

485

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCENANNEX NAVMAG
WESTLOCH, HI
ACTIVITY UIC: 35742

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

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

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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.)

	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	7876	7991.7	7000	7000	7000	7000	7000	7000	7000
UNMET	1623.2	1732.7	1515	1515	1515	1515	1515	1515	1515
TOTAL	9566	9724.4	8515	8515	8515	8515	8515	8515	8515

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 - UTILIZED AVAILABLE CTV DATA (FOR THE YEARS AFTER 94 A 12.5% DECREASE IN PATIENT POPULATION IS ANTICIPATED)

UNMET - UTILIZED EFFICIENCY REVIEW MULTIPLES

1993 CLASS 2 243 X 4.55 = 1105.7
 CLASS 3 49 X 9.20 = 450.8
 CLASS 4 14 X 4.77 = 66.8

1994 CLASS 2 266 X 4.55 = 1210.3
 CLASS 3 49 X 9.20 = 450.8
 CLASS 4 15 X 4.77 = 71.6

- FOR 1995 TO 2001 A 12.5% DECREASE WAS ASSUMED AS ABOVE

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	7991	7000	7000	7000	7000	7000	7000	7000
UNMET	1732.7	1515	1515	1515	1515	1515	1515	1515
TOTAL	9724.4	8515	8515	8515	8515	8515	8515	8515

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:

CALCULATIONS AND ASSUMPTIONS REMAIN THE SAME AS IN 1 ABOVE SINCE NO PHYSICAL PLANT CONSTRAINT IS ANTICIPATED.

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

LT M. L. CINCOSKI, DC, USNR
NAME (Please type or print)

M. L. Cincoski
Signature

BRANCH DIRECTOR
Title

25 MAY 1994
Date

BDC ANNEX, WEST LOCH
Activity

ENCLOSURE (5)

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

R W Hinman
Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
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

6-17-94
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)

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

R R Sareeram
Signature

ACTING
Title

28 JUN 1994
Date

Document Separator

485

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENCLANNEX NAV MAG
WESTLOCH, HI
ACTIVITY UIC: 35742

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

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MISSION REQUIREMENTS

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

Branch Dental Annex, West Loch, HI is tasked with maintaining dental readiness and providing quality dental care to the commands assigned to the Naval Magazine Lualualei and West Loch. These activities are typically involved with changing schedules, sudden TAD assignments, and unusual hours. As a courtesy and service to these activities, one general dentist and two dental technicians are assigned to serve these facilities for one half day, 5 days a week. Services include annual exams, routine operative, periodontal therapy and prophylaxis and appropriate referral to specialty dental care. Because of the remoteness of the Naval Magazine facilities, these patients are able to take advantage of the convenience of dental trailer rather than reporting to Branch Dental Clinic, Barbers Point or Pearl Harbor.

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)
NavMag LLL	68297	LLL and West Loch	146
Subase	00314	West Loch-Mark 48 shop	173
MoMag	53852	West Loch	18
EOD MU1	30200	West Loch	56
EOD TEU1	30202	West Loch	46
NAVAL UNDERSEA	35266	NAVMAG LLL	1

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	FY 1993 DATA
A. ACTUAL POPULATION	466
B. FY1993 MET WORKLOAD (CTVs)	7,876
C. FY1993 UNMET WORKLOAD (CTVs)	1,623.2
D. TOTAL WORKLOAD (B+C)	9,499.2
E. MET WORKLOAD PER CAPITA (B÷A)	16.9
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.5
G. WORKLOAD PER CAPITA (D÷A)	20.4

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.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	440	385	385	385	385	385	385	385
A: TOTAL MET CTVs	7991	7000	7000	7000	7000	7000	7000	7000
B: TOTAL UNMET CTVs	1732	1515	1515	1515	1515	1515	1515	1515
C: TOTAL WORKLOAD REQUIREMENT (A+B)	9724.4	8515	8515	8515	8515	8515	8515	8515
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

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.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
ALL TRAINING PERFORMED AT NDC PEARL HARBOR								

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
540-10	43 (2A)/Dental Clinic	400	21	S

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.

THIS IMPROVEMENT IS NOT A RESULT OF BRAC REALIGNMENTS OR CLOSURE

PROJECT	DESCRIPTION	FUND YEAR	VALUE
32414	REDESIGN WATER CONTROL OF SINK	93	2,990

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 Dental Clinic, West Loch, (Bldg. 43(2A), is actually a Public Works Trailer that was fitted with 2 dental operatory units 21 years ago. Essentially, the trailer is very old and has not been moved from its present location for many years. The probability of moving this unit without incurring significant damage requiring extensive repairs are less than good. At its present location, the trailer could remain operational for 5 to 10 more years, possibly. However, the trailer is presently located in an unsuitable area due to its vulnerability in the case of a weapons accident. There are no operational heads in the trailer. At present the dental staff must use the heads located in the adjacent medical clinic building.

LOCATION

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

It is a convenience provided which allows more available work hours to the personnel involved.

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

Allows easy access to supportive dental care.

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

12 miles to Pearl Harbor, 5 miles to Barbers Point.

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

The dental trailer is presently situated in an area considered dangerous if an accident involving the manufacturing, movement or loading of weapons were to occur. The facility is scheduled to be relocated in the Sep-Oct time-frame to a safer area.

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

5-10 minutes if on the West Loch base, 20-25 minutes if assigned to NavMag LLL.

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?

Dentistry is performed in a small two operator trailer on a part-time basis. The small amount of space and the part-time manning of the facility preclude the need for civilian employees.

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 Branch Dental Annex, West Loch were lost, personnel would be routed to the nearest dental facility for treatment (Barbers Point until its closure in 97). This would result in lost working hours to the Navy.

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.

BRANCH DENTAL CLINICS OF NAVAL DENTAL CENTER, PEARL HARBOR WOULD HAVE TO PROVIDE THE SUPPORT

12. Mobilization. What are your facility's mobilization requirements? None

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		

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.

PLEASES REFER TO HOST COMMAND'S "QUALITY OF LIFE" SECTION.
 HOST: NAVMAGLLL UIC: 68297 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 1993

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

ACTIVITY COMMANDER

LT M. L. CINCOSKI, DC, USNR
NAME (Please type or print)

M. L. Cincoski
Signature

BRANCH DIRECTOR
Title

25 MAY 1994
Date

BDC ANNEX, WEST LOCH
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. W. HINMAN, CAPT, DC, USN
NAME (Please type or print)

RW Hinman
Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
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

6-17-94
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)

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

R. R. Sareeram
Signature

ACTING
Title

30 JUN 1994
Date

485

UIC: 35742

DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

- Name

Official name	<i>Branch Dental Annex, Naval Magazine, Lualualei, West Loch Annex, HI</i>
Acronym(s) used in correspondence	<i>BrDenAnnex, West Loch</i>
Commonly accepted short title(s)	<i>BDA, West Loch</i>

- Complete Mailing Address:

Naval Dental Center
 Box 111
 Pearl Harbor, HI 96860-5030

- PLAD: NAVDENCEN PEARL HARBOR HI
- PRIMARY UIC: 35742 (Plant Account UIC for Plant Account Holders)
- ALL OTHER UIC(s): None. PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes No (check one)

3. ACTIVITY TYPE:

- HOST COMMAND:

- Yes No (check one)

- TENANT COMMAND:

- Yes No (check one)
- Primary Host (current) UIC: 68297
- Primary Host (as of 01 Oct 1995) UIC: 68297

ENCL (4)

UIC: 35742

- Primary Host (as of 01 Oct 2001) UIC: 68297
- INDEPENDENT ACTIVITY:
- Yes ___ No X (check one)

4. SPECIAL AREAS:

Name	Location	UIC
None.	N/A	N/A

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
None.	N/A	N/A	N/A	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. No.

7. MISSION:

Current Missions

- Provide comprehensive outpatient dental care to the Navy and Marine Corps shore activities, the Fleet, and other authorized personnel in Hawaii.
- 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

- Same as current missions mentioned above.

UIC: 35742

8. UNIQUE MISSIONS:

Current Unique Missions: None.

Projected Unique Missions for FY 2001: None.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

- Operational name/UIC:

Commanding Officer, Naval Magazine, Lualualei, HI/68297

- Funding Source/UIC:

Chief, Bureau of Medicine and Surgery/00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>1</u>	<u>2</u>	<u>0</u>
• Tenants (total)	<u>13</u>	<u>205</u>	<u>41</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>10</u>	<u>20</u>	<u>0</u>
• Tenants (total)	<u>15</u>	<u>210</u>	<u>41</u>

GSA
BUMED-825
7/14/94

11. KEY POINTS OF CONTACT (POC):

Title/Name:

- **Director, Branch Dental Clinic, NAS Barbers Point, HI:**

CDR J. T. FRENCH, DC, USN

Office: (808) 684-0805 Home: (808) 499-1005 Fax: (808) 471-0628

UIC: 35742

• **Duty Officer:**

Office: (808) 471-3911 Fax: (808) 471-4098

• **XO, Naval Dental Center, Pearl Harbor, HI: CAPT J. E. TURNER, DC, USN**

Office: (808) 471-4098 Fax: (808) 471-4098 Home: (808) 499-2227

• **Dir for Admin: LCDR R. POBLETE, MSC, USN**

Office: (808) 474-4400 Fax: (808) 471-4098 Home: (808) 254-0436

12. TENANT ACTIVITY LIST:

- Tenants residing on main complex (shore commands)

THIS COMMAND IS
A TENANT NOT A HOST

GSA
BUME0-825
7/14/94

Tenant Command Name	UIC	Officer	Enlisted	Civ- ilian
Explosive Ordnance Disposal Mobile ONE	30200	0*	0*	0
Explosive Ordnance Disposal Trng & Eval Unit ONE	30202	7	44	0
Naval Submarine Base Pearl Harbor MK 48 Torpedo IMA	44944	5	158	12
CINCPACFLT Manpower Analysis Team	47654	0	1	18
Mobile Mine Assembly Group, Det SEVEN	53852	0*	0*	0
Branch Dental Clinic, West Loch	35742	1	2	0

*EODMU ONE will be disestablished in 9/30/94. An EOD Det consisting of 2 officers and 8 enlisted is scheduled to be established on 01 Oct 94.

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civ- ilian
N/A	N/A	N/A	N/A	N/A

- Tenants residing in Special Areas: None.

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A	N/A	N/A	N/A	N/A	N/A

UIC: 35742

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A	N/A	N/A	N/A	N/A	N/A

13. REGIONAL SUPPORT:

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>None.</i>		

14. FACILITY MAPS: To be reported by CO, Naval Magazine, Lualualei, HI.

UIC: 35742

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

ACTIVITY COMMANDER

CDR J. T. FRENCH, DC, USN
NAME (Please type or print)

J. T. French
Signature

Director
Title

04 July 1994
Date

Branch Dental Clinic, NAS Barbers Pt, HI
Activity

UIC: 35742

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

NEXT ECHELON LEVEL

CAPT R. W. HINMAN, DC, USN
NAME (Please type or print)

R. W. Hinman
Signature

Commanding Officer
Title

7 July 94
Date

Naval Dental Center, Pearl Harbor, HI
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

July 15, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

UIC: 35742

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

NAME (Please type or print)

Signature

Title

Date

7/30/94

BRAC-95 CERTIFICATION

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

NAME (Please type or print)

Signature

Title

Date

Division

Department

Activity

Document Separator

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: 60508

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

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

• **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		

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.

None

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 quality dental care to foreign and active duty military personnel.
- Provide IV sedation.
- Augment local medical personnel during mass casualty emergencies or natural disasters.
- Facilitate utilization of Delta Dental Plan.
- Conduct training to ensure operational dental readiness.
-

Projected Missions for FY 2001

- Same as above.
- An additional twenty U.S. Air Force helicopter pilot candidates are scheduled for training.
- Anticipate increase to Training Air Wing Five.
-
-

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

- Provide quality dental care to Training Air Wing Five, supporting units and 80% of all Navy/Marine Corps fixed wing training.
- Training Air Wing Five is the only U. S. Navy/Marine Corps and Coast Guard helicopter training command in the U.S. Navy.

•

Projected Unique Missions for FY 2001

- Tri-service and foreign aviation students may increase in numbers by the turn of the century.

•

•

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>Naval Dental Center, Pensacola, FL</u>	<u>68441</u>

• Funding Source	UIC
_____	_____

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>3</u>	<u>8</u>	<u>1</u>
• Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>4</u>	<u>9</u>	<u>129</u>
• Tenants (total)	_____	_____	_____

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			
Commanding Officer			
<u>CAPT G. B. Grantham, DC, USN</u>	(904)452-5650	(904)452-5285	(904)432-1203
• Duty Officer	(904)452-5600	Same	[N/A]
• Administrative Officer			
<u>CDR R. L. Burdess, MSC, USN</u>	(904)452-5647	Same	(904)484-3509
•			

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.

- 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.)

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 G. B. Grantham, DC, USN
NAME (Please type or print)

Signature



Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
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

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

ACTING CHIEF BUMED Date 10 FEB 1994

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)

J. B. GREENE, JR
 NAME (Please type or print) Signature *J. B. Greene Jr*

ACTING Date 16 FEB 94

Title _____

Document Separator

486

CAPACITY ANALYSIS: #28
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRANCH DENTAL CLINIC WHITING
FIELD
ACTIVITY UIC: 39069

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

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

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MISSION REQUIREMENTS

- 1. Workload3,4
- 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	52,481	36,525	36,564						
UNMET	7,459								
TOTAL	59,940	43,984	44,023						

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:

- See next page for notes and calculations.

BDC Whiting Field Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,089	2,089	2,089	2,089	2,089	2,089	2,089	2,089
A: Total MET CTVs	36,525	36,564	36,564	36,564	36,564	36,564	36,564	36,564
B: Total UNMET CTVs	7,459	7,459	7,459	7,459	7,459	7,459	7,459	7,459
C: Total Workload requirements (A+B)	43,984	44,023	44,023	44,023	44,023	44,023	44,023	44,023
Dentists (military and Civilian)	3	3	3	3	3	3	3	3
Prophy Techs (military and Civilian)	0	0	0	0	0	0	0	0
Dental Hygienists (MIL and CIV)	1	1	1	1	1	1	1	1

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
 RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations.
 FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
 UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
 FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers		AVG CTVs	Months	CTVs Year
DO	3		727	12	26,172
HYG	1		702	12	8,424
Prophy	0		0	12	0
X-Ray	0		164	12	1,968
Total CTVs					36,564

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	54,012							
UNMET	0							
TOTAL	54,012							

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:

- See next page for notes and calculations.

BDC Whiting Data Call #28

Mission Requirements (Workload 1a)

CTVs	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
MET	54,012	54,012	54,012	54,012	54,012	54,012	54,012	54,012
UNMET	0	0	0	0	0	0	0	0
Total	54,012	54,012	54,012	54,012	54,012	54,012	54,012	54,012

Given physical space constraint.
RAPS population is available for this clinic.

This clinic has 9 Treatment Rooms (DTRs). Following assumptions are based on number of usable DTRs.
UNMET CTVs are reported for 1994-2001 because total workload exceeds projected mission requirements.

Assumptions:

1. 9 DTRs could be ideally staffed with 5 Dental Officers (DOs) and 1 Hygienist (HYG).
2. Above workload figures are based on staffing increase from 3 to 5 DO's and 1 HYG to 1 HYG.
3. Required enlisted personnel will be available.
4. Sufficient supplies will be available.
5. Sufficient funding will be available.

MET CTVs

	Numbers	AVG CTVs	Months	CTVs Year
DO	5	727	12	43,620
HYG	1	702	12	8,424
Prophy	0	0	12	0
X-Ray	0	164	12	1,968
Total CTVs				54,012

DO's average CTVs same as clinic average reported in Data Call #29.

X-ray average CTVs same as reported in Data Call #29.

Hygienist's average CTVs are same as reported in Data Call #29.

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)	4	3	3	3	3	3	3	3	3
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

- Same as projected Staffing in Data Call #29.

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."

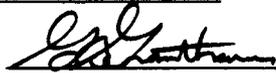
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

28 BDC Whiting Field, FL

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

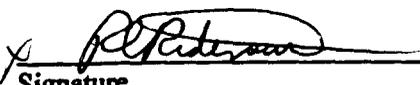
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

~~D. F. HAGEN, YADM, MC, USN~~

R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)



Signature

~~CHIEF BUMED/SURGEON GENERAL~~

ACTING CHIEF BUMED

Title

11 5 JUN 1994

Date

BUREAU OF MEDICINE & SURGERY

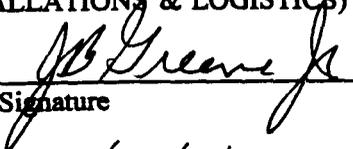
Activity

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

6/20/94

Date

486

MILITARY VALUE ANALYSIS: #29
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BDC Whiting Field,
Milton, FL
ACTIVITY UIC: 39069

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

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

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MISSION REQUIREMENTS

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

- To provide quality dental services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized personnel in the assigned geographic area of Naval Air Station, Whiting Field, Milton FL. Mission includes foreign service students trained at NAS Whiting Field.

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)
HT-18	52838	NASWF, MILTON	298
HT-8	0411A	NASWF, MILTON	286
VT-3	0394A	NASWF, MILTON	268
VT-2	0393A	NASWF, MILTON	262
NASWF	60508	NASWF, MILTON	261
VT-6	0397A	NASWF, MILTON	241
OPERATIONS (NASWF)	42096	NASWF, MILTON	219
TW5	52813	NASWF, MILTON	53
BR MEDICAL CLINIC	32558	NASWF, MILTON	49
OLF, BARIN	60237	NASWF, MILTON	24
PERS SUPP DETACHMENT	43083	NASWF, MILTON	15
BR DENTAL CLINIC	39069	NASWF, MILTON	14
OLF, BREWTON	30784	NASWF, MILTON	12
OLF, SAUFLEY	60234	NASWF, MILTON	11

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)
NAV OCEANOGRAPHY DET	65782	NASWF, Milton	10
OLF, EVERGREEN	30785	NASWF, MILTON	10
NAVAIR TR MGMT SUPP	49155	NASWF, MILTON	5
DEF COMMISSARY AGENCY	49224	NASWF, MILTON	4
NETSAFA	48575	NASWF, MILTON	2
NAVTELCOMCOMP	33282	NASWF, MILTON	2
OLF, WOLF	41996	NASWF, MILTON	1
NAVY EXCHANGE	66412	NASWF, MILTON	1

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	FY 1993 DATA
A. ACTUAL POPULATION	2,089
B. FY1993 MET WORKLOAD (CTVs)	52,481
C. FY1993 UNMET WORKLOAD (CTVs)	7,459
D. TOTAL WORKLOAD (B+C)	59,940
E. MET WORKLOAD PER CAPITA (B÷A)	25.12
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.57
G. WORKLOAD PER CAPITA (D÷A)	28.69

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

Maximum capacity for CTVs: **ROW B IS MAXIMUM CAPACITY.**

Explanation:

- **EFFICIENCY REVIEW METHODOLOGY USED TO DETERMINE UNMET WORKLOAD**

- **See attached sheet for notes and calculations.**

BDC Whiting Field Data Call #29

Actual Population 2,089
 RAPS 0 Not Available
 FY-1993-Total MET CTVs 52,481

EFFICIENCY REVIEW METHODOLOGY							
<i>Class Requirements</i>				<i>ER Multiple</i>			
Class	# of Patients	% of Patients		Class	# of Patients	CTV Multi	Result
I	606	29%		II	1,191	4.55	5,419
II	1,191	57%		III	146	9.20	1,343
III	146	7%		IV	146	4.77	696
IV	146	7%		Total	1,483	UNMET	7,459
Total	2,089	100%					

Percentages of Class II, III, and IV records shown above are derived from the average percentages for June 1993 thru May 1994. UNMET CTVs are then determined after applying the ER multiple also noted above.

Workload per Capita

A.	ACTUAL POPULATION	2,089
B.	FY1993 MET WORKLOAD (CTVs)	52,481
C.	FY1993 UNMET WORKLOAD (CTVs)	7,459
D.	TOTAL WORKLOAD (B+C)	59,940
E.	MET WORKLOAD PER CAPITA (B/A)	25.12
F.	UNMET WORKLOAD PER CAPITA (C/A)	3.57
G.	WORKLOAD PER CAPITA (D/A)	28.69

X-Ray CTVs are included in FY-1993 MET workload.
 FY-1993 CTVs represent workload of 4 Dental Officers. One DO Billet lost FY-1994 on.

be

ba.

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	2,089	2,089	2,089	2,089	2,089	2,089	2,089	2,089
A: TOTAL MET CTVs	36,525	36,564	36,564	36,564	36,564	36,564	36,564	36,564
B: TOTAL UNMET CTVs	7,459	7,459	7,459	7,459	7,459	7,459	7,459	7,459
C: TOTAL WORKLOAD REQUIREMENT (A+B)	43,984	44,023	44,023	44,023	44,023	44,023	44,023	44,023
DENTISTS (MIL AND CIV)	3	3	3	3	3	3	3	3
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: **SEE ATTACHED SHEET (NEXT PAGE)**

Explanation:

- See attached sheet for notes and calculations.

BDC Whiting Field Data Call #29

Projected Workload

	FY-1994	FY-1995	FY-1996	FY-1997	FY-1998	FY-1999	FY-2000	FY-2001
Population	2,089	2,089	2,089	2,089	2,089	2,089	2,089	2,089
A: Total MET CTVs	36,526	36,564	36,564	36,564	36,564	36,564	36,564	36,564
B: Total UNMET CTVs	7,459	7,459	7,459	7,459	7,459	7,459	7,459	7,459
C: Total Workload requirements (A+B)	43,984	44,023	44,023	44,023	44,023	44,023	44,023	44,023
Dentists (military and Civilian)	3	3	3	3	3	3	3	3
Prophy Techs (military and Civilian)	0	0	0	0	0	0	0	0
Dental Hygienists (MIL and CIV)	1	1	1	1	1	1	1	1

Row "A" is the maximum capacity for CTVs if all constraints remain the same. See Data Call # 28 for maximum CTVs if only constraint is physical plant.
 RAPS population data unavailable for this Branch Dental Clinic. To project FY-95 thru FY-2001 CTVs , actual population April 1994 used for all calculations.
 FY-1994 based on actual data year to date plus projected monthly average for remainder of FY-1994.
 UNMET CTVs determined using Efficiency Review methodology, then adjusted for the number of providers shown by provider average.
 FY-1995-2001 MET CTVs are determined by using actual averaged CTVs by clinic for the 3 months of February thru April 1994. Note calculations below.

FY-1995-2001

	Numbers	AVG CTVs	Months	CTVs Year
DO	3	727	12	26,172
HYG	1	702	12	8,424
Prophy	0	0	12	0
X-Ray	0	164	12	1,968
Total CTVs				36,564

62

7a.

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 No training programs at this facility.								

2/10

FACILITIES

- Not applicable, building is owned by NAS, Whiting Field.

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?

- Not applicable, building is owned by NAS, Whiting Field.

- Not applicable, building is owned by NAS, Whiting Field.

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.

- Not applicable, building is owned by NAS, Whiting Field.

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?

- Dental clinic should be close to units served.

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

- Not applicable to dental clinics.

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

- Not applicable to dental clinics.

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

- 3 to 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?

- There are 10 major universities, 7 with dental schools, within a 200 mile radius of NAS, Whiting Field. University of Florida, College of Dentistry is within 400 miles. A local community junior college is within 30 miles and has a Registered Dental Hygienist and Certified Dental Assistant program.

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?

- Loss of required dental health care to supported units. Personnel of U.S. Army, U.S. Air Force, U.S. Coast Guard, and foreign military are currently assigned to NAS, Whiting Field and receive their care at this facility.

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.

- Personnel could be treated at either Naval Dental Clinic, Pensacola, FL or Dental Clinic, Eglin Air Force Base, Ft. Walton Beach, FL. Naval Dental Clinic, Pensacola is 43 miles and Dental Clinic, Eglin is 62 miles from NAS, Whiting Field. Both require approximately one hour to reach by auto.

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
1ST Marine Brigade	None	Officer: 1
NDC Roosevelt Roads	None	Enlisted: 1
3RD FSSG	None	Enlisted: 1

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.

1. Dental Officer averages 727 CTV's/month at NAS Whiting.
1 DO x 727 = 727 CTV's lost/month.
2. Deploying Enlisted are not Propy Techs. No CTV's lost.

13. Quality of Life.

- The segment answered by Host Activity, NAS Whiting Field
(UIC 60508) in BRAC Data Call # 9.

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

G. B. Grantham
NAME (Please type or print)


Signature

Commanding Officer
Title

27 May 1994
Date

Naval Dental Center Pensacola, FL
Activity

29 BDC Whiting Field, FL

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

~~DX F. HAGEN, XADM, MC, USN~~
R. I. RIDENOUR, RADM, MC, USN

NAME (Please type or print)



Signature

~~CHIEF BUMED/SURGEON GENERAL XXX~~
ACTING CHIEF BUMED

Title

15 JUN 1994

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

ACTING

Title

27 JUN 1994

Date

DATA CALL 66
INSTALLATION RESOURCES

486

Activity Name:	Branch Dental Clinic, Whiting Field, Milton, Florida
UIC:	39069
Host Activity Name:	Naval Air Station, Whiting Field, Milton, Florida
Host Activity UIC:	60508

1. VR Burned 24 8/1/24

DATA CALL 66 INSTALLATION RESOURCES

TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Dental Clinic, Whiting Field, Milton, Florida		UIC: 39069	
FY-96 BOS COSTS (\$000)			
Category	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1b. Sub-total 1a. and 1b.			
2. Other Base Operating Support Costs:			
2a. Utilities	15		15
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare, & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Services Centers			
2i. Administration	1		1
2j. Other (specify) Communication	2		2
2k. Sub-total 2a. through 2j.	18		18
3. Grand Total (sum of 1c. and 2k.):	18		18

Table 1B N/A VR Bumed 824 8/1/94

2. VR Bumed 824 8/1/94

DATA CALL 66 INSTALLATION RESOURCES

Table 2 - Services/Supply Cost Data	
Activity Name: Branch Dental Clinic, Whiting Field, Milton, Florida	UIC: 39069
Cost Category	FY-1996 Projected Costs (\$000)
Travel:	5
Material and Supplies (including equipment):	21
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	13
Total:	39

Table 3 - Contract Workyears	
Activity Name: Branch Dental Clinic, Whiting Field, Milton, Florida	UIC: 39069
Cost Category	FY-1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:	N/A
Total Workyears::	N/A

Table 3B N/A VR Bumen 824 8/1/94
Off-Base Contract Workyear Data

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	N/A
N/A	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	N/A
N/A	N/A

3. VR Bumen 824 8/1/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

G. B. GRANTHAM
NAME (Please type or print)


Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
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)

JAMES L. AYERS
NAME (Please type or print)
COMPTROLLER
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

18 July 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)

D. J. WILDES
NAME (Please type or print)
OFFICER IN CHARGE
Title
NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

[Signature]
Signature

Date

7-18-94

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

[Signature]
Signature

Date

8-2-94

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

Date

8/30/94

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

Official name	Branch Dental Clinic Willow Grove, PA
Acronym(s) used in correspondence	BDC Willow Grove, PA
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
Naval Air Station
Willow Grove, PA 19090

- PLAD: BRDENCLINIC WILLOW GROVE PA

- PRIMARY UIC: 39064 (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 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: 00158
- 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		

UIC 39064
BDC WILLOW GROVE

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. -Not 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 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.

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

-Provides required dental examinations for 2,000 Navy reservists and 3,200 Marine reservists. NAS Willow Grove is the only base that provides flight physicals between NAS South Weymouth and NAS Andrews. Air crews from a large geographical area depend on this base for dental and medical aviation support.

Projected Unique Missions for FY 2001

-No changes projected.

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>Naval Dental Center, Newport, RI</u>	<u>66023</u>
• Funding Source	UIC
<u>Same as above</u>	_____

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	2 0*
• Tenants (total)	2	4	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	2	3	0 0*
• Tenants (total)	2	3	0

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)

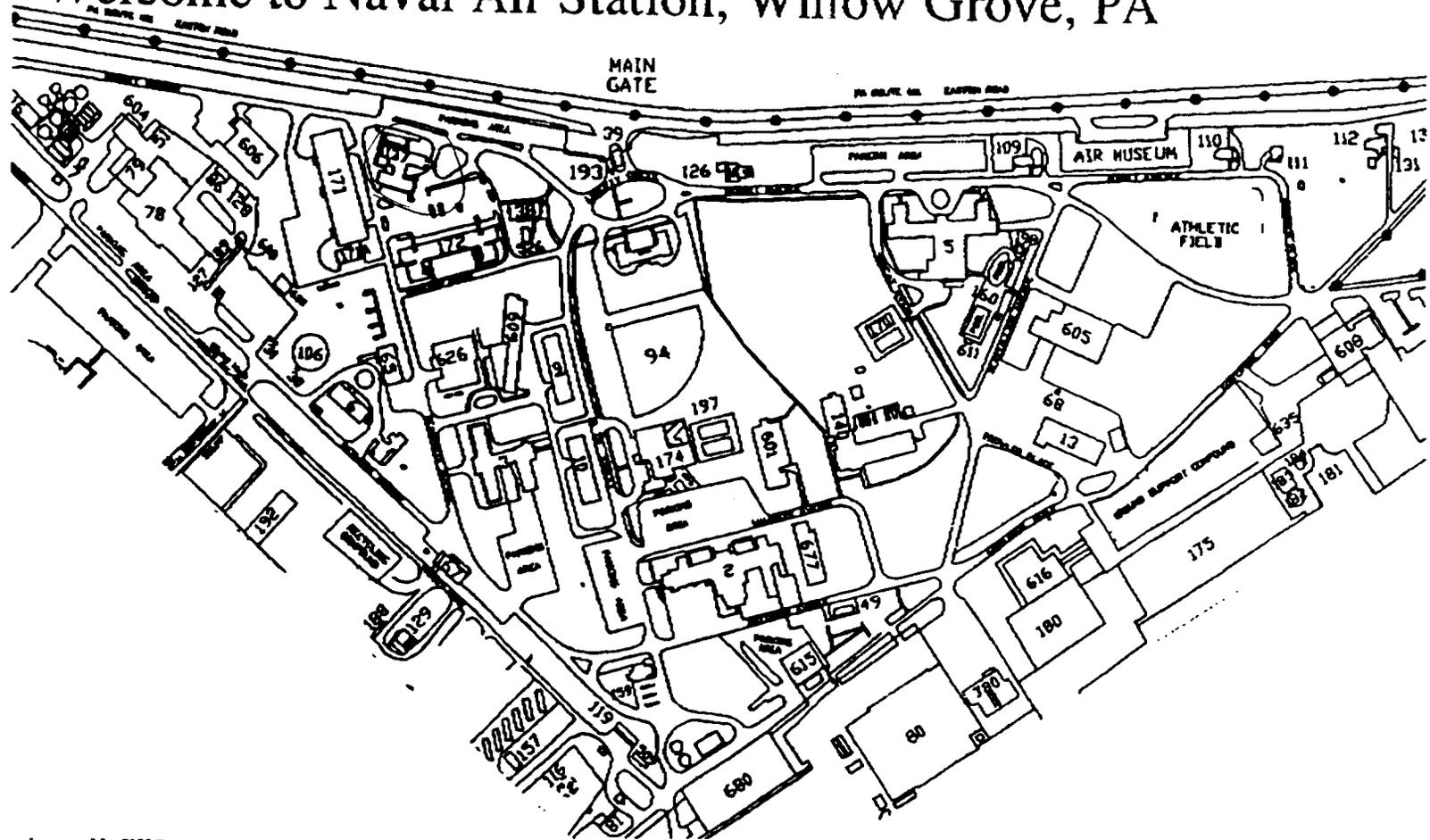
Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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.)
Trenton	Trenton, NJ	Dental Support
ROTC	Villanova, PA	"
Recruiting Commands	100 mile radius	"
NAVMARCORSCEN	Lehigh Valley	"
NAVMARCORSCEN	Reading, PA	"
NAVMARCORSCEN	Trenton, PA	"
NAVAIR PROP	UIC 62376	"
AVRESCEN	Avoca, PA	"
I&I, MWSS 473	Trenton, PA	"
I&I	Reading, PA	"
I&I, 4TH	UIC 45272	"
MARTU 4TH MAW	Wyoming, PA	"
NAVAIRDEVZEN	UIC 45272	"
ARMY WAR COLLEGE	Carlisle, PA	"
STU POST GRADUATE	Princeton, NJ	"

14. FACILITY MAPS: ATTACHED

Welcome to Naval Air Station, Willow Grove, PA



- | | | |
|---|--|--|
| <ul style="list-style-type: none"> 1. NASWG Administration 2. Community Services (Post Office, Credit Union, Gym, Fitness Center, ITT, MWR Admin, Willie G's Custom T's, Package Store, Barber Shop, Family Services) 3. Child Care Center, Navy/Marine Relief 5. Bachelor Officer Quarters, Orion's (Consolidated Clubs Catering Facility) 6. Main Boiler Plant 9. Enlisted Barracks #1 10. Enlisted Barracks #2 13. Auto Craftech Center 38. Base Chapel 39. Gate House/Police Station 65. Naval Intelligence (RIPO) | <ul style="list-style-type: none"> 78. Public Works Dept. 80. Hangar 80 (VR-52, HSL-94) 127. Motor Pool Dispatch Office 129. Liquid Oxygen (LOX Farm) Office 137. Dispensary and Dental Clinic 140. RESASWTRACEN/Reserve Programs 159. Fuel Farm Office 160. Bath House 161. Swimming Pool 167. Navy Exchange Mini Mart 171. General Warehouse 171A Supply Administration/Comptroller 172. Enlisted Barracks #5 174. Pitcairn Club (Consolidated Mess) 175. Hangar 175 (VP-64, VP-66) | <ul style="list-style-type: none"> 176. 79th ARCOM Reserve Facility 177. Army Hangar 97th ARCOM 180. Aircraft Intermediate Maintenance (AIMD) 601. Navy Maint. Training Detachment (NAMTRAGRUDET) 605. Navy Exchange Store 606. Marine Warehouse 608. Crash and Rescue/Firehouse 609. Enlisted Barracks #6 626. Enlisted Dining Facility 635. Ground Equipment Support (GSE) 677. Personnel Support Detachment (PASS) 680. Marine Hangar 780. Operations and Passenger Terminal |
|---|--|--|

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

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 *R. I. Ridenour*
ACTING CHIEF BUMED _____ Date 10 FEB 1994

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)

J. B. GREENE, JR

NAME (Please type or print) Signature *J. B. Greene, Jr*
ACTING _____ Date 16 FEB 1994

Title

Document Separator

487

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic WILLOW GROVE, PA
ACTIVITY UIC: 39064

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	20,168	84,211	82,377	82,493	82,236	82,236	82,236	82,236	82,236
UNMET *	7,031	29,356	28,717	28,757	28,668	28,668	28,668	28,668	28,668
TOTAL	27,199	113,567	111,094	111,250	110,904	110,904	110,904	110,904	110,904

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	210,527	205,943	206,232	205,591	205,591	205,591	205,591	205,591
UNMET	0	0	0	0	0	0	0	0
TOTAL	210,527	205,943	206,232	205,591	205,591	205,591	205,591	205,591

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)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	N/A								

Onborad as of May 1994

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC WILLOW GROVE, PA
UIC: 39064

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

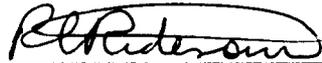
Date

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)

X 
Signature

16 JUN 1994

ACTING CHIEF BUMED
Title

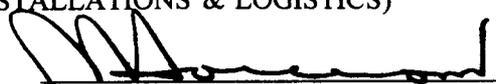
Date

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

28 JUN 1994

Title

Date

ACTWOC

487

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Willow Grove, PA
ACTIVITY UIC: 39064

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

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

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9. Geographic Location
10. Manpower and Recruiting Issues

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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 * (WG) WILLOW GROVE	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
NAS WG	00158	WG, PA	295
MAG-49	03029	WG, PA	266
NAWC	62269	WARMINSTER, PA	232
AIMD	44493	WG, PA	219
VP-66	09174	WG, PA	126
VP-64	09172	WG, PA	116
HSL-94	55178	WG, PA	108
RATCEN	68819	WG, PA	101
VR-52	08981	WG, PA	71
79TH ARCOM		WG, PA	70
157TH		HORSHAM, PA	63
111TH		WG, PA	63
MEDICAL	32631	WG, PA	46
I & I	62376	TRENTON, NJ	30
I & I 4TH	45272	FREMAN, PA	30
I & I	61881	READING, PA	30
MARTU 4TH MAW		WYOMING, PA	30
PSD	43315	WG, PA	28
MWSS 473 DET B		WG, PA	25
DENTAL	39064	WG, PA	8
ROTC		PHIL, PA	8
NAVMARCORCEN		TRENTON, NJ	7
NAVAIR PROP	62376		7
STU PG		PRINCETON, PA	5

RIPO 16	47928	WG, PA	4
NJROTC		VILLANOVA, PA	2

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 *	1,573
B. FY1993 MET WORKLOAD (CTVs)	20,168
C. FY1993 UNMET WORKLOAD (CTVs)	7,031
D. TOTAL WORKLOAD (B+C)	27,199
E. MET WORKLOAD PER CAPITA (B÷A)	12.8
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.5
G. WORKLOAD PER CAPITA (D÷A)	17.3

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

Maximum capacity for CTVs: 50,420, If staffing were to be increased to optimize clinic dental treatment 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 *	6,568	6,425	6,434	6,414	6,414	6,414	6,414	6,414
A: TOTAL MET CTVs	84,211	82,377	82,493	82,236	82,236	82,236	82,236	82,236
B: TOTAL UNMET CTVs	29,356	28,717	28,757	28,668	28,668	28,668	28,668	28,668
C: TOTAL WORKLOAD REQUIREMENT (A+B)	113,567	111,094	111,250	110,904	110,904	110,904	110,904	110,904
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)	N/A							

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

Maximum capacity for CTVs: FY94 210,527, If staffing were 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, Willow Grove/Pt. care	3,000	34	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:

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
C-0407-91	Expand MED/DEN Clinic Willow Grove, PA	1992	\$847K

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.

- No impact on the clinic mission -

LOCATION

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

-85% of patients work close to the clinic.

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

-85% of patients work close to the clinic, which helps with quick recall, minimums about away from work site.

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

-Air: Philadelphia, PA, 35 miles.

-Rail: Warminster, PA, 5 miles.

-Sea: Philadelphia, PA, 35 miles.

-Ground: Local area.

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

-Close to transportation nodes.

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 has no difficulty in hiring 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 would have to travel to McGuire AFB, NJ (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 population.

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 would have to travel to Maguire AFB, NJ (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 population.

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 *
USS BELLEAU WOOD	20633	1

*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.

-Mission requirement will still be achieved.

13. Quality of Life.

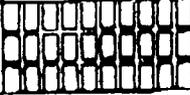
Submission made by:
RLC: NAS Willow Grove, PA
UIC: 00158
BRAC Data Call: #38

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	5 January 1994	UIC	39064
FACILITY	Branch Dental Clinic, Naval Air Station, Bldg. # 137 Willow Grove, PA 19090-5010		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT BDC Clinic 1	1	62' X 52'	Bldg. # 20
2. DENTAL TREATMENT ROOM	1 4	12' X 12' 12' X 10'	1 Used For OH & 1 Used for Oral Surgery
3. STERILIZATION ROOM	1	12' X 10'	
4. X-RAY EXPOSURE ROOM	1	12' X 8'	
5. DARKROOM	1	5' X 6'	
6. PROSTHETIC LAB	1	12' X 8'	
7. STOREROOM/ SUPPLY ROOM	1	8' X 7'	
8. CONFERENCE ROOM	1	18' X 12'	Also used as Classroom/Lounge
9. ADMINISTRATIVE OFFICE	1	12' X 10'	
10. DENTAL OFFICER'S OFFICE	1	12' X 12'	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	13' X 10'	
13. RECORDS CONTROL OFFICE	1	12' X 19'	
14. LOCKER ROOM (MALE)	0		See Line 16
15. LOCKER ROOM (FEMALE)	0		See Line 16
16. TOILET FACILITY (MALE)	1		Lines 14, 15, 16 and 17 combined
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS ASST DENTAL OFFICER UTILITY ROOM	1 1	9' X 12' 27' x 12'	OUTSIDE CLIN AREA
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Adec Excellence	3	(3) A4
	Adec Custom	2	(2) A5
2. DENTAL OPERATING CHAIR	Adec Priority	4	(4) A4
	Den-tal-ez PL200	1	(1) A5
	Reliance 5200H	1	(1) A4

3. DENTAL OPERATING LIGHT	Adec 6300 Pelton & Crane LF11	4 1	(4) A4 (1) A5
4. CENTRAL VACUUM SYSTEM	Dent-tal-ez MC202	1	(1) A4
5. AIR COMPRESSOR DEHYDRATOR	Ait Technique AirStar 7	1	(1) A4
6. STERILIZER	Pelton Crane Validator 10 Stero-Dent Dri-Heat	2 1	(2) A4 (1) A4
7. LIFE SUPPORT EQUIPMENT	Dental Clinic Located In Dispensary		
8. OTHER MAJOR EQUIPMENT	Branson Ultrasonic Cleaner B500H	1	(1) A4
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE		0	
2. VACUUM PORCELAIN FURNACE		0	
3. BURNOUT OVEN		0	
4. OTHER PROSTHETIC EQUIPMENT	Jelenko Jelcraft Glazer Dentsply Triad 2000 Buffalo Sta-Vac Whaldent Pindex Mark 11 Combination Unit Whipmix Model Trimmer Handler	1 1 1 1 1 1	A4 A4 A4 A4 A4 A4

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	Gendex 1000 11/86	1	(1) A4	See Remarks
2. MOBILE INTRA-ORAL	Philips Dans-o-mat 70 KVP	1	(1) A4	
3. PANORAMIC	Gendex GX-Pan 6/93	1	(1) A4	New Item
4. CEPHALOMETRIC		0		
5. FILM PROCESSOR	Gendex GXP 400 A/T Peri-Pro	1 1	(1) A4 (1) A5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC <input checked="" type="checkbox"/> DC <input type="checkbox"/>		a. VOLTAGE: 110/220 b. CYCLE: 60		
2. GAS:	NATURAL <input type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/>	BOTTLE <input type="checkbox"/>		ACETYLENE <input type="checkbox"/>
PART IV - REMARKS AND RECOMMENDATIONS				
<p>Dental Facilities Spaces, Contract I.D. Code: N62472-91-C-0407 (WILLOW GROVE) Clinic expansion project completed: MAY 1993.</p> <p>PART II, SECTION C, LINE 1: Gendex 1000 intra-oral X-Ray unit was in storage due to clinic expansion project and could not be surveyed in March 1993. Arrangments have been made to have all X-Ray equipment surveyed in the near future.</p> <p>Part II, Section C: Dental X-Ray Equipment a. Dental Diagnostic X-Ray Units meet federal performance standards as outlined in BUMED INST 6700.36B.</p> <p>Part I, Line 2: ALL DENTAL TREATMENT ROOMS ARE SET UP FOR DENTAL TREATMENT</p>				
DATE 06 JAN 94	TYPED NAME AND GRADE L.P. McDONALD, CDR		SIGNATURE 	

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC WILLOW GROVE, PA
UIC: 39064

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."

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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

11.6 JUN 1994

ACTING CHIEF BUMED
Title

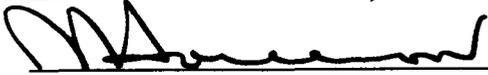
Date

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

1187

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC WILLOW GROVE, PA
UIC:	39064
Host Activity Name (if response is for a tenant activity):	NAVAL AIR STATION WILLOW GROVE, PA
Host Activity UIC:	00158

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 WILLOW GROVE, PA		UIC: 39064	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	5		5
1b. Minor Construction	3		3
1c. Sub-total 1a. and 1b.	8		8
2. Other Base Operating Support Costs:			
2a. Utilities	13		13
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
Engineering Support	2		2
2k. Sub-total 2a. through 2j:	20		20
3. Grand Total (sum of 1c. and 2k.):	28		28

**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	28
GRAND TOTAL 1A"3"	28

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: BRANCH DENTAL CLINIC WILLOW GROVE, PA			UIC: 39064
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 WILLOW GROVE, PA	UIC: 39064
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	5
Material and Supplies (including equipment): T, W, Y	28
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	
Other Purchases (Contract support, etc.):	
Q - Personal Services Contracts	53
Q - Maintenance and Repair	8
Q - Engineering Support	2
Q - Custodial Services	8
M - Utilities	13
N - Communications	3
Total:	120

**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 WILLOW GROVE, PA	UIC: 39064
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

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
WILLOW GROVE, PA
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

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

W. A. Earner

Signature

NAME (Please type or print)

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

Official name	Branch Dental Clinic Winter Harbor, ME
Acronym(s) used in correspondence	BDC Winter Harbor, ME
Commonly accepted short title(s)	

- Complete Mailing Address: Branch Dental Clinic
Naval Security Group Activity
Winter Harbor, ME 04693

- PLAD: BRDENCLINIC WINTER HARBOR ME

- PRIMARY UIC: 41776 (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 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: 00702
- 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
Branch Dental Annex Cutler, ME	41777	East Machias, ME	Naval Telecommunications and Computer Station	63038

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 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 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.

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

-Provide dental care to the Naval Telecommunications and Computer Station.

Projected Unique Missions for FY 2001

-No changes projected.

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>Naval Dental Center Newport, RI</u>	<u>66023</u>
• Funding Source	UIC
<u>Same as above</u>	_____

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	<u>1</u>	<u>3</u>	<u>0</u> <u>0*</u>
• Tenants (total)	<u>1</u>	<u>3</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command Contract	<u>1</u>	<u>3</u>	<u>0</u> <u>0*</u>
• Tenants (total)	<u>1</u>	<u>3</u>	<u>0</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>
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.)
<i>Naval Telecommunication s and Computer Station</i>	<i>East Machias, ME</i>	<i>Dental Support</i>

14. FACILITY MAPS: ATTACHED.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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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 41776
BDC WINTER HARBOR

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 _____

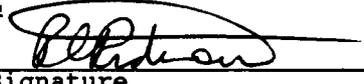
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

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

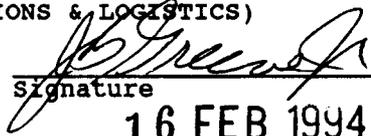
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print) _____ x  Signature _____
ACTING CHIEF BUMED
Title _____ Date 10 FEB 1994
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 _____ Date 16 FEB 1994

Document Separator

488

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic WINTER HARBOR, ME
ACTIVITY UIC: 41776**

**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	8,461	10,485	10,287	10,363	10,363	10,363	10,363	10,363	10,363
UNMET *	1,381	1,712	1,679	1,692	1,692	1,692	1,692	1,692	1,692
TOTAL	9,842	12,196	11,966	12,055	12,055	12,055	12,055	12,055	12,055

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	20,970	20,574	20,726	20,726	20,726	20,726	20,726	20,726
UNMET	0	0	0	0	0	0	0	0
TOTAL	20,970	20,574	20,726	20,726	20,726	20,726	20,726	20,726

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)	1	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	N/A								

Onborad as of May 1994

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC WINTER HARBOR, ME
UIC: 41776

Reference: SECNAVNOTE 11000 of 08 December 1993

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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

Enclosure (10)

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

16 JUN 1994

ACTING CHIEF BUMED
Title

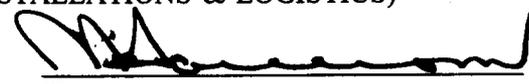
Date

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

Title

ACT106

28 JUN 1994

Date

Document Separator

488

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic Winter Harbor, ME
ACTIVITY UIC: 41776

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

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

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8. Impact of Facilities' Condition

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9. Geographic Location
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11. Capabilities
12. Mobilization
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*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 *(NSGA) Naval Security Group Activity	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL) *
NSGA Staff	00702	Winter Harbor, ME	234
NTCS Culter	63038	East Machias, ME	96
NSGA Students	33033	Winter Harbor, ME	77
Coast Guard		S. W. Harbor, ME	50
Air National Guard		Bangor, ME	50
NSGA Training	44964	Winter Harbor, ME	44
NSGA Communications	32707	Winter Harbor, ME	34
Army Reserve		Bangor, ME	30
NSGA Det 2 Students	48175	Winter Harbor, ME	29
NSGA Det 2	46437	Winter Harbor, ME	15
NSGA Det 4	30316	Winter Harbor, ME	11
NSGA Medical	32616	Winter Harbor, ME	9
NSGA PSD	43345	Winter Harbor, ME	8
NSGA Army Det	00154	Winter Harbor, ME	5
NSGA MAA	68141	Castine, ME	5
NSGA Dental	41776	Winter Harbor, ME	4
NSGA Navy Exchange	30948	Winter Harbor, ME	3
NSGA Det 6	47888	Winter Harbor, ME	3
NSGA DECA	49173	Winter Harbor, ME	3

*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 *	556
B. FY1993 MET WORKLOAD (CTVs)	8,461
C. FY1993 UNMET WORKLOAD (CTVs)	1,381
D. TOTAL WORKLOAD (B+C)	9,842
E. MET WORKLOAD PER CAPITA (B÷A)	15.2
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.5
G. WORKLOAD PER CAPITA (D÷A)	17.7

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

Maximum capacity for CTVs: 16,922, If staffing were to be 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	689	676	681	681	681	681	681	681
A: TOTAL MET CTVs	10,485	10,287	10,363	10,363	10,363	10,363	10,363	10,363
B: TOTAL UNMET CTVs	1,712	1,679	1,692	1,692	1,692	1,692	1,692	1,692
C: TOTAL WORKLOAD REQUIREMENT (A+B)	12,196	11,966	12,055	12,055	12,055	12,055	12,055	12,055
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)	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 20,979, 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, Winter Harbor/Pt. care	1,230	23	Sub-standard
54010	BDA, Cutler/Pt. care	438	34	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:

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 not space available for an appropriate locker room or CSR. Both medical and dental are colocated in the same building and have been working on an arrangement to allow dental more space.

LOCATION

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

-Due, to isolated location in Maine, it is very hard to consult with a specialist or to establish a regular referral pattern, due to travel distance.

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

-The clinic is readily available to the majority of the population supported.

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

-Air: Bangor, ME. 1.15 hours

-Rail: N/A

-Sea: N/A

-Ground: Bangor, 1.15 hours, Greyhound and Trailways

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

-Presently, there are no clinic staff in mobilization billet, there are no reserve units in the area. Close to transportation nodes.

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?

-Non-existing qualified source of civilians trained in the field of dental, due to isolated 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?

NSGA Winter Harbor and NTCS Culter active duty personnel would not have access to military dental care to support operational readiness. Active duty would have to travel 4.5 hours to Brunswick, ME to receive military dental 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.

NSGA Winter Harbor and NTCS Culter staff would have to travel to Brunswick, ME to receive the closed military dental care, traveling time 3 hours and 4.5 hours respectively, or civilian care would be available in Ellsworth, ME 30 minutes away.

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 Security Group Activity

UIC: 00702

BRAC Data Call: #35

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	22 DEC 1993	UIC	41776
FACILITY	BRANCH DENTAL CLINIC, NSGA, WINTER HARBOR, ME		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	(1) 32 x 36	
2. DENTAL TREATMENT ROOM	2	(2) 10 x 12	
3. STERILIZATION ROOM	0	(1) 7 x 9	Combined x-ray, CSR Darkroom. Inadequate
4. X-RAY EXPOSURE ROOM	1	(1) 10 x 12	
5. DARKROOM	1	(1) 7 x 9	Combined x-ray, CSR Darkroom
6. PROSTHETIC LAB	1	(1) 6 x 9	
7. STOREROOM/ SUPPLY ROOM	1	(1) 8 x 12	
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	1	(1) 10 x 12	

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	(1) 9 x 14	
13. RECORDS CONTROL OFFICE	1	(1) 10 x 12	
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	1	(1) 5 x 9	1 toilet facility for male and female staff
17. TOILET FACILITY (FEMALE)	1	(1) 5 x 9	1 toilet facility used by male and female staff
18. OTHER MAJOR ROOMS Duty Room Crews Lounge	0		

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	2	A-4 (2)
2. DENTAL OPERATING CHAIR	ADEC 1005	2	A-4 (2)

3. DENTAL OPERATING LIGHT	ADEC 6300	2	A-4 (2)
4. CENTRAL VACUUM SYSTEM	DENTAL - EZ MC202	1	A-4 (1)
5. AIR COMPRESSOR DEHYDRATOR	BELL GOSSETT INGERSOLL RAND	1 1	A-4 (1) A-4 (1)
6. STERILIZER (S & E)	VALIDATOR PLUS PELTON AND CRANE	1 1	A-4 (1) A-4 (1)
7. LIFE SUPPORT EQUIPMENT	0		
8. OTHER MAJOR EQUIPMENT	X-RAY CHAIR, RELIANCE	1	A-4 (1)

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	0		
2. VACUUM PORCELAIN FURNACE	0		
3. BURNOUT OVEN	0		
4. OTHER PROSTHETIC EQUIPMENT	HEALTHCO MOTOR (HIGH SPEED) DENTSPLY LIGHT-CURING OVEN TCU-II	1 1	A-5 (1) A-5 (1)

DATE 22 DEC 1993	TYPED NAME AND GRADE JENNIFER C GROOM, DN	SIGNATURE 

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	22 DEC 1993	UIC	41777
FACILITY	BRANCH DENTAL CLINIC, NCU, CUTLER, ME		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	20 x 20	
2. DENTAL TREATMENT ROOM	2	(1) 10 x 11 (1) 10 X 10	
3. STERILIZATION ROOM	1	(1) 9 x 10	Combined Pros. Lab Inadequate
4. X-RAY EXPOSURE ROOM	1	(1) 10 x 10	Combined Dental Treatment Room Inadequate
5. DARKROOM	0		
6. PROSTHETIC LAB	1	(1) 9 x 10	Limited Capabilities
7. STOREROOM/ SUPPLY ROOM	0		
8. CONFERENCE ROOM	0		
9. ADMINISTRATIVE OFFICE	0		
10. DENTAL OFFICER'S OFFICE	0		

11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	0		
13. RECORDS CONTROL OFFICE	0		
14. LOCKER ROOM (MALE)	0		
15. LOCKER ROOM (FEMALE)	0		
16. TOILET FACILITY (MALE)	0		
17. TOILET FACILITY (FEMALE)	0		
18. OTHER MAJOR ROOMS Duty Room Crews Lounge	0		

PART II - DENTAL EQUIPMENT

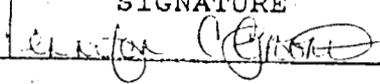
SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	2	A-4 (2)
2. DENTAL OPERATING CHAIR	ADEC 1005	2	A-4 (2)

3. DENTAL OPERATING LIGHT	ADEC 6300	2	A-4 (2)
4. CENTRAL VACUUM SYSTEM	DENTAL-EZ MC201	1	A_5 (1)
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES A12T	1	A-5 (1)
6. STERILIZER (S & E)	VERNITROM 8080RT	1	A-4 (1)
7. LIFE SUPPORT EQUIPMENT	0		
8. OTHER MAJOR EQUIPMENT	0		

SECTION B - PROSTHETIC LAB EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	0		
2. VACUUM PORCELAIN FURNACE	0		
3. BURNOUT OVEN	0		
4. OTHER PROSTHETIC EQUIPMENT	0		

DATE 22 DEC 1993	TYPED NAME AND GRADE JENNIFER C GROOM, DN	SIGNATURE 

BRAC-95 CERTIFICATION
FOR
BRANCH DENTAL CLINIC WINTER HARBOR, ME
UIC: 41776

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

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

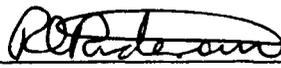
Date

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

16 JUN 1994

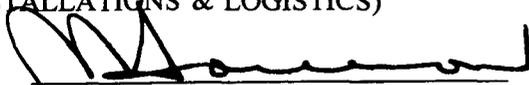
Date

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

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC WINTER HARBOR, ME
UIC:	41776
Host Activity Name (if response is for a tenant activity):	NAVAL SECURITY GROUP ACTIVITY WINTER HARBOR, ME
Host Activity UIC:	00702

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 WINTER HARBOR, ME			UIC: 41776
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	2		2
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	2		2
2. Other Base Operating Support Costs:			
2a. Utilities	6		6
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
Engineering Support	2		2
2k. Sub-total 2a. through 2j:	13		13
3. Grand Total (sum of 1c. and 2k.):	15		15

**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	15
GRAND TOTAL 1A"3"	15

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: BRANCH DENTAL CLINIC WINTER HARBOR, ME			UIC: 41776
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 WINTER HARBOR, ME	UIC: 41776
Cost Category	FY 1996 Projected Costs (\$000)
Travel: E	11
Material and Supplies (including equipment): T, W, Y	10
Industrial Fund Purchases (other DBOF purchases):	
Transportation: E	
Other Purchases (Contract support, etc.):	
Q - Maintenance and Repair	2
Q - Engineering Support	2
M - Utilities	6
N - Communications	3
Total:	34

**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 WINTER HARBOR, ME	UIC: 41776
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**

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)

R L Jucovics
Signature

COMMANDING OFFICER
Title

19 JULY 1994
Date

BRANCH DENTAL CLINIC
WINTER HARBOR, ME
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 redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

Official name	<i>Area Dental Laboratory, San Diego</i>
Acronym(s) used in correspondence	<i>ADL San Diego</i>
Commonly accepted short title(s)	<i>ADL San Diego</i>

- Complete Mailing Address

Director, Area Dental Laboratory
 Box 368147
 2310 Craven Street
 San Diego, CA 92136-5596

- PLAD

NAVDENCEN SAN DIEGO

- PRIMARY UIC: ^{44556 65P}~~660224*~~ (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): 44556 PURPOSE: For DIRS reporting

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.

(UIC - ⁴⁴⁵⁵⁶~~66022~~^{65A})

• 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: 00245

• Primary Host (as of 01 Oct 1995) UIC: 00245

• Primary Host (as of 01 Oct 2001) UIC: 00245

• **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 - ⁴⁴⁵⁵⁶~~65022~~) 65A

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 - ⁴⁴⁵⁵⁶~~66022~~ 65A)

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>X O_{65A}</u>	<u>38 O_{65A}</u>	<u>X O_{65A}</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>X</u>	<u>25</u>	<u>X O_{65A}</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			
A.W. FEHLING CAPT, DC, USN Director	619-556-8247 DSN-526-8247	619-556-8559 DSN-526-8559	N/A
T.C. SPLITGERBER CAPT, DC, USN Commanding Officer	619-556-8200 DSN-526-8200	619-556-8559 DSN-526-8559	N/A

(UIC - ~~60022~~) 44556 GA

- DANILO L. YU 619-556-8217 619-556-8221 N/A
 LCDR MSC USN DSN-526-8217 DSN-526-8221
 BRAC Coordinator

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 - ~~65522~~) 44556_{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 - ~~60022~~) 44556 crA

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 A. W. FEHLING, DC, USN
NAME (Please type or print)

DIRECTOR
Title

AREA DENTAL LABORATORY, SAN DIEGO
Activity


Signature
31 Jan 94
Date

(UIC - ~~86072~~) 44 55 6
65A

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

490

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: AREA DENTAL LABORATORY, SAN DIEGO
ACTIVITY UIC: 44556**

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

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

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MISSION REQUIREMENTS

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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	497584	497584	497584	497584	497584	497584	497584	497584	497584
UNMET	109783	109783	109783	109783	109783	109783	109783	109783	109783
TOTAL	607367	607367	607367	607367	607367	607367	607367	607367	607367

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	497584	497584	497584	497584	497584	497584	497584	497584
UNMET	109783	109783	109783	109783	109783	109783	109783	109783
TOTAL	607367	607367	607367	607367	607367	607367	607367	607367

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 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
PROVIDER TECHNICIANS (MIL AND CIV)	38	38	38	38	38	38	38	38	38
DENTAL HYGIENISTS (MIL AND CIV)	1 0								

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114063
K. King

*Prosthetic
Laboratory
Technicians*

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."

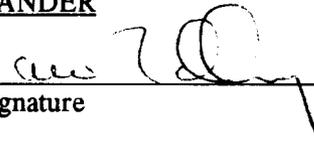
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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 A.W. FEHLING, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 May 94
Date

AREA DENTAL LABORATORY, 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

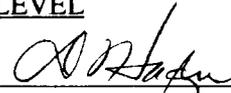
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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


Signature

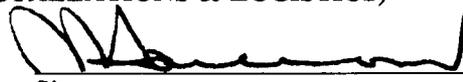
6 Jun 94
Date

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. SAPEERAM
NAME (Please type or print)

ACTD6
Title


Signature

28 JUN 1994
Date

Document Separator

490

**MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: AREA DENTAL LABORATORY, SAN DIEGO
ACTIVITY UIC: 44556**

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

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

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MISSION REQUIREMENTS

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

Fabricates dental prostheses for shore based dental facilities, operational and fleet marine force units, and provide dental laboratory support to other medical/dental treatment facilities within the Western Pacific.

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)
BDC NAVSTA	66022	SAN DIEGO	26
BDC NTC	35733	SAN DIEGO	8
BDC LONG BEACH	62947	LONG BEACH	7
BDC MCRD	35732	SAN DIEGO	6
13TH DENTAL CO	44570	EL TORO	5
1ST DENTAL CO	44564	CAMP PENDELTON	5
BDC NORTH IS.	35734	SAN DIEGO	5
NAVMEDCEN	00259	SAN DIEGO	5
NAVMEDCEN	68094	CAMP PENDELTON	5
BDC MIRAMAR	35735	SAN DIEGO	4
21ST DENTAL CO		HAWAII	4
NDC PUGET SOUND	68443	SEATTLE, WA	4
NDC PEARL HARBOR	62313	HAWAII	4
23RD DENTAL CO	62974	YUMA, AZ	3

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
BDC NAB	35736	SAN DIEGO	3
USS ACADIA	49238	SAN DIEGO	3
USS CAPE COD	49239	SAN DIEGO	3
BDC WHIDBY IS		OAK HARBOR, WA	3
BDC PORT HUENEME	63394	PORT HUENEME	3
BDC 29 PALM		29 PALM, CA	3

USS MCKEE	21118	SAN DIEGO	3
NDC ADAK		ADAK, ALASKA	2
BDC SAND POINT		SEATTLE, WA	2
BDC BANGOR		SILVERDALE, WA	2
USS JASON	08810	SAN DIEGO	2
BDC CHINA LAKE		CHINA LAKE, CA	2
USS DIXON	20132	SAN DIEGO	2
USS NIMITZ	03368	ALAMEDA, CA	2

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NDC IDAHO FALLS		IDAHO	2
BDC ASW	35731	SAN DIEGO	2
BDC SUBASE	44557	SAN DIEGO	1
BDC EL CENTRO	41770	EL CENTRO	1
BDC FISC	35737	SAN DIEGO	1
USS ESSEX	21533	SAN DIEGO	1
USS CORONADO	07194	SAN DIEGO	1
USS COMSTOCK	21452	SAN DIEGO	1
USS TARAWA	20550	SAN DIEGO	1
USS LONG BEACH	03651	SAN DIEGO	1
USS TRIPOLI	07198	SAN DIEGO	1
USS JUNEAU	68443	SAN DIEGO	1
USS JASON	08810	SAN DIEGO	1
USS F. MCHENRY	21400	SAN DIEGO	1

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
USS PRAIRIE	04620	SAN DIEGO	1
NDC PANAMA	48881	PANAMA	1

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	144
B. FY1993 MET WORKLOAD (CLVs)	497,586
C. FY1993 UNMET WORKLOAD (CLVs)	109,783
D. TOTAL WORKLOAD (B+C)	607,367
E. MET WORKLOAD PER CAPITA (B÷A)	3,455
F. UNMET WORKLOAD PER CAPITA (C÷A)	762
G. WORKLOAD PER CAPITA (D÷A)	4,217

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

Maximum capacity for CTVs: 607,367

Explanation: Population of 144 represents the total number of Dentist in the area that are being supported by the Area Dental Laboratory (ADL), San Diego.

The ADL is undermanned when compared to FY-91 manning level. Currently, clinicians reduce their number if prosthetic cases based on how busy the laboratory is and how long it takes to fabricate various prosthesis.

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	145	140	140	140	140	140	140	140
A: TOTAL MET CLVs	497584	497584	497584	497584	497584	497584	497584	497584
	—							
	—							
B: TOTAL UNMET CLVs	109783	109783	109783	109783	109783	109783	109783	109783
	—							
	—							
C: TOTAL WORKLOAD REQUIREMENT (A+B)	607367	607367	607367	607367	607367	607367	607367	607367
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PHYSICIAN TECHNICIANS (MIL AND CIV)	38	38	38	38	38	38	38	38

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Laboratory
Technicians

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[Signature]

DENTAL HYGIENISTS (MIL AND CIV)	0	0	0	0	0	0	0	0
---------------------------------------	---	---	---	---	---	---	---	---

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

Maximum capacity for CLVs: 607,367

Explanation: **Population for ADL refers to the number of dentists referring prosthetic cases to ADL. ADL is large enough to accommodate more technicians. With more technicians, productivity would increase.**

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 STATION SAN DIEGO, UIC-00245 MAINTAINS THE INVENTORY RECORD.**

PLEASE REFER TO THE ATTACHED FACILITY 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 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 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
RCI-91	UPGRADE ADL. MODERNIZATION TO COMPLY WITH SAFETY REGULATIONS AND IMPROVE EFFICIENCY	FY-95	484K

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 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.

NOT APPLICABLE

CONTINUATION: NAVAL STATION, BRANCH DENTAL CLINIC

PART I - DENTAL FACILITY SPACE

ADL LAB ROOMS

6.	MAIN LAB	01	34'	X	96'	
	SHIPPING ROOM	01	11'	X	13'	
	C & B ROOM	01	11'	X	13'	
	CERAMICS ROOM	01	10'	X	13'	
	GRINDING ROOM	01	16'	X	13'	
	CASTING ROOM	01	10'	X	16'	
	MINI-LAG	01	09'	X	10'	
7.	STOREROOM/ SUPPLY ROOM	01	12'	X	19'	LINEN ROOM LVL 1
		01	10'	X	12'	ISSUE ROOM LVL 2
		01	12'	X	13'	PROS
		01	10'	X	12'	ACD
		01	10'	X	12'	PERIO
		01	12'	X	10'	ED & TRAINING
		01	10'	X	12'	ORTHO STORAGE
		01	08'	X	13'	ADL STOREROOM
		01	09'	X	11'	ADL STOREROOM
		01	22'	X	32'	SUPPLY STOREROOM
		01	12'	X	19'	LINEN STORAGE LVL 1
		02	13'	X	06'	GEAR LOCKER LVL 1 & 2
8.	ADMIN OFFICES	01	12'	X	12'	MAA-SECURITY OFFICE
		01	12'	X	12'	DAPA
		05	10'	X	11'	ED & TRAINING
		02	10'	X	12'	CO/XO
		01	10'	X	12'	CO'S SECRETARY
		01	10'	X	12'	DIR DENT. SVC
		01	10'	X	12'	PERSONNEL OFFICER
		01	24'	X	46'	HQ ADMIN PERSONNEL
		01	10'	X	11'	CMC OFFICE
		01	10'	X	12'	RECORDS MANAGEMENT
		01	07'	X	08'	CAREER COUNSELOR
		01	10'	X	12'	RECORDS MANAGEMENT
		01	12'	X	12'	ADMIN DIRECTOR
		01	10'	X	10'	S. E. A.
		01	10'	X	12'	TQL ROOM
		01	10'	X	12'	22 SAFETY ROOM
		01	10'	X	12'	20 O.S. FELLOW ROOM
		02	10'	X	12'	25 PROS ADMIN ROOM
		01	21'	X	12'	BDC-NDC ADMIN
		01	10'	X	12'	ENDO ADMIN LPO
		01	10'	X	12'	PERIO ADMIN LPO
		01	10'	X	10'	ACD/GD ADMIN LPO
		01	10'	X	12'	O.S. ADMIN LPO
		01	11'	X	09'	PROS ADMIN LPO
		01	12'	X	11'	FLEET LIASON
		01	12'	X	08'	O. D. ADMIN LPO

PART IV - (1)
2 (2)

NET GAIN OF 6 DTR'S
LINEN ROOM TRANSFERRED TO C1-4

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?

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 impact would be the loss of a vital dental discipline to operational facilities throughout the Pacific Fleet. The ADL provides laboratory services to small dental departments afloat and small branch dental clinics ashore. Additionally, the ADL offers some unique services such as all ceramic crowns and high impact resins which are not available at most Navy type II laboratories.

The ADL also has a staff that includes 9 civilians technicians. Those civilians technicians do not have the military requirements of active duty personnel. Specifically, they do not have to be rotated throughout the 5 laboratory disciplines and no collateral duty responsibilities. As such, they are extremely efficient.

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.

Another facility would need to be identified and equipped. If that facility was not in the same geographic vicinity new personnel would need to be hired. In the Southern California area, there are no dental laboratories as large as the ADL. Whereas we could move our technicians into smaller laboratories, those laboratories would become overstaffed. Certainly, the amount of laboratory procedures would clearly decline.

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 STATION, SAN DIEGO
UIC-00245, 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 1993.

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:

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

(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:

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

(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		
O7		

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)	

(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.

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)

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			
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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

CAPT A.W. FEHLING, DC, USN
NAME (Please type or print)


Signature

DIRECTOR
Title

25 117a 94
Date

AREA DENTAL LABORATORY, 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

T.C. Splitgerber

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)

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

6-25-94
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

H91

Activity Information:

Activity Name:	NAVAL DENTAL SCHOOL, BETHESDA
UIC:	0608A
Host Activity Name (if response is for a tenant activity):	NATIONAL NAVAL MEDICAL CENTER, BETHESDA
Host Activity UIC:	00168

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: NAVAL DENTAL SCHOOL, BETHESDA		UIC: 0608A	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	134		134
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	134		134
2. Other Base Operating Support Costs:			
2a. Utilities	144		144
2b. Transportation			
2c. Environmental	15		15
2d. Facility Leases			
2e. Morale, Welfare & Recreation	14		14
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	36		36
2j. Other (Specify) *	354		354
2k. Sub-total 2a. through 2j:	563		563
3. Grand Total (sum of 1c. and 2k.):	697		697

* (CUSTODIAN 264, PERSONNEL SUPPORT 6, SUPPLY 76, SECURITY 8)

Document Separator

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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..

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INSTALLATION RESOURCES**

N/A

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

Activity Name: NATIONAL NAVAL DENTAL SCHOOL, BETHESDA		UIC: 0608A		
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: NAVAL DENTAL SCHOOL, BETHESDA	UIC: 0608A
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	78
Material and Supplies (including equipment):	635
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	874
Total:	1587

**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: NAVAL DENTAL SCHOOL, BETHESDA	UIC: 0608A
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	02
Procurement:	
Other:*	
Total Workyears:	02

* 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 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):

2 CONTRACT WORK YEARS

See pg 7R VR Number 824 7/29/94

**DATA CALL 66
INSTALLATION RESOURCES**

Naval Dental School, Bethesda

0608A

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 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

7R VR BUNED 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

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)

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

Date

8/25/94

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

D.D. WOOFER, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER ACTING
Title

7/14/94
Date

NATIONAL NAVAL DENTAL CENTER
Activity

Document Separator

0608A

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	National Naval Dental Center
Acronym(s) used in correspondence	NNDC
Commonly accepted short title(s)	Headquarters

* Complete Mailing Address

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

* PLAD

NATNAVDENCEN BETHESDA MD

*PRIMARY UIC: 0608A (Plant Account UIC for Plant Account Holders)

* ALL OTHER UIC(s): 47140 PURPOSE: DMEDS PERSONNEL
48463 RESIDENTS TRAINING

- See attach enclosures for branch clinics and annexes.

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 host only.

* Yes X No _____ (check one)
 * Primary Host (current) UIC: 00168
 * Primary Host (as of 01 Oct 1995) UIC: 00168
 * Primary Host (as of 01 Oct 2001) UIC: 00168

* 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		

0608A

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. 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).

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.
- * Operate assigned component dental care facilities. Ensure that the dental center and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
- * Ensure that all assigned military personnel are both aware and properly trained for the performance of assigned contingency and wartime duties.
- * As directed provide dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operational readiness.
- * Conduct appropriate educational programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- * Conduct graduate and postgraduate educational programs for medical department officers.
- * 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

- * 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

*

*

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>Commandant, Naval District Washington</u>	<u>00171</u>

* Funding Sources	UIC
<u>Chief, Bureau of Medicine and Surgery</u>	<u>00018</u>

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>41</u>	<u>86</u>	<u> </u>
* Tenants (total)			
NNDC Hdqtrs	<u>8</u>	<u>18</u>	<u>5</u>
Naval Dental School	<u>33</u>	<u>78</u>	<u>12</u>
47140 DMEDS	<u>0</u>	<u>20</u>	<u>0</u>
48463 Residency	<u>48</u>	<u>0</u>	<u>0</u>
Contract civilians	<u>0</u>	<u>0</u>	<u>2</u>

REPORTING COMMAND (handwritten note with arrow pointing to * Reporting Command)

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
* Reporting Command	<u> </u>	<u> </u>	<u> </u>
* Tenants (total)			
NNDC/NDS	<u>40</u>	<u>95</u>	<u>17¹³ GSA</u>
48463 Residency	<u>47</u>	<u>0</u>	<u>0</u>
47140 DMEDS	<u>0</u>	<u>20</u>	<u>0</u>
Contract civilians	<u>0</u>	<u>0</u>	<u>2</u>

REPORTING COMMAND (handwritten note with arrow pointing to * Reporting Command)

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			
J. J. Shanley Commanding Officer	(301)295-1126	(301)295-6241	(301)208-9037
* Duty Officer	(301)295-0075	[N/A]	[N/A]
* R. M. Tennyson Manpower/Admin. Services	(301) 295-5917	(301)295-6241	[N/A]

Encl (1)

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
NNDC/NDS	0608A	41	95	17
DMEDS	47140		20	
RESIDENCY	48463	47		
CIVILIAN CONTRACTS	0608A			2

* Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

* Tenants residing in Special Area (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.)
See attach sheet		

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 on 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, 8 1/2" x 11".)

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

REGIONAL SUPPORT: NATIONAL NAVAL DENTAL CENTER (HEADQUARTERS)

BRANCH	SUPPLIER	RECEIVER	EXP DATE	NUMBER	COMMENTS
ALL	NNDC	RES-RECOM SIX	INDEF	MOU	GUIDELINES FOR SUPPORT
NDS	USUHS/NDS	MUTUAL	0695	ISA	PATH RESIDENT/MUTUAL TEACHI
NDS	NIDR/NDS	NNDC/NDRI	0997	ISA	EST OF MEDIU
Q	NNDC	NMC,Q	0797	N0608A-91274-001	AUTOCALVE ASSISTANCE
USNA	NNDC	U OF MD, DH STU	0695	MOU	PRACTICAL EXP, DH STU
NDS	NNDC	USPHS	0595	ISA	PROVIDE PATH SUPPORT

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

NAME (Please type or print)

J. J. SHANLEY, CAPT, DC, USN
Title

COMMANDING OFFICER
Activity

NATIONAL NAVAL DENTAL CENTER
8901 WISCONSIN AVE
BETHESDA, MD 20889-5602

Signature

Date

J. J. Shanley
04 Feb 94

Encl (1)

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

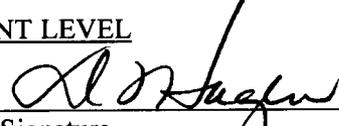
Date

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)



Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-8-94

Date

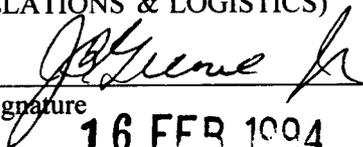
BUREAU OF MEDICINE & SURGERY _____
Activity

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, JTC

NAME (Please type or print)



Signature

ACTING

Title

16 FEB 1994

Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:NAVAL DENTAL SCHOOL
ACTIVITY UIC:0608A

491

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

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

NNDC/ NAVAL DENTAL SCHOOL BETHESDA

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	169578	171419	173459	175500	175500	175500	175500	175500	175500
UNMET	67065	63449	62491	65720	59140	59047	59522	59522	59522
TOTAL	236443	234868	235950	241220	234640	234640	234640	234640	234640

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:

NNDC.NAVAL DENTAL SCHOOL

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	171419	173459	175500	175500	175500	175500	175500	175500
UNMET	63449	62491	65720	59140	59047	59522	59522	59522
TOTAL	234868	235950	241220	234640	234547	235022	235022	235022

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:

[Handwritten signature and date]
 10/16/94

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.

CTVs	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	234868	235950	241220	234640	234640	234640	234640	234640
UNMET	0	0	0	0	0	0	0	0
TOTAL	234868	235950	241220	234640	234640	234640	234640	234640

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.

* 30 ROOMS STAY FOR STUDENT ONLY. 52 ROOMS AVAILABLE FOR STAFF PRODUCING CTV'S. 4762 CTV'S PER PROVIDER. ADD 14 PROVIDERS.

R₄
Maple 3
740721

NND/NAVAL DENTAL SCHOOL

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)	83	84	85	86	86	86	86	86	86
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	4	3	3	3	3	3	3	3	3

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."

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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

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

8/3/94

Date

491

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL SCHOOL

ACTIVITY UIC: 0608A

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

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

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MISSION REQUIREMENTS

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

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. Operate assigned component dental care facilities. Ensure that all assigned military personnel are both aware of and properly trained for the performance of assigned contingency and wartime duties. Ensure that the dental center and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency plans. Provide, as directed, dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operating forces and activities. Conduct appropriate educational programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained. Conduct graduate and postgraduate educational programs for medical department officers. 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.

NATIONAL NAVAL DENTAL CENTER (0608A)

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)
National Naval Medical Center	00168	Bethesda, MD	2125
Uniformed Services University of the Health Sciences	68336	Bethesda, MD	213
Naval Medical Research Institute	64223	Bethesda, MD	219
Naval School of Health Sciences	30637	Bethesda, MD	228
Armed Forces Radiobiology Research Institute	68771	Bethesda, MD	39
Naval Health Sciences Education and Training Command	0619A	Bethesda, MD	54
Personnel Support Detachment, Bethesda	42554	Bethesda, MD	58
Naval Medical Information Management Center	30637	Bethesda, MD	36
Naval Medical Research and Development Command	00075	Bethesda, MD	26

NATIONAL NAVAL DENTAL CENTER

(0608A)

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)
NNDC	0608A	BETHESDA MD	239
USUHS STUDENTS	35978	BETHESDA MD	674
TAYLOR	00167	BETHESDA MD	11
CRRD5	47767	BETHESDA MD	24
ALDELPHI	63039		9
NAVDO5	48559	BETHESDA MD	11
EVALBD	66627	BETHESDA MD	3
PESTMT	65399		2

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

* 4A

BUMED
MED 825
65A
7/24/94

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	18001
B. FY1993 MET WORKLOAD (CTVs)	169378
C. FY1993 UNMET WORKLOAD (CTVs)	67065
D. TOTAL WORKLOAD (B+C)	236443
E. MET WORKLOAD PER CAPITA (B÷A)	9
F. UNMET WORKLOAD PER CAPITA (C÷A)	4
G. WORKLOAD PER CAPITA (D÷A)	13

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.

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	17043	16787	17651	15885	15967	15989	15989	15989
A: TOTAL MET CTVs	17141 9	17345 9	17550 0	17550 0	17550 0	17550 0	17550 0	17550 0
B: TOTAL UNMET CTVs	63449	62491	65720	59140	59047	59522	59522	59522
C: TOTAL WORKLOAD REQUIREMENT (A+B)	23486 8	23595 0	24122 0	23464 0	23454 7	23502 2	23502 2	23502 2
DENTISTS (MIL AND CIV)	84	84 85	84 86					
PROPHY TECHNICIANS (MIL AND CIV)								
DENTAL HYGIENISTS (MIL AND CIV)	3	3	3	3	3	3	3	3

R. Allen
MC-203
940721

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.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
Endodontics	52	52	52	52	52	52	52	52
General Dent Tx Pl	31	31	31	31	31	31	31	31
Occlusion	24	24	24	24	24	24	24	24
Operative Dentistry	45	45	45	45	45	45	45	45
Oral Diagnosis	54	54	54	54	54	54	54	54
Oral Pathology	89	89	89	89	89	89	89	89
Osseointegration	56	56	56	56	56	56	56	56
Pediatric Dentistry	40	40	40	40	40	40	40	40

DENTAL SCHOOL 0608A
 NO PAGE 7 SUBMITTED

BUMED
 MED-825
 GSA
 7/24/94

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
Periodontics	47	47	47	47	47	47	47	47
Pharmacology	52	52	52	52	52	52	52	52
Prosthodontics, Adv	34	34	34	34	34	34	34	34
Prosthodontics Basic	43	43	43	43	43	43	43	43
Quality Assurance	56	56	56	56	56	56	56	56
Radiology	22	22	22	22	22	22	22	22
TMD	34	34	34	34	34	34	34	34
Oral Surgery	55	55	55	55	55	55	55	55

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
Fed Serv Bd Gen Den	76	76	76	76	76	76	76	76
Oral Surgery Bed Rev	19	19	19	19	19	19	19	19
Periodontics Bd Rev	5	5	5	5	5	5	5	5
Oral Med Board Rev	7	7	7	7	7	7	7	7
DT Inservice/GMT	5478	5478	5478	5478	5478	5478	5478	5478
BLS	70	70	70	70	70	70	70	70
Command Orientation	120	120	120	120	120	120	120	120
Radiology (Enlisted)	15	15	15	15	15	15	15	15

Preventive Dentistry
(Enlisted)

25 25 25 25 25 25 25 25

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): SEE ENCLOSED NAVMED 6750/4

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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	10 Jan 94	UIC	0608A
FACILITY	National Naval Dental Center, Bethesda, MD 20889 Naval Dental School		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	Bldg. 1&2 55,323 Sqft.	
2. DENTAL TREATMENT ROOM	82	See Part IV	
3. STERILIZATION ROOM	1 1	16'6" x 21'4" 15'4" x 21'4"	Clean side Dirty side
4. X-RAY EXPOSURE ROOM	1 1 1	22' x 14' 10' x 13' 16' x 12'	
5. DARKROOM	4	See Part IV	
6. PROSTHETIC LAB	14	See Part IV	
7. STOREROOM/ SUPPLY ROOM	19	See Part IV	
8. CONFERENCE ROOM	8	See Part IV	
9. ADMINISTRATIVE OFFICE	4	See Part IV	
10. DENTAL OFFICER'S OFFICE	33	See Part IV	

NAVMED 6750/4 (Rev. 5/91)

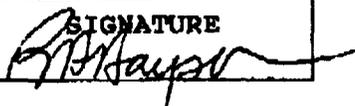
ENCLOSURE (3)

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	9	See Part IV	
13. RECORDS CONTROL OFFICE	1	10' x 32'	
14. LOCKER ROOM (MALE)	1 1	33' x 21' 13'6" x 14'	
15. LOCKER ROOM (FEMALE)	1 1	16' x 7'6" 14' x 13'	
16. TOILET FACILITY (MALE)	1 1	9' x 18'6" 17'6" x 9'	
17. TOILET FACILITY (FEMALE)	1 1	8'6" x 18'6" 8' x 18'	
18. OTHER MAJOR ROOMS	32	See Part IV	
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Dental-EZ Signature	62	A-5
	ADEC Minitrol	18	A-5
	Boyd PM2001	1	A-5
2. DENTAL OPERATING CHAIR	Dental-EZ PL200	1	A-5
	Dental-EZ Advantage	78	A-5
	Boyd	2	A-5
	Ritter J	1	A-9
	Royal 16	2	A-4
	Konig-Kramer Reliance	2	A-5
	Konig-Kramer Model C	2	A-5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton-Crane LFII	80	A-5
	Castle Dual Light System	4	A-4
4. CENTRAL VACUUM SYSTEM	Spencer 250 SCFM Turbine	3	A-5
5. AIR COMPRESSOR DEHYDRATOR	Prospect (Tri Head)	1	A-5
	Pneumatech Air Dryer	1	A-6
6. STERILIZER	Amsco 2014	1	A-5
	Amsco 2023	1	A-5
	Amsco 8816A	1	A-5
7. LIFE SUPPORT EQUIPMENT	Physio Control LifePak 6	1	A-4
	Physio Control LifeStat200	2	A-4
8. OTHER MAJOR EQUIPMENT	AMSCO Ultrasonic	1	A-5
	OHMEDA Pulse Oximeter Boix 3700	1	A-4
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	NEY Mark III Modular	1	A-6
	Ticonium Ticomatic	1	A-5
	Ticonium Mini-Cast	1	A-5
2. VACUUM PORCELAIN FURNACE	Jelenko Flagship VPF	4	A-5
	UNITEK	1	A-5
	VITA Vacuumat	1	A-5
3. BURNOUT OVEN	NEY 2-525	2	A-5
	Jelenko Accutherm II	1	A-5
	Jelenko Accutherm 250	3	A-5
4. OTHER PROSTHETIC EQUIPMENT	UNITEK Dualtemp (Burnout)	1	A-6
	Ticonium Auto Duplicator	2	A-5/A-6
	Ticonium Sandblaster	1	A-5
	Comco Sandblaster	2	A-6

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	4	A-5	OCT 92
	Gendex 770	16	A-4	OCT 92
2. MOBILE INTRA-ORAL				
3. PANORAMIC	Midwest Panoral	2	A-5	OCT 92
4. CEPHALOMETRIC	Siemens Orthoceph	1	A-5	OCT 92
5. FILM PROCESSOR	Air Techn PeriPro	11	A-5	
	Air Techn AT2000	2	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/> DC	a. VOLTAGE: 120/220 b. CYCLE: 60	
2. GAS:	<input checked="" type="checkbox"/> NATURAL	<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
PART I				
2. TREATMENT ROOMS		NUMBER	APPROX. SIZE	
		2	14' x 18'	
		1	9' x 10'	
		50	10' x 12'	
		1	12' x 18'	
		1	16' x 21'	
		2	9' x 12'	
		1	14' x 16'	
		2	10' x 11'	
		1	14' x 17'	
		18	11' x 12'	
		1	16' x 22'	
		1	13' x 18'	
		1	12' x 20'	
Continued on attached sheet				
DATE		TYPED NAME AND GRADE		SIGNATURE
10 January 1994		R. H. Harper, CAPT, DC, USN		

PART IV- REMARKS AND RECOMMENDATIONS

PART I

	NUMBER	APPROX. SIZE
5. DARKROOM	1	8' x 13'
	1	6' x 22'
	1	6'2" x 13'
	1	8' x 12'
6. PROSTHETIC LAB	2	10' x 22'
	1	9' x 8'
	1	9'6" x 9'6"
	1	10' x 8'
	1	9'6" x 8'
	1	12'6" x 10'
	1	9'6" x 10'6"
	1	7' x 19'6"
	1	18'6" x 24'
	1	6' x 10'
	1	11'6" x 10'
	1	59' x 19'
	7. STOREROOM/SUPPLY ROOM	1
1		18' x 7'
2		22' x 17'
1		22'6" x 10'
1		4' x 3'
1		8' x 12'
2		5'4" x 5'
1		10'6" x 18'
1		5' x 15'
1		11' x 10'
1		18'3" x 17'
1		6' x 10'6"
2		8'6" x 9'
1		39' x 20'
1		8' x 20'
1	21' x 20'	
8. CONFERENCE ROOM	1	10' x 16'
	1	20' x 30'
	1	12' x 20'
	1	16' x 22'
	1	10' x 20'
	1	12' x 21'
	1	21' x 23'
1	15' x 17'	
9. ADMINISTRATIVE OFFICE	1	12' x 24'
	1	14' x 15'
	1	11' x 12'
	1	8' x 16'
	5	

10. DENTAL OFFICERS OFFICE	NUMBER	APPROX. SIZE
	1	11' x 18'
	4	10' x 12'
	3	10' x 18'
	1	12' x 18'
	2	8' x 10'
	1	13' x 15'
	3	9' x 13'
	4	8' x 13'
	1	9' x 10'
	2	10' x 21'
	2	9' x 11'
	2	10' x 20'
	1	9' x 20'
	1	9' x 12'
	1	10' x 17'
	2	12' x 13'
	1	12' x 12'
	1	10' x 13'
12. PATIENT WAITING AREA	1	4' x 12'
	1	13' x 15'
	1	11' x 21'
	1	18' x 24'
	1	12' x 13'
	1	6' x 34'
	1	6' x 14'
	1	11' x 15'
	1	5' x 10'
18. OTHER MAJOR ROOMS		
PATIENT RECOVERY ROOM	2	10' x 12'
OXYGEN STORAGE ROOM	1	7' x 10'
PACK AND PREP ROOM	1	8' x 18'
PACK AND PREP ROOM	1	8' x 11'
PACK AND PREP ROOM	1	8' x 13'
SCRUB ROOM	2	6' x 10'
OFFICER DUTY ROOM	1	9' x 10'
ENLISTED DUTY ROOM	1	9' x 10'
HEAD, EDUCATION DEVELOPMENT	1	11' x 13'
CLASSROOM	1	17' x 38'
CLASSROOM	1	17' x 42'
CLASSROOM	1	19' x 36'
AUDIO-VISUAL BOOTH	1	10' x 20'
AUDIO-VISUAL STORAGE ROOM	1	17' x 18'
LIBRARY	1	43' x 73'
LIBRARIAN OFFICE	1	12' x 14'
COPIER	1	6' x 12'
OFFICER LOUNGE	1	17' x 35'
ENLISTED LOUNGE	1	12' x 35'
DUPLICATION OFFICE	1	7' x 20'
PUBLICATION OFFICE	1	20' x 22'

18. OTHER MAJOR ROOMS (cont.)	NUMBER	APPROX. SIZE
HEAD, EDITOR OFFICE	1	9' x 11'
EDITOR SECRETARY	1	11' x 40'
EDUCATION OFFICE	1	10' x 12'
EDUCATION OFFICE	1	8' x 9'
CORRESPONDENCE OFFICE	1	9' x 13'
CORRESPONDENCE OFFICE	1	10' x 11'
CORRESPONDENCE OFFICE	1	10' x 12'
CORRESPONDENCE OFFICE	1	11' x 18'
CORRESPONDENCE OFFICE	1	10' x 20'

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 for 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. N/A

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? Clients are drawn from the entire metropolitan area. Central location acts as the hub of a wheel.

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

(1) The Bethesda area is served by three major airports. National Airport is accessible via metrorail, ride time one-hour. Dulles International and Baltimore-Washington International Airports are located approximately one-hour driving time away.

(2) The commuter rail line is located six miles and AMTRAK is ten miles; both are accessible via metrorail or bus.

(3) Sea transportation is available in Baltimore thirty miles away.

(4) Ground transportation is via metrorail and metrobus.

c. What is the importance of your location given your mobilization requirements? Central location for major portion of the command.

d. On the average, how long does it take your current client/customers to reach your facility? Average 30-45 minutes from outlying areas. Many customers are located on the Bethesda complex.

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? NONE

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: *Hdqtrs*
POC: *Capt Blackford*

PRIORITY: 1 of 1

1. Description of project/repair/alteration:

Construction of 2 offices between rooms 4393 and 4395 to create private office space for Quality Assurance / Credentials Coordinator.

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

3. Impact if not funded.

Can continue in present configuration to systems furniture, however, permanent construction would be preferred.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

5. Cost estimate: *\$5,500k*

a. Source of estimate: *Facilities Mgmt, NNMC.*

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate:

(1) Estimated date of estimate completion:

Branch Director Signature



Date *6-14-93*

Enclosure (4)

ENCLOSURE(2)

04/21/93

DA FORM 4283-E
FACILITIES ENGINEERING WORK REQUEST
*** EPS ESTIMATE ***

DOCUMENT NUMBER					CREATE	
REQ SERIAL					DATE	OTHER FUND CITATION
ID NUMBER	FY	TYP	FAC NO			
31 225	0		01		930421	
SHORT JOB DESCRIPTION						BUILDING FACILITY NUMBER

CONSTRUCT WALLS WITH DOORS, ADD ELECTRIC DESCRIPTION AND JUSTIFICATION OF WORK
 CONSTRUCT WALLS WITH 1 PAIR OF 3'0"X7'0" LAMINATED DOORS, INSTALL ADDITIONAL LIGHTING AND ELECTRICAL RECEPTACLES AS PER ATTACHED DRAWING. INSULATE, TAPE AND SPACKLE NEW WALLS, PATCH EXISTING WALLS WITHIN NEW OFFICE AREA, PRIME AND PAINT ROOM. RUN NEW CIRCUITS FOR NEWLY INSTALL OUTLETS, MOVE EXISTING DOUBLE DUPLEX OUTLET FROM WALL AND RELOCATE TO OUTSIDE OF NEW WALL. SEE ATTACHED DRAWING.

LABOR	\$3645
MATERIALS	1550
TOTAL ESTIMATE	\$5195

***** REQUESTOR INFORMATION *****

NAIM: ORGANIZATION:

PERSON TO CALL FOR ADDITIONAL INFORMATION

NAIM: JOE COMPOFELICE CUSTOMER: DT3 FOSTER 5-5917
TEL-295-0551

***** FORWARD FOR APPROVAL ***** WORK TO BE *****

-----	---	APPROVAL	----	ESTIMATED COST	PERFORMED
APPROVING AUTHORITY	---	DISAPPROVAL	----	FUNDED	---
			----	WC-K	---
			----	WC-L	---
			----	WC-OTHER	---
FACILITIES ENGINEER			----	UNFUNDED	---
DATE: -----				TOTAL	

SOURCE OF FUNDS: --- DIRECT --- AUTOMATIC REIMB --- FUNDED REIMB

***** APPROVAL FOR DETAILED ESTIMATE *****

	----	APPROVED	
ESTIMATOR: JC		DISAPPROVED	
REMARKS:	SIGNATURE OF APPROVAL AUTHORITY	-----	

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: NAVAL DENTAL SCHOOL
POC: DTCS PAULE

PRIORITY: 1 of 9

1. Description of project/repair/alteration: Installation of electrical outlets in rooms:

<u>ROOM</u>	<u>NO. OUTLET REQUIRED</u>
2467, 2639, 2650, 4404, 2415, 3262, 3266, 3267, 3268, 3269, 3456	1 per room
2572, 3270, 3457, 3518, 3548, 3549,	2 per room
2578	3
4410	6

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

To comply with OSHA requirements.

3. Impact if not funded. Fail OSHA inspection.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

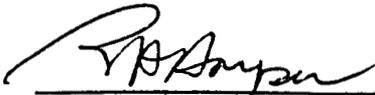
5. Cost estimate: \$2,000.00

a. Source of estimate:

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate: 10 June 93

(1) Estimate date of estimate completion: 10 July 93


Branch Director Signature

9/17/93
Date

ENCLOSURE(3)

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: NAVAL DENTAL SCHOOL
POC: DTCS PAULE

PRIORITY: 2 of 9

1. Description of project/repair/alteration:

Installation of Ground Fault Circuit Interrupter (GFCI) in rooms: 2418, 2469, 2471, 2542, 2544, 2545, 2580, 2586, 3301, 3302, 3309, 3310, 3520, 3555 and repair GFCI in rooms: 3552, 3554, 3555, 3557, 3559.

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

To comply with OSHA requirements.

3. Impact if not funded. Fail OSHA inspection.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

5. Cost estimate: \$1,500.00

a. Source of estimate:

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate: 10 June 93

(1) Estimate date of estimate completion: 10 July 93


Branch Director Signature

9/17/93
Date

23 Feb 93

MEMORANDUM

From: NDS Safety Officer
To: Command Safety Officer
Via: Director, Naval Dental School *ZJK*

Subj: ELECTRICAL OUTLETS

1. As a result of the safety inspection conducted on 3, 4 and 11 February 1993, rooms indicated below need additional electrical outlets.

<u>ROOM</u>	<u>NO. REQUIRED</u>	<u>LOCATION</u>
2467	1	OPER
2639	1	ORAL DIAG
2650	1	ORAL DIAG
2572	2	ORAL SURG
2578	3	ORAL SURG
4410	6	ORAL PATH
4404	1	ORAL PATH
2415	1	ADMIN
3262	1	EDUC RES
3261	1	EDUC RES
3266	1	PUBS
3267	1	PUBS
3268	1	PUBS
3269	1	PUBS
3270	2	PUBS
3456	1	LIBR'Y
3457	2	LIBR'Y
3518	2	PROS
3548	2	PROS/MAX
3549	2	PROS/MAX

M. C. Paule
M. C. PAULE

Copy to:
Director, NDS
File

1,500

23 Feb 93

From: NDS Safety Officer
To: NNDC Safety Officer
Via: Director, Naval Dental School *ZJK*

Subj: GROUND FAULT CIRCUIT INTERRUPTER (GFCI)

1. As a result of the safety inspection conducted on 3, 4 and 11 February, the following rooms require GFCI installation.

<u>DEPT</u>			
Perio	2567	2545	
Endo	2542	2544	2534 (does not work)
Comp	2469	2471	2418
Ortho	3302	3301	
Pedia	3309	3310	
Oral Surg	2586	2580	(PSGWY)
Pros	3520	3555	
Pros/Lab	3557, 3559, 3552, 3554, 3555 (GFCI does not control all the outlets on the strip)		

M. C. Paule
M. C. PAULE

Copy to:
Director, NDS
File

*Trouble
call placed
3/16/93
For (GFCI's)
not working*

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: NDS
POC: CDR Erlich

PRIORITY: 3 of 9

1. Description of project/repair/alteration:

The laboratory across from the classrooms needs a ventilation system. An exhaust fan to fit one of the windows might work.

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

3. Impact if not funded.

Fumes build up during some lab classes that may be a hazard to one's health.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

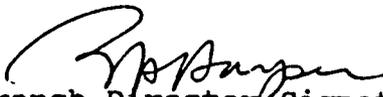
5. Cost estimate:

a. Source of estimate:

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate:

(1) Estimated date of estimate completion:


Branch Director Signature

9/17/93
Date

Enclosure (4)

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: NDS/CSR
POC: LT J. Hanson

Priority 4 of 9

1. Description of project/repair/alteration:
To place a "dutch" door on the clean side of the CSR
2. Justification: Installation of the dutch door will allow for the necessary traffic control into the sterilization area of the CSR, thus allowing total compliance with BUMEDINST 6600.10A.
3. Impact if not funded: Possible HSO, Inspector General discrepancies, due to the inability of the CSR to remain free from unnecessary foot traffic when departments are collecting sterile instruments.
4. Best description of the project above:
COMPLIANCE DIRECTED
5. Cost estimate: Request for estimate sent to public works and is pending


Branch Director signature

9/17/93
Date

CUSTOMER REQUEST
NAVFAC-9-11014/TF-1 (REV. 7-92)

1. PRI	2. JOB ORDER NO.	3. AMEND. NO.	4. REQUEST NO.

PART I - REQUEST (By Customer)

TO
NAVY PUBLIC WORKS CENTER, WASHINGTON, D.C.

6. BRIEF TITLE
(FACILITY CODE)

5. FROM
NAT NAV DEN CEN HQ

7. TYPE OF SERVICE REQUESTED (Check One)

- SCOPING ESTIMATE FUNDABLE ESTIMATE ESTIMATED FUNDING MINOR WORK AUTHORIZATION
DATE _____ M- _____
- RECURRING ESTIMATE CONTRACT ESTIMATE ENGINEERING INVESTIGATION
- SPECIAL PROJECT PREPARATION OTHER (Specify) _____

8. FOR FURTHER INFORMATION CALL
DT3(SW) FOSTER

9. PHONE
5-5917

10. REQUESTOR (Signature)
K M TAYLOR LTJ, MSC, USNR

11. DATE
25 MAY 93

12. PART II - DESCRIPTION OF PROBLEM REQUIREMENT (By Customer)

1. Install Dutch Door to room 3306 BLDG. 1:

Just: See MEMORANDUM.

13. STATEMENT OF CONSTRAINTS

14. SKETCH PLAN INVESTIGATION OR INSPECTION REPORT OTHER (Identify) _____
NO. _____

Distribution: WHITE - CODE 350 PWC
GREEN - CODE 150 PWC
BLUE - ZONE
PINK - SCE/PWO
YELLOW - CUSTOMER

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: Chairman, Prosthodontic Dept
POC: Capt Richards

PRIORITY: 5 of 9

1. Description of project/repair/alteration: Prosthodontic Laboratory Addition. Currently there is insufficient space to adequately house existing prosthetic laboratory equipment and supplies.

It is proposed that an 8x16 foot addition be placed in the passageway space across from room 3542 and 3543, and connect into the laboratory through room 3555. This is currently nonfunctional space within the passageway. The proposed alteration would provide for all the above mentioned functions.

2. Justification. Include any correspondence, inspection results, survey results, compliance data. This has resulted in non use, misuse and damage of equipment. New technology will require additional equipment with no space for placement.

3. Impact if not funded. Currently there is no space available to accommodate new equipment. Part of this problem stems from a lack of supply storage space which has resulted in the need to store supplies in laboratory work areas. The solution to this problem is to acquire space to store laboratory supplies, a working area for denture teeth and metal issue, and incoming and outgoing case processing area, and a space for the laboratory officer to review cases.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

5. Cost estimate: Pending

a. Source of estimate:

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate:

(1) Estimated date of estimate completion:


Branch Director Signature

9/17/93
Date

Enclosure (4)

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR
PROJECTS

BRANCH: Chairman, Prosthodontics Dept
POC: Capt Richards

PRIORITY: 6 of 9

1. Description of project/repair/alteration: Modify existing cabinets in porcelain and grinding room to lock for storage purposes.

2. Justification. Include any correspondence, inspection results, survey results, compliance data. Existing cabinets can be opened and supplies etc. are not fully secured. Supply accountability can be enhanced eliminating under and over stocking of items. Modification would require either locking cabinets or partitioning of the existing space with a wall and door. Shelving would also be required.

3. Impact if not funded. Supply over stocking and understocking will continue to be a problem resulting in wasted and lost time.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED

QUALITY OF LIFE

MISSION DRIVEN

5. Cost estimate:

a. Source of estimate: Pending

If from a public works facility, attach a copy of the estimate to this enclosure.

b. If not a public works estimate, date submitted for an official estimate:

(1) Estimated date of estimate completion:

Branch Director Signature

Date

Enclosure (4)

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR

PROJECTS

BRANCH: Comprehensive Dentistry
POC: Captain Hellman (295-0145)

PRIORITY 7 of 9

1. Description of project/repair/alteration:

Plexiglass Covers for (20) cabinets, in Wet & Dry Lab.

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

The covers over the cabinets will eliminate the accumulation of dust on supplies and models.

3. Impact if not funded.

With dusting, supplies and models have been broken and/or misplaced. With the covers, dust will not accumulate, which will cut down on the number of personnel handling the supplies and models in the lab.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED QUALITY OF LIFE MISSION DRIVEN

5. Cost estimate: \$1,000.00

a. Source of estimate: PWC from FY '93

If from a public works facility, attach a copy of the estimate to this enclosure. See estimate from FY '93.

(1) Estimate date of estimate completion: N/A



Branch Director Signature

9/17/93
Date 2 Aug 93

FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR

PROJECTS

BRANCH: Comprehensive Dentistry
POC: Captain Hellman (295-0145)

PRIORITY 9 of 9

1. Description of project/repair/alteration:

Half door (Dutch Doors) in Wrap & Pack X 2, (1 for clean side and 1 for dirty side).

2. Justification. Include any correspondence, inspection results, survey results, compliance data.

To secure and track material better, thereby, limiting the amount of supplies necessary to be issued to each operatory.

3. Impact if not funded.

The department needs be able to maintain control and monitor the issue of supplies/equipment in Wrap & Pack. If not, unauthorized personnel will have access to the Wrap & Pack room at any time. This will mean an unnecessary increase in supply requests, which could also lead to requests for additional funds.

4. Circle the best description of the project above:

COMPLIANCE DIRECTED QUALITY OF LIFE MISSION DRIVEN

5. Cost estimate: \$1,400.00

a. Source of estimate: Same request was submitted to PWC for estimate, FY '93. Since then, it appears that it will be more efficient if both doors in Wrap & Pack are converted to "Dutch Doors". This will increase the initial cost of \$700.00 X's 2, a total of \$1,400.00.

If from a public works facility, attach a copy of the estimate to this enclosure. See estimate from FY '93

b. If not public works estimate, date submitted for an official estimate: N/A

(1) Estimate date of estimate completion: N/A


Branch Director Signature

Date 9/17/93
2 Jun 93

Encl (4)

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?

(1) This command includes the military's only post-graduate dental school.

(2) Care is provided for active duty Navy and Marine personnel stationed in the Metropolitan DC area. Additionally, specialized care is provided at this command.

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. N/A

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
FLTHOSP #3	500 CBTZ	6
2D FSSG		1
USNS COMFORT	T-AH-20	25
USS SAIPAN	LHA-2	1
USS GUADALCANAL	LPH-7	1

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. Training requirements cause minimal interference for an overall effect on command mission accomplishment.

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

(b) For military family housing in your locale provide the following information: All housing provided to NNDC personnel is located at another facility.

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. N/A

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.

(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
2	Availability
3	Proximity to work site
4	Quality of construction
5	Availability of 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)? 15% (Woodbridge and Bolling Air Force Base)

(g) Provide the utilization rate for family housing for FY 1993. N/A

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

(2) BEQ: N/A

(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? N/A

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

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

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: N/A

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

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

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

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

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

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

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

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. Child care continues to be a major problem in the Metropolitan area. Base child care availability is severely limited. Proper child care is extremely expensive, approximately \$95-\$100 per child per week.

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

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?

(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

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

(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

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

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)
WASHINGTON DC	21
BALTIMORE MD	43
ANNAPOLIS NMD	39

f. Standard Rate VHA Data for Cost of Living: Metropolitan DC area rates are applicable dor all pay grades.

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		
O7		

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. Off-base housing is plentiful and available; however, very expensive. Utilities and other added expenses make it difficult for the average sailor to afford housing without severe financial hardship.

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

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? Average cost of two-three bedroom townhouse is \$190,000-\$200,000.

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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: Number of colleges within 30 mile radius which offer undergraduate or graduate programs usable by base personnel.

(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. N/A

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. Employment is available. The high cost of child care makes it economically unfeasible for some spouse to seek employment. Professional in some fields experience difficulty due to certification or licensure requirements.

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)



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)

8/27/94

Date

Title

491

Activity Information:

Activity Name:	NATIONAL NAVAL DENTAL CENTER, BETHESDA
UIC:	0608A
Host Activity Name (if response is for a tenant activity):	NATIONAL NAVAL MEDICAL CENTER, BETHESDA
Host Activity UIC:	00168

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: NATIONAL NAVAL DENTAL CENTER, BETHESDA			UIC: 0608A
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	132		132
1b. Minor Construction	1		1
1c. Sub-total 1a. and 1b.	133		133
2. Other Base Operating Support Costs:			
2a. Utilities	25		25
2b. Transportation	4		4
2c. Environmental	3		3
2d. Facility Leases			
2e. Morale, Welfare & Recreation	3		3
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	36	238	274
2j. Other (Specify) *	63		63
2k. Sub-total 2a. through 2j:	134	238	372
3. Grand Total (sum of 1c. and 2k.):	267	238	505

* (CUSTODIAN 47, PERSONNEL SUPPORT 1, SUPPLY 13, SECURITY 2)

**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: NATIONAL NAVAL DENTAL CENTER, BETHESDA		UIC: 0608A	
MPN APPROPRIATION 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.			
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		1542	
2j. Other (Specify) *			
2k. Sub-total 2a. through 2j:		1542	
3. Grand Total (sum of 1c. and 2k.):		1542	

* (CUSTODIAN 47, PERSONNEL SUPPORT 1, SUPPLY 13, SECURITY 2)

**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>
MPN	1542
O&M	238

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: NATIONAL NAVAL DENTAL CENTER, BETHESDA		UIC: 0608A	
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: NAVAL DENTAL CENTER, BETHESDA	UIC: 0608A
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	13
Material and Supplies (including equipment):	18
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	4
Other Purchases (Contract support, etc.):	279
Total:	314

**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.

N/A

Table 3 - Contract Workyears	
Activity Name: NATIONAL NAVAL DENTAL CENTER, BETHESDA	UIC: 0608A
N/A	FY 1996 Estimated Number of Workyears On-Base
Contract Type	
Construction:	
Facilities Support:	
Mission Support:	
Procurement:	
Other:*	
Total Workyears:	

*** 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)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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):

N/A

**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

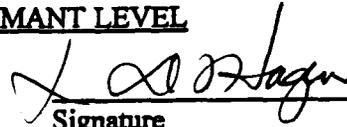
Date

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



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



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."

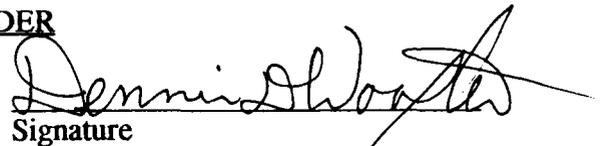
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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. WOOFTER, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER ACTING
Title

2/14/94
Date

NATIONAL NAVAL DENTAL CENTER
Activity

403

**DATA CALL 66
INSTALLATION RESOURCES**

Activity Information:

Activity Name:	BRANCH DENTAL CLINIC WEST LOCH
UIC:	35742
Host Activity Name (if response is for a tenant activity):	NAVAL MAGAZINE, LUALUALEI
Host Activity UIC:	68297

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.

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INSTALLATION RESOURCES**

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BDC WEST LOCH			UIC: 35742
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	3	0	3
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	3	0	3
2. Other Base Operating Support Costs:			
2a. Utilities	N/A	N/A	N/A
2b. Transportation	N/A	N/A	N/A
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N/A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	N/A	N/A	N/A
2j. Other (Specify)	N/A	N/A	N/A
2k. Sub-total 2a. through 2j:	N/A	N/A	N/A
3. Grand Total (sum of 1c. and 2k.):	3	0	3

All BOS costs are absorbed by Host Command: NAVMAG WEST LOCH, and as such should be reported under UIC:68297 data call submission.

**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**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: BDC WEST LOCH			UIC: 35742
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)			N/A
1b. Real Property Maintenance (<\$15K)			N/A
1c. Minor Construction (Expensed)			N/A
1d. Minor Construction (Capital Budget)			N/A
1c. Sub-total 1a. through 1d.			N/A
2. Other Base Operating Support Costs:			N/A
2a. Command Office			N/A
2b. ADP Support			N/A
2c. Equipment Maintenance			N/A
2d. Civilian Personnel Services			N/A
2e. Accounting/Finance			N/A
2f. Utilities			N/A
2g. Environmental Compliance			N/A
2h. Police and Fire			N/A
2i. Safety			N/A
2j. Supply and Storage Operations			N/A
2k. Major Range Test Facility Base Costs			N/A
2l. Other (Specify)			N/A
2m. Sub-total 2a. through 2l:			N/A
3. Depreciation			N/A
4. Grand Total (sum of 1c., 2m., and 3.) :			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: BDC WEST LOCH	UIC: 35742
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	3
Material and Supplies (including equipment):	6
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	9

**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 WEST LOCH	UIC: 35742
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

All construction and facilities support contract work performed by/or contracted by Public Works Center, Pearl Harbor and should be reported under UIC:62755 data call submission. Procurement contracts provided by Fleet and Industrial Supply Center, Pearl Harbor and should be reported under UIC:00604 data call submission.

**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)):

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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):

N/A

**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

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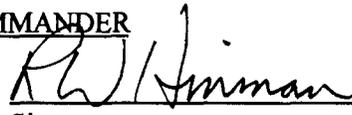
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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



Signature

COMMANDING OFFICER
Title

12 JULY 1994
Date

NAVAL DENTAL CENTER
PEARL HARBOR, HI
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

R. R. Skog
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

D. F. Hagen
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

W. A. Earner
Signature

04 AUG 1994
Date