clinics

*****If any responses are classified, attach separate
classified annex*****

TABLE OF CONTENTS

Mission Requirements	
1. Mission	3
2. Customer Base	4
3. Workload per Capita	5
4. Projected Workload/Personnel	6
5. Training Programs	7
Facilities	
6. Facilities Description.....	8
7. Programmed Improvements.....	9
8. Impact of Facilities' Condition.....	9
Location	
9. Geographic Location.....	10
10. Manpower and Recruiting Issues.....	10
Features and Capabilities	
11. Capabilities.....	11,12
12. Mobilization.....	13
13. Quality of Life.....	14

Yorktown - UIC: 35042

MISSION REQUIREMENTS

1. Mission. State the mission of your facility in sufficient detail that it can be distinguished from other dental facilities.

Branch Dental Clinic, Yorktown is the primary provider of dental care to Naval personnel on the Virginia Peninsula. Naval Dental Center, Norfolk, located 40 miles away is the next closest Naval Dental Facility of sufficient size. The mission of Branch Dental Clinic, Yorktown is to provide dental care to the personnel of Naval Stations Ordnance and Weapons and to the cargo handling unit of Cheatham Annex. The cargo handling units, EOD, and Marine Security Force are fully deployable Operational units. They represent about 500 personnel. Naval Ophthalmic Support Unit and Training Command has 30 students who rotate every four months. Branch Dental Clinic, Yorktown supports over 1300 active duty personnel for 24 different commands.

Referral for specialty Dental Treatment at Naval Dental Center, Norfolk is minimized by comprehensively trained Dental Officers.

YORKTOWN 35042

(Total Count pp 1-2 = 1380)

1 OF 2

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NWS, YORKTOWN	00109		391
MSCF	53590		286
NAVY CARGO HANDLING	55131		162
NOSTRA	63439		151
NSTF	68842		134
NCHG TRNG BATTAL	46421		104
ACLANT	44985		28
BR MED CLINIC	32533		28
MARINE DET	53591		25
IUW GROUP II	62638		16
PER SUPP DTCH	68549		11
EXPLOSIVE ORD DIV	30720		10
SERVICE CRAFT	30014		7
			1,353

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NMWEA	0708A		7
BR DEN CLINIC	35042		5
NAVSEASYSKOM	45650		5
ROICC	44247		5
CHEATHAM ANNEX	60138		3
BRANCH COMMISSARY	66406		2
			27

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload per Capita. Complete the following table for your FY 1993 workload:

CATEGORY UIC:35042-BDC YORKTOWN	FY 1993 DATA
A. ACTUAL POPULATION	1,380
B. FY1993 MET WORKLOAD (CTVs)	26,946
C. FY1993 UNMET WORKLOAD (CTVs)	5,178
D. TOTAL WORKLOAD (B+C)	32,124
E. MET WORKLOAD PER CAPITA (B÷A)	19.526
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.752
G. WORKLOAD PER CAPITA (D÷A)	23.278

If Row B is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35042 BDC YORKTOWN	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1380	1366	1448	1434	1441	1444	1444	1444
A: TOTAL MET CTVs	26946	26677	28277	27994	28162	28219	28219	28219
B: TOTAL UNMET CTVs	5862	5803	6151	6089	6126	6138	6138	6138
C: TOTAL WORKLOAD REQUIREMENT (A+B)	32808	32480	34428	34083	34288	34357	34357	34357
DENTISTS (MIL AND CIV)	3	3	6	3	3	3	3	3
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.
- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.
- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.
- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.
- RAPS data not available beyond FY 1999.

Project Manager

4. Projected Workload. Complete the following table for your actual and projected workload and personnel. Use RAPS population data to project your population from FY 1995 and beyond.

UIC:35042 BDC YORKTOWN	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	1380	1366	1448	1434	1441	1444	1444	1444
A: TOTAL MET CTVs	26946	26677	28277	27994	28162	28219	28219	28219
B: TOTAL UNMET CTVs	5862	5803	6151	6089	6126	6138	6138	6138
C: TOTAL WORKLOAD REQUIREMENT (A+B)	32808	32480	34428	34083	34288	34357	34357	34357
DENTISTS (MIL AND CIV)	2	2	2	2	2	2	2	2
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

If row A is not your maximum capacity for CTVs, identify below and explain.

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994. RAPS data not available beyond FY 1999.- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- The percentages used in these calculations are as follows: Change from FY 1994-95, -1%; FY 1995-96, +6%; FY 1996-97, -1%; FY 1997-98, +.6%; and FY 1998-99, +.2%.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20 and 4.77 for records held in class 2, 3 and 4.

R₆
 940217
 M...
 [Signature]

5. Training Programs. Identify in the table provided the training programs at your facility and the number of personnel trained. Also list your anticipated training output of each program in future Fiscal Years.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
NOT APPLICABLE								

FACILITIES BDC Yorktown, VA 35042

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard². Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

6750/4 attached

This command does not maintain the inventory record for this clinic. The Plant property owner is Naval Weapons Station, Yorktown, VA

FACILITY TYPE (CCN)	BUILDING NAME/USE ¹	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE ²
na				

¹ Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

² This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

6a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: This facility is adequate

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

35042

7. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

This information to be provided by host UIC 00109

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7a. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned for years 1995 through 1997**.

This information to be provided by host UIC 00109

PROJECT	DESCRIPTION	FUND YEAR	VALUE

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned for 1995 through 1999**.

This information to be provided by host UIC 00109

PROJECT	DESCRIPTION	FUND YEAR	VALUE

8. Impact of the Facilities Condition. Describe the impact of the condition of the land, buildings, and other facilities on the performance of your mission. If appropriate, discuss both positive and negative impacts. This facility is adequate.

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	17 DECEMBER 1993	UIC	35042
FACILITY	BRANCH DENTAL CLINIC, 1806, NAVWEPSTA, YORKTOWN, VA 23691		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	43' X 77'	
2. DENTAL TREATMENT ROOM	4	10' X 12'	
3. STERILIZATION ROOM	1	6' X 12'	
4. X-RAY EXPOSURE ROOM	1	10' X 12'	
5. DARKROOM	1	5' X 12'	
6. PROSTHETIC LAB	1	8' X 9'	
7. STOREROOM/ SUPPLY ROOM	1	3' X 12'	
8. CONFERENCE ROOM	1	10' X 18'4"	ALSO USED AS STAFF LOUNGE
9. ADMINISTRATIVE OFFICE	1	7' X 12'	
10. DENTAL OFFICER'S OFFICE	1	11' X 12'	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	12' X 13'	
13. RECORDS CONTROL OFFICE	1	4' X 12'	
14. LOCKER ROOM (MALE)	1	6' X 9'	SHARED BETWEEN ENLISTED
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	3	5' X 5' 5' X 9' 5' X 5'	
17. TOILET FACILITY (FEMALE)	2	4' X 5' 5' X 5'	
18. OTHER MAJOR ROOMS	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 4200	5	4 A-4 1 A-4
2. DENTAL OPERATING CHAIR	X-RAY RITTER G	1 5	1 A-4 1 A-5 1 A-6

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	ADEC 6300	4	A-5
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ MC-202	1	A-4
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES L66	1	A-4
6. STERILIZER	PELTON E CRANE MAGNA CLAVE	1	A-4
7. LIFE SUPPORT EQUIPMENT	N/A		
8. OTHER MAJOR EQUIPMENT	N/A		
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	N/A		
2. VACUUM PORCELAIN FURNACE	N/A		
3. BURNOUT OVEN	N/A		
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

LOCATION

9. Geographic Location. How does your geographic location affect your mission?

a. What is the importance of your location relative to the clients supported?

Convenience, decreased loss of man-hours to local units: Travel time to next Naval Dental Center is (1) hour.

b. What are the nearest air, rail, sea, and ground transportation nodes?

Air: Langley AFB; Rail: Fort Eutis, NWS Yorktown; Sea: NWS Yorktown, NAVSTA, Norfolk; Ground: Cheatham Annex, Fort Eustis. All nodes within 1 hour travel time from clinic.

c. What is the importance of your location given your mobilization requirements?

Military embarkation nodes Land, Sea, Air within 1 hour travel time from base.

d. On the average, how long does it take your current client/customers to reach your facility?

Ten minutes

10. Manpower and Recruiting Issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

We are situated in a fairly densely populated area from which qualified civilian personnel can be hired. There are no security regulations preventing hiring of civilians.

FEATURES AND CAPABILITIES

11. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of the facility were to be lost? Answer this question in terms of the unique capabilities of the staff, equipment, and facility?

1300 active duty personnel would have to commute 40 miles one way to Naval Dental Center, Norfolk. Shuttle service would have to be provided. It would take at least one half day to complete a dental appointment. This time loss would adversely affect the mission of the commands served. Minimal referral for specialty dental treatment at NDC, Norfolk is minimized by comprehensively trained dental officers assigned to BDC, Yorktown.

Yorktown UIC: 35042

11a. If your facility were to close and the active duty population remained, how would you provide dental care to those remaining active duty members? Please provide supporting information to your answer.

- 1) Proximity to Fort Eustis (8 miles) and Langley AFB (18 miles) make their dental treatment facilities possible providers
- 2) Naval Base Branch Dental Clinic, Norfolk, Virginia could support members. This would require an 80 mile roundtrip commute by POV or military shuttle for those without POVs.
- 3) If the above are not viable, military units should contract with local civilian providers similar to isolated duty stations.

12. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

BDC: YORKTOWN

UIC: 35042

UNIT NAME	UNIT NUMBER	# OF STAFF ASSIGNED
USS GUADALCANAL (LPH-7)	07352	01
USS GUAM (LPH-9)	07178	01

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

The mobilization requirement for this small clinic is significant. The administrative requirements needed for mobilization preparedness adversely affect the number of patients seen in the clinic. The benefit of not having the mobilization requirement would be related to the position effected. (ie: Dentist or Dental Tech; on the average a dentist sees 8 patients a day with good staffing. If the tech is gone, the number of patients seen is reduced.

13. Quality of Life.

This information was provided by UIC #00109, Naval Weapons Station, Yorktown, Virginia, BRAC Data Call #46.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

- Facility type/code:
- What makes it inadequate?
- What use is being made of the facility?
- What is the cost to upgrade the facility to substandard?
- What other use could be made of the facility and at what cost?
- Current improvement plans and programmed funding:
- Has this facility condition resulted in C3 or C4 designation on your BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1983

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

MICHAEL P. Hill
NAME (Please type or print)

MPHill
Signature

Branch Director
Title

31 May 94
Date

Br. Den. Clin., YORKTOWN VA.
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

R. L. KJOME
NAME (Please type or print)
Commanding Officer
Title
Naval Dental Center, Norfolk
Activity

R. L. KJOME
Signature
31 May 94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL
Title
BUREAU OF MEDICINE AND SURGERY
Activity

D. F. Hagen
Signature
6-20-94
Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print)

Title

W. A. Earner
Signature
8/3/94
Date

484

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC, YORKTOWN
UIC:	35042
Host Activity Name (if response is for a tenant activity):	NAVAL WEAPONS STATION, YORKTOWN
Host Activity UIC:	00109

General Instructions/Background. A separate response to this data call must be completed for each Department of the Navy (DON) host, independent and tenant activity which separately budgets BOS costs (regardless of appropriation), and, is located in the United States, its territories or possessions.

1. Base Operating Support (BOS) Cost Data. Data is required which captures the total annual cost of operating and maintaining Department of the Navy (DON) shore installations. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Two tables are provided. Table 1A identifies "Other than DBOF Overhead" BOS costs and Table 1B identifies "DBOF Overhead" BOS costs. These tables must be completed, as appropriate, for all DON host, independent or tenant activities which separately budget BOS costs (regardless of appropriation), and, are located in the United States, its territories or possessions. Responses for DBOF activities may need to include both Table 1A and 1B to ensure that all BOS costs, including those incurred by the activity in support of tenants, are identified. If both table 1A and 1B are submitted for a single DON activity, please ensure that no data is double counted (that is, included on both Table 1A and 1B). The following tables are designed to collect all BOS costs currently budgeted, regardless of appropriation, e.g., Operations and Maintenance, Research and Development, Military Personnel, etc. Data must reflect FY 1996 and should be reported in thousands of dollars.

a. Table 1A - Base Operating Support Costs (Other Than DBOF Overhead). This Table should be completed to identify "Other Than DBOF Overhead" Costs. Display, in the format shown on the table, the O&M, R&D and MPN resources currently budgeted for BOS services. O&M cost data must be consistent with data provided on the BS-1 exhibit. Report only direct funding for the activity. Host activities should not include reimbursable support provided to tenants, since tenants will be separately reporting these costs. Military personnel costs should be included on the appropriate lines of the table. Please ensure that individual

**DATA CALL 66
INSTALLATION RESOURCES**

lines of the table do not include duplicate costs. Add additional lines to the table (following line 2j., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRANCH DENTAL CLINIC-YORKTOWN			UIC: 35042
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0		0
2. Other Base Operating Support Costs:			
2a. Utilities			
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify)			
Communications	3		3
Safety Inspections	1		1
2k. Sub-total 2a. through 2j:	4		4

**DATA CALL 66
INSTALLATION RESOURCES**

3. Grand Total (sum of 1c. and 2k.):	4		4
--------------------------------------	---	--	---

**DATA CALL 66
INSTALLATION RESOURCES**

b. Funding Source. If data shown on Table 1A reflects more than one appropriation, then please provide a break out of the total shown for the "3. Grand-Total" line, by appropriation:

<u>Appropriation</u>	<u>Amount (\$000)</u>
----------------------	-----------------------

c. Table 1B - Base Operating Support Costs (DBOF Overhead).
This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 21., as necessary, to identify any additional cost elements not currently shown). Leave shaded areas of table blank.

Other Notes: All costs of operating the five Major Range Test Facility Bases at DBOF activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DBOF overhead "BOS expense" on Table 1B..

DATA CALL 66
INSTALLATION RESOURCES

N/A

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name:		UIC:	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			
1b. Real Property Maintenance (<\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1c. Sub-total 1a. through 1d.			
2. Other Base Operating Support Costs:			
2a. Command Office			
2b. ADP Support			
2c. Equipment Maintenance			
2d. Civilian Personnel Services			
2e. Accounting/Finance			
2f. Utilities			
2g. Environmental Compliance			
2h. Police and Fire			
2i. Safety			
2j. Supply and Storage Operations			
2k. Major Range Test Facility Base Costs			
2l. Other (Specify)			
2m. Sub-total 2a. through 2l:			
3. Depreciation			

**DATA CALL 66
INSTALLATION RESOURCES**

4. Grand Total (sum of 1c., 2m., and 3.) :			
--	--	--	--

2. Services/Supplies Cost Data. The purpose of Table 2 is to provide information about projected FY 1996 costs for the purchase of services and supplies by the activity. (Note: Unlike Question 1 and Tables 1A and 1B, above, this question is not limited to overhead costs.) The source for this information, where possible, should be either the NAVCOMPT OP-32 Budget Exhibit for O&M activities or the NAVCOMPT UC/FUND-1/IF-4 exhibit for DBOF activities. Information must reflect FY 1996 budget data supporting the FY 1996 NAVCOMPT Budget Submit. Break out cost data by the major sub-headings identified on the OP-32 or UC/FUND-1/IF-4 exhibit, disregarding the sub-headings on the exhibit which apply to civilian and military salary costs and depreciation. Please note that while the OP-32 exhibit aggregates information by budget activity, this data call requests OP-32 data for the activity responding to the data call. Refer to NAVCOMPTINST 7102.2B of 23 April 1990, Subj: Guidance for the Preparation, Submission and Review of the Department of the Navy (DON) Budget Estimates (DON Budget Guidance Manual) with Changes 1 and 2 for more information on categories of costs identified. Any rows that do not apply to your activity may be left blank. However, totals reported should reflect all costs, exclusive of salary and depreciation.

Table 2 - Services/Supplies Cost Data	
Activity Name: BRANCH DENTAL CLINIC-YORKTOWN	UIC: 35042
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	1
Material and Supplies (including equipment):	12
Industrial Fund Purchases (other DBOF purchases):	17
Transportation:	0
Other Purchases (Contract support, etc.):	55
Total:	85

**DATA CALL 66
INSTALLATION RESOURCES**

*This is a blank page VR Bumer 824
7/29/94*

**DATA CALL 66
INSTALLATION RESOURCES**

3. Contractor Workyears.

a. **On-Base Contract Workyear Table.** Provide a projected estimate of the number of contract workyears expected to be **performed "on base"** in support of the installation during FY 1996. Information should represent an annual estimate on a full-time equivalency basis. Several categories of contract support have been identified in the table below. While some of the categories are self-explanatory, please note that the category "mission support" entails management support, labor service and other mission support contracting efforts, e.g., aircraft maintenance, RDT&E support, technical services in support of aircraft and ships, etc.

Table 3 - Contract Workyears	
Activity Name: BRANCH DENTAL CLINIC-YORKTOWN	UIC: 35042
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	1
Procurement:	
Other:*	
Total Workyears:	1

* **Note:** Provide a brief narrative description of the type(s) of contracts, if any, included under the "Other" category.

**DATA CALL 66
INSTALLATION RESOURCES**

b. Potential Disposition of On-Base Contract Workyears. If the mission/functions of your activity were relocated to another site, what would be the anticipated disposition of the on-base contract workyears identified in Table 3.?

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)):

1 (ONE)

2) Estimated number of workyears which would be eliminated:

0 (ZERO)

3) Estimated number of contract workyears which would remain in place (i.e., contract would remain in place in current location even if activity were relocated outside of the local area):

0 (ZERO)

**DATA CALL 66
INSTALLATION RESOURCES**

c. "Off-Base" Contract Workyear Data. Are there any contract workyears located in the local community, but not on-base, which would either be eliminated or relocated if your activity were to be closed or relocated? If so, then provide the following information (**ensure that numbers reported below do not double count numbers included in 3.a. and 3.b., above**):

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
N/A	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

8-1-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

M. A. EARNER

NAME (Please type or print)

M. A. Earner

Signature

Title

Date

8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. L. Kjome, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer
Title

Naval Dental Center, Norfolk, VA
Activity


Signature
14 July 94
Date