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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	Marine Corps Air Facility Dental Annex Quantico VA
Acronym(s) used in correspondence	MCAF Dental Annex Quantico
Commonly accepted short title(s)	MCAF Dental Annex

• Complete Mailing Address

Branch Dental Annex
Marine Corps Air Facility
Quantico VA 22134

• PLANT BRDENANX MCAF QUANTICO VA

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• PRIMARY UIC: ~~00000~~ (Plant Account UIC for Plant Account Holders)

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

• ALL OTHER UIC(s): _____ PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

• Yes _____ No X (check one)

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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: MCC 032 (Monitor Code)
- Primary Host (as of 01 Oct 1995) UIC: MCC 032
- Primary Host (as of 01 Oct 2001) UIC: MCC 032

• **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		

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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

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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, tenant commands
- and other personnel in the assigned geographic area.

- Operate assigned dental care facility.

- Ensure that the branch annex is maintained in a proper state of material and personnel readiness to fulfill
- wartime and contingency mission plans.

-

Projected Missions for FY 2001

- N/A
-
-
-
-
-

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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

- Ensure that the Marine Helicopter Squadron One (HMX-1), and Headquarters Squadron are maintained in a proper state of
- personnel readiness to fulfill wartime and contingency mission plans for the president.
-

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	National Naval Dental Center
<u>Marine Corps Air Facility</u>	<u>MCC 032</u>	Bethesda, MD 20889-5602
		UIC: 0608A
• Funding Source	UIC	
<u>National Naval Dental Center, Bethesda</u>	<u>0608A</u>	

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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>0 65A</u>	<u>0 65A</u>	<u>0 65A</u>
• Tenants (total)	<u>X</u>	<u>X</u>	-----

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>0 65A</u>	<u>0 65A</u>	<u>0 65A</u>
• Tenants (total)	<u>X</u>	<u>X</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.

Title/Name	Office	Fax	Home
XXXXXXXX DIRECTOR T. P. FITZHARRIS CAPT, DC, USN	(703) 640-2805	(703) 640-5968	(703) 680-7363
• Duty Officer SENIOR ENLISTED ADVISOR			[N/A]
• M. B. SMITH DTC, USN	(703) 640-2801	(703) 640-5968	

Enc (10)

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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
Marine Corps Air Facility Dental Annex, Quantico	45960	1	1	0

• 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					

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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, BSQD areas, 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.)

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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 these 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)

T. P. FITZHARRIS, CAPT, DC, USN

Title Branch Director

Marine Corps Air Facility
Dental Annex, Quantico, VA
Activity

Signature

T. P. Fitzharris for

Date 01 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)

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

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Annex
Marine Corps Air Facility
Quantico VA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

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

MAJOR CLAIMANT LEVEL

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

D. Hagen
Signature
2-8-94
Date

Bureau of Medicine & 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. GREEN, JR
NAME (Please type or print)
ACTING
Title

J. B. Green Jr
Signature
16 FEB 1994
Date

Document Separator

492

**CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:MCAF DENTAL ANNEX QUANTICO VA
ACTIVITY UIC:45960**

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

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

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	9827	9827	9827	9827	9827	9827	9827	9827	9827
UNMET	4892	3225	2801	2917	2875	2875	2875	2875	2875
TOTAL	14719	13052	12628	12744	12702	12702	12702	12702	12702

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	9827	9827	9827	9827	9827	9827	9827	9827
UNMET	3225	2801	2917	2875	2875	2875	2875	2875
TOTAL	13052	12628	12744	12702	12702	12702	12702	12702

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.

*** THIS CLINIC CAN ONLY SUPPORT 2 PROVIDERS. DATA REMAINS THE SAME AS IN QUESTION 1.**

QUANTICO MCAF 45960

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

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

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

Date 06 June 94

Activity
BRDENAVX MCAF QUANTICO VA

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

X 

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Date

Title

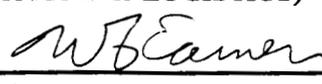
BUREAU OF MEDICINE & SURGERY

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



NAME (Please type or print)

Signature

Title

Date

~~SECRET~~

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: MCAF DENTAL ANNEX, QUANTICO, VA
ACTIVITY UIC: 45960

492

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, tenant commands and other 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.
- Ensure that the branch clinic and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

MARINE CORPS AIR FACILITY (45960)

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)
MCAF H&S	02401	QUANTICO VA	158
MCAF HMX	02403	QUANTICO VA	687
MU-22	02407	QUANTICO VA	30
OCS H&S CO	30381	QUANTICO VA	317
	30527	QUANTICO VA	1

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

THERE IS NO PAGE 5
 BUNNY
 MRS BOS
 GSA.
 7/24/94

MCAS- 45960

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	1174
B. FY1993 MET WORKLOAD (CTVs)	9827
C. FY1993 UNMET WORKLOAD (CTVs)	4892
D. TOTAL WORKLOAD (B+C)	14719
E. MET WORKLOAD PER CAPITA (B÷A)	8.3
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.17
G. WORKLOAD PER CAPITA (D÷A)	12.53

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

Maximum capacity for CTVs: _____

Explanation:

WICAF- 45960

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	774	674	700	690	690	690	690	690
A: TOTAL MET CTVs	9827	9827	9827	9827	9827	9827	9827	9827
B: TOTAL UNMET CTVs	3225	2801	2917	2875	2875	2875	2875	2875
C: TOTAL WORKLOAD REQUIREMENT (A+B)	13052	12628	12744	12702	12702	12702	12702	12702
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)								
DENTAL HYGIENISTS (MIL AND CIV)								

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

Maximum capacity for CTVs: _____

Explanation:

*CTVs + Manpower Reported for Information only
Data Included in RDC Quantities (34749) Data.
Do not double count.*

*R. D. Hallock
MED 63
940722.*

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. Annex data included with main BDC Quantico.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES								
SPECIALTY ASSISTING								
TQL								
INFECTION CONTROL								
SAFETY								
MEPRS								
BLS								
DENTAL MATERIAL UPDATES								

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

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
	SEE ATTACHED COPY			

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 January 1994	UIC	45960
FACILITY	Branch Dental Clinic, Marine Corps Air Facility, Quantico, VA 22134		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	503 sq. ft. BLDG. 2100	
2. DENTAL TREATMENT ROOM	2	10' x 11'	1 used for x-ray
3. STERILIZATION ROOM	1	6' x 6'	Also used for darkroom
4. X-RAY EXPOSURE ROOM			
5. DARKROOM			
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM			
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	15' x 7'	
10. DENTAL OFFICER'S OFFICE			

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE ()

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	17' x 7'	
13. RECORDS CONTROL OFFICE			
14. LOCKER ROOM (MALE)			
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)			
17. TOILET FACILITY (FEMALE)			
18. OTHER MAJOR ROOMS			
PART II - DENTAL EQUIPMENT			
SECTION A - DENTAL OPERATING EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	A-Dec 4200	1	A-5
	Den-tal-ez Signature	1	A-5
2. DENTAL OPERATING CHAIR	Den-tal-ez SDP-1B	1	A-5
	Dne-tal-ez E1B	1	A-5

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton Crane LF-II	2	A-4
4. CENTRAL VACUUM SYSTEM			
5. AIR COMPRESSOR DEHYDRATOR	Air Technique Air Star 5	1	A-5
6. STERILIZER	Pelton Crane Ominclave	1	A-5
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE			
2. VACUUM PORCELAIN FURNACE			
3. BURNOUT OVEN			
4. OTHER PROSTHETIC EQUIPMENT			

NAVMEC 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 770	1	A-4	22 JUL 92
2. MOBILE INTRA-ORAL				
3. PANORAMIC				
4. CEPHALOMETRIC				
5. FILM PROCESSOR	AT Peri Pro	1	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE: 110/120 b. CYCLE: 60
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> BOTTLE	<input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
Part I, Line 1, Clinic Unit. Special project C1-92 has been approved and funded to correct deficiencies in heating, HVAC, and ventilation. Project also includes acquisition and alterations to a dedicated central sterilization room, admin office, and storage area.				
DATE 10 January 1994	TYPED NAME AND GRADE H.J. HARVARD, CAPT, DC, USN ACTING OIC		SIGNATURE <i>H.J. Harvard</i>	

NAVHED 6750/4 (Rev. 5/91)

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

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? Annex location save thousands of manhours annually for clients on proximity alone.

b. What are the nearest air, rail, sea, and ground transportation nodes? Air, rail, and interstate highways are readily available.

c. What is the importance of your location given your mobilization requirements? Staff members assigned have a rapid mobilization affiliation. The facility location is not an important issue; especially given the the various transportation nodes.

d. On the average, how long does it take your current client/customers to reach your facility? 5-15 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? NONE

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 dental profession requires highly technical staff, equipment and facility to accomplish the mission. The major impact of facility closure would be the gross waste of manhours; as base Marines would seek emergency treatment, routine care and annual examination elsewhere in the WASH DC area.

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

12. Mobilization. What are your facility's mobilization requirements? Annex data included with main BDC Quantico.

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

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. None

13. Quality of Life.

a. Military Housing

(1) Family Housing: N/A

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

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

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

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

(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. N/A

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)? N/A

(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. N/A

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)
RICHMOND, VA	60
WASHINGTON DC	55
NORFOLK, VA	155

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f. Standard Rate VHA Data for Cost of Living: N/A

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. N/A

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? N/A

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: N/A

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

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

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. Comprehensive dental care is available during normal working hours. Twenty-four hours emergency dental xcare is available via the watch standing program at the main BDC Quantico.

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. Space available care is provided and limited to active duty immediate family not enrolled in the DELTA DENTAL PLAN. Civilian dental care is abundantly available throughout the greater Quantico and Prince William County areas.

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			

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)			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

J. J. Shanley
Signature

COMMANDING OFFICER
Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

06 June 94
Date

Activity
BRDENANX MRAF QUANTICO VA

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 Earner

Signature

NAME (Please type or print)

8/29/94

Date

Title

Document Separator

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45959 GSA

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	The Basic School Dental Annex Camp Barrett Quantico VA
Acronym(s) used in correspondence	TBS Dental Annex Quantico
Commonly accepted short title(s)	TBS Dental Annex

• Complete Mailing Address

Branch Dental Annex
The Basic School
Quantico, VA 22134

• (PLANT) BRDENANX BA-SCL QUANTICO VA

• PRIMARY UIC: ^{45959 GSA}
~~00000~~ (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)

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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: MCC 068 (Monitor CMD Code)
- Primary Host (as of 01 Oct 1995) UIC: MCC 068
- Primary Host (as of 01 Oct 2001) UIC: MCC 068

• **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
The Basis School Dental Annex	Camp Barrett	45959

11

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45959

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

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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, tenant commands and other personnel in the assigned geographic area.
- Operate assigned dental care facility.
- Ensure that the branch annex is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
-

Projected Missions for FY 2001

- N/A
-
-
-
-

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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

- Establish dental records for Marine Corps Officer Assessment Point,; approximately 250 students, with 10 to 12 companies per year.
- Provide treatment for the Infantry Officer's School Command .
- Provide treatment for all staff and permanent personnel.

Projected Unique Missions for FY 2001

-
-
-

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
The Basic School, Camp Barrett-----	MCC 068
• Funding Source	UIC
National Naval Dental Center, Bethesda---	0608A

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45959

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>0 62A</u>	<u>0 62A</u>	<u>0 62A</u>
• Tenants (total)	<u>X</u>	<u>X</u>	<u>X</u> Contract <u>2</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	<u>0 62A</u>	<u>0 62A</u>	<u>0 62A</u>
• Tenants (total)	<u>X</u>	<u>X</u>	<u>X</u> Contract <u>2</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>
XXXXXXXX DIRECTOR	(703) 640-2805	(703) 640-5968	(703) 680-7363
T. P. FITZHARRIS	(DSN) 278-2805		
CAPT, DC, USN			

- ~~Duty Officer~~ [N/A]
SENIOR ENLISTED ADVISOR
- M. B. SMITH (703) 640-2801 (703) 640-5968
DTC, USN

01/17

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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
The Basic School Dental Annex	45959	Camp Barrett Quantico, VA	01	0	3

Contract
2

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

10 10

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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, BSQD 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.)

~~FOIA~~ CSA
45459

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)

Signature

T. P. FITZHARRIS, CAPT, DC, USN

T. P. Fitzharris

Title Branch Director

Date 01 Feb 94

The Basic School Dental
Annex, Camp Barrett
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)

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

J. J. Shanley
Signature
07 Feb 94
Date

Activity Branch Dental Annex
Basic School
Quantico VA

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

Signature

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)
Surgeon General/Chief BUMED
Title

D. Hagen
Signature
2-8-94
Date

Bureau of Medicine and Surgery
Activity

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

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

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

J. B. Greene Jr
Signature
16 FEB 1994
Date

Document Separator

493

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:BRDENANX BA-SCL QUANTC VA
ACTIVITY UIC:45959

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

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

QUANTICO TBS 45959
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	26277	26277	26277	26277	26277	26277	26277	26277	26277
UNMET	12044	10086	9597	9450	9376	9376	9376	9376	9376
TOTAL	38321	36363	35874	35727	35653	35653	35653	35653	35653

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	36363	35874	35727	35653	35653	35653	35653	35653
UNMET	0	0	0	0	0	0	0	0
TOTAL	36363	35874	35727	35653	35653	35653	35653	35653

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.

* $26277 \text{ CTV'S} \div 2 \text{ PROVIDERS} = 13138 \text{ CTV'S PER PROVIDER. } 3 \text{ PROVIDERS.}$

QUANTICO TBS 45959

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.

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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

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

06 June 94

Date

Activity
BUDENANX BA-SCL QUANTICO VA

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

Date

7-24-94

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

W. A. Earner

Signature

NAME (Please type or print)

Title

Date

8/3/94

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: BRDENANX BA-SCL QUANTC VA
ACTIVITY UIC: 45959

493

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, tenant commands and other 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.
- Ensure that the branch clinic and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

THE BASIC SCHOOL QUANTICO VA (45959)

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)
WPNS TRNG BN	30903	QUANTICO VA	229
CO B STU TBS	30305	QUANTICO VA	29
CO C STU TBS	30306	QUANTICO VA	241
CO D STU TBS	30307	QUANTICO VA	188
CO I STU TBS	30314	QUANTICO VA	1
CO K STU TBS	30315	QUANTICO VA	38
CO M STU TBS	30317	QUANTICO VA	29
TBS, ENLISTED INST	30370	QUANTICO VA	217
TBS H&S SERVICE CO	30370	QUANTICO VA	240
TBS, TRAINING SUP	30370	QUANTICO VA	236

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

THERE IS NO PAGE 5

SUMMO
MED 825
GSA
7/24/97

TBS-45959

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	2460
B. FY1993 MET WORKLOAD (CTVs)	26277
C. FY1993 UNMET WORKLOAD (CTVs)	12044
D. TOTAL WORKLOAD (B+C)	38321
E. MET WORKLOAD PER CAPITA (B÷A)	10.68
F. UNMET WORKLOAD PER CAPITA (C÷A)	4.9
G. WORKLOAD PER CAPITA (D÷A)	15.57

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

Maximum capacity for CTVs: _____

Explanation:

TBS - 45959

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	2060	1960	1930	1915	1915	1915	1915	1915
A: TOTAL MET CTVs	26277	26277	26277	26277	26277	26277	26277	26277
B: TOTAL UNMET CTVs	10086	9597	9450	9376	9376	9376	9376	9376
C: TOTAL WORKLOAD REQUIREMENT (A+B)	36363	35874	35727	35653	35653	35653	35653	35653
DENTISTS (MIL AND CIV)	1	1	1	1	1	1	1	1
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	
DENTAL HYGIENISTS (MIL AND CIV)								

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

Maximum capacity for CTVs: _____

Explanation:

*CTVs + Manpower reported for information only
 - Included in BDC Quarterly Data, do not
 double count*

*R. H. [Signature]
 Mad 63
 940722.*

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. Annex personnel included with main BDC QTO.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
SPECIALTY UPDATES								
SPECIALTY ASSISTING								
TQL								
INFECTION CONTROL								
SAFETY								
MEPRS								
BLS								
DENTAL MATERIAL UPDATES								

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

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
	SEE ATTACHED COPY			

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	35479
FACILITY	Branch Dental Clinic, The Basic School, Quantico, VA 22134		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	2027 sq. ft. BLDG. 24008	
2. DENTAL TREATMENT ROOM	5 2	10' x 12 8' x 12'	1 Has X-ray cap.
3. STERILIZATION ROOM	1	10' x 10'	
4. X-RAY EXPOSURE ROOM	1	12' x 14'	
5. DARKROOM	1	4' x 12'	
6. PROSTHETIC LAB			
7. STOREROOM/ SUPPLY ROOM	1	10' x 10'	
8. CONFERENCE ROOM			
9. ADMINISTRATIVE OFFICE	1	10' x 10'	
10. DENTAL OFFICER'S OFFICE	1	12' x 14'	

11. DENTAL REPAIR SHOP			
12. PATIENT WAITING AREA	1	20' x 24'	
13. RECORDS CONTROL OFFICE	1	10' x 12'	
14. LOCKER ROOM (MALE)	1	10' x 10'	Coed
15. LOCKER ROOM (FEMALE)			
16. TOILET FACILITY (MALE)	1 1 1	4' x 6' 7' x 8' 6' x 5'	Coed Staff
17. TOILET FACILITY (FEMALE)	1	7' x 8'	
18. OTHER MAJOR ROOMS	1 1 1	10' x 13' 6' x 12 12' x 10'	Oral hygiene rm. Tele. storage rm. Staff lounge

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	A-dec 4200	7	A-4
2. DENTAL OPERATING CHAIR	Den-tal-ez VS Koenigkramer C-1	7 1	A-4 A-4

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	Pelton Crane LF-II	7	A-4
4. CENTRAL VACUUM SYSTEM	Den-tal-ez CD-205	2	A-4
5. AIR COMPRESSOR DEHYDRATOR	Air Techniques Air Star 7	1	A-4
6. STERILIZER	Pelton Crane Magnaclave Pelton Crane Ominclave	1 1	A-4 A-4
7. LIFE SUPPORT EQUIPMENT			
8. OTHER MAJOR EQUIPMENT			

SECTION B - PROSTHETIC LAB EQUIPMENT

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

NAVMED 6750/4 (Rev. 5/91)

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

14 Jun 93

PRIORITY: 1 of 1

From: Director, Branch Dental Clinic, Quantico

Subj: **FY 94 MINOR CONSTRUCTION/ALTERATION AND MAINTENANCE/REPAIR PROJECTS**

1. Description of project/repair/alteration:

a. TBS has indicated a need for minor alteration to include;

(1) Mount (7), 3-5' cabinets (1 per operatory) on wall for extra storage.

(2) Remove sink and wet tank developer - replace with storage drawer and provide counter top (2 units)

(3) Alter configuration of old Oral Hygiene Instructor room - convert one half to small dental lab and one half admin area, remove most sinks (5-6) replace with counter tops/cabinets.

2. Justification: My TBS director has suggested these modifications. I feel each has sound logic, for limited expense that would enhance the quality of care and work environment.

3. Impact if not funded: This is a nice to have project and not clearly driven by instruction. But all three would positively affect greater efficiency/convenience and remedy needed operatory storage needs and enhance prosthetic levels of care thus improving quality of professional life for the officer as well as the quality of treatment for patients.

4. The best description of the project is: **Quality of life and Mission driven.**

5. Cost estimate: \$17,000.

a. Source of estimate: Public Work/Quantico - ENCL-5


T. P. FITZHARRIS

ENCLOSURE(5)

COST ESTIMATE FOR TBS DENTAL ANNEX RENOVATIONS

1. STORAGE:

DEMOLITION.....\$ 0
NEW WORK (seven 3'x5' cabinets).....\$ 3,473

2. X-RAY DARK ROOM:

DEMOLITION.....\$ 152
NEW WORK (two 10' counters with drawers).....\$ 6,353

3. ORAL HYGENE INSTRUCTION ROOM:

DEMOLITION.....\$ 761
NEW WORK (two 10' counters with drawers).....\$ 6,353

TOTAL COST.....\$17,092

*away to
Jky
D*

Sir,

this is a rough estimate which includes the contractor's markup and profit. The counters and cabinets I used are stainless steel. If you don't need stainless, the new work cost can be decreased by 20-25%. If you need any more details please let me know.

V/R

Dave Bell

EXL-5

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? Annex location save thousands of manhours annually for clients on proximity alone.

b. What are the nearest air, rail, sea, and ground transportation nodes? Air, rail and interstate highways are readily available.

c. What is the importance of your location given your mobilization requirements? Staff members assigned have a rapid mobilization affiliation. The facility location is not important especially given the various transportation nodes.

d. On the average, how long does it take your current client/customers to reach your facility? 5-15 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? None

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 dental profession requires highly technical staff, equipment and facilities to accomplish the mission. The major impact of facility closure would be the gross waste of manhours, as base Marines would seek emergency treatment, routine care and annual examination elsewhere in the WASH DC area.

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

12. Mobilization. What are your facility's mobilization requirements? Annex data included with main BDC Quantico.

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

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. None

13. Quality of Life.

a. Military Housing

(1) Family Housing: N/A

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

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

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

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

(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. N/A

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)? N/A

(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.

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. N/A

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)
RICHMOND, VA	60
WASHINGTON DC	55
NORFOLK, VA	155

DC 29 45959
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BJMED
MED-825
GIA
7/22/94

f. Standard Rate VHA Data for Cost of Living: N/A

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. N/A

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? N/A

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: N/A

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

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

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response. Comprehensive dental care is available during normal working hours. Twenty-four hours emergency dental care is available via the watch standing program at the main BDC Quantico.

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. Space available care is provided and limited to active duty immediate family not enrolled in the DELTA DENTAL PLAN. Civilian dental care is abundantly available throughout the greater Quantico and Prince William County areas.

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			

Off Base Personnel - military			
Off Base Personnel - civilian			

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

J. J. SHANLEY, CAPT, DC, USN

NAME (Please type or print)

J. J. Shanley
Signature

COMMANDING OFFICER

Title
NATIONAL NAVAL DENTAL CENTER
BETHESDA, MD 20889-5602

06 June 94
Date

Activity

BRDEN ANX BA-SCL QUANTICO VA

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

D. F. Hagen

Signature

CHIEF BUMED/SURGEON GENERAL

Title

7-24-94

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

W. A. Earner

Signature

Title

8/29/94

Date

Document Separator

494

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic, Bremerton WA
ACTIVITY UIC: 68443 _____

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	64097	65596	67564	69591	69591	69591	69591	69591	69591
UNMET	12178	12463	12837	13222	13222	13222	13222	13222	13222
TOTAL	76275	78059	80401	82813	82813	82813	82813	82813	82813

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:

Population growth and CTV's have consistently grown over the past three fiscal years at a three to five percent rate. Therefore, "MET" CTV's have been computed using a steady growth rate. BRAC gain in FY96 includes an additional CVN homeported at PSNS. One additional AOE, a NON-BRAC increase, is schedule in FY95. This increase in mission requirement will continue to drive up our "UNMET" CTV's.

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	65596	67564	69591	69591	69591	69591	69591	69591
UNMET	12463	12837	13222	13222	13222	13222	13222	13222
TOTAL	78059	80401	82813	82813	82813	82813	82813	82813

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:

RAPS population data includes retired, dependents of active duty and retired, survivors and others medical eligible. It is not consistent with Navy Dentistry. Since the Navy Dental Insurance (DELTA Dental) was instituted less dependents have been treated. Retired and dependents are only treated on a space available basis and then held to a maximum of ten percent of care at any facility. Growth of active duty and the increase of productivity is therefore consistent with the workload predictions in paragraph 1, under "Mission Requirements". The physical plant is adequate and contains space for additional manpower assets. This command is not scheduled for any increase in staffing.

22. **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)	5	5	6	6	6	6	6	6	6
PROPHY TECHNICIANS (MIL AND CIV)	2	2	2	2	2	2	2	2	2
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1	1

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

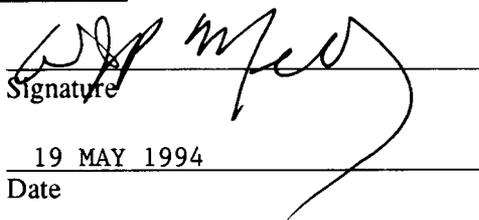
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

COMMANDER W. J. P. MELBY, DC, USN
NAME (Please type or print)


Signature

DIRECTOR, BRANCH DENTAL CLINIC
Title

19 MAY 1994
Date

BREMERTON, WASHINGTON
Activity

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	<i>Naval Dental Center, Bremerton 2240 Decatur Ave, Bremerton WA 98314-5245</i>
Acronym(s) used in correspondence	<i>NDC BREMERTON, WA 98314-5245 NAVDENCEN Bremerton, WA 98314-5245</i>
Commonly accepted short title(s)	<i>NDC PSNS</i>

● **Complete Mailing Address:** Naval Dental Center
2240 Decatur Ave.
Bremerton, WA 98314-5245

● **PLAD:** NAVDENCEN BREMERTON WA

● **PRIMARY UIC:** 68443 (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):** 41911 **PURPOSE:** BDC ADAK
 45021 BDC BANGOR
 44524 BDC IDAHO FALLS
 39077 BDC SEATTLE
 39075 BDC WHIDBEY
 46861 DEPMEDS

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: 00521

• Primary Host (as of 01 Oct 1995) UIC: 00521

• Primary Host (as of 01 Oct 2001) UIC: 00521

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

• Yes _____ No X (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

Branch Dental Clinic Seattle, located at Puget Sound Naval Base, was part of BRAC-91 closure. The base is scheduled to close by 30 September 1994. The BDC will be moving to Naval Station Everett in support of Homeporting expansion. There has been no loss of or increase in the basic allowance of personnel or budget. The Branch Dental Clinic at Everett will have the UIC of 35962.

Branch Dental Clinic Whidbey Island, located onboard Naval Air Station Whidbey, will see an increase in the number of support to active duty personnel as a result of the BRAC-93 movement of patrol squadrons from other locations. There has been no increase in basic allowance of personnel or budget due to BRAC-93.

Branch Dental Clinic Bangor, located onboard Naval Submarine Base Bangor, will see an increase in their required support to active duty as a result of BRAC-93 movement of a number of small commands from Naval Station Puget Sound, Seattle. Among these are Commander, Naval Base Seattle, this commands Responsible Line Commander (RLC), the Transient Personnel Unit (TPU), and the Brig. Also, from the San Francisco area are the USS Parche and COMSUBDIVGRU1. There has been no increase in basic allowance of personnel or budget.

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 headquarters functions and operational support to six Branch Dental Clinics in three states. Includes comprehensive dental support to 59,000 active duty Navy, Marine Corps and isolated dependents. Also provides support to 149,000 active duty dependents and retired personnel on a space available basis.
- Provide dental repair services to shore activities, operating forces afloat, and Coast Guard units in the Pacific Northwest Geographic Area.
- Provide TAD dental support to operating forces upon request.
-
-

Projected Missions for FY 2001

- "SAME AS ABOVE"
-
-
-
-

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 Contracted	<u>10 18_{65A}</u>	<u>27 51_{65A}</u>	<u>5</u> 1*
● Tenants (total)	_____	_____	_____

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command Contracted	<u>8 17_{65A}</u>	<u>27 51_{65A}</u>	<u>5 9_{65A}</u> 1*
● 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			
Captain Larry V. Kuhl DC USN	(206) 476-3218/19	(206) 476-1180	(206) 479-5148
● Duty Officer (206) 476-4287 or Mobile (206) 731-1791	(206) 476-1180	[N/A]	
● _____			
● _____			

12. **TENANT ACTIVITY LIST:** This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, 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	N/A	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 comities 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

Larry V. Kuhl, CAPT, DC, USN
NAME (Please type or print)

Larry V. Kuhl
Signature

Commanding Officer
Title

28 Jan 94
Date

Naval Dental Center, Bremerton WA
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

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

Donald Hagen

Signature
2-8-94

SURGEON GENERAL/CHIEF BUMED _____
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)

J. B. GREENE, JR

NAME (Please type or print)

J. B. Greene Jr

Signature
16 FEB 1994

ACTING

Title

Date

Document Separator

494

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: Branch Dental Clinic, Bremerton WA
ACTIVITY UIC: 68443 _____

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 AT THE PUGET SOUND NAVAL SHIPYARD.

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)
NAVSHIPYD	43646	PSNS BREMERTON	139
US SHIPS	VARIOUS	PSNS BREMERTON	2569 (VARIES)
FISC	00406	PSNS BREMERTON	29
NSYD SERVICE CRAFT	31999	PSNS BREMERTON	85
NAVY LEGAL SVC	35969	PSNS BREMERTON	54
PERSUPPDET	43137	PSNS BREMERTON	42
NSYD OTHER	43646	PSNS BREMERTON	68
PSNS BREM NON-NIF	47620	PSNS BREMERTON	154
NAVHOSP BREM	68095	BREMERTON WA	576
SIMA PSNS	68856	PSNS BREMERTON	130
OTHER SMALL COMANDS	VARIOUS	PSNS BREMERTON	1327
NAVDENCEN	68443	PSNS BREMERTON	69

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	5242
B. FY1993 MET WORKLOAD (CTVs)	64097
C. FY1993 UNMET WORKLOAD (CTVs)	12178
D. TOTAL WORKLOAD (B+C)	76275
E. MET WORKLOAD PER CAPITA (B÷A)	12.2
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.3
G. WORKLOAD PER CAPITA (D÷A)	14.6

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	5766	6342	6976	6976	6976	6976	6976	6976
A: TOTAL MET CTVs	65596	67564	69591	69591	69591	69591	69591	69591
B: TOTAL UNMET CTVs	12463	12837	13222	13222	13222	13222	13222	13222
C: TOTAL WORKLOAD REQUIREMENT (A+B)	78059	80401	82813	82813	82813	82813	82813	82813
DENTISTS (MIL AND CIV)	5	6	6	6	6	6	6	6
PROPHY TECHNICIANS (MIL AND CIV)	2	3	3	3	3	3	3	3
DENTAL HYGIENISTS (MIL AND CIV)	1	1	1	1	1	1	1	1

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

Maximum capacity for CTVs: _____

Explanation:

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
NONE	NA	NA	NA	NA	NA	NA	NA	NA

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	BLDG 506/PATIENT CARE	7481	49	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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT		10 NOVEMBER 1993	UIC	68443
FACILITY	BRANCH DENTAL CLINIC			
BLDG. 506	BREMERTON, WA 98314-5245			
PART I - DENTAL FACILITY SPACES				
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS	
1. CLINIC UNIT	1	7,481 SQ FT	BLDG. # 506	
2. DENTAL TREATMENT ROOM	16	10 x 15 FT		
3. STERILIZATION ROOM	2	8 x 14 FT 14 x 12 FT		
4. X-RAY EXPOSURE ROOM	2	10 1/2 x 10FT 9 1/2 x 15FT		
5. DARKROOM	1	5 x 11 FT		
6. PROSTHETIC LAB	1	9 x 7 FT 14 1/2 x 11FT 14 x 38 FT	PORCELAIN LAB CASTING LAB MAIN LAB	
7. STOREROOM/ SUPPLY ROOM	1	5 x 9 FT	CURRENTLY UTILIZE TWO DTRS FOR BULK STORAGE (TOSMALL)	
8. CONFERENCE ROOM	0	0		
9. ADMINISTRATIVE OFFICE	2	12 x 14 FT 10 x 10 FT	CURRENTLY UTILIZE ONE DTR FOR ADMIN OFFICE	
10. DENTAL OFFICER'S OFFICE	1	12 x 15 FT	CURRENTLY UTILIZE ONE DTR FOR ADMIN OFFICE	

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(3)

11. DENTAL REPAIR SHOP	0	0	
12. PATIENT WAITING AREA	2	10 1/2 x 11 FT 22 x 15 FT	3rd DECK WAITING RM. 2nd DECK WAITING RM/ RECORDS OFFICE
13. RECORDS CONTROL OFFICE	0	0	
14. LOCKER ROOM (MALE)	2	9 x 16 FT 13 x 16 FT	
15. LOCKER ROOM (FEMALE)	1	13 x 16 FT	
16. TOILET FACILITY (MALE)	3	6 x 8 FT 8 x 8 FT 5 x 12 FT	
17. TOILET FACILITY (FEMALE)	3	4 x 8 FT 5 1/2 x 10 FT 5 x 7 FT	
18. OTHER MAJOR ROOMS	3	9 x 14 FT 10 x 15 FT 8 x 11 FT	BLASTING ROOM LUNCH ROOM CENTRAL VACUUM RM

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	CONTINENTAL	2	A-4
	MINITROL	5	B-5
	EXCELLENCE	6	A-4
	DECADE	1	A-4
2. DENTAL OPERATING CHAIR	ADEC PRIORITY	9	A-4
	DEN-TAL-EZ	5	B-6
	Reliance (X-Ray Chair)	1	A-5

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(3)

3. DENTAL OPERATING LIGHT	ADEC PRIORITY PELTON & CRANE LFII PELTON & CRANE LF +	9 4 1	A-4 B-5 B-6
4. CENTRAL VACUUM SYSTEM	DEN-TAL-EZ CD 207 1/2 DEN-TAL-EZ	2 1	B-6 A-5
5. AIR COMPRESSOR DEHYDRATOR	0	0	
6. STERILIZER	AMSCO 3011 AMSCO 3012	1 1	A-5 A-5
7. LIFE SUPPORT EQUIPMENT	0	0	
8. OTHER MAJOR EQUIPMENT	0	0	
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM 300 1 - C	1	A-5
2. VACUUM PORCELAIN FURNACE	JELENGO FLAG SHIP MULTIMAT 99 DENTSPLY	1 1	A-5 A-5
3. BURNOUT OVEN	JELENGO 250 TICONIUM 3010-A1	2 1	A-5 A-5
4. OTHER PROSTHETIC EQUIPMENT			

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	GENDEX GX 1000	1	A-4	93 MAR
	GENDEX GX 770	2	A-4	93 MAR
2. MOBILE INTRA-ORAL	0	0		
3. PANORAMIC	GE PANELIPSE 11	1	A-4	93 MAR
4. CEPHALOMETRIC	0	0		
5. FILM PROCESSOR	AIR TECH PARIPRO 11	1	A-4	
	AIR TECH AT 2000	1	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC <input checked="" type="checkbox"/> DC <input type="checkbox"/>		a. VOLTAGE: 115/120		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>PART II: SECTION A ITEM 5. CLINIC USES SHIPYARD AIR SOURCE</p> <p>SECTION B ITEM 4. TICONIUM SAND BLASTER 1 A-5 RUEMELIN SHELL BLASTER 1 A-5</p> <p>SECTION C ITEM 1 & 3 - ALL DENTAL X-RAY UNITS CONFORM TO FEDERAL PERFORMANCE STANDARDS IN ACCORDANCE WITH NAVMEDCOMINST 6470.6</p> <p>PART IV: CURRENTLY HAVE 4 DTRs THAT ARE NOT SE UP FOR DENTAL TREATMENT, BUT COULD BE IF THE EQUIPMENT WAS PROVIDED.</p>				
DATE 29 DEC 93	TYPED NAME AND GRADE W. J. P. MELBY, CDR, DC, USN		SIGNATURE <i>W. J. P. Melby</i>	

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	03 JANUARY 1994	UIC	68443
FACILITY COMMAND	NAVAL DENTAL CENTER BREMERTON, WA 98314-5245		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	01	7481 SQ FT TOTAL SIZE OF HQ'S AND BDC	BLDG # 506
2. DENTAL TREATMENT ROOM	0	0	
3. STERILIZATION ROOM	0	0	
4. X-RAY EXPOSURE ROOM	0	0	
5. DARKROOM	0	0	
6. PROSTHETIC LAB	0	0	
7. STOREROOM/ SUPPLY ROOM	01 01	11' X 13' 4' X 8'	
8. CONFERENCE ROOM	01	17' X 15'	
9. ADMINISTRATIVE OFFICE	10	10' X 16' 11' X 14' 11' X 16'	SEE PART IV
10. DENTAL OFFICER'S OFFICE	0	0	

NAVMED 6750/4 (Rev. 5/91)

ENCLOSURE(2)

11. DENTAL REPAIR SHOP	01	25' X 25'	
12. PATIENT WAITING AREA	0	0	
13. RECORDS CONTROL OFFICE	0	0	
14. LOCKER ROOM (MALE)	0	0	
15. LOCKER ROOM (FEMALE)	0	0	
16. TOILET FACILITY (MALE)	04	5' X 12' 3 - 4' X 5'	
17. TOILET FACILITY (FEMALE)	01	5' X 10'	
18. OTHER MAJOR ROOMS	01	12' X 20'	REPAIR STORAGE/ CARPENTER SHOP

PART II - DENTAL EQUIPMENT

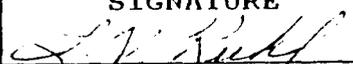
SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT		0	0
2. DENTAL OPERATING CHAIR		0	0

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT		0	0
4. CENTRAL VACUUM SYSTEM		0	0
5. AIR COMPRESSOR DEHYDRATOR		0	0
6. STERILIZER		0	0
7. LIFE SUPPORT EQUIPMENT		0	0
8. OTHER MAJOR EQUIPMENT		0	0
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE		0	0
2. VACUUM PORCELAIN FURNACE		0	0
3. BURNOUT OVEN		0	0
4. OTHER PROSTHETIC EQUIPMENT		0	0

NAVVED 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		0		
2. MOBILE INTRA-ORAL		0		
3. PANORAMIC		0		
4. CEPHALOMETRIC		0		
5. FILM PROCESSOR		0		
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 115/120 b. CYCLE: 60
2. GAS:	<input type="checkbox"/>	NATURAL	<input type="checkbox"/>	COMMERCIAL
	<input checked="" type="checkbox"/>	BOTTLE		ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
<p>PART I, ITEM #9: 12' X 12', 12' X 13', 15' X 15, 2 - 15' X 16, 15' X 18' AND 15' X 20'</p> <p>SUBMITTED FOR NDC HEADQUARTERS SPACES IN BUILDING 506</p>				
DATE	TYPED NAME AND GRADE		SIGNATURE	
30 Dec 93	L. V. KUHL, CAPT, DC, USN			

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
506-0001	DESIGN, INSTALL STERILIZER	FY91	23.5K

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
506*3010	MODERNIZE ELEVATOR	FY94/95	250K

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.

BUILDING IS ADEQUATE. LAND AND OTHER FACILITIES UNDER THE MANAGEMENT OF THE COMMANDER, PUGET SOUND NAVAL SHIPYARD. NO DETERRENT TO MISSION EXPECTED.

LOCATION

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

GEOGRAPHIC LOCATION IS EXCELLENT.

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

BRANCH DENTAL CLINIC BREMERTON IS CENTRALLY LOCATED IN RELATION TO THEIR PATIENTS. ACCESS IS EXCELLENT AND ON BASE PARKING ALLOWS FOR MAXIMUM AVAILABILITY.

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

AIR: NEAREST LARGE COMMERCIAL AIRPORT WITH GOVERNMENT PASSENGER AND FREIGHT CAPABILITIES IS SEATTLE-TACOMA AIRPORT WHICH IS 65 MILES FROM BREMERTON.

RAIL: AMTRAK AND BURLINGTON NORTHERN RAILROAD SERVICE IS AVAILABLE IN PUYALLUP, WA. 49 MILES FROM BREMERTON.

SEA: SHIPPING AND PASSENGER ACCOMMODATIONS ABOARD COMMERCIAL VESSELS IS AVAILABLE IN SEATTLE, WA. ONE HOUR RIDE BY CAR OR PASSENGER FERRY OR 82 MILES DRIVING.

GROUND TRANSPORTATION: COMMUTER GROUND TRANSPORTATION IS AVAILABLE ON BASE WHICH LINKS WITH COMMERCIAL BUS SERVICE OUT OF TACOMA, WA.

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

NO IMPORTANCE.

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

95% LESS THAN 30 MINUTES. AVERAGE TRAVELING TIME 10 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?

NONE

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?

BRANCH DENTAL CLINIC BREMERTON IS THE ONLY DENTAL TREATMENT FACILITIES IN THIS IMMEDIATE AREA. BRANCH DENTAL CLINIC (BRDENCLINIC), NAVAL SUBMARINE, BANGOR IS THE ONLY OTHER TREATMENT FACILITY WITHIN A FORTY MILE RADIUS. THERE IS NOT ENOUGH DENTAL CARE CAPABILITY AT BRDENCLINIC BANGOR TO CARE FOR THE 5000 ACTIVE DUTY PERSONNEL ATTACHED TO PSNS AND ITS TENANT ACTIVITIES.

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.

DENTAL CARE COULD BE CONTRACTED OUT OR THE ACTIVE DUTY PATIENTS COULD BE BUSED TO FORT LEWIS, WA A LARGE ARMY BASE SOUTH OF TACOMA. ONE WAY 52 MILES. ON THE AVERAGE A ONE HOUR AND AND 10 MINUTE DRIVE. THIER CAPABILITY WOULD BE REQUIRED TO BE INCREASED.

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
NAVDENCEN PEARL HARBOR	62313	4
NAVDENCEN GUAM	62328	1
NAVDENCEN YOKOSUKA	68495	1
USS ESSEX (LHD-2)	21533	2
USNS MERCY (TAH-19)	46245	2
FLTHOSP #6	68686	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.

NONE. MEDICAL PERSONNEL AUGMENTATION DOES NOT DETER MISSION OR NORMAL WORKLOAD PRODUCTION

13. Quality of Life.

THE INFORMATION FOR THIS SECTION HAS BEEN SUBMITTED BY OUR HOST COMMAND, COMMANDER, PUGET SOUND NAVAL SHIPYARD UNDER BRAC 95 DATA CALL 29.

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:

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

(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.

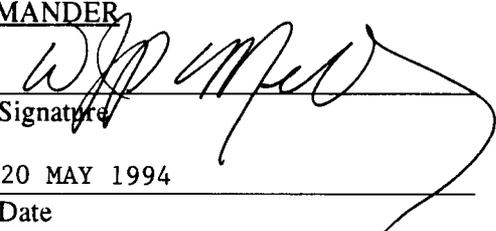
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes 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

COMMANDER, W. J. P. MELBY

NAME (Please type or print)


Signature

DIRECTOR, BRANCH DENTAL CLINIC

Title

20 MAY 1994

Date

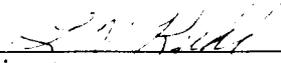
BREMERTON, WASHINGTON 98314-5245

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 L. V. KUHL, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

23 May 94
Date

NAVAL DENTAL CENTER BREMERTON FOR BRANCH DENTAL CLINIC BREMERTON 68443
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. E. HAGEN, VADM, MC, USN
NAME (Please type or print)


Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-8-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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


Signature

ACTIC
Title

27 JUN 1994
Date

494

**DATA CALL 66
INSTALLATION RESOURCES**

1 Activity Information:

Activity Name:	NAVAL DENTAL CENTER HEADQUARTERS/ BRANCH DENTAL CLINIC BREMERTON WA
UIC:	68443
Host Activity Name (if response is for a tenant activity):	NAVAL SHIPYARD PUGET SOUND BREMERTON WA
Host Activity UIC:	43646

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: NDC HQ/BDC BREMERTON WA			UIC: 68443
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair		4	4
1b. Minor Construction			
1c. Sub-total 1a. and 1b.		4	4
2. Other Base Operating Support Costs:			
2a. Utilities		16	16
2b. Transportation		7	7
2c. Environmental		1	1
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration		4	4
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:		28	28
3. Grand Total (sum of 1c. and 2k.):		32	32

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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>
O&M:	390
SUBTOTAL DIRECT	390
MILITARY PERSONNEL:	
MPN	688
SUBTOTAL MPN	688
GRAND TOTAL	1,078

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

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

**DATA CALL 66
INSTALLATION RESOURCES**

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: NDC HQ/BRANCH DENTAL CLINIC BREMERTON WA			UIC: 68443
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:	N/A	N/A	N/A
1a. Real Property Maintenance (> \$15K)	N/A	N/A	N/A
1b. Real Property Maintenance (< \$15K)	N/A	N/A	N/A
1c. Minor Construction (Expensed)	N/A	N/A	N/A
1d. Minor Construction (Capital Budget)	N/A	N/A	N/A
1c. Sub-total 1a. through 1d.	N/A	N/A	N/A
2. Other Base Operating Support Costs:	N/A	N/A	N/A
2a. Command Office	N/A	N/A	N/A
2b. ADP Support	N/A	N/A	N/A
2c. Equipment Maintenance	N/A	N/A	N/A
2d. Civilian Personnel Services	N/A	N/A	N/A
2e. Accounting/Finance	N/A	N/A	N/A
2f. Utilities	N/A	N/A	N/A
2g. Environmental Compliance	N/A	N/A	N/A
2h. Police and Fire	N/A	N/A	N/A
2i. Safety	N/A	N/A	N/A
2j. Supply and Storage Operations	N/A	N/A	N/A
2k. Major Range Test Facility Base Costs	N/A	N/A	N/A
2l. Other (Specify)	N/A	N/A	N/A
2m. Sub-total 2a. through 2l:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A

**DATA CALL 66
INSTALLATION RESOURCES**

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

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: NDC HQ/BRANCH DENTAL CLINIC BREMERTON WA	UIC: 68443
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	62
Material and Supplies (including equipment):	75
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	13
Other Purchases (Contract support, etc.):	208
Total:	358

**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: NDC HQ/BRANCH DENTAL CLINIC BREMERTON WA	UIC: 68443
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:* Dental Hygienist	1
Total Workyears:	1

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

Dental Hygienist contract is required to provide oral prophylaxis and preventive dentistry procedures due to a large demand of active duty beneficiaries.

**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)):

One (1)

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):

One (1)

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**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 3.7

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):

One (1)

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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	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

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

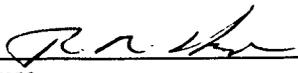
NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity



Signature

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 AND SURGERY

Activity



Signature

8-8-94

Date

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

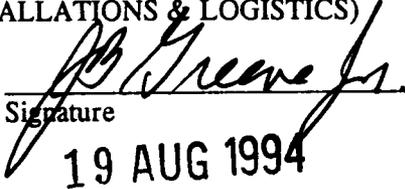
DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title



Signature

19 AUG 1994

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

L. V. KUHL, CAPT, DC, USN
NAME (Please type or print)

L.V. Kuhl
Signature

COMMANDING OFFICER
Title

12 July 94
Date

NAVAL DENTAL CENTER BREMERTON WA
for BRANCH DENTAL CLINIC BANGOR
Activity

Document Separator

DATA CALL 1: GENERAL INFORMATION

UIC: 68410

1. NAME:

- OFFICIAL NAME: NAVAL DENTAL CENTER, CAMP LEJEUNE, NC
- ACRONYMS: NDC CLNC

COMPLETE MAILING ADDRESS:

NAVAL DENTAL CENTER
15 HOLCOMB BLVD., RM 273
CAMP LEJEUNE, NC 28547-2508

PLAD: NAVDENCEN CAMP LEJEUNE NC

PRIMARY UIC: 68410

ALL OTHER UIC(S)/PURPOSE:

44532/BRANCH DENTAL CLINIC CAMP JOHNSON

UICS LISTED FOR DIRS & WORKLOAD REPORTING ONLY

44574/2ND DENTAL BATTALION
44573/H&S COMPANY, 2ND DENTAL BATTALION
48087/2ND DENTAL COMPANY
48087A/CAMP GEIGER DET., 2ND DENTAL COMPANY
41627/12TH DENTAL COMPANY
41628/NEW RIVER DET., 12TH DENTAL COMPANY
44575/22ND DENTAL COMPANY
44575A/COURTHOUSE BAY DET., 22ND DENTAL COMPANY

2. PLANT ACCOUNT HOLDER: N/A

3. ACTIVITY TYPE: TENANT

4. SPECIAL AREAS: BRANCH DENTAL CLINIC/CAMP JOHNSON/44532

5. DETACHMENTS: N/A

6. BRAC IMPACT: N/A

7. MISSION:

CURRENT MISSIONS:

- COMMAND AND OPERATE THE ORAL HEALTH CARE SYSTEM IN THE ASSIGNED GEOGRAPHIC AREA.
- PROVIDE DENTAL ADMINISTRATIVE SUPPORT AND LIAISON FOR THE COMMANDING GENERAL, MARINE CORPS BASE, CAMP LEJEUNE, TENANT COMMANDS, SUPPORTING ACTIVITIES AND OTHER ASSIGNED COMMANDS.
- PROVIDE COMPLETE DENTAL SERVICE TO UNITS OF THE FLEET MARINE FORCE IN-GARRISON AND TO MILITARY PERSONNEL IN THE AREA WITHOUT DENTAL FACILITIES WITHIN CAPABILITIES.
- PROVIDE DENTAL PERSONNEL TO AUGMENT MOBILIZATION SUPPORT BATTALION IN CONJUNCTION WITH BASE MOBILIZATION PLAN IN SUPPORT OF CONTINGENCY OPERATIONS.

- PROVIDE DENTAL SERVICE ON A SPACE AVAILABLE, STAND-BY BASIS TO ELIGIBLE DEPENDENTS AND RETIRED MEMBERS OF THE MILITARY SERVICE AND THEIR DEPENDENTS.

- PROVIDE EMERGENCY DENTAL SERVICE TO CIVILIAN PERSONNEL WHERE SUCH CARE IS REQUIRED FOR HUMANITARIAN REASONS AND WHEN CIVILIAN PROFESSIONAL CARE CANNOT BE OBTAINED.

- PROVIDE FOR AND COORDINATE THE PREVENTIVE DENTISTRY PROGRAM FOR PERSONNEL OF THE OPERATING FORCES, SHORE ACTIVITIES AND OTHER AUTHORIZED BENEFICIARIES AS DIRECTED BY HIGHER AUTHORITY.

- SOLE PROVIDER FOR PROCUREMENT, INSTALLATION, MAINTENANCE AND REPLACEMENT FOR ALL NAVY AND FMF IN-GARRISON OPN AND O&MN EQUIPMENT

- PROVIDE TECHNICAL EQUIPMENT REPAIR SERVICE TO TEN BUMED AND FLEET MARINE FORCE CLINICS (134 DORS) IN ADDITION TO INSTALLATION, PREVENTIVE MAINTENANCE AND PURCHASE OF REPAIR PARTS.

- PROVIDE PROSTHETIC DENTAL SERVICE TO UNITS OF THE OPERATING FORCES AND TO SHORE ACTIVITIES IN THE AREA THROUGH CENTRALIZED CONSOLIDATED LABORATORY SERVICES.

- SOLE PROVIDER FOR ALL STANDARD STOCK AND OPEN PURCHASE CONSUMABLE DENTAL SUPPLIES FOR NDC AND SECOND DENTAL BATTALION.

- NDC ALSO FUNCTIONS AS THE DENTAL CONSTRUCTION PLANNER AND OVERSIGHT CONSULTANT FOR MILCON PROJECTS AT CHERRY POINT (FY-94), AND MCAS NEW RIVER (FY-95).

- PROMOTE BUMED ORAL HEALTH CARE INITIATIVES THROUGH LOCAL MEDIA, ARTICLES, COMMUNITY LECTURES AND PATIENT EDUCATION.

- SERVE AS THE RESPONSIBLE CENTRAL AGENCY FOR THE RESOLUTION OF COMPLAINTS, DEFICIENCIES AND PROBLEMS TO IMPROVE ORAL HEALTH CARE SERVICES.

- MAINTAIN THE ADMINISTRATIVE FUNCTIONS REQUIRED TO SUPPORT THE DENTAL SERVICES RENDERED.

- CONDUCT INDOCTRINATION AND TRAINING PROGRAMS TO MAINTAIN THE MILITARY AND PROFESSIONAL COMPETENCIES OF OFFICER AND ENLISTED PERSONNEL ASSIGNED.

- ASSIGN SPECIFIC TASKS TO EACH ORGANIZATIONAL ELEMENT AS NECESSARY TO ACCOMPLISH THE MISSION.

- COORDINATE CLINICAL TRAINING OF NON-FEDERAL CIVILIAN DENTAL HYGIENE AND DENTAL ASSISTING STUDENTS WITH CAROLINA COMMUNITY COLLEGE VIA APPROVAL OF BUMED.

- PARTICIPATE AND COORDINATE RED CROSS VOLUNTEER TRAINING UNDER BUMED GUIDELINES AND LOCAL CHAPTER ASSISTANCE.

- PROVIDE OR UNDERTAKE SUCH OTHER APPROPRIATE FUNCTIONS AS MAY BE AUTHORIZED OR DIRECTED BY HIGHER AUTHORITY.

- MAINTAIN A JOINT NAVAL DENTAL CENTER/2ND DENTAL BATTALION AFTER HOURS DENTAL EMERGENCY WATCH.

- NEGOTIATE APPROPRIATE SUPPORT AGREEMENTS AS NECESSARY.

PROJECTED MISSION:

- CONTINUAL DIALOGUE AND ONGOING DISCUSSION ON CONSOLIDATION OF NAVAL DENTAL CENTER WITH 2ND DENTAL BATTALION UNDER "DUAL HATting" CONCEPT. THERE IS RELUCTANCE ON THE PART OF OUR RLC HOWEVER TO SUPPORT THIS INTEGRATION DUE TO LACK OF EVIDENCE

SHOWING ANY TANGIBLE BENEFITS. THERE ARE ADDITIONAL CONCERNS VOICED ON LOSS OF SPAN OF CONTROL, MANAGEMENT OF FUNDING SOURCES AND PRIORITY OF MISSION. NDC IS NEGOTIATING WITH 2ND DENTAL BATTALION ON NUMEROUS INITIATIVES TO INTEGRATE AS MANY SIMILAR PROGRAMS INTO JOINT FUNCTIONAL SYSTEMS AND COMBINED PROGRAMS.

- ACTIONS WHICH NDC CAN TAKE TO ASSUME RESPONSIBILITY FOR BATTALION GARRISON FUNCTIONS WITH ADDITIONAL MEMORANDUM OF AGREEMENTS:

- FACILITIES - NDC OPERATING MANAGEMENT DEPARTMENT SHOULD BE FACILITIES MANAGER FOR ALL FIXED DENTAL TREATMENT FACILITIES. ONCE THIS CAN BE ACCOMPLISHED, SUCH PROGRAMS AS SAFETY, HAZMAT, INFECTION CONTROL, ROUTING OF WORK REQUESTS AND MINOR CONSTRUCTION PROJECTS CAN BE MONITORED MORE EFFICIENTLY AND EFFECTIVELY.

- STANDARDIZATION OF ADP HARDWARE/SOFTWARE, E-MAIL AND LANS - A LOT OF THIS EQUIPMENT COMES FROM DIFFERENT SOURCES. MOAS NEEDED TO COVER MAINTENANCE CONTRACTS, SOFTWARE SHARING AND ROUTING OF LAN LINES TO REFLECT ORGANIZATIONAL RELATIONSHIPS. STANDARDIZE FLEET LIAISON DATA BASES.

- CREDENTIALS FILE MAINTENANCE AND PRIVILEGING AUTHORITY - REINITIATE THE NDC/2DENBN JOINT CREDENTIALS COORDINATOR.

- DENTAL QUALITY ASSURANCE - THIS ENTIRE PROGRAM SHOULD BE CONSOLIDATED WITH A JOINT DIRECTIVE UNDER THE AUSPICES OF NDC.

- COMMONALITY OF DIRECTIVES - AS A CATEGORICAL STATEMENT, ANY BATTALION DIRECTIVE THAT HAS AN NDC COUNTERPART CAN BE ELIMINATED AND THE NDC DIRECTIVE BE RE-WRITTEN AS A JOINT INSTRUCTION/ORDER COVERING BOTH ORGANIZATIONS.

- MCB CAMP LEJUNE IS DESIGNATED AS A MAJOR MOBILIZATION CENTER FOR EAST COARS IN EVENT OF PRESIDENTIAL ACTIVATION OF RESERVE FORCES FOR CONTINGENCY OPERATION REQUIRING PREDETERMINED MANPOWER ASSETS TO AUGMENT MOBILIZATION SUPPORT BATTALION.

- THESE INITIATIVES SHOULD BECOME REALITY BY THE END OF FY-94 VICE WAITING UNTIL FY-2001 TO REAP THE BENEFITS.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):
 OPERATIONAL - COMMANDING GENERAL, MARINE CORPS BASE/
 FUNDING SOURCE - CLAIMANCY 18 (BUMED)

10. PERSONNEL NUMBERS:

ON BOARD COUNT AS OF 1 JANUARY 1994			
	OFFICERS	ENLISTED	CIVILIANS
TENANT	10	29	11

ON BOARD COUNT AS OF 30 SEPTEMBER 1994			
	OFFICERS	ENLISTED	CIVILIANS
TENANT	12 10 _{USA}	35 23 _{USA}	12 11 _{USA}

UIC: 68410

11. KEY POINTS OF CONTACT:

TITLE	OFFICE	FAX	HOME
CO	910-451-2208	451-5354	455-1041
CAPT C. D. FERGUSON (D)	484-2208	484-5354	
XO	910-451-2270	451-5354	353-9168
CAPT B. M. KILFOIL (D)	484-2270	484-2270	
DDCA	910-451-2270	451-2270	324-6998
LT T. J. HAWKINS (D)	484-2270	484-2270	

12. TENANT LIST: N/A

13. REGIONAL SUPPORT: N/A →

FMF

STAFFED

UIC

SUPPORT

41627

MCAS CHERRY POINT

68410

COURTHOUSE
MOBILE DETACHMENT

14. FACILITY MAPS: N/A

UIC: 68410

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

C. D. FERGUSON, CAPT, DC, USN

C. D. Ferguson
(SIGNATURE)

COMMANDING OFFICER

4 Feb 94
(DATE)

NAVAL DENTAL CENTER

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

NEXT ECHELON LEVEL

N/A

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

MAJOR CLAIMANT LEVEL

NAME (TYPE OR PRINT)

A. Hagen
SIGNATURE

TITLE

DATE

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 (TYPE OR PRINT)

J. B. Greene Jr
SIGNATURE

ACTING
TITLE

16 FEB 94
DATE

Document Separator

495

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER
CAMP LEJEUNE, NC
ACTIVITY UIC: 68410

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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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	106585	111360	116135	121535	121135	121135	121135	121135	121135
UNMET	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12
TOTAL	112173.12	116948.12	121723.12	127123.12	127123.12	127123.12	127123.12	127123.12	127123.12

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:

Records Held

Class 2 742 x 4.55 = 3376.1
 Class 3 144 x 9.20 = 1324.8
 Class 4 186 x 4.77 = 887.22
 1072 5588.12

*Includes data for
 BDC Cary Johnson (VIC 44532)
 data could not be separated*

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	111166 200441	116155 209043	121144 218043	122133 218043	121122 218043	122111 218043	121100 218043	121099 218043
UNMET	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12
TOTAL	116754 206036.12	121743 214631.12	126732 223631.12	127721 223631.12	126710 223631.12	125699 223631.12	124688 223631.12	123677 223631.12

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KQ

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:

Included data for BDC Corp Johnson (LIC 44531)
data could not be separated out for
NDC LIC 68410

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)	210	210	210	210	210	210	210	210	210
PROPHY TECHNICIANS (MIL AND CIV)	21	21	21	21	21	21	21	21	21
DENTAL HYGIENISTS (MIL AND CIV)	*5	5	5	5	5	5	5	5	5

2 DH assigned to this facility, 3 DH are assigned to DABN Clinics but are listed on this Maypower Document.

[Signature]
940711
MAR 63

DATA CALL #29

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

ACTIVITY COMMANDER

C. D. FERGUSON, CAPT, DC, USN

C D Ferguson
(SIGNATURE)

COMMANDING OFFICER
NAVAL DENTAL CENTER
CAMP LEJEUNE

20 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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

Date

493

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY:NAVAL DENTAL CENTER
CAMP LEJEUNE, NC
ACTIVITY UIC: 68410

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.

The Naval Dental Center, Camp Lejeune, North Carolina was established 1 October 1990 with the following mission:

"To provide comprehensive dental service to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area as prescribed by in Title 10, U. S. Code and other applicable directives. Operate assigned component dental care facilities. Properly train all assigned military personnel in their performance of contingency and wartime duties. Maintain the clinic and its component facilities in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to maintain the highest possible degree of operational readiness. Conduct appropriate education programs for assigned personnel to maintain uniformly high standards of patient care. Cooperate with military and civilian authorities in public health affairs, local disasters, and other emergencies. Provide dental care to eligible dependent beneficiaries on a space available basis."

Mission Objectives (Actions in Support of Mission)

As directed by Chief, Bureau of Medicine and Surgery, the Naval Dental Center, Camp Lejeune, North Carolina performs the following duties:

- a. Command and operate the Oral Health Care System in the assigned geographic area.
- b. Provide a comprehensive dental service to units of the Fleet Marine Force and to military personnel in the area without dental facilities.
- c. Provide dental service on a space available, stand-by basis to eligible dependents and retired members of the military services.
- d. Provide emergency dental service to civilian personnel where such care is required for humanitarian reasons and when civilian professional care cannot be obtained.

e. Provide for and coordinate the preventive dentistry program for personnel of the operating forces, shore activities, and other authorized beneficiaries as directed by higher authority.

f. Provide prosthetic dental service to units of the operating forces and to shore activities in the area.

g. Provide technical equipment repair service to ten BUMED and Fleet Marine Force Clinics (DORs), in addition to installation, preventive maintenance, and purchase of repair parts.

h. Conduct indoctrination and training programs to maintain the military and professional competence of officer and enlisted personnel.

i. Maintain the administrative functions required to support the dental services rendered.

j. Assign specific tasks to each organizational element as necessary to accomplish the mission.

k. Serve as the responsible central agency for the resolution of complaints, deficiencies, and problems to improve oral health care services.

l. Negotiate appropriate interservice support agreements (ISSAs) as necessary.

m. Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

n. Maintain a maximum state of readiness for mobilization.

o. Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

p. Maintain a joint Naval Dental Center/2d Dental Battalion after hours dental emergency treatment watch.

q. Provide Medical Augmentation Program (MAP) support to the 2d Force Service Support Group, Fleet Hospitals and other assigned deployable platforms.

r. Coordinate clinical training of non-federal civilian dental hygiene and dental assisting students with Coastal Carolina Community College.

s. NDC also functions as the dental Construction Planner and Oversight Consultant for MILCON projects at Cherry Point (FY94) and MCAS New River (FY95).

t. Conduct utilities and dental unique facilities maintenance, repair, and alterations.

u. Provide all in-garrison consumable supply support to all 2d Dental Battalion personnel within catchment area.

v. Participate and coordinate Red Cross volunteer training under BUMED guidelines and local chapter assistance.

w. Provide dental administrative support and liaison for the Commanding General, Marine Corps Base, Camp Lejeune, tenant commands, supporting activities and other assigned commands.

x. Provide Dental personnel to augment the Mobilization Support Battalion in conjunction with Base Mobilization plan in support of contingency operations.

y. Sole provider for procurement, installation, maintenance and replacement for all Navy and FMF in-garrison OPN and O&MN equipment.

z. Sole provider for all standard stock and open purchase consumable supplies for NDC and Second Dental Battalion.

aa. Promote BUMED oral health care initiatives through local media, articles, community lectures and patient education.

bb. Conduct indoctrination and training programs to maintain the military and professional competencies of officer and enlisted personnel assigned.

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/RUC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HQTRS & SPT BN ALPHA COMPANY	M31001	CAMP LEJEUNE	363
HQTRS & SPT BN BRAVO COMPANY	M31003	CAMP LEJEUNE	559
HQTRS & SPT BN BRIG	M31004	CAMP LEJEUNE	237
HQTRS & SPT BN MP COMPANY	M31001	CAMP LEJEUNE	209
2D MEDICAL BN	N20162	CAMP LEJEUNE	10
CHAPLAIN	N67001	CAMP LEJEUNE	28
RESERVE SUPPORT UNIT	M31015	CAMP LEJEUNE	65
PSAD	N43354	CAMP LEJEUNE	28
MCB PUBLIC WORKS	N67001	CAMP LEJEUNE	5
BRANCH MEDICAL CLINIC	N68093	CAMP LEJEUNE	53
ROICC	N44249	CAMP LEJEUNE	6
FOOD SERVICE SCHOOL	M31317	CAMP JOHNSON	305
SUPPLY SCHOOL	M31316	CAMP JOHNSON	355
MOTOR T SCHOOL	M31318	CAMP JOHNSON	1170
PERSONAL ADMIN SCHOOL	M31319	CAMP JOHNSON	573
FINANCIAL MGMT SCHOOL	M31360	CAMP JOHNSON	94
FIELD MEDICAL SERVICE SCHOOL	N65987	CAMP JOHNSON	244

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

CATEGORY	FY 1993 DATA
A. ACTUAL POPULATION	41,944
B. FY1993 MET WORKLOAD (CTVs)	106,585
C. FY1993 UNMET WORKLOAD (CTVs)	5,588.12
D. TOTAL WORKLOAD (B+C)	112,173.12
E. MET WORKLOAD PER CAPITA (B÷A)	2.5411
F. UNMET WORKLOAD PER CAPITA (C÷A)	.1332
G. WORKLOAD PER CAPITA (D÷A)	2.6743

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

Maximum capacity for CTVs: -0-

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								
A: TOTAL MET CTVs	111360	116360	121535	121535	121535	121535	121535	121535
B: TOTAL UNMET CTVs	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12	5588.12
C: TOTAL WORKLOAD REQUIREMENT (A+B)	116948.12	121723.12	127123.12	127123.12	127123.12	127123.12	127123.12	127123.12
DENTISTS (MIL AND CIV)	10							
PROPHY TECHNICIANS (MIL AND CIV)	1	1	1	1	1	1	1	1
DENTAL HYGIENISTS (MIL AND CIV)	5 *	5	5	5	5	5	5	5

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 M623

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

Maximum capacity for CTVs: -0-

Explanation:

* 2 DA assigned to this facility, 3 DA are assigned to DABN Clinics, but on this manpower statement.

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
CPR	7	23	15	23	15	23	15	15
DENTAL HYGIENISTS WITH CCCC*	19	19	19	19	19	19	19	19
DENTAL ASSISTANTS WITH CCCC	18	18	18	18	18	18	18	18
RED CROSS VOLUNTEERS	8	8	8	8	8	8	8	8

* = COASTAL CAROLINA COMMUNITY COLLEGE

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
BLDG 15 54010	DENTAL CLINIC, PATIENT CARE & ADMIN	11,487	51	SUBSTANDARD
BLDG 65 54010	DENTAL CLINIC, PATIENT CARE, SUPPLY, REPAIR	6,699	51	SUBSTANDARD

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
P080003	CONSTRUCT NEW LOADING RAMPS REPAIR/SUPPLY (BLDG 65)	FY90	23,600
P080001	INSTALL EMERGENCY GENERATOR (BLDG 15)	FY91	17,225
P080004	INSTALL AIR DRY TO COMPRESSOR (BLDG 15)	FY91	2,752
P080004	INSTALL AWNING OVER LOADING DOCK (BLDG 65)	FY94	8,750

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
HADNOT PT P605	REPLACEMENT OF BLDG 15	FY97	6.7M

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
CAMP JOHNSON P703	REPLACEMENT OF CAMP JOHNSON CLINIC BLDG M-128	FY00	2.7M

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	1 JANUARY 1994	UIC	68410
FACILITY	NAVAL DENTAL CENTER, HQTRS, BLDG. 15 CAMP LEJEUNE, NC 28542-5009		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	13,894 sq.ft	
2. DENTAL TREATMENT ROOM	14	9 11'X 12' 5 12'X 15'	
3. STERILIZATION ROOM	2	1 9'X 12' 1 11'X 12'	
4. X-RAY EXPOSURE ROOM	2	1 12'X 12' 1 ENDO DTR	
5. DARKROOM	0	SAME AS EXPOSURE	
6. PROSTHETIC LAB	2	1 16'X 33' 1 14'X 15'	
7. STOREROOM/ SUPPLY ROOM	2	6'X 5'	
8. CONFERENCE ROOM	1	15'X 16'	
9. ADMINISTRATIVE OFFICE	14	SEE PART IV	REMARKS
10. DENTAL OFFICER'S OFFICE	3	12'X 12'	

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11. DENTAL REPAIR SHOP	0		
12. PATIENT WAITING AREA	1	18' X 23'	
13. RECORDS CONTROL OFFICE	1	8' X 18'	
14. LOCKER ROOM (MALE)	0		0- ADMIN OFFICE E- LOCATED IN HEAD
15. LOCKER ROOM (FEMALE)	1	13' X 16'	E- LOCATED IN HEAD
16. TOILET FACILITY (MALE)	1	8' X 11'	
17. TOILET FACILITY (FEMALE)	1	8' X 11'	
18. OTHER MAJOR ROOMS	1	11' X 14'	SEE PART IV

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC 2070	11	A5
	ADEC 4200	1	A5
2. DENTAL OPERATING CHAIR	ADEC 1005	12	A5
	DENTALEZ VSR	1	A6
	DENTALEZ SPSB	1	A5

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3. DENTAL OPERATING LIGHT	PELTON/CRANE LFII	12	9 A4
	PELTON/CRANE LFT	2	3 A5 2 A4
4. CENTRAL VACUUM SYSTEM	U.S. TURBINE 7HP HVE	1	A5
5. AIR COMPRESSOR DEHYDRATOR	AIR TECHNIQUES 58000	2	A4
6. STERILIZER	AMSCO EAGLE	1	A4
	PELTON/CRANE VAL 10	1	A5
	STERIDENT 200 DRICLAVE	1	A4
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	TICONIUM 300D	1	A6
2. VACUUM PORCELAIN FURNACE	DENTSPLY MULTIMAT 99	1	A5
	CERAMCO PHOENIX	1	A4
3. BURNOUT OVEN	TICONIUM SUPER OVEN	1	A5
	JELENKO ACCUTHERM II 150	2	A5
4. OTHER PROSTHETIC EQUIPMENT			

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SECTION C - DENTAL X-RAY EQUIPMENT					
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY	
1. STATIONARY INTRA-ORAL	GENDEX 1000 1987 1988	2	A5 A5	NOV 93 NOV 93	
2. MOBILE INTRA-ORAL					
3. PANORAMIC	GENDEX PANELTIPSE II 1986	1	A5	NOV 93	
4. CEPHALOMETRIC					
5. FILM PROCESSOR	AIR TECH AT 2000	1	A5		

PART III - UTILITIES

1. ELECTRIC CURRENT: AC	<input checked="" type="checkbox"/>	DC		a. VOLTAGE: 120	b. CYCLE: 60	
2. GAS:		NATURAL	<input checked="" type="checkbox"/>	COMMERCIAL	BOTTLE	ACETYLENE

PART IV - REMARKS AND RECOMMENDATIONS

ALL FACILITIES PROVIDED BY MCB CAMP LEJEUNE NC
 ALL EQUIPMENT PROVIDED BY NAVAL DENTAL CLINIC CAMP LEJEUNE NC

XO OFFICE W/HEAD	1	16' X 16'
OFFICER LOUNGE	1	16' X 16'
CSC OFFICE	1	11' X 16'
CO SUITE W/HEAD	1	16' X 24'
CO SEC OFFICE	1	10' X 14'
FISCAL OFFICE	1	10' X 14'
BUDGET ANALYST OFFICE	1	9' X 16'
MANPOWER/ ADMIN OFFICE	1	10' X 22'
DDCA OFFICE W/HEAD & SHOWER	1	14' X 18'
HEAD SHARED 1 W/SHOWER	2	8' X 9'
BUDGET ASSIST. OFFICE	1	7' X 7'
CENTRAL SUCTION ROOM	1	12' X 15'
SAFETY/COPY ROOM	1	10' 1/2 X 16'
MANAGEMENT INFO OFFICE	1	9' X 10'
S.W. OFFICER'S OFFICE	1	9' X 16'
LPO OFFICE	1	9' 1/2 X 11' 1/2

DATE 1 JANUARY 1994	TYPED NAME AND GRADE C.D. FERGUSON, CAPT, DC, USN	SIGNATURE <i>C. Ferguson</i>
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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.

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?

Current location provides for minimum patient travel and central location to support facilities.

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

Air - Albert Ellis Airport/MCAS, New River
Sea - Morehead City
Rail - Camp Lejeune

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

Strategically located adjacent to Field House/Mobilization Center.

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

10 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?

Having a centralized location is a help.

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 capability were lost, MCB personnel Dental Readiness would not meet the required 80% readiness level. We provide comprehensive dental care of all major specialties to MCB personnel.

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

If this facility closed, Naval Dental Center would be unable to treat the active duty or any other beneficiary within the Camp Lejeune area without moving to 2d Dental Battalion, 2d Force Service Support Group facilities or the Naval Hospital Dental Service. The active duty population would be treated on a space available basis due to the limited space available for this command's clinicians. Second Dental Battalion has 7 treatment facilities spread out over a 50 mile radius, the major DTFs being at Camp Lejeune. The Battalion has an MPA of 75 officers and 158 enlisted.

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
MOBILIZATION SUPPORT BATTALION	N/A	7 Enl
FLTHOSP #20	46977	2 Off
US BRDENCLINIC Guantanamo Bay	62333	2 Off/3 Enl
HQ FMFLANT, Norfolk	67026	2 Off
2D FSSG, Camp Lejeune, NC	68408	3 Enl
FLTHOSP #5	65130	1 Enl

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

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

The time that is spent in organizing the site, training in running the Mobilization Support Battalion (MSB) could be used to increase patient treatment. At present, we staff the MSB with enlisted personnel. Dental officers are forced to work without assistants. The unavailability of assistants has a direct impact on the amount of patient care performed by dental officers.

Quality of Life issues shall be answered by our Host Activity:

Commanding General
Marine Corps Base
PSC Box 20004
Camp Lejeune, NC 28542-0004

Attn: Management Support Department

RUC: M67001

DATA CALL #28

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

ACTIVITY COMMANDER

C. D. FERGUSON, CAPT, DC, USN

C D Ferguson
(SIGNATURE)

COMMANDING OFFICER
NAVAL DENTAL CENTER
CAMP LEJEUNE

20 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

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

Title

Date

495

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Naval Dental Center, Camp Lejeune, NC
UIC:	N68410
Host Activity Name (if response is for a tenant activity):	Marine Corps Base, Camp Lejeune, NC
Host Activity UIC:	M67001

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: NDC, Camp Lejeune, NC		UIC: N68410	
Category	FY 1996 BOS Costs (#000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	20	UNK	20
1b. Minor Construction	NA	NA	
1c. Sub-total 1a. and 1b.	20		20
2. Other Base Operating Support Costs:			
2a. Utilities	40		40
2b. Transportation	14		14
2c. Environmental	0		
2d. Facility Leases	0		
2e. Morale, Welfare & Recreation	0		
2f. Bachelor Quarters	0		
2g. Child Care Centers	0		
2h. Family Service Centers	0		
2i. Administration	41 199	838	879
2j. Other (Specify) SAG FG MPN <i>Retail Supply</i>	0	181	181
2k. Sub-total 2a. through 2j:	95 257	1019	1114

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DATA CALL 06
INSTALLATION RESOURCES

3. Grand Total (sum of 1c. and 2k.):	HSC 7/16/77 B.N. 115 277	1019	1134
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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	277 182 ^{HSG/15/94}
MPN	857 _{P.W.}

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: NDC, CAMP LEJEUNE, NC		UIC: N68410	
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>\$15K)	NA	NA	NA
1b. Real Property Maintenance (<\$15K)	NA	NA	NA
1c. Minor Construction (Expensed)	NA	NA	NA
1d. Minor Construction (Capital Budget)	NA	NA	NA
1c. Sub-total 1a. through 1d.	NA	NA	NA
2. Other Base Operating Support Costs:			
2a. Command Office	NA	NA	NA
2b. ADP Support	NA	NA	NA
2c. Equipment Maintenance	NA	NA	NA
2d. Civilian Personnel Services	NA	NA	NA
2e. Accounting/Finance	NA	NA	NA
2f. Utilities	NA	NA	NA
2g. Environmental Compliance	NA	NA	NA
2h. Police and Fire	NA	NA	NA
2i. Safety	NA	NA	NA
2j. Supply and Storage Operations	NA	NA	NA
2k. Major Range Test Facility Base Costs	NA	NA	NA
2l. Other (Specify)	NA	NA	NA
2m. Sub-total 2a. through 2l:	NA	NA	NA
3. Depreciation	NA	NA	NA

DATA CALL 66
INSTALLATION RESOURCES

4. Grand Total (sum of 1c., 2m., and 3.) :	NA	NA	NA
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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: NDC, CAMP LEJEUNE, NC	UIC: N68410
Cost Category	FY 1996 Projected Costs (#000)
Travel:	35
Material and Supplies (including equipment):	438 538
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	14
Other Purchases (Contract support, etc.):	281 183
Total:	768

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DATA CALL 66
INSTALLATION RESOURCES

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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: NDC, CAMP LEJEUNE, NC	UIC: N68410
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	
Facilities Support:	
Mission Support:	11.8
Procurement:	
Other:*	
Total Workyears:	11.8

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

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See pg 8R
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This change was done at the activity per Gladys Brito phone # 9-1-910-451-5314

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

a. **Un-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: NDC, CAMP LEJEUNE, NC	UIC: N6R410
	Contract Type	FY 1996 Estimated Number of Workyears On-Base
	Construction:	
	Facilities Support:	
	Mission Support: DENTAL ASSISTANTS	11
	Procurement:	
	Other: *	
	Total Workyears:	11

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

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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)):

11

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2) Estimated number of workyears which would be eliminated:

0

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

0

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.)
ϕ	

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

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

7-28-94

Date

Title

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

W. A. Earner

Signature

NAME (Please type or print)

Signature

Title

8/26/94

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

Charles D. Ferguson, Capt, DC, USN
NAME (Please type or print)

Signature *Charles D. Ferguson*

Commanding Officer
Title

Date *13 July 94*

Naval Dental Center
Activity

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	Naval Dental Center Camp Pendleton, CA
Acronym(s) used in correspondence	NDC Camp Pendleton
Commonly accepted short title(s)	NAVDECEN CampPen

- Complete Mailing Address
Commanding Officer
Naval Dental Center
Box 555221
Camp Pendleton, CA 92055-5221

- PLAD
NAVDECEN CAMP PENDLETON CA

- PRIMARY UIC: 62594 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): _____

PURPOSE:

_____	_____	_____
_____	_____	_____
_____	_____	_____

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 ✓ (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 MCB, Camp Pendleton UIC: 00681

• Primary Host MCB, Camp Pendleton (as of 01 Oct 1995)
UIC: 00681

• Primary Host MCB, Camp Pendleton (as of 01 Oct 2001)
UIC: 00681

• 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
GSA BDC BARSTOW N/A	41762	BARSTOW, CA	BARSTOW	

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: 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

- Provides comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area as prescribed by Title 10, U.S. Code, and other applicable directives.
- Operates assigned component dental care facilities:
 - Branch Dental Clinic, San Onofre, Camp Pendleton, CA
 - Branch Dental Clinic, Del Mar, Camp Pendleton, CA
 - Branch Dental Annex, Edson Range, Camp Pendleton, CA
 - Branch Dental Clinic, MCLB Barstow, CA
 - Branch Dental Annex, MCMWTC Bridgeport, CA
 - Branch Dental Annex, Correctional Facility, Camp Pendleton, CA
- Ensures that all assigned military personnel are both aware of and properly trained for the performance of their assigned contingency and wartime duties.
- Ensures that the command and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
- Provide, as directed, in garrison dental care services in support of the Navy and Marine Corps units on board Camp Pendleton, MCLB Barstow and MCMWTC Bridgeport to ensure the highest possible degree of operational readiness for these units.
- Conducts appropriate education programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.
- Provides training and facilities for supporting reserve dental units, Selective Reserves and Individual Ready Reserves.
- Participates as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.
- Conducts training, as required or directed, for General Practice residents, clinical clerks, and others, to include orientation, indoctrination, observer, refresher and familiarization material.
- Cooperates with Reserve components in providing liaison, personnel and physical resources for appropriate training and mobilization exercises.
- Should consolidation with 1st Dental Battalion, 1st FSSG become reality as projected this FY94, the combined command will be responsible for both in-garrison dental health services for MCB, Camp Pendleton, MCAS El Toro, MCAS Tustin, MCAS Yuma, MCLB Barstow, MCAGCC 29 Palms, MCMWTC Bridgeport and operational (field) dental health services for the entire 1st Marine Expeditionary Force (I MEF).

Projected Missions for FY 2001

- N/A
-
-
-
-

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>CG, Marine Corps Base, Camp Pendleton, CA</u> | | <u>00681</u> |
| • Funding Source | UIC | |
| <u>BUMED, Washington, DC</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	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>22</u>	<u>57</u>	<u>18</u>
Contracted			<u>2*</u>
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	C i v i l i a n
(Appropriated)			
• Reporting Command	<u>28 21^{ASA}</u>	<u>63 52^{ASA}</u>	<u>21 19^{ASA}</u>
Contracted			<u>3*</u>
• Tenants (total)	<u> </u>	<u> </u>	<u> </u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>	<u>Home</u>
• CO/OIC	DSN:365-5208/5102	DSN:365-5779	(619)598-7671
<u>CAPT R. C. House, DC, USN</u>			
• Duty Officer [N/A]			
	DSN:365-5992	DSN:365-5779	
<u>Officer of the Day</u>			
	DSN:365-5102/5419	DSN:365-5779	(714)637-7775
<u>Director for Administration/CDR E. A. Lee, MSC, USN</u>			

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.)
1st Dental Battalion, 1st FSSG UICS: M 47367 M 44570 M 44572 M 44571 M 44540 M 47114 M 62594 FMF STAFFED	Camp Pendleton, CA	customized accounting; purchasing, receipt; warehousing, issue and delivery of consumable supplies; funding, procurement, maintenance, repair and replacement of equipment and dental unique building systems; improvements and minor construction funding for elements of dental facilities which are dental unique - ISSA
Naval Hospital	Camp Pendleton, CA	Provide specialty training in Endodontics and Periodontics for four Dental General Practice Residents (GPR) annually. Provide dental equipment repair maintenance - ISSA

14. FACILITY MAPS: Host command will be sending to Headquarters, Marine Corps in February 1994.

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. C. HOUSE, CAPT, DC, USN

NAME (Please type or print)

RCHouse

Signature

COMMANDING OFFICER

Title

31 Jan 94

Date

NAVAL DENTAL CENTER, CAMP PENDLETON, CA

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

x 
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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


Signature

ACTING
Title

16 FEB 94
Date

Document Separator

496

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER, CAMP PENDLETON
ACTIVITY UIC: 62594

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	3,4
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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	160445	132920	132000	132000	132000	132000	132000	132000	132000
UNMET	25,916	18,338	0	0	0	0	0	0	0
TOTAL	186361	151258	132000	132000	132000	132000	132000	132000	132000

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

FY 93 and 94 MET and UNMET DATA is from DATA CALL #29.

Please show all calculations and assumptions in the space below:

Assumptions: UNMET workload for population of 6,300 for FY 95 and beyond:

- a. all patients will be class IV each year.
- b. on average 50% of all class IV patients will be reclassified as class III.
- c. on average 50% of all class IV patients will be reclassified as class II.

UNMET Workload for population of 6300:

Class II 6300 X .5 X 4.55 = 14,332

Class III 6300 X .5 X 9.2 = 28,980

Class IV 6300 X 4.77 = 30,051

73,363 Total UNMET CTVs

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

CTVS	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
UNMET	0	0	0	0	0	0	0	0
TOTAL	300,00	300,00	300,000	300,000	300,000	300,000	300,000	300,000

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:

With 25 fully equipped DORS and providers to man them, technically there shouldn't be any UNMET needs. The capacity of 25 providers is $25 \times 12,000$ CTVs = 300,000 CTVs/yr which is 226,634 CTVs over UNMET workload ($300,000 - 73,363$) = 226,637 CTVs.

Assumption: The UNMET workload for a population of 6300 was previously computed to be 73,363 CTVs.

Unable to obtain accurate RAPS data for Branch Dental San Onofre for population served since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel.

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)	12	12	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2	2

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 J W RODDEN NDC CAMPEN~~
NAME (Please type or print)

CLINIC DIRECTOR
Title

NAVAL DENTAL CENTER
Activity


Signature

27 MAY 94
Date

496

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER, CAMP PENDLETON
ACTIVITY UIC: 62594

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.

Provides outpatient dental care services to Navy and Marine Corps personnel of the operating forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U. S. Code and other applicable directives in the Headquarters area, Marine Corps Base, Camp Pendleton.

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)
H & S BN FSSG	28301	14 AREA MCB, CAMP PENDLETON	1080
9TH COMM BN	21670	13 AREA MCB, CAMP PENDLETON	733
7TH MOTORTRANS BN	28280	13 AREA MCB, CAMP PENDLETON	583
7TH ESB	21300	13 AREA MCB, CAMP PENDLETON	934
H & S BN MCB	33060	14 AREA MCB, CAMP PENDLETON	674
SRIG	20371	12 AREA MCB, CAMP PENDLETON	477
I MEF	20147	13 AREA MCB, CAMP PENDLETON	462
MSSG-13	28391	12 AREA MCB, CAMP PENDLETON	236
NWS	0-00396 E-47618	FALLBROOK, NWS	71
SECURITY BN	33120	12 AREA MCB, CAMP PENDLETON	432
11 MEU SSG	33120	12 AREA MCB, CAMP PENDLETON	152
BRIG	33130	22 AREA MCB, CAMP PENDLETON	197
BRANCH MEDICAL CLINIC	32585	13 AREA MCB, CAMP PENDLETON	31
NAVAL DENTAL CENTER	62594	13 AREA MCB, CAMP PENDLETON	66

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	6,671
B. FY1993 MET WORKLOAD (CTVs)	160,445
C. FY1993 UNMET WORKLOAD (CTVs)	25,916
D. TOTAL WORKLOAD (B+C)	186,361
E. MET WORKLOAD PER CAPITA (B÷A)	24.05
F. UNMET WORKLOAD PER CAPITA (C÷A)	3.88
G. WORKLOAD PER CAPITA (D÷A)	27.93

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

Maximum capacity for CTVs: 168,000 based on 12 full time dentists and 2 full time dental hygienists.

Explanation:

Computation for UNMET workload per Efficiency Review Formula and based on 31 SEP 93 dental classification of available records held at Headquarters (mainside) clinic.

Class II	2962	X	4.55	=	13,477
Class III	763	X	9.2	=	7,020
Class IV	1136	X	4.77	=	<u>5,419</u>
					25,916 CTVs

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

	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
POPULATION	6300	6300	6300	6300	6300	6300	6300	6300
A: TOTAL MET CTVs	13292 0	13200 0						
B: TOTAL UNMET CTVs	18338	0	0	0	0	0	0	0
C: TOTAL WORKLOAD REQUIREMENT (A+B)	15125 8	13200 0						
DENTISTS (MIL AND CIV)	12	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	2	2	2	2	2	2	2	2

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

Maximum capacity for CTVs: FY94 MET CTVs calculated on actual FY94 CTVs
(1 OCT 93 - 31 MAR 94 X 2) 66,460 X 2 = 132,920

Projected Workload cont'd.

132,000 CTVs for FY 95 and beyond:

Explanation: UNMET workload for population of 6,300 based on dental classification of dental records available as of 31 March 1994.

Class II	2344 X 4.55	=	10,665
Class III	551 X 9.2	=	5,069
Class IV	546 X 4.77	=	<u>2,604</u>
			18,604 CTVs

Assumptions: FY 95-99 reduced to 11 providers. For UNMET workload for population of 6,300:

- a. all patients will be class IV each year.
- b. on average 50% of all class IV patients will be reclassified as class III.
- c. on average 50% of all class IV patients will be reclassified as class II.

Computations:	Class II	6300 X .5 X 4.55	=	14,332
	Class III	6300 X .5 X 9.2	=	28,980
	Class IV	6300 X .5 X 4.77	=	<u>30,363</u>
				73,363 CTVs

With workload capacity 132,000, there shouldn't be any UNMET workload.

Unable to obtain accurate RAPS data for Naval Dental Center, Headquarters Clinic population served, since data retrieved includes population within a 20 mile radius and would include population served by other clinics. Population used is MCB Camp Pendleton projection active duty personnel in units within the area served by Naval Dental Center, Headquarters Clinic, UIC 62594.

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
General Practice Residency Program Rotation in Endodontics and Periodontics	4	4	4	4	4	4	4	4
American Red Cross Voluteer Dental Asst. Program	30	30	30	30	30	30	30	30

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
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?

DENTAL EQUIPMENT AND FACILITIES REPORT

DATE OF REPORT	01 JANUARY 1994	UIC	62594
FACILITY	NAVAL DENTAL CENTER, MAIN DENTAL CLINIC, BLDG. 13128 CAMP PENDLETON, CA 92055-5221		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	92' X 190'	PROSTHETIC LAB INCLUDED
2. DENTAL TREATMENT ROOM	27	9' X 11'	ADEQUATE
3. STERILIZATION ROOM	1	15' X 12'	ADEQUATE
4. X-RAY EXPOSURE ROOM	2	(1) 7' X 11' (1) 9' X 11'	ADEQUATE
5. DARKROOM	1	8' X 10'	ADEQUATE
6. PROSTHETIC LAB	1	46' X 32'	ADEQUATE
7. STOREROOM/ SUPPLY ROOM	2	(1) 19' X 8' (1) 6' X 13'	ADEQUATE
8. CONFERENCE ROOM	1	17' X 26'	N/A
9. ADMINISTRATIVE OFFICE	1	12' X 46'	N/A
10. DENTAL OFFICER'S OFFICE	6	(2) 9' X 11' (4) 10' X 12'	ADEQUATE

NAVMED 6750/4 (Rev. 5/91)

11. DENTAL REPAIR SHOP	N/A		
12. PATIENT WAITING AREA	1	24' X 68'	ADEQUATE
13. RECORDS CONTROL OFFICE	1	13' X 6'	ADEQUATE
14. LOCKER ROOM (MALE)	2	(2) 9' X 6'	ADEQUATE
15. LOCKER ROOM (FEMALE)	1	19' X 11'	ADEQUATE
16. TOILET FACILITY (MALE)	7		SEE PART IV
17. TOILET FACILITY (FEMALE)	4		SEE PART IV
18. OTHER MAJOR ROOMS (MALE)	12		SEE PART IV
19. LINEN ROOM	1	7' X 11'	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	ADEC EXCELLENCE	4	A-5
	ADEC 2080	1	
	ADEC 4200	21	
	HENRY SCHEIN CRUSADER	1	
2. DENTAL OPERATING CHAIR	ADEC PRIORITY	4	(21) A-5 (6) A-6
	DENTAL-EZ PL-200	23	

NAVMED 6750/4 (Rev. 5/91)

3. DENTAL OPERATING LIGHT	PELTON CRANE LF II MIDWEST 166 ADEC 6300	21 1 5	A-5
4. CENTRAL VACUUM SYSTEM	AIR TECHNIQUES VACSTAR 8 RAMVAC 1200	1 2	(1) A-5 (2) A-5
5. AIR COMPRESSOR DEHYDRATOR	TELEDYNE AQUA VAC	2	(2) A-5
6. STERILIZER	AMSCO 2011 AMSCO 3023 MDT AQUACLAVE 30	1 1 1	A-5
7. LIFE SUPPORT EQUIPMENT	PHYSIO CONTROL LIFE-PAK 6 OHIO MED ANESTHESIA UNIT VITALS MONITOR 1846 SX	1 1 1	A-5
8. OTHER MAJOR EQUIPMENT	IMPLANT UNIT NOBEL PHARMA STRYKER SURGICAL HEADLAMP QUADRILITE 600 (HEADLAMP)	1 1 2	A-5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	TICONIUM 3001-C TICONIUM 3	1 1	A-5 A-5
2. VACUUM PORCELAIN FURNACE	UNITEK ULTRAMAT DENTSPLY MULTIMAT 99	1 2	A-5 A-5
3. BURNOUT OVEN	JELENKO ACCUTHERM 250 JELENKO ACCUTHERM 850	2 1	(2) A-5 (1) A-5
4. OTHER PROSTHETIC EQUIPMENT	DENTSPLY DICOR SYSTEM TICONIUM READY DUPLICATION IVOMAT IP3 CURING UNIT	1 1 1	A-5 A-4 A-4

NAVMED 6750/4 (Rev. 5/91)

SECTION C - DENTAL X-RAY EQUIPMENT																																																									
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY																																																					
1. STATIONARY INTRA-ORAL	PHILLIPS ORALIX 70	1	A-5	05 OCT 93																																																					
	SIEMANS HELIODENT MD	2	A-4	07 MAY 93																																																					
2. MOBILE INTRA-ORAL	N/A																																																								
3. PANORAMIC	J. MORITA VERSAVIEW	1	A-5	05 OCT 93																																																					
4. CEPHALOMETRIC	N/A																																																								
5. FILM PROCESSOR	AIR TECHNIQUES 2000	1	A-4	<table border="1" style="width:100%; height: 20px;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																					
PART III - UTILITIES																																																									
1. ELECTRIC CURRENT: AC				X	DC	a. VOLTAGE: 110/160				b. CYCLE: 60																																															
2. GAS:	X	NATURAL		COMMERCIAL		BOTTLE		ACETYLENE																																																	
PART IV - REMARKS AND RECOMMENDATIONS																																																									
<p>PART V</p> <table style="width:100%; border: none;"> <tr> <td style="width: 30%;">16. ENLISTED DUTY HEAD</td> <td style="width: 15%;">3 X 10</td> <td style="width: 30%;">18. CO'S OFFICE</td> <td style="width: 25%;">16 X 22</td> </tr> <tr> <td>CO'S</td> <td>4 X 6</td> <td>XO'S OFFICE</td> <td>9 X 13</td> </tr> <tr> <td>PATIENT</td> <td>8 X 18</td> <td>A0'S OFFICE</td> <td>11 X 12</td> </tr> <tr> <td>RECOVERY ROOM</td> <td>6 X 8</td> <td>CMC OFFICE</td> <td>10 X 10</td> </tr> <tr> <td>STAFF LOCKER ROOM</td> <td>5 X 5</td> <td>MAA OFFICE</td> <td>12 X 12</td> </tr> <tr> <td>STAFF HEAD</td> <td>8 X 10</td> <td>RECOVERY ROOM</td> <td>9 X 12</td> </tr> <tr> <td>ENLISTED HEAD</td> <td>9 X 5</td> <td>LOUNGE</td> <td>13 X 24</td> </tr> <tr> <td></td> <td></td> <td>GEAR LOCKER</td> <td>3 X 6</td> </tr> <tr> <td>17. ENLISTED SHOWER</td> <td>11 X 4</td> <td>GEAR LOCKER</td> <td>6 X 13</td> </tr> <tr> <td>PATIENT</td> <td>5 X 8</td> <td>DUTY ROOM</td> <td>22 X 8</td> </tr> <tr> <td>ENLISTED HEAD</td> <td>9 X 14</td> <td>LAUNDRY ROOM</td> <td>9 X 11</td> </tr> <tr> <td>OFFICER HEAD</td> <td>5 X 9</td> <td>CO'S SECRETARY'S</td> <td>7 X 8</td> </tr> </table> <p>1. ROOMS 312 AND 212 WERE CONVERTED TO OFFICES. ROOM 312 CAN BE COVERTED TO AN OPERATIONAL DTR WITHIN FIVE WOKING DAYS.</p> <p>2. X-RAY MACHINES MEET FEDERAL STANDARDS.</p>										16. ENLISTED DUTY HEAD	3 X 10	18. CO'S OFFICE	16 X 22	CO'S	4 X 6	XO'S OFFICE	9 X 13	PATIENT	8 X 18	A0'S OFFICE	11 X 12	RECOVERY ROOM	6 X 8	CMC OFFICE	10 X 10	STAFF LOCKER ROOM	5 X 5	MAA OFFICE	12 X 12	STAFF HEAD	8 X 10	RECOVERY ROOM	9 X 12	ENLISTED HEAD	9 X 5	LOUNGE	13 X 24			GEAR LOCKER	3 X 6	17. ENLISTED SHOWER	11 X 4	GEAR LOCKER	6 X 13	PATIENT	5 X 8	DUTY ROOM	22 X 8	ENLISTED HEAD	9 X 14	LAUNDRY ROOM	9 X 11	OFFICER HEAD	5 X 9	CO'S SECRETARY'S	7 X 8
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DATE		TYPED NAME AND GRADE				SIGNATURE																																																			
<i>31 May 94</i>		R. C. HOUSE, CAPT, DC, USN				<i>R. C. House</i>																																																			

NAVMED 6750/4 (Rev. 5/91)

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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			

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.

Facility and its condition are adequate for performance of mission.

LOCATION

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

Centrally located for specialties available only in this clinic.

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

Centralized location enabling patients easy access.

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

Air, rail, sea and transportation modes are available onboard MCB, Camp Pendleton.

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

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?

Being located in the Southern California area, We have difficulties in hiring and retaining civilian Dental Hygienists since civil service pay is so much lower than is offered in the civilian community.

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?

Since this facility houses a complete dental laboratory and offers the specialty clinics not available elsewhere except in one FMF staffed dental facility, its loss would be critical to dental readiness. Nearest fully staffed specialty clinics are in the San Diego area 60 - 80 minutes away. Rotation for 4 General Practice Residents in Endodontics and Periodontics will need to be offered possibly in San Diego.

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

If the mainside (HQ) facility were to close, patients will need to be seen at outlying FMF - operated Dental Battalion dental clinics which range from 4 miles to 30 miles away (10 min - 1 hour). Specialty clinic needs maybe handled at the Las Pulgas dental clinic and for additional oral surgery at NAVHOSP Camp Pendleton.

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 NEW ORLEANS (LPH-11)	07602	1
NDC, PEARL HARBOR	62313	13
1ST FSSG	67446	2
U.S. NAVDENCEN OKINAW	68582	8
FLTHOSP #1	68681	1
FLTHOSP #2	68682	2
FLTHOSP #6	68686	2

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

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

We have six dental officers with augmentation assignment in outconus dental facilities and dental Officers with Fleet Hospital assignment. Only those assigned to Fleet Hospitals have additional associated training of 10 days and occasional refreshers. Approximately 500 CTVs per week for 2 weeks or 1,000 CTVs could be performed by 2 providers if they did not have to attend associated Fleet Hospital training.

Computation: 12,000 CTVs ave/yr per provider, based 48 weeks' work (4 wks leave)

$$\frac{12,000}{48} = 250 \text{ CTVs/wk per provider}$$

$$250 \times 2 \text{ wks} \times 2 \text{ providers} = 1,000 \text{ CTVs}$$

13. Quality of Life. Our host, MCB Camp Pendleton, UIC 00681 is providing this information in the BSAT Date Call # 39, Marine Corps Base military value analysis.

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.

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 J. W. RODDEN, NDC, CAMPEN
NAME (Please type or print)

CLINIC DIRECTOR
Title

NAVAL DENTAL CENTER
Activity


Signature

27 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)

CAPT R. C. HOUSE DC, USN
NAME (Please type or print)
COMMANDING OFFICER
Title
NAVAL DENTAL CENTER, CAMP PENDLETON
Activity

RCHouse
Signature
31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)
Title
Activity

Signature
Date

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

MAJOR CLAIMANT LEVEL

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

D F Hagen
Signature
6-8-94
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)
ACT 106
Title

[Signature]
Signature
27 JUN 1994
Date

496

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL DENTAL CENTER
UIC:	62594
Host Activity Name (if response is for a tenant activity):	COMMANDING GENERAL MARINE CORPS BASE CAMP PENDLETON, CA 92055
Host Activity UIC:	00681

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 Submitt. 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 ES-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 in 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 01, 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: <i>NAVAL DENTAL CENTER</i>		UIC: <i>62594</i>		
Category	FY 1996 BOS Costs (\$000)			
	Non-Labor	Labor	Total	
1. Real Property Maintenance Costs:				
1a. Maintenance and Repair	8.2		8.2	
1b. Minor Construction	4.8		4.8	
1c. Sub-total 1a. and 1b.	13.0		13.0	
2. Other Base Operating Support Costs:				
2a. Utilities	45.1	—	45.1	
2b. Transportation	11.3	—	11.3	
2c. Environmental	1.2	—	1.2	
2d. Facility Leases	—	—	—	
2e. Morale, Welfare & Recreation	—	—	—	
2f. Bachelor Quarters	—	—	—	
2g. Child Care Centers	—	—	—	
2h. Family Service Centers	—	—	—	
2i. Administration	18.7	1190.1	1208.8	
2j. Other (Specify) <i>REFUSE/TELEPHONE</i>	2.3	—	2.3	
2k. Subtotal 2a through 2j:	78.6	1190.1	1268.7	
3. Grand Total (sum of 1c. and 2k.):	91.6	1190.1	1281.7	

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 "B. Grand-Total" line, by appropriation:

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

n/a

c. **Table 1B - Base Operating Support Costs (DOF Overhead).** This Table should be submitted for all current DOF activities. Costs reported should reflect BOS costs supporting the DOF activity itself (usually included in the G&A cost of the activity). For DOF 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 DOF 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 ~~the~~ activities (even if direct RDT&E funded) should be included on Table 1B. Weapon Stations should include underutilized plant capacity costs as a DOF overhead "BOS expense" on Table 1B.

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name:	UIC:		
Category	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (\$15K)			
1b. Real Property Maintenance (\$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
1e. 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:			

N/A

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 7100.25 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:	UIC:
Cost Category	FY 1996 Projected Costs (#000)
Travel:	25.0
Material and Supplies (including equipment):	135.0
Industrial Fund Purchases (other DBOF purchases):	—
Transportation:	—
Other Purchases (Contract support, etc.):	198.0
Total:	358.0

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:	UIC:
	FY 1996 Estimated Number of Workyears On-Base
Contract Type	
Construction:	
Facilities Support:	
Mission Support:	N/A
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:

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):

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)
---	--

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. C. HOUSE

NAME (Please type or print)

RCHouse

Signature

COMMANDING OFFICER

Title

12 July 94

Date

NAVAL DENIAL CENTER CAMP PENDLETON

Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Officer in Charge, Acting

Title

Naval Healthcare Support
Office, San Diego

Activity

Signature

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

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

ACTING CHIEF BUMED

Title

BUREAU OF MEDICINE AND SURGERY

Activity

Signature

AUG 4 1994

Date

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

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

W. A. EARNER

NAME (Please type or print)

Title

Signature

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	<i>Naval Dental Center, Great Lakes, IL</i>
Acronym(s) used in correspondence	<i>NDC Great Lakes</i>
Commonly accepted short title(s)	N/A

- Complete Mailing Address

Naval Dental Center, Bldg. 73
2707 Sheridan Road
Great Lakes, IL 60088-5258

- PLAD

NAVDENCEN GREAT LAKES IL

- PRIMARY UIC: 68326 (Plant Account UIC for Plant Account Holders)

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

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

2. **PLANT ACCOUNT HOLDER:**

- Yes _____ No (check one)

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

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

• Yes _____ No x (check one)

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

• Yes x No _____ (check one)

• Primary Host (current) UIC: 00211

• Primary Host (as of 01 Oct 1995) UIC: 00211

• Primary Host (as of 01 Oct 2001) UIC: 00211

● **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 Clinic, Kansas City, MO	41772	Kansas City, MO	Marine Corps Finance Center, Kansas City, MO	62213

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.

Due to BRAC-93 we will see a large increase in patient population. This will increase the size of NDC staff and will increase administrative services support requirements.

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 administrative, fiscal/supply, and repair services to seven branch dental clinics.
-
-
-
-
-

Projected Missions for FY 2001

- Provide administrative, fiscal/supply, and repair services to seven branch dental clinics.
-
-
-
-

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

- None.

-

-

Projected Unique Missions for FY 2001

- None.

-

-

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, Great Lakes</u>	<u>68326</u>
● Funding Source	UIC
<u>Naval Dental Center, Great Lakes</u>	<u>68326</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>5</u>	<u>29</u>	<u>4</u> N/A*
● 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>6/ 66_{65A}</u>	<u>30/ 136_{65A}</u>	<u>8/ 34_{65A}</u> N/A*
● 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			
M. T. BARCO	(708) 688-2230	(708) 688-3706	(708) 473-4522
● Duty Officer	(708) 688-2100	(708) 688-3706	(N/A)
● Branch Director			
J. S. CLASS	(708) 688-5675	(708) 688-3706	(708) 362-7811
●			

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.)
<i>Branch Dental Clinic, Prosthetic Laboratory</i>	<i>GLAKES IL</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic</i>	<i>GLAKES IL</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic, Recruit Inprocessing</i>	<i>GLAKES IL</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic, Recruit Treatment</i>	<i>GLAKES IL</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic, NAS Glenview</i>	<i>GLENVIEW, IL</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic, NAF Detroit</i>	<i>MT. CLEMMENS, MI</i>	<i>Administrative, fiscal/supply & repair.</i>
<i>Branch Dental Clinic, MCAS, Kansas City</i>	<i>KANSAS CITY, MO</i>	<i>Administrative, fiscal/supply & repair.</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.)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. T. BARCO
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

01 Feb 94
Date

NAVAL DENTAL CENTER, GREAT LAKES, IL
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

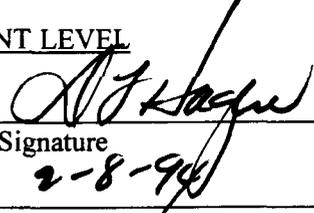
Date

Activity

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

MAJOR CLAIMANT LEVEL

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



Signature

SURGEON GENERAL/CHIEF BUMED _____
Title

2-8-94

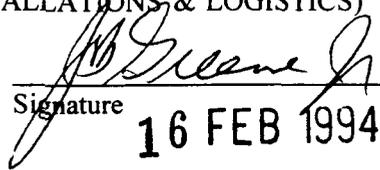
Date

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, JR
NAME (Please type or print)



Signature

Title

ACTING

16 FEB 1994

Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVDENCEN GREAT LAKES IL
ACTIVITY UIC: 68326

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

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

TABLE OF CONTENTS

MISSION REQUIREMENTS

1. Workload	3,4
2. Staffing	5

*Increment table
1 contents
9/22/23
MAD-67
D. J. [Signature]*

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									
UNMET									
TOTAL									

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:

Note: UIC 68326 includes Headquarters and Prosthetic Laboratory.

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								
UNMET								
TOTAL								

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

Please show all calculations and assumptions in the space below:

Note: UIC 68326 includes Headquarters and Prosthetic Laboratory.

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)	76 0	76 0	113 0						
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	8 0	8 0	16 0						
DENTAL TECHNICIANS (MIL AND CIV)	165	165	296						

~~Note: This includes 68326, 43830, 43831 and 44542.~~

This VIC is a HEADQUARTERS CLINIC, no clinical Tx spaces
 all providers are ^{Listed} assigned in clinic Vics: 43830, 43831, and 44542.
 (although assigned to this VIC [68326] for personnel assignment.)

940618
 M. 1/16/01
 R. Kelly

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

John S. Class, LCDR, MSC, USN

NAME (Please type or print)

John S. Class
Signature

Branch Director

Title

27 MAY 94
Date

HQ NAVDENCEN GREAT LAKES IL

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)

MARTIN T. BARCO, CAPT, DC, USN
NAME (Please type or print)

Commanding Officer

Title

Naval Dental Center, Great Lakes
Activity


Signature

31 May 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Title

Activity

Signature

Date

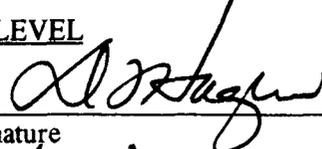
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN
NAME (Please type or print)

CHIEF BUMED/SURGEON GENERAL
Title

BUREAU OF MEDICINE AND SURGERY
Activity


Signature

6-30-94
Date

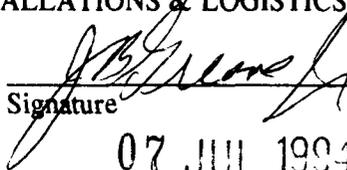
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

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

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

ACTING

Title


Signature

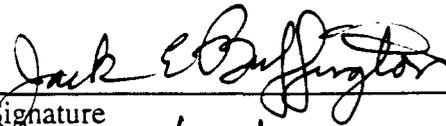
07 JUL 1994
Date

Document Separator

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

MAJOR CLAIMANT LEVEL

J. E. BUFFINGTON, RADM, CEC, USN
NAME (Please type or print)


Signature

COMMANDER
Title

7/13/94
Date

NAVAL FACILITIES ENGINEERING COMMAND
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)


Signature

Title

7/18/94
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON
NAME (Please type or print)

CDR, CEC, USN
Title

MILCON PROGRAMMING DIVISION
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE
Department

NAVAL FACILITIES ENGINEERING COMMAND
Activity


Signature
12 July 1994
Date

Enclosure (1)

BRAC DATA CALL NUMBER 64
CONSTRUCTION COST AVOIDANCE

Information on cost avoidance which could be realized as the result of cancellation of on-going or programmed construction projects is provided in Tables 1 (MILCON) and 2 (FAMILY HOUSING). These tables list MILCON/FAMILY HOUSING projects which fall within the following categories:

1. all programmed construction projects included in the FY1996 - 2001 MILCON/FAMILY HOUSING Project List,
2. all programmed projects from FY1995 or earlier for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995, and,
3. all programmed BRAC MILCON/FAMILY HOUSING projects for which cost avoidance could still be obtained if the project were to be canceled by 1 OCT 1995.

Projects listed in Tables 1 and 2 with potential cost avoidance were determined as meeting any one of the following criteria:

Projects with projected Work in Place (WIP) less than 75% of the Current Working Estimate (CWE) as of 1 OCT 1995 .

Projects with projected completion dates or Beneficial Occupancy Dates subsequent to 31 March 1996.

Projects with projected CWE amount greater than \$15M.

The estimated cost avoidance for projects terminated after construction award would be approximately one-half of the CWE for the remaining work. Close-out, claims and other termination costs can consume the other half.

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DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	NAVAL DENTAL CENTER, GREAT LAKES, IL
UIC:	68326
Host Activity Name (if response is for a tenant activity):	NAVAL HOSPITAL HSO GREAT LAKES, IL 7/18/94 60088 B.W.
Host Activity UIC:	N00211

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: NAVAL DENTAL CENTER, GLAKES		UIC: 68326	
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair			
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	106		106
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration		1777	1777
2j. Other (Specify)			
2k. Sub-total 2a. through 2j:	0	1777	1,883 1777
3. Grand Total (sum of 1c. and 2k.):	106.8	1777	1,883 1777

H50
7/18/94
B.V.

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	332 438	<i>H50</i>
MPN	1445	<i>7/18/94</i> <i>B.M.</i>

NOTE: MPN BASED ON FY93 COMPOSITE RATES

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: NAVAL DENTAL CENTER, GLAKES		UIC: 68326	
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	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	N/A

DATA CALL 66
INSTALLATION RESOURCES

3. Depreciation			
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

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, GLAKES	UIC: 68326
Cost Category	FY 1996 Projected Costs (\$000)
Travel:	
Material and Supplies (including equipment):	
Industrial Fund Purchases (other DBOF purchases):	
Transportation:	
Other Purchases (Contract support, etc.):	106
Total:	106

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Rw.

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

July 28, 1994

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)

8/26/94

Date

Title

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

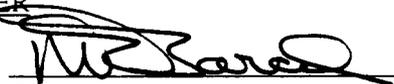
The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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

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

ACTIVITY COMMANDER

M. T. BARCO, CAPT, DC, USN
NAME (Please type or print)


Signature

COMMANDING OFFICER
Title

13 Jul 94
Date

NAVAL DENTAL CENTER, GREAT LAKES
Activity

End (1)

Document Separator

NAVDENCEN GUAM

498

**ENVIRONMENTAL DATA CALL:
DATA CALL TO BE SUBMITTED TO
ALL NAVY/MARINE CORPS HOST ACTIVITIES**

20 APRIL 1994

**BRAC 1995 ENVIRONMENTAL DATA CALL:
All Navy/Marine Corps Host Activities**

INDEX

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ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined as land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); and *water* (navigation channels and waters along a base shoreline) *under the control of the Navy*.

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BUMED-822, mjd
7 Jun 94

ENVIRONMENTAL DATA CALL

Responses to the following questions provide data that will allow an assessment of the potential environmental impact associated with the closure or realignment of a Navy shore activity. This criterion consists of:

- Endangered/Threatened Species and Biological Habitat
- Wetlands
- Cultural Resources
- Environmental Facilities
- Air Pollution
- Environmental Compliance
- Installation Restoration
- Land/Air/Water Use

As part of the answers to these questions, a *source citation* (e.g., 1993 base loading, 1993 base-wide Endangered Species Survey, 1993 letter from USFWS, 1993 Base Master Plan, 1993 Permit Application, 1993 PA/SI, etc.) must be included. It is probable that, at some point in the future, you will be asked to provide additional information detailing specifics of individual characteristics. In anticipation of this request, supporting documentation (e.g., maps, reports, letters, etc.) regarding answers to these questions should be retained. Information needed to answer these questions is available from the cognizant EFD Planning and Real Estate Divisions, and Environment, Safety, and Health Divisions; and from the activity Public Works Department, and activity Health Monitoring and Safety Offices.

For purposes of the questions associated with land use at your base is *defined as land* (acreage owned, withdrawn, leased, and controlled through easements); *air* (space controlled through agreements with the FAA, e.g., MOAs); and *water* (navigation channels and waters along a base shoreline) *under the control of the Navy*.

Provide a list of the tenant activities with UICs that are covered in this response.

**NO TENANT ACTIVITIES INCLUDED IN THIS RESPONSE. COVERS ONLY
NAVAL DENTAL CENTER GUAM, UIC 62328.**

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1c. If the area of the habitat and the associated species have not been identified on base maps provided in Data Call 1, submit this information on an updated version of Data Call 1 map.

1d.

Have any efforts been made to relocate any species and/or conduct any mitigation with regards to critical habitats or endangered/threatened species? Explain what has been done and why.	YES/NO N/A
--	---------------

1e.

Will any state or local laws and/or regulations applying to endangered/threatened species which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO N/A
---	---------------

2. WETLANDS

Note: Jurisdictional wetlands are those areas that meet the wetland definitional criteria detailed in the Corps of Engineers (COE) Wetland Delineation Manual, 1987, Technical Report Y-87-1, U.S. Army Engineer Waterway Experiment Station, Vicksburg, MS or officially adapted state definitions.

2a.

Does your base possess federal jurisdictional wetlands?	YES/NO N/A
Has a wetlands survey in accordance with established standards been conducted for your base?	YES/NO N/A
When was the survey conducted or when will it be conducted? ____ / ____ / ____	N/A
What percent of the base has been surveyed?	N/A
What is the total acreage of jurisdictional wetlands present on your base?	N/A

Source Citation: _____ NONE _____

2b. If the area of the wetlands has not been identified on base maps provided in Data Call 1, submit this on an updated version of Data Call 1 map. N/A

2c. Has the EPA, COE or a state wetland regulatory agency required you to modify or constrain base operations or development plans in any way in order to accommodate a jurisdictional wetland? _____ N/A _____ If YES, summarize the results of such modifications or constraints.

3. CULTURAL RESOURCES

3a.

Has a survey been conducted to determine historic sites, structures, districts or archaeological resources which are listed, or determined eligible for listing, on the National Register of Historic Places? If so, list the sites below.	YES/NO N/A
--	---------------

3b.
YES/NO

<p>Has the President's Advisory Council on Historic Preservation or the cognizant State Historic Preservation Officer required you to mitigate or constrain base operations or development plans in any way in order to accommodate a National Register cultural resource? If YES, list the results of such modifications or constraints below.</p>	<p>YES/NO N/A</p>
---	-----------------------

3c.

<p>Are there any on base areas identified as sacred areas or burial sites by Native Americans or others? List below.</p>	<p>YES/NO N/A</p>
--	-----------------------

4. ENVIRONMENTAL FACILITIES

Notes: If your facility is permitted for less than maximum capacity, state the maximum capacity and explain below the associated table why it is not permitted for maximum capacity. Under "Permit Status" state when the permit expires, and whether the facility is operating under a waiver. For permit violations, limit the list to the last 5 years.

4a.

Does your base have an operating landfill?					YES / NO
ID/Location of Landfill	Permitted Capacity (CYD)		Maximum Capacity (CYD)	Contents ¹	Permit Status
	TOTAL	Remaining			
					N/A
					N/A
					N/A

¹ Contents (e.g. building demolition, asbestos, sanitary debris, etc)

Are there any current or programmed projects to correct deficiencies or improve the facility.

4b. If there are any non-Navy users of the landfill, describe the user and conditions/agreements.

N/A

4c.

Does your base have any disposal, recycling, or incineration facilities for solid waste?					YES / NO
Facility/Type of Operation	Permitted Capacity	Ave Daily Throughput	Maximum Capacity	Permit Status	Comments
					N/A
					N/A
					N/A

List any permit violations and projects to correct deficiencies or improve the facility.

4d.

Does your base own/operate a Domestic Wastewater Treatment Plant (WWTP) ?					YES / NO
ID/Location of WWTP	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status	Level of Treatment/Year Built
					N/A
					N/A
					N/A

List permit violations and discuss any projects to correct deficiencies.

4e. If you do not have a domestic WWTP, describe the average discharge rate of your base to the local sanitary sewer authority, discharge limits set by the sanitary sewer authority (flow and pollutants) and whether the base is in compliance with their permit. Discuss recurring discharge violations.

N/A

4f.

Does your base operate an Industrial Waste Treatment Plant (IWTP)?					YES / NO
ID/Location of IWTP	Type of Treatment	Permitted Capacity	Ave Daily Discharge Rate	Maximum Capacity	Permit Status
					N/A
					N/A
					N/A

List any permit violations and projects to correct deficiencies or improve the facility.

4g. Are there other waste treatment flows not accounted for in the previous tables? Estimate capacity and describe the system. N/A

4h.

Does your base operate drinking Water Treatment Plants (WTP)?				YES / NO	
ID/Location of WTP	Operating (GPD)		Method of Treatment	Maximum Capacity	Permit Status
	Permitted Capacity	Daily Rate			
					N/A
					N/A
					N/A

List permit violations and projects/actions to correct deficiencies or improve the facility.

4i. If you do not operate a WTP, what is the source of the base potable water supply. State terms and limits on capacity in the agreement/contract, if applicable. N/A

4j.

Does the presence of contaminants or lack of supply of water constrain base operations. Explain.	YES/NO N/A
--	---------------

4k.

Other than those described above does your base hold any NPDES or stormwater permits? If YES, describe permit conditions.	YES/NO
If NO, why not and provide explanation of plan to achieve permitted status.	N/A

4l.

YES/NO

Does your base have bilge water discharge problem?	N/A
Do you have a bilge water treatment facility?	N/A

Explain:

4m.

Will any state or local laws and/or regulations applying to Environmental Facilities, which have been enacted or promulgated but not yet effected, constrain base operations or development plans beyond those already identified? Explain.	YES/NO N/A
---	-------------------

4n. What expansion capacity is possible with these Environmental Facilities? Will any expansions/upgrades as a result of BRACON or projects programmed through the Presidents budget through FY1997 result in additional capacity? Explain. N/A

4o. Do capacity limitations on any of the facilities discussed in question 4 pose a present or future limitation on base operations? Explain. N/A

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5. AIR POLLUTION

5a.

What is the name of the Air Quality Control Areas (AQCAs) in which the base is located? <p style="text-align: center;">N/A</p>
Is the installation or any of its OLFs or non-contiguous base properties located in different AQCAs? <u>N/A</u> . List site, location and name of AQCA.

5b. For each parcel in a separate AQCA fill in the following table. Identify with and "X" whether the status of each regulated pollutant is: attainment/nonattainment/maintenance. For those areas which are in non-attainment, state whether they are: Marginal, Moderate, Serious, Severe, or Extreme. State target attainment year.

Site: _____

AQCA: _____

Pollutant	Attainment	Non-Attainment	Maintenance	Target Attainment Year ¹	Comments ²
CO					N/A
Ozone					N/A
PM-10					N/A
SO ₂					N/A
NO ₂					N/A
Pb					N/A

¹ Based on national standard for Non-Attainment areas or SIP for Maintenance areas.

² Indicate if attainment is dependent upon BRACON, MILCON or Special Projects. Also indicate if the project is currently programmed within the Presidents FY1997 budget.

5e. Provide estimated increases/decreases in air emissions (Tons/Year of CO, NO_x, VOC, PM₁₀) expected within the next six years (1995-2001). Either from previous BRAC realignments and/or previously planned downsizing shown in the Presidents FY1997 budget. Explain.

N/A

5f. Are there any critical air quality regions (i.e. non-attainment areas, national parks, etc.) within 100 miles of the base?

N/A

5g. Have any base operations/mission/functions (i.e.: training, R&D, ship movement, aircraft movement, military operations, support functions, vehicle trips per day, etc.) been restricted or delayed due to air quality considerations. Explain the reason for the restriction and the "fix" implemented or planned to correct. N/A

5h. Does your base have Emission Reduction Credits (ERCs) or is it subject to any emission offset requirements? If yes, provide details of the sources affected and conditions of the ERCs and offsets. Is there any potential for getting ERCs? N/A

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	N/A						
Hazardous Waste	N/A						
Safe Drinking Water Act	N/A						
PCBs	N/A						
Other (non-PCB) Toxic Substance Control Act	N/A						
Lead Based Paint	N/A						
Radon	N/A						
Clean Water Act	N/A						
Solid Waste	N/A						
Oil Pollution Act	N/A						
USTs	N/A						
Other	N/A						
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.

Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 21% Are additional surveys planned? NO What is the estimated cost to remediate asbestos (\$K) 1.5 - 2.5K Are asbestos survey costs based on encapsulation, removal or a combination of both? removal

6. ENVIRONMENTAL COMPLIANCE

6a. Identify compliance costs, currently known or estimated that are required for permits or other actions required to bring existing practices into compliance with appropriate regulations. Do not include Installation Restoration costs that are covered in Section 7 or recurring costs included in question 6c. For the last two columns provide the combined total for those two FY's.

Program	Survey Completed?	Costs in \$K to correct deficiencies					
		FY94	FY95	FY96	FY97	FY98-99	FY00-01
Air	N/A						
Hazardous Waste	N/A						
Safe Drinking Water Act	N/A						
PCBs	N/A						
Other (non-PCB) Toxic Substance Control Act	N/A						
Lead Based Paint	N/A						
Radon	N/A						
Clean Water Act	N/A						
Solid Waste	N/A						
Oil Pollution Act	N/A						
USTs	N/A						
Other	N/A						
Total							

Provide a separate list of compliance projects in progress or required, with associated cost and estimated start/completion date.

6b.

Does your base have structures containing asbestos? YES What % of your base has been surveyed for asbestos? 21% Are additional surveys planned? NO What is the estimated cost to remediate asbestos (\$K) 1.5-2.5 K. Are asbestos survey costs based on encapsulation, removal or a combination of both? REMOVAL

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6c. Provide detailed cost of operational (environmental) compliance costs, with funding source.

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN	NONE	NONE	NONE					
HA	NONE	NONE	NONE					
PA	NONE	NONE	NONE					
Other (specify)	NONE	NONE	NONE					
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base. NO

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	N/A

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						

¹ Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

² Status = PA, SI, RI, RD, RA, long term monitoring, etc.

*Amended page 16R
BUMED-832, mkl, 7 Jun 90*

6c. Provide detailed cost of recurring operational (environmental) compliance costs, with funding source. **NO RECURRING OPERATIONAL (ENVIRONMENTAL) COMPLIANCE COSTS.**

Funding Source	FY92	FY93	FY94	FY95	FY96	FY97	FY98-99	FY00-01
O&MN								
HA								
PA								
Other (specify)								
TOTAL								

6d. Are there any compliance issues/requirements that have impacted operations and/or development plans at your base.

NO

7. INSTALLATION RESTORATION

7a.

Does your base have any sites that are contaminated with hazardous substances or petroleum products?	YES/NO
Is your base an NPL site or proposed NPL site?	N/A

7b. Provide the following information about your Installation Restoration (IR) program. Project list may be provided in separate table format. Note: List only projects eligible for funding under the Defense Environmental Restoration Account (DERA). Do not include UST compliance projects properly listed in section VI.

Site # or name	Type site ¹	Groundwater Contaminated?	Extends off base?	Drinking Water Source?	Cost to Complete (\$M)/Est. Compl. Date	Status ² /Comments
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						

¹ Type site: CERCLA, RCRA corrective action (CA), UST or other (explain)

² Status = PA, SI, RI, RD, RA, long term monitoring, etc.

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List. N/A

7d.

Is there a groundwater treatment system in place? N/A	YES/NO
Is there a groundwater treatment system planned? N/A	YES/NO

State scope and expected length of pump and treat operation. N/A

7e.

Has a RCRA Facilities Assessment been performed for your base? N/A	YES/NO
--	--------

7f. Does your base operate any "Conforming Storage" facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions. N/A

7g. Does your base operate any "Conforming Storage" facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions. N/A

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status. N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	N/A
--	-----

7c. Have any contamination sites been identified for which there is no recognized/accepted remediation process available? List.

N/A

7d.

Is there a groundwater treatment system in place?	N/A	YES/NO
Is there a groundwater treatment system planned?	N/A	YES/NO

State scope and expected length of pump and treat operation. N/A

7e.

Has a RCRA Facilities Assessment been performed for your base?	N/A	YES/NO
--	-----	--------

7f. Does your base operate any conforming storage facilities for handling **hazardous materials**? If YES, describe facility, capacity, restrictions, and permit conditions.

N/A

7g. Does your base operate any conforming storage facilities for handling **hazardous waste**? If YES, describe facility, capacity, restrictions, and permit conditions.

N/A

7h. Is your base responsible for any non-appropriated fund facilities (exchange, gas station) that require cleanup? If so, describe facility/location and cleanup required/status.

N/A

7i.

Do the results of any radiological surveys conducted indicate limitations on future land use? Explain below.	N/A
--	-----

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7j. Have any base operations or development plans been restricted due to Installation Restoration considerations?

N/A

7k. List any other hazardous waste treatment or disposal facilities not included in question 7b. above. Include capacity, restrictions and permit conditions.

N/A

8. LAND / AIR / WATER USE

8a. List the acreage of each real estate component controlled or managed by your base (e.g., Main Base - 1,200 acres, Outlying Field - 200 acres, Remote Range - 1,000 acres, remote antenna site - 5 acres, Off-Base Housing Area - 25 acres).

Parcel Descriptor	Acres	Location
NAVAL DENTAL CENTER	3.24	NAVAL STATION, GUAM

8b. Provide the acreage of the land use categories listed in the table below:

LAND USE CATEGORY		ACRES
Total Developed: (administration, operational, housing, recreational, training, etc.)		3.24
Total Undeveloped (areas that are left in their natural state but are under specific environmental development constraints, i.e.: wetlands, endangered species, etc.)	Wetlands: <input type="checkbox"/>	
	All Others: <input type="checkbox"/>	
Total Undeveloped land considered to be without development constraints, but which may have operational/man caused constraints (i.e.: HERO, HERF, HERP, ESQD, AICUZ, etc.) TOTAL		<input type="checkbox"/>
Total Undeveloped land considered to be without development constraints		<input type="checkbox"/>
Total Off-base lands held for easements/lease for specific purposes		<input type="checkbox"/>
Breakout of undeveloped, restricted areas. Some restricted areas may overlap:	ESQD	N/A
	HERF	N/A
	HERP	N/A
	HERO	N/A
	AICUZ	N/A
	Airfield Safety Criteria	N/A
	Other	N/A

8c. How many acres on your base (includes off base sites) are dedicated for training purposes (e.g., vehicular, earth moving, mobilization)? This does not include buildings or interior small arms ranges used for training purposes. NONE

8d. What is the date of your last AICUZ update? / N/A / Are any waivers of airfield safety criteria in effect on your base? Y/N Summarize the conditions of the waivers below.

8e. List the off-base land use *types* (e.g, residential, industrial, agricultural) and *acreage* within Noise Zones 2 & 3 generated by your flight operations and whether it is compatible/incompatible with AICUZ guidelines on land use.

Acreage/Location/ID	Zones 2 or 3	Land Use	Compatible/ Incompatible
N/A	N/A	N/A	N/A

8f. List the navigational channels and berthing areas controlled by your base which require maintenance dredging? Include the frequency, volume, current project depth, and costs of the maintenance requirement. ^{N/A}

Navigational Channels/ Berthing Areas	Location / Description	Maintenance Dredging Requirement			
		Frequency	Volume (MCY)	Current Project Depth (FT)	Cost (\$M)
N/A	N/A	N/A	N/A	N/A	N/A

8g. Summarize planned projects through FY 1997 requiring **new channel or berthing area** dredged depths, include location, volume and depth. N/A

8h.

Are there available designated dredge disposal areas for maintenance dredging material? List location, remaining capacity, and future limitations.	N/A
Are there available designated dredge disposal areas for new dredge material? List location, remaining capacity, and future limitations.	N/A
Are the dredged materials considered contaminated? List known contaminants.	N/A

8.i. List any requirements or constraints resulting from consistency with **State Coastal Zone Management Plans**. N/A

8j. Describe any **non-point source pollution problems affecting water quality** ,e.g.: coastal erosion. N/A

8k.

If the base has a cooperative agreement with the US Fish and Wildlife Service and/or the State Fish and Game Department for conducting a hunting and fishing program, does the agreement or these resources constrain either current or future operations or activities? Explain the nature and extent of restrictions.	YES/NO
	N/A

8l. List any other areas on your base which are indicated as protected or preserved habitat other than threatened/endangered species that have been listed in Section 1. List the species, whether or not treated, and the acres protected/preserved. N/A

9. WRAPUP

9a. Are there **existing or potential environmental showstoppers** that have affected or will affect the accomplishment of the installation mission that have not been covered in the previous 8 questions? N/A

9b. Are there any **other environmental permits** required for base operations, include any relating to industrial operations. N/A

9c. Describe any **other environmental or encroachment restrictions** on base property not covered in the previous 8 sections. N/A

9d. List any **future/proposed laws/regulations or any proposed laws/regulations** which will constrain base operations or development plans in any way. Explain. 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

J. A. Kemp
NAME (Please type or print)


Signature

Commanding Officer
Title

20 May 94
Date

U. S. Naval Dental Center, Guam
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

X *D F Hagen*
Signature

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

6-7-94
Date

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)

P. W. Drennon
NAME (Please type or print)

P W Drennon
Signature

ACTING
Title

6/24/94
Date

498

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER, GUAM
ACTIVITY UIC: 62328

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 3,4
- 2. Staffing5

MISSION REQUIREMENTS

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

CTVs	FY1993	FY1994	FY1995	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001
MET	83339	73659	57012	59443	57970	58043	58117	58117	581173
UNMET	11192	7711	5968	6223	6069	6076	6084	6084	6084
TOTAL	94531	81370	62980	65666	64039	64119	64201	64201	64201

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:

Source: Met CTVs for FY93 and FY94 are for all patient categories and were obtained from DIRs (FY94 was forecasted out based on workload from OCT to APR).

Method of calculating: Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level (average of Oct 93 to Apr 94 only) and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

FY95 to FY2001 met and unmet CTVs were calculated by applying the percentage change in the RAPS population from each year to the base year of 1994 (percent decreases: 22.6;19.3;21.3;21.2;21.1;21.1;21.1). RAPS only forecasts out to FY98. The unmet CTVs are identical to the ones listed in BRAC data call 29.

Assumptions:

1. Change in workload is based upon percent change in active duty population only as it decreases overtime.
2. Causes of unmet CTVs remains stable (ie. ship deployments and down-time due to natural disasters).

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	73659	57012	59443	57970	58043	58117	58117	58117
UNMET	82823	99470	97039	98512	98439	98365	98365	98365
TOTAL	156482	156482	156482	156482	156482	156482	156482	156482

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:

Source: Met CTVs from DIRs; Unmet is the calculated difference between met CTVs and maximum clinical capacity CTVs listed in the total row.

Maximum CTVs were calculated based upon 13 available operatories and the JHMS (BUMEDINST 5310.7A) staffing formula; using the chart on page A-6500-5 and taking the line with 13 dental officers (middle one) equals 43 total staff. The following formula was applied:
 $y = 168.7 + .4652 (x)$ x is CTVs for one month

Formula reversed: $43 \text{ staff} \times 145 \text{ (manhour conversion factor)} = 6235$

$$6235 = 168.7 + .4652 (x)$$

$$x = 13,040 \text{ CTVs/monthly times } 12 \text{ months} = 156,482 \text{ CTVs annually}$$

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)	9	9	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	.54	1.5	2.0	2.0	2.0	2.0	2.0	2.0	2.0

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

J. A. Kemp

NAME (Please type or print)

J. A. Kemp
Signature

Commanding Officer

Title

31 May 94
Date

U. S. Naval Dental Center, Guam

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)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print)

Signature

ACTING

Title

Date

498

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER,
Naval Station, GUAM
ACTIVITY UIC: 62328

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.

NAVAL DENTAL CENTER GUAM CURRENT MISSION STATEMENT

PEACETIME MISSION

1. **Primary Mission: Dental Services.** Provide comprehensive dental services to active duty military personnel and then to other beneficiaries on a space-available basis (excluding those that are on the Delta Dental Program for which care is available in the civilian sector). Availability of Dental Services:

a. **NON-NAVAL DENTAL CENTER GUAM (NDC, GU) DENTAL CARE RESOURCES:**

- Camp Covington, Guam (UIC 55504): one general dentist attached.
- Naval Hospital, Guam (UIC 68096): one general dentist and one oral surgeon.
- USS HOLLAND (UIC 04696): three general dentist attached.
- U.S. Air Force Dental Clinic (UIC MGDA): 8 general dentists and one orthodontist.
- Delta Dental Program consists of 26 civilian participating providers.

b. **NAVAL DENTAL CENTER, GUAM:**

- **Naval Air Station Branch Dental Clinic (BD-NAS) (UIC 35746)**

Primary mission: Provide general dentistry care in support of the Naval Air Station active duty population. Provide for sick-call during normal workhours.

- **NCTAMS Branch Dental Clinic (BDC-NCTAMS) (UIC 35747)**

Primary mission: Provide general dentistry and some comprehensive dentistry in support of the active duty population at NCTAMS. Provides for sick-call during normal workhours.

- **Naval Station Branch Dental Clinic (NDC-NAVSTA) (UIC: 62328)**

Primary mission: Provide general dentistry to the active duty population of Naval Station and tenant commands, USS WHITE PLAINS, USS NIAGARA FALLS, numerous USNS's, NLSO, NAVMAG, COMNAVMAR, FISC, any visiting ships, and various other smaller commands. Provide dental specialty care to the above and to Air Force

active duty at Anderson Air Force Base, Navy VQ-50 squadron at Anderson, and active duty attached to Camp Convington, USS HOLLAND, Naval Air Station, and NCTAMS. Provide after hours acute emergency dental care to active duty, dependents, retirees and their dependents, civil service, and other eligible beneficiaries.

Specialty Care: Oral Surgery

Endodontics
Periodontics
Prosthodontics
Pedodontics

2. Provide for on-going training of the staff to ensure:
 - that all staff members are BCLS certified
 - that all military staff are aware of their wartime duties
 - that both military and professional standards of conduct
 - that all officers receive continuing education to maintain their professional skills and licensure.

3. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

4. Provide support to the Regional Line Commander (RLC), Commander Naval Forces Marianas.

5. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

6. Provide general oversight and assistance in the implementation of the Delta Dental Program on Guam for the active duty dependents.

7. Oversee the quality of life issues and morale of the Naval Dental Center staff to ensure that it is of the highest quality possible.

8. Participate as an integral element of the Navy and Tri-Service Regional Health Care System.

9. Provide services and functions pertinent to command operations in accordance with NAVMEDCOMINST 5450.1 series and COMNAVMAR JOINT INST 5400.1 series or as directed by the Responsible Line Commander (RLC).

FUNCTIONS

1. Provides comprehensive outpatient dental care services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The specific care rendered includes:
 - a. Operative Dentistry - provides diagnosis, treatment, consultation, and referral services for the preservation and restoration of the dentition and its supporting structures.
 - b. Pediatric Dentistry - provides diagnosis, relief of pain and restoration of deciduous and permanent teeth as required for proper function and esthetics. Provide patient consultation and referral services.
 - c. Endodontic Dentistry - provides the diagnosis and treatment of diseases and traumatic injuries that affect the dental pulp and periapical tissues.
 - d. Periodontic Dentistry - provides diagnosis and treatment of diseases or abnormalities affecting the hard and soft tissue supporting structures of the dentition.
 - e. Preventive Dentistry - provides oral prophylaxis, topical fluoride application, and oral hygiene instruction. Treat gingivitis and early periodontitis.
 - f. Prosthodontics Dentistry - provides diagnosis and treatment for the replacement of missing teeth. Responsible for the efficient operation of the prosthetic laboratory.
 - g. Radiology Services - provides intraoral, extraoral, and panoramic radiograph exposures and processing these x-ray films as requested by clinical departments. Processes panoramic duplicates for the DOD central depository.
 - h. Overseas Screening - provides exams to determine the suitability of members and their families for continued overseas duty.
 - i. Oral Surgery - provides various outpatient oral surgery procedures including tooth extraction, biopsy and preprosthetic recontouring of ridges.
2. Develops, operates, and manages administrative and logistical plans and programs in compliance with current directives.
 - a. Manpower/civilian personnel management.
 - b. Automated Information Systems (AIS) management, training, and security.
 - c. Materials and equipment management.
 - d. Operations and facilities management.
 - e. Physical security.

- f. Fiscal management.
 - g. Correspondence/instructions management.
 - h. Maintenance and disposition of records.
 - i. Ensure the proper organization, performance (evaluations), effectiveness and discipline of the Command.
 - j. Provides career counseling services.
 - k. Provides assistance to staff in Personnel Support Detachment functions (ie. TAD, pay, and leave).
 - l. Provides mailroom services.
 - m. Provides for awards and recognition of staff members.
3. Exercises command and control over the operation of the subordinate branch dental care facilities.
4. Fleet Liaison Program - maintains liaison with shore commands and units of the Operating Forces receiving dental care from the command. Conducts annual dental recall program.
5. Conducts patient education and public relations programs to promote consumer awareness and satisfaction through the use of Patient Contact Representatives and PAO resources.
6. Maintains standards of dental health care for accreditation and recognition as required by governmental and civilian agencies and commissions. Active in the credentialing process and maintains an Executive Committee of the Dental Staff (ECODS).
7. Operates a quality assurance/risk management program to assess and improve the delivery of optimal dental care.
8. Provides for clinical rotations for dental officers to enhance their professional competence and expand their scope of care.
9. Provides in-service and on-the-job training for dental technicians.
10. Provides a sponsor program and command indoctrination program for all newly reporting personnel.
11. Conducts a personnel management program for assignment rotation of staff for education and training purposes to achieve more efficient and effective use of dental care resources. The efficiency review process is conducted as directed.
12. Executes Memoranda of Understanding (MOU's) and Interservice Support Agreements (ISSA's) for purposes of mutual education, training, or support services.
13. Provides dental equipment maintenance and repair services to assigned dental care treatment activities and other commands in the local area as requested and as available.

14. Provides and coordinates preventive dentistry programs for personnel of the operating forces, shore activities, and other beneficiaries.
15. Maintains an equal opportunity program.
16. Maintains liaison with and provides representation to various committees, groups, and organizations of a military, governmental, commercial, scientific, or professional nature with regard to dental care and related subjects. Specific programs include tenant/host committees, special projects through the RLC, and the Dental Society of Guam.
17. Confers with civilian consultants on professional matters, including the education and training of officers.
18. Develops and administers dental correspondence courses and continuing education courses at the graduate level for active duty staff personnel.
19. Maintains a DAPA Program
20. Maintains a Management Control Program
21. Maintains a Public Affairs Program
22. Ensures the maintenance of a command professional library adequate to meet optimal educational requirements.
23. Provides for the safety of staff and patients.
24. Ensures the effectiveness of the clinical infection control program.
25. Provides for disaster preparedness training and proper execution of plans.
26. Provides for the security of classified material.
27. Ensures the physical fitness of all the active duty staff members.
28. Maintains an active Red Cross dental assistant training program.
29. Provides humanitarian assistance during natural or man made disasters.
30. Provides humanitarian dental care to neighboring islands as requested by RLC.
31. Conducts a training program in Prosthetic Laboratory

Technology to civilian personnel from neighboring islands under valid MOU's.

32. Provides for the progressive implementation of Total Quality Leadership at the Command.

MOBILIZATION MISSION

1. Continue peacetime mission/functions, provide essential dental care to military personnel, dependents, and retirees at the normal peacetime level, while expanding acute care services to provide for wartime requirements.
2. Assist the RLC in meeting the wartime mission.

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) (Note 6)
NCTAMS	Note 1	Guam	883
Naval Station & Tenant Commands	Note 2	Guam	248
Navy Band	41480	Guam	22
Naval Station Brig	41557	Guam	22
PSD	43462	NAVSTA, Guam	39
NAVMAG	46200 & 60872	Guam	211
COMNAVMAR & Security Det & FSC	46205, 57043, 48704	Guam	64
DECA, Commissary	49189	Guam	14
MOMAG Unit 8	53849	Guam	51
NSWU 1	55481	Guam	35
CBMU 302	55504	Camp Covington Guam	46
FISC	61119	Guam	84
NEX	61510	NAVSTA, Guam	1
PACMETROCCEN West	61685	Guam	101
Naval Dental Center	62328	NAVSTA, Guam	49
PWC	62395	Guam	9
MSCWESTPAC	62524	Guam	18
SRF & Security Det	62586 46206	Guam	167

OICC	62766	Guam	14
PACMETDCCEN COMP	65267	Guam	14
NEEACT	66121	Guam	1
Naval Hospital	68096	Guam	467
NAVBRCRUITSTA	68213	Guam	5
USS Holland	04696	Guam	1406 (note 7)
USS White Plains	05835	Guam	429 (note 3)
USS Niagara Falls	05834	Guam	404 (note 3)
USNS Mars	48595	NAVSTA, Guam	49 (note 4)
USNS Kilauea	42842	NAVSTA, Guam	39 (note 4)
USNS Deihl	46282	NAVSTA, Guam	23 (note 4)
USNS San Jose	48601	NAVSTA, Guam	49 (note 4)
USNS Ericsson	46283	NAVSTA, Guam	23 (note 4)
USNS Higgins	45812	NAVSTA, Guam	23 (note 4)
USNS Pecos	46286	NAVSTA, Guam	23 (note 4)
USNS Narragansett	43617	NAVSTA, Guam	4 (note 4)
USNS Spica	44291	NAVSTA, Guam	49 (note 4)
NLSO	68377	Guam	16
Anderson AFB	all Air Force Activit.	Anderson AFB, Guam	5581 (note 5)
USNS Catawba	43616	Guam	4 (note 4)

Note 1: Inclusive UICs: 30312, 31126, 31160, 31196, 32714, 35474, 39218, 41680, 42236, 43463, 43670, 44602, 48123, 48515, 63887, 68030, 70243.

Note 2: Inclusive UICs: 31740, 39128, 45903, 46187, 46697, 46987, 47704, 49367, 52821, 61755.

Note 3: **Source:** Fleet Liaison Report for 2nd Qtr FY94.

Note 4: **Source:** Data provided by MSCWESTPAC.

Note 5: **Source:** RAPS population projection report for FY94 dtd 25 MAY 94, total Airforce population on Guam. This population is considered a customer since Naval Dental Center, Guam is the only military dental facility which has the full scope of dental

specialty care (excluding orthodontics). Currently, only a small portion of NDC's workload comes from the Airforce.

Note 6: **Source:** All data obtained from a report provided by PSD based upon current service records held, unless otherwise indicated.

Note 7: **Source:** Even though the USS Holland has dentist aboard, much of their specialty care is referred to NDC. Staffing number provided by USS Holland.

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	5558 (Note 1)
B. FY1993 MET WORKLOAD (CTVs)	62075 (Note 2)
C. FY1993 UNMET WORKLOAD (CTVs)	11192 (Note 3)
D. TOTAL WORKLOAD (B+C)	73267
E. MET WORKLOAD PER CAPITA (B÷A)	11.169
F. UNMET WORKLOAD PER CAPITA (C÷A)	2.014
G. WORKLOAD PER CAPITA (D÷A)	13.182

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

Maximum capacity for CTVs: _____

Explanation: Note 1: Source: Deers Report generated 10 SEPT 93; reflects only the active duty population, excluding the Airforce, since NDC, Guam's workload is usually generated from other sources, Airforce active duty are usually seen at the Anderson AFB Dental Clinic. The met workload only reflects the workload generated by active duty patients to be consistent with the population and the format used for calculating unmet CTVs. It should be noted, that there is a significant amount of non-active duty workload generated which is not reflected in this data.

Note 2: Source: FY93 DIRS reports

Note 3: Source: Dental Readiness Reports for the Fleet and Command Profile for readiness of AD records maintained at Naval Station Dental Clinic. Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

Explanation for unmet CTVs: Unmet CTVs are due to frequent and lengthy ship deployments and numerous typhoons during October to December 1992 which caused clinic down-time.

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 Active Duty only	9910	7671	7998	7802	7813	7816	7816 Note 1	7816 Note 1
A: TOTAL MET CTVs Note 6	60756 Note 2	47025	49030	47815	47876	47937	47937	47937
B: TOTAL UNMET CTVs Note 4 & 6	7711	5968	6223	6069	6076	6084	6084	6084
C: TOTAL WORKLOAD REQUIREMENT (A+B)	68467	52993	55253	53884	53952	54021	54021	54021
DENTISTS (MIL AND CIV) Note 5	9	9	9	9	9	9	9	9
PROPHY TECHNICIANS (MIL AND CIV)	0	0	0	0	0	0	0	0
DENTAL HYGIENISTS (MIL AND CIV)	.54 Note 3	1.5	2.0	2.0	2.0	2.0	2.0	2.0

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

Maximum capacity for CTVs: _____

Explanation:

Note 1: Raps report only projects out to FY99; therefore, FY99 numbers carried out to FY2001

Note 2: Total Met CTVs for FY94 projected out based upon met CTVs for Oct 93 thru Apr 94 (calculation: 35,441/7 months times 12 months).

Note 3: Contract hygienist: had 1 FTE on board for 3 months FY94 and .5 for the next 7 months (vacant 2 months); authorized up to 2.0 FTE's.

Note 4: Total unmet CTV's for FY94 are lower than FY93 CTVs due to decommissioning of two ships and no natural disasters to date in FY94. It should be noted that the USNS's listed in question #2 have not been previously tracked for readiness level and are not included in these calculations. Unmet CTVs were calculated by taking the average number of active duty members at each dental classification level (average of Oct 93 to Apr 94 only) and multiplying by the appropriate workload multiple (Class 2 - 4.55; Class 3 - 9.2; Class 4 - 4.77).

Note 5: NDC lost three provider billets which had been filled previous to July 94. Projections for staffing are consistent with the current Activity Manpower Document dated 1 APR 94. It should be noted that the number above does not include two of the dental officers - the Commanding Officer and Executive Officer. The actual total would be 11 providers.

Note 6: Met and Unmet CTVs for FY95 on were calculated by applying the same percent change in the population from each year to the base year of FY94.

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
Red Cross Dental Assistant training	6	4	4	4	4	4	4	4
Specialty training of General Dentist	2	2	2	2	2	2	2	2
Prosthetic Lab Tech Training (MOUs w/remote islands) forecasted	1	3	3	3	3	3	3	3

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	NDC Bldg.1/Patient Care & Admin.	8683	39	Adequate
54010	NDC Bldg.2/Admin. & Supply	included in the above 8683	39	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.

Source: Facility Planning Document and Shore Base Readiness Report dtd 3 AUG 93

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

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	1 JAN 1994	UIC	62328 NAVSTA
FACILITY	Naval Dental Center, PSC 455, Box 171 FPO AP 96540-1674 Bldg 91		
PART I - DENTAL FACILITY SPACES			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT	1	32 X 238	Bldg 91
2. DENTAL TREATMENT ROOM	9 2 1 1	12 X 12 10 X 12 12 X 18 11 X 11	
3. STERILIZATION ROOM	2	7 X 12	
4. X-RAY EXPOSURE ROOM	1	12 X 13	
5. DARKROOM	1	6 X 7	Too small
6. PROSTHETIC LAB	1 1	13 X 30 8 X 11	Too small
7. STOREROOM/ SUPPLY ROOM	1 1 1 1 1	23 X 24 23 X 24 10 X 17 6 X 10 12 X 17	Konex Too small Too small
8. CONFERENCE ROOM	1	12 X 14	
9. ADMINISTRATIVE OFFICE	1 1	16 X 35 9 X 16	Too small
10. DENTAL OFFICER'S OFFICE	1	12 X 15	

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11. DENTAL REPAIR SHOP	1	23 X 25	Too small
12. PATIENT WAITING AREA	1	18 X 18	
13. RECORDS CONTROL OFFICE	1	7 X 17	
14. LOCKER ROOM (FEMALE)	1	11 X 12	
15. LOCKER ROOM (MALE)	1	7 X 11	
16. TOILET FACILITY (MALE)	1 1	7 X 11 5 X 12	
17. TOILET FACILITY (FEMALE)	1 1	8 X 11 4 X 12	
18. OTHER MAJOR ROOMS Equipment Room	1	15 X 23	

PART II - DENTAL EQUIPMENT

SECTION A - DENTAL OPERATING EQUIPMENT

ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Adec Decade 2041	11	A-4
	Den-Tal-Eze AS 2000	1	A-5
2. DENTAL OPERATING CHAIR	Adec Priority 1005	10	A-4
	Den-Tal-Eze E2000/PL200	2	A-5
	Koenigkramer 5000 X-ray	1	A-5

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3. DENTAL OPERATING LIGHT	Adec 6300	13	A-4
4. CENTRAL VACUUM SYSTEM	Den-Tal-Eze CD 207 7 1/2 HP Turbine	2	A-5
5. AIR COMPRESSOR DEHYDRATOR	Wilkerson Devilbliss VAV-5060 Air Techniques M5-A	1 1 1	A-5 A-5 A-6
6. STERILIZER	Pelton and Crane Magna Clave Steam	3	A-5
7. LIFE SUPPORT EQUIPMENT	NONE		
8. OTHER MAJOR EQUIPMENT	Wilkerson Air-Rite Dryer	2	A-5
SECTION B - PROSTHETIC LAB EQUIPMENT			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	Unitek Auto Cast	1	A-4
2. VACUUM PORCELAIN FURNACE	Unitek Ultramat CDF	2	A-4
3. BURNOUT OVEN	Ticonium Super Oven Jelenko Accutherm 850	1 2	A-6 A-4
4. OTHER PROSTHETIC EQUIPMENT	NONE		

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SECTION C - DENTAL X-RAY EQUIPMENT				
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QTY	CONDITION CODE	RADIATION SURVEY
1. STATIONARY INTRA-ORAL	Gendex 1000	2	A-5	Aug 92
	Oct 86 Siemens Oct 91	3	A-5	Aug 92
2. MOBILE INTRA-ORAL	Mikasa P200D Aug 88	1	A-4	Aug 92
	Seimans MD	1	A-5	Aug 92
3. PANORAMIC	Morita Versaview Nov 87	1	A-5	Aug 92
4. CEPHALOMETRIC	NONE			
5. FILM PROCESSOR	Air Techniques AT 2000/PERI-PRO	1/1	A-5	
PART III - UTILITIES				
1. ELECTRIC CURRENT: AC		<input checked="" type="checkbox"/>	DC	a. VOLTAGE: 120/240 b. CYCLE: 60
2. GAS:	<input type="checkbox"/> NATURAL	<input type="checkbox"/>	COMMERCIAL	<input checked="" type="checkbox"/> BOTTLE <input type="checkbox"/> ACETYLENE
PART IV - REMARKS AND RECOMMENDATIONS				
<p>Part I, Line 9: Special Project CI-87 submitted to enlarge administrative office in Bldg 91. Design complete, construction funded for FY-91.</p>				
DATE	TYPED NAME AND GRADE		SIGNATURE	
10 January 1994	J. A. KEMP, CAPT, DC, USN			

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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
12234	Remove/replace floor tiles	1993	4,297
12235	Remove/replace ceiling tiles	1993	589
12236	Paint interior/exterior	1993	11,784
12241	Replace tin roof w/concrete	1993	2,912
12245	Construct typhoon proof sign	1993	5,497
12246	Replace security spotlight	1993	7,348
12247	Repair sidewalk	1993	1,407
12782	Construct storage shed bldg. 1	1993	23,585*
12914	Construct 36 x 10 driveway	1993	11,208*
12242	Replace roof insulation	1993	3,805
12243	Replace carpet bldg. 1	1993	3,808
12666	Replace damaged NDC sign	1993	1,600*
12187	Record room alteration	1993	3,140
12831	Construct main entrance awning	1993	3,482*
12832	Install illuminating light	1993	2,235*
12833	Construct exit door w/ramp	1993	4,620*
94254	Back-up air compressor	1993	36,902
94005	Elbow operated faucets	1993	10,662
94038	Construct storage bldg.	1994	81,242
C1-87	Construction of Admin. wing (addition to bldg.1) in progress	1994	155,000*
12244	Replace flagpole	1993	1,146

Note: Most projects are as a result of Typhoon Omar and are for correction of storm damage.

* Projected cost since projects are still pending completion.

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.

Current facility is adequate but lacks sufficient space. A new Naval Dental Center building is planned for construction in FY98.

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? Guam is a Pacific island, very isolated from other sources of military dental care. The importance of NDC's location on Guam is its ability to readily provide not only general dentistry but also specialty care to its clients with no more than a 30-60 minute drive. NDC is the only military dental clinic with all dental specialties on island (except for Orthodontics).

b. What are the nearest air, rail, sea, and ground transportation nodes? Marine Drive is the main road that runs from one end of the island to the other, taking no more than 1 hour to travel entire length (depending upon traffic and road construction). The airport is located in the center of the island, taking no more than 30 minutes to reach from any given point.

c. What is the importance of your location given your mobilization requirements? This command does not have any BUMED directed mobilization requirements. However, during wartime, NDC Guam is augmented with active duty members to provide direct dental support to the fleet. The importance of NDC, Naval Station's location is its proximity to the Naval piers enabling immediate support for the fleet.

d. On the average, how long does it take your current client/customers to reach your facility? As most of NDC's immediate customers (not serviced by one of the two other branch dental clinics) are located on or near the Naval Station, the average travel time should be no more than 5 to 20 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? Recent contracting experience has demonstrated a severe shortage of available dental hygienists - only able to fill .5 FTEs where authorized 2.0 FTEs. The civil service dental assistant positions and clerical positions experience a high turnover rate since the majority of qualified applicants are dependents of active duty and rotate every two years or less. In addition, the applicant pool is small, positions are usually gaped pending availability of applicants, and many applicants must come from outside the civil service merit system, requiring waivers to hire.

Source for the above questions: Common Knowledge and experience.

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?

Dental care would not be readily available to active duty, resulting in a decrease in the dental readiness of the active duty fleet, directly impacting the fleet's mission. There currently is not enough local pedodontists to support the active duty dependent children and loss of this commands pedodontic support would severely reduce the availability of care, impacting quality of life. Additionally, NDC has the only Endodontist on island and an alternate source would not be available to the active duty. This command frequently deploys dentists on board the homeported ships in order to provide care to improve their readiness which would otherwise not be available due to their lengthy deployments.

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.

Civilian sources: A telephone survey of the local civilian dental offices demonstrated that there currently is not enough providers to support all of NDC's customers. The largest facility, FHP, stated they could possibly expand in the future, but even then might only be able to accommodate approximately 50% of the active duty. Additionally, the expense of providing dental care for active duty in the civilian community would be high. Many providers currently do not accept Delta Dental because DDP does not reimburse at their high price level.

Military sources: Some of the active duty could be referred to Anderson AFB Dental Clinic, but the workload could not be accommodated without a significant expansion. Additionally, Anderson Dental does not have all the specialties required.

A military source for dental care is vital in Guam as long as there are active duty here, particularly since Guam is uniquely isolated and there is a greater demand for dental services than there is supply as demonstrated in the wait times for appointments (both military and civilian sector 2-4 weeks depending upon specialty). Recent experience has found that many patients come to NDC for emergency services for relief of pain because their civilian provider cannot get them in for two days.

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: **NOT APPLICABLE**

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

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

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

NOT APPLICABLE

THE REST OF THIS DATA CALL (QUALITY OF LIFE) IS BEING ANSWERED AND SUBMITTED BY THE NAVAL STATION, GUAM UNDER BRAC DATA CALL 37. PLEASE REFER TO THAT DATA CALL FOR THESE ANSWERS SINCE WE ARE CONSIDERED A TENANT COMMAND OF THE NAVAL STATION.

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:

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

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

LOCATION _____ DISTANCE _____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

Facility type/code:

What makes it inadequate?

What use is being made of the facility?

What is the cost to upgrade the facility to substandard?

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

Current improvement plans and programmed funding:

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
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)				Graduate
		Adult High School	Vocational/ Technical	Undergraduate		
				Courses only	Degree Program	
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					
	Day					
	Night					
	Corres- pondence					

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			

P. W. DRENNON

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. A. Kemp

NAME (Please type or print)

J. A. Kemp
Signature

Commanding Officer

Title

31 May 94
Date

U. S. Naval Dental Center, Guam

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

6-8-94

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)

R. R. SAREERAM

NAME (Please type or print)

R. R. Sareeram

Signature

ACTING

Title

27 JUN 1994

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	<i>Naval Dental Center, Guam</i>
Acronym(s) used in correspondence	<i>NDC, Guam NDC NAVSTA Guam</i>
Commonly accepted short title(s)	<i>NAVDENCEN GU</i>

● Complete Mailing Address

Commanding Officer
 Naval Dental Center
 PSC 455 Box 171
 FPO AP 96540-1674

● PLAD
 NAVDENCEN GU

● PRIMARY UIC: 62328 (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: N/A
N/A N/A
N/A N/A

2. PLANT ACCOUNT HOLDER:

● Yes x 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 X 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 X No (check one)

- Primary Host (current) UIC: ~~35747~~ 61755
- Primary Host (as of 01 Oct 1995) UIC: ~~35747~~ 61755 } *all*
- Primary Host (as of 01 Oct 2001) UIC: ~~35747~~ 61755 } *2/2/94*

• **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 Clinic	35747	NCTAMS GUAM	NAVAL	70243
Branch Dental Clinic	35746	NAS GUAM	COMPUTER TELECOMMUNIC ATIONS AREA MASTER STATION NAVAL AIR STATION	61577

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.

Yes, Branch Dental Clinic, Naval Air Station has been selected for closure along with Naval Air Station during FY94.

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).

NAVAL DENTAL CENTER GUAM CURRENT MISSION STATEMENT

PEACETIME MISSION

1. **Primary Mission: Dental Services.** Provide comprehensive dental services to active duty military personnel and then to other beneficiaries on a space-available basis (excluding those that are on the Delta Dental Program for which care is available in the civilian sector). Availability of Dental Services:

a. **NON-NAVAL DENTAL CENTER GUAM (NDC, GU) DENTAL CARE RESOURCES:**

- Camp Covington, Guam (UIC 55504): one general dentist attached.
- Naval Hospital, Guam (UIC 68096): one general dentist, and one oral surgeon.
- USS HOLLAND (UIC 04696): three general dentists attached.
- U.S. Air Force Dental Clinic (UIC MGDA): 8 general dentists and one orthodontist.
- Delta Dental Program consists of 26 civilian participating providers.

b. **NAVAL DENTAL CENTER, GUAM:**

- **Naval Air Station Branch Dental Clinic (BD-NAS) (UIC 35746)**

Primary mission: Provide general dentistry care in support of the Naval Air Station active duty population. Provide for sick-call during normal workhours.

- **NCTAMS Branch Dental Clinic (BDC-NCTAMS) (UIC 35747)**
- Primary mission: Provide general dentistry and some comprehensive dentistry in support of the active duty population at NCTAMS. Provides for sick-call during normal workhours.

- **Naval Station Branch Dental Clinic (NDC-NAVSTA) (UIC 62328)**

Primary mission: Provide general dentistry to the active duty population of Naval Station and tenant commands, USS WHITE PLAINS and any other visiting ships. Provide dental specialty care to the above and to Air Force active duty at Andersen Air Force Base, Navy VQ squadrons at Andersen, and active duty attached to Camp Convington, USS HOLLAND, USS WHITE PLAINS (UIC 05835), Naval Air Station, and NCTAMS. Provide after hours acute emergency dental care to active duty, dependents, civil service,

and other beneficiaries.

Specialty Care: Oral Surgery
Endodontics
Periodontics
Prosthodontics
Pedodontics

2. Provide for on-going training of the staff to ensure:
 - that all staff members are BCLS certified
 - that all military staff are aware of their wartime duties
 - that both military and professional standards of conduct and performance are achieved and maintained.
 - that all officers receive continuing education to maintain their professional skills and licensure.
3. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.
4. Provide support to the Regional Line Commander (RLC), Commander Naval Forces Marianas.
5. Cooperate with military and civilian authorities in matters, pertaining to public health, local disasters, and other emergencies.
6. Provide general oversight and assistance in the implementation of the Delta Dental Program on Guam for the active duty dependents.
7. Oversee the quality of life issues and morale of the Naval Dental Center staff to ensure that it is of the highest quality possible.
8. Participate as an integral element of the Navy and Tri-Service Regional Health Care System.
9. Provide services and functions pertinent to command operations in accordance with NAVMEDCOMINST 5450.1 series and COMNAVMAR JOINT INST 5400.1 series or as directed by the Responsible Line Commander (RLC).

FUNCTIONS

1. Provides comprehensive outpatient dental care services to Navy and Marine Corps units of the Operating Forces, shore activities, and other authorized beneficiaries as prescribed by Title 10, U.S. Code. The specific care rendered includes:
 - a. Operative Dentistry - provides diagnosis, treatment, consultation, and referral services for the preservation and restoration of the dentition and its supporting structures.
 - b. Pediatric Dentistry - provides diagnosis, relief of pain and restoration of deciduous and permanent teeth as required for proper function and esthetics. Provide patient consultation and referral services.

- c. Endodontic Dentistry - provides the diagnosis and treatment of diseases and traumatic injuries that affect the dental pulp and periapical tissues.
 - d. Periodontic Dentistry - provides diagnosis and treatment of diseases or abnormalities affecting the hard and soft tissue supporting structures of the dentition.
 - e. Preventive Dentistry - provides oral prophylaxis, topical fluoride application, and oral hygiene instruction. Treat gingivitis and early periodontitis.
 - f. Prosthodontics Dentistry - provides diagnosis and treatment for the replacement of missing teeth. Responsible for the efficient operation of the prosthetic laboratory.
 - g. Radiology Services - provides intraoral, extraoral, and panoramic radiograph exposures and processing these x-ray films as requested by clinical departments. Processes panoramic duplicates for the DOD central sepository.
 - h. Overseas Screening - provides exams to determine the suitability of members and their families for continued overseas duty.
 - i. Oral Surgery - provides various outpatient oral surgery procedures including tooth extraction, biopsy and preprosthetic recontouring of ridges.
2. Develops, operates, and manages administrative and logistical plans and programs in compliance with current directives.
- a. Manpower/civilian personnel management
 - b. Automated Information Systems (AIS) management, training, and security
 - c. Materials and equipment management
 - d. Operations and facilities management
 - e. Physical security
 - f. Fiscal management
 - g. Correspondence/instructions management
 - h. Maintenance and disposition of records
 - i. Ensure the proper organization, performance (evaluations), effectiveness and discipline of the Command.
 - j. Provides career counseling services
 - k. Provides assistance to staff in Personnel Support Detachment functions (ie. TAD, pay, and leave)
 - l. Provides mailroom services.
3. Exercises command and control over the operation of the subordinate branch dental care facilities.
4. Fleet Liaison Program - maintains liaison with shore commands and units of the Operating Forces receiving dental care from the command. Conducts annual dental recall program.

5. Conducts patient education and public relations programs to promote consumer awareness and satisfaction through the use of Patient Contact Representatives and PAO resources.
6. Maintains standards of dental health care for accreditation and recognition as required by governmental and civilian agencies and commissions. Active in the credentialing process and maintains an Executive Committee of the Dental Staff (ECODS).
7. Operates a quality assurance/risk management program to assess and improve the delivery of optimal dental care.
8. Provides for clinical rotations for dental officers to enhance their professional competence and expand their scope of care.
9. Provides in-service and on-the-job training for dental technicians.
10. Provides a sponsor program and command indoctrination program for all newly reporting personnel.
11. Conducts a personnel management program for assignment rotation of staff for education and training purposes to achieve more efficient and effective use of dental care resources. The efficiency review process is conducted as directed.
12. Executes Memoranda of Understanding (MOU's) and Interservice Support Agreements (ISSA's) for purposes of mutual education, training, or support services.
13. Provides dental equipment maintenance and repair services to assigned dental care treatment activities and other commands in the local area as requested and as available.
14. Provides and coordinates preventive dentistry programs for personnel of the operating forces, shore activities, and other beneficiaries.
15. Maintains an equal opportunity program.
16. Maintains liaison with and provides representation to various committees, groups, and organizations of a military, governmental, commercial, scientific, or professional nature with regard to dental care and related subjects. Specific programs include tenant/host committees, special projects through the RLC, and the Dental Society of Guam.
17. Confers with civilian consultants on professional matters, including the education and training of officers.
18. Develops and administers dental correspondence courses and continuing education courses at the graduate level for active duty staff personnel.

19. Maintains a DAPA Program
20. Maintains a Management Control Program
21. Maintains a Public Affairs Program
22. Ensures the maintenance of a command professional library adequate to meet optimal educational requirements.
23. Provides for the safety of staff and patients.
24. Ensures the effectiveness of the clinical infection control program.
25. Provides for disaster preparedness training and proper execution of plans.
26. Provides for the security of classified material.
27. Ensures the physical fitness of all the active duty staff members.
28. Maintains an active Red Cross dental assistant training program.
29. Provides humanitarian assistance during natural or man made disasters.
30. Provides humanitarian dental care to neighboring islands as requested by RLC.
31. Conducts a training program in Prosthetic Laboratory Technology to civilian personnel from neighboring islands under valid MOU's.
32. Provides for the progressive implementation of Total Quality Leadership at the Command.

MOBILIZATION MISSION

1. Continue peacetime mission/functions, provide essential dental care to military personnel, dependents, and retirees at a reduced level (no elective procedures), while expanding acute care services to the active duty personnel.
2. Assist the RLC in meeting the wartime mission.

Projected Missions for FY2001

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
Chief, Bureau of Medicine and Surgery, Washington, DC 00018
- Funding Source UIC
Chief, Bureau of Medicine and Surgery, Washington, DC 00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
● Reporting Command	<u>13</u>	<u>26</u>	<u>5</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>1316</u> ^{2/9/94}	<u>2534</u> ^{4/1/94}	<u>6</u>
Contracted	<u>N/A</u>	<u>N/A</u>	<u>2</u> *
● Tenants (total)	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

* Contracted Dental Hygenists

**The above data reflects Naval Dental Center, Naval Station Manpower only; since the two branch clinics are tennants on other bases.

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	AREA CODE (671)		
<u>CAPT J A Kemp, Commanding Officer</u>	339-5266	339-4169	563-0970
● Duty Officer	339-3175	339-4169	[N/A]
●			
<u>LT D C Baxter, Director for Admin.</u>	339-5266	339-4169	477-7639

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	Enliste	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enliste	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.)
<u>Naval Dental Center provides services:</u>		
<i>U. S. Army Support Command</i>	<i>Fort Shafter, Hawaii</i>	<i>ISSA: NDC provide dental exams to ROTC</i>
<i>American Red Cross</i>	<i>Naval Hospital Guam</i>	<i>MOU: Trains volunteers to be dental assistants</i>
<i>Republic of Palau</i>	<i>Palau</i>	<i>MOU: Train prosthetic laboratory personnel for Palau</i>
<u>Naval Dental Center recieves services:</u>		
<i>Naval Hospital</i>	<i>Guam</i>	<i>ISSA: Financial EOB holder</i>
<i>Naval Station, BOQ</i>	<i>Guam</i>	<i>MOU: BOQ Host/Tennant Agreement</i>
<i>Naval Computer and Telecommunications Area Master Station (NCTAMS)</i>	<i>Guam</i>	<i>CSA: Communications Support Agreement</i>
<i>Human Resource Office</i>	<i>Guam</i>	<i>ISSA: Human Resource Support</i>
<i>Naval Station</i>	<i>Guam</i>	<i>ISSA: Host/Tennant Agreement</i>
<i>NCTAMS</i>	<i>Guam</i>	<i>ISSA: Host/Tennant Agreement</i>
<i>NAVAL AIR STATION</i>	<i>Guam</i>	<i>ISSA: Host/Tennant Agreement</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.)

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. A. Kemp

NAME (Please type or print)

Commanding Officer

Title

U. S. Naval Dental Center, Guam

Activity

J.A. Kemp
Signature

26 Jan 94
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM Donald Hagen, MC _____

x [Signature]

Signature

NAME (Please type or print)

2-9-94

Date

SURGEON GENERAL/CHIEF BUMED _____

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)

J. B. GREENE, JR

NAME (Please type or print)

[Signature]

Signature

ACTING

Title

16 FEB 1994

Date

Title

Date