DCN 1441

1177

# DATA CALL 66
# INSTALLATION RESOURCES

Activity Information:

Activity Name: NAVAL DENTAL CENTER, JACKSONVILLE, FL

UIC: 68444

Host Activity Name (if response is for a tenant activity): NAVAL AIR STATION, JACKSONVILLE, FL

Host Activity UIC: 00207

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, JACKSONVILLE, FL. UIC: 68444

| Category | FY 1996 BOS Costs ($000) | | |
|---|---|---|---|
| | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 15 | | 15 |
| 1b. Minor Construction | n/a | | |
| **1c. Sub-total 1a. and 1b.** | 15 | | 15 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 75 | | 75 |
| 2b. Transportation | 10 | | 10 |
| 2c. Environmental | n/a | | |
| 2d. Facility Leases | n/a | | |
| 2e. Morale, Welfare & Recreation | n/a | | |
| 2f. Bachelor Quarters | n/a | | |
| 2g. Child Care Centers | n/a | | |
| 2h. Family Service Centers | n/a | | |
| 2i. Administration | 30 | 194 | 224 |
| 2j. Other (Specify) Disability | 18 | | 18 |
| **2k. Sub-total 2a. through 2j:** | 123 | 194 | 327 |

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**3. Grand Total (sum of 1c. and 2k.):** 342

Note: M.O.U. with Naval Hospital Jacksonville, Fl. provides the following services at no cost to Naval Dental Center, Jacksonville.

Laundry Services (contract)
Procurement

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**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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | BOMED<br>MED 825<br>GSA<br>8/4/94 |

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

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

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INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs
(DBOF Overhead)
Activity Name: NAVAL DENTAL CENTER, JACKSONVILLE, FL. UIC: 68444

| Category | FY 1996 Net Cost From UC/FUND-4 ($000) | | |
|---|---|---|---|
| | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Real Property Maintenance (>$15K) | n/a | | |
| 1b. Real Property Maintenance (<$15K) | n/a | | |
| 1c. Minor Construction (Expensed) | n/a | | |
| 1d. Minor Construction (Capital Budget) | n/a | | |
| 1c. Sub-total 1a. through 1d. | n/a | | |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Command Office | n/a | | |
| 2b. ADP Support | n/a | | |
| 2c. Equipment Maintenance | n/a | | |
| 2d. Civilian Personnel Services | n/a | | |
| 2e. Accounting/Finance | n/a | | |
| 2f. Utilities | n/a | | |
| 2g. Environmental Compliance | n/a | | |
| 2h. Police and Fire | n/a | | |
| 2i. Safety | n/a | | |

| | |
|---|---|
| 2j. Supply and Storage Operations | n/a |
| 2k. Major Range Test Facility Base Costs | n/a |
| 2l. Other (Specify) | n/a |
| **2m. Sub-total 2a. through 2l:** | n/a |
| **3. Depreciation** | n/a |
| **4. Grand Total (sum of 1c., 2m., and 3.) :** | n/a |

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, JACKSONVILLE, FL. **UIC:** 68444

| Cost Category | FY 1996 Projected Costs ($000) |
|---|---|
| **Travel:** | 37 |
| **Material and Supplies (including equipment):** | 163 |
| **Industrial Fund Purchases (other DBOF purchases):** | n/a |
| **Transportation:** | n/a |

## DATA CALL 66
## INSTALLATION RESOURCES

| | |
|---|---|
| **Other Purchases (Contract support, etc.):** | 107 |
| **Total:** | 307 |

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

**Table 3 - Contract Workyears**

**Activity Name:** NAVAL DENTAL CENTER, JACKSONVILLE, FL. **UIC:** 68444

| Contract Type | FY 1996 Estimated Number of Workyears On-Base |
|---|---|
| Construction: | n/a |
| Facilities Support: | n/a |
| Mission Support: | 2 |
| Procurement: | n/a |
| Other:* | n/a |
| **Total Workyears:** | 2 |

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

Mission Support: Two Personal Services Contracts ( 1 Dentist, 1 Hygienist)

DATA CALL 66
INSTALLATION RESOURCES

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

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

2

2) Estimated number of workyears which would be eliminated:

0 VR BUMED 824 7/29/94

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 VR BUMED 824 7/29/94

## DATA CALL 66
## INSTALLATION RESOURCES

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

| No. of Additional Contract Workyears Which Would Be Eliminated | General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.) |
|---|---|
| N/A | VR BUMED 824 8/2/94 |

| 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 | VR BUMED 824 8/2/94 |

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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)

Signature AUG 4 1994

ACTING CHIEF BUMED
Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

~~ACTING~~
Title

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

C. B. Horton, CAPT, DC, USN
NAME (Please type or print)

C B Horton
Signature

Commanding Officer
Title

13 July 1994
Date

Naval Dental Center Jacksonville, FL
Activity

This is the original signature used for all activities associated with NDC Jacksonville.

BRAC-95 CERTIFICATION

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

T. E. Dorwin, LT, MSC, USNR
NAME (Please type or print)

Signature

Head, Financial Management Department
Title

13 July 1994
Date

Division

Department

NDC Jacksonville, FL
Activity

BRAC-95 CERTIFICATION

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

Connie A. Robbs
NAME (Please type or print)

Connie A. Robbs
Signature

Budget Analyst
Title

13 Jul 1994
Date

Finance
Division

Budget
Department

Naval Dental Center, Jacksonville, Fl.
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, JACKSONVILLE FL* |
| Acronym(s) used in correspondence | *NDC JACKSONVILLE* |
| Commonly accepted short title(s) | *NDC JAX* |

- Complete Mailing Address

**NAVAL DENTAL CENTER**
**BOX 74**
**NAS JACKSONVILLE FL 32212-0074**

- PLAD **NAVDENCEN JACKSONVILLE FL**

- PRIMARY UIC: 68444 (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 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 ____ 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: __00306__

· Primary Host (as of 01 Oct 1995) UIC: __00306__

· Primary Host (as of 01 Oct 2001) UIC: __00306__

• 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 |
|---|---|---|
| | | |

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 (BDC) | | | | |
| BDC Albany | 41782 | Albany, GA | Marine Corp Log. Base | 67004 |
| BDC Atlanta | 41783 | Marietta, GA | NAS, Atlanta | 00196 |
| BDC Athens | 41781 | Athens, GA | Navy Supply Corps School | 46742 |
| BDC Cecil Field | 68444 | Jacksonville, FL | NAS Cecil Field | 60200 |
| BDC Mayport | 68444 | Mayport, FL | NS Mayport | 60201 |
| BDC Key West | 41792 | Key West, FL | NS Key West | 00213 |
| BDC Kings Bay | 48489 | Kings Bay, GA | SUBASE Kings Bay | 42237 |

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. BDC Cecil Field is scheduled to close with the closure of it's base.

NDC Orlando is scheduled to downgrde to a Branch Dental Clinic and become attached to this command.

NDC Charleston is currently scheduled to downgrade to a Branch Dental Cliic attached to this command.

NDC MAYPORT IS SCHEDULED TO RECIEVE SHIPS FROM CHARLESTON, NORFOLK, AND STATEN ISLAND.

CSA

Activity: 68444

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 U.S. military units as prescribed by Title 10, U.S.C. This coverage covers unique populations for each Branch Dental Clinic:

- BDC Jacksonville - Squadrons and support troops
- BDC Albany - Marine Corps Logistics personnel
- BDC Atlanta - Diversified reserve population
- BDC Key West - Squadrons and support personnel
- BDC Cecil Field - Squadrons and support personnel
- BDC Kings Bay - Submarine crews and support personnel
- BDC Athens - Supply school rotations of students
- BDC Mayport - Ship crews and support personnel

• Wartime responsibilities are to support a wide range of operational billets in fleet hospitals, fleet marine billets and overseas hospitals

• Supports all adjacent medical clinics in times of medical disasters

Projected Missions for FY 2001

• All of the same mission responsibilities as above with the addition of
- BDC Orlando
- BDC Charleston

• BDC Cecil Field will have been disestablished by this time.

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

Current Unique Missions

- This command's mission is only unique to the special populations supported by each separate Branch Dental Clinic i.e. BDC Kings Bay support s the submarine community while BDC Athens supports an academic community, etc.

- This command does not have any National Command Authority nor any classified mission responsibilities.

-

Projected Unique Missions for FY 2001

- Same as above.

-

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

| • Operational name | UIC |
|---|---|
| Commander, Naval Aviation Activities, JAX | 09697 |

| • Funding Source | UIC |
|---|---|
| Chief, Bureau of Medicine & Surgery | 00018 |

Activity: 68444

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) | Civilian (Contracted) |
|---|---|---|---|---|
| Reporting Command | ~~14~~ 32 GSA | ~~31~~ 56 GSA | ~~9~~ 23 GSA | 2 |
| Tenants (total) | ~~34~~ | ~~79~~ | ~~15~~ | ~~7~~ |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) | Civilian (Contracted) |
|---|---|---|---|---|
| Reporting Command | ~~14~~ 31 GSA | ~~35~~ 60 GSA | ~~9~~ 21 GSA | 2 |
| Tenants (total) | ~~34~~ | ~~79~~ | ~~16~~ | ~~7~~ |

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 |
|---|---|---|---|
| • CO/OIC | | | |
| CAPT CHARLES B. HORTON | (904) 772-2863 | (904) 722-4125 | (904) 573-0243 |
| • Duty Officer | (904) 772-3441 | (904) 772-4125 | [ N/A ] |
| • | | | |
| • | | | |

Activity: 68444

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 |
|---|---|---|---|---|
| GSA ~~NAVAL DENTAL CENTER, JACKSONVILLE~~ | ~~68444~~ | ~~44~~ | ~~55~~ | ~~[illegible]~~ ~~[illegible]~~ |

• Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| | | | | |

• 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 |
|---|---|---|---|---|---|
| | | | | | |

• Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| | | | | | |

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.

All eight Branch Dental Clinics support all of:

- All active duty units attached to the base (of ALL services)

- All reserve units drilling on the base (of ALL services)

- All transient active duty personnel (ships, squadrons, TAD units, etc of ALL services)

- The retired population as available

Locations:

| | |
|---|---|
| BDC Albany | MCLB Albany |
| BDC Atlanta | NAS Atlanta |
| BDC Athens | NSCS Athens |
| BDC Cecil Field | NAS Cecil Field |
| BDC Mayport | NS Mayport |
| BDC Key West | NAS Key West |
| BDC Kings Bay | NSB Kings Bay |
| BDC Jacksonville | NAS Jacksonville |

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

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

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

ACTIVITY COMMANDER

Charles B. Horton, CAPT, DC
NAME (Please type or print)

C B Horton
Signature

Commanding Officer
Title

8 Feb 94
Date

Naval Dental Center, Jacksonville FL
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print)

x R I Ridenour

Signature

ACTING CHIEF BUMED

Title

21 FEB 1994

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print)

J B Greene Jr

Signature

ACTING

Title

16 FEB 94

Date

# Document Separator

499

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: DENTAL CENTER/BRANCH DENTAL CLINIC, JACKSONVILLE, FLORIDA
ACTIVITY UIC: 68444

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

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

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**MISSION REQUIREMENTS**

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**MISSION REQUIREMENTS**

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

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 137665 | 145163 | 144695 | 144674 | 145035 | 145035 | 145035 | 145035 | 145035 |
| UNMET | 17552 | 16065 | 15730 | 15788 | 15734 | 15734 | 15734 | 15734 | 15734 |
| TOTAL | 155217 | 161228 | 160425 | 160462 | 160769 | 160769 | 160769 | 160769 | 160769 |

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

Please show all calculations and assumptions in the space below: See attached sheet

**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.)

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 |
| UNMET | 19101 | 17449 | 17081 | 17191 | 17183 | 17183 | 17183 | 17183 | 17183 |
| TOTAL | 211891 | 210239 | 209871 | 209981 | 209973 | 209973 | 209973 | 209973 | 209973 |

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

Please show all calculations and assumptions in the space below: See attached sheet

94 Oct 14
Weeks
[illegible]

Date 28
NDC
Jacksonville

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 137665 | 145163 | 144695 | 144674 | 145035 | 145035 | 145035 | 145035 |
| UNMET | 17552 | 16065 | 15730 | 15788 | 15734 | 15734 | 15734 | 15734 |
| TOTAL | 155217 | 161228 | 160425 | 160462 | 160769 | 160769 | 160769 | 160769 |

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

Please show all calculations and assumptions in the space below: See attached sheet.

9/06/14

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.

NOTE: ACTIVE DUTY POPULATION AND WORKLOAD ONLY.

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 |
| UNMET | 17449 | 17081 | 17191 | 17183 | 17183 | 17183 | 17183 | 17183 |
| TOTAL | 210239 | 209871 | 209981 | 209973 | 209973 | 209973 | 209973 | 209973 |

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

Please show all calculations and assumptions in the space below: See attached sheet.

UNFILLED RATE 3.4%
(NO SHOWS)

* TOTAL WORKLOAD (CNVS)
BASED ON DIRS DATA

BDC JACKSONVILLE

| | | | | | |
|---|---|---|---|---|---|
| FY93 | 9972 | 15048 | SEP 93 | 9972 | 1540 * |
| | 9973 | 14202 | | 9973 | 1097 * |
| | | 29250 | | | 2637 |

YR 29250 11.09215
MONTH 2637

---

| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|---|---|---|---|---|
| 9972 | 1314 | 2 | 32 | 1348 |
| 9973 | 902 | 4 | 58 | 964 |
| TOTALS | 2216 | 6 | 90 | 2312 |

| AD VISITS | x | RATIO | |
|---|---|---|---|
| 2312 | | 11.09215 | 25645.05 |

---

| DEP OF ACTIVE DUTY | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 47 | | | |
| 9973 | 9 | | | |
| TOTAL | 56 | | 11.09215 | 621.160409 |

---

| RETIRED | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 103 | | | |
| 9973 | 115 | | | |
| TOTAL | 218 | | 11.09215 | 2418.08873 |

---

OTHER

| SEPT TOTALS | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 32 | | 11.09215 | |
| 9973 | 58 | | | |
| TOTAL | 90 | | 11.09215 | 998.293515 |

---

| DEP OF RET | | X | RATIO |
|---|---|---|---|
| 9972 | 2 | | |
| 9973 | 6 | | |

| | | | |
|---|---|---|---|
| TOTAL | 8 | 11.09215 | 88.7372013 |

---

RAPS ACTIVE DUTY DATA

| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
|---|---|---|---|---|---|---|---|
| 4130 | 4043 | 4069 | 4067 | 4067 | 4067 | 4067 | 4067 |

FY 93 4521

| FY 93 | PROCEDURE | PERCENT RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|---|
| CLASS 1 | 1056 | | | | |
| CLASS 2 | 3096 | 0.530318 | 4521 2397.570 | 4.55 | 10908.9453 |
| CLASS 3 | 570 | 0.097636 | 4521 441.4131 | 9.22 | 4069.82929 |
| CLASS 4 | 1116 | 0.191161 | 4521 864.2404 | 4.77 | 4122.42715 |
| TOTAL | 5838 | | | | 19101.2017 |

| FY 94 | PERCENT RAPS | TOTAL | WTD CTVS | UNMET CTV |
|---|---|---|---|---|
| | 0.530318 | 4130 2190.215 | 4.55 | 9965.482 |
| | 0.097636 | 4130 403.2374 | 9.22 | 3717.848 |
| | 0.191161 | 4130 789.4964 | 4.77 | 3765.897 |
| TOTAL | | | | 17449.22 |

| FY 95 | PERCENT RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|
| | 0.530318 | 4043 2144.078 | 4.55 | 9755.555 |
| | 0.097636 | 4043 394.7430 | 9.22 | 3639.531 |
| | 0.191161 | 4043 772.8653 | 4.77 | 3686.567 |
| TOTAL | | | | 17081.65 |

| FY 96 | PERCENT RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|
| | 0.530318 | 4069 2157.866 | 4.55 | 9818.292 |
| | 0.097636 | 4069 397.2816 | 9.22 | 3662.936 |
| | 0.191161 | 4069 777.8355 | 4.77 | 3710.275 |
| TOTAL | | | | 17191.50 |

| FY 97 | PERCENT RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|
| | 0.530318 | 4067 2156.805 | 4.55 | 9813.466 |
| | 0.097636 | 4067 397.0863 | 9.22 | 3661.135 |
| | 0.191161 | 4067 777.4532 | 4.77 | 3708.451 |
| TOTAL | | | | 17183.05 |

*FY 98/01 SAME

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) | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |

# 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

C. B. HORTON

NAME (Please type or print)

C B Horton

Signature

COMMANDING OFFICER

Title

31 May 94

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

16 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

# Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER/BRANCH DENTAL CLINIC, JACKSONVILLE

**ACTIVITY UIC: 68444**

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

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

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**MISSION REQUIREMENTS**

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

- To provide dental support to the squadrons of HS Wing 1 and PATWING 1, NAS Jacksonville, Naval Hospital, and other tenant commands in the Jacksonville area.

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) |
|---|---|---|---|
| NAS JAX | 00207 | JACKSONVILLE, FL | 1228 |
| NAVHOSP | 00232 | NAS JAX | 943 |
| VP-30 | 09047 | NAS JAX | 885 |
| HS-1 | 09371 | NAS JAX | 598 |
| VP-30(STUDENT) | 65554 | NAS JAX | 505 |
| VP-24 | 09602 | NAS JAX | 308 |
| VP-16 | 09229 | NAS JAX | 308 |
| VP-5 | 09630 | NAS JAX | 307 |
| VP-45 | 09665 | NAS JAX | 300 |
| NAMTRAGRUDET | 66051 | NAS JAX | 260 |
| HS-3 | 09163 | NAS JAX | 202 |
| HS-15 | 09205 | NAS JAX | 202 |
| HS-11 | 09954 | NAS JAX | 202 |
| HS-1(STUDENT) | 65548 | NAS JAX | 201 |
| HS-7 | 09988 | NAS JAX | 183 |
| NAVAIRRES | 63099 | NAS JAX | 183 |
| HS-5 | 09488 | NAS JAX | 183 |
| HS-75 | 09031 | NAS JAX | 123 |
| VP-62 | 09162 | NAS JAX | 115 |
| NAVCOMTELSTA | 68734 | NAS JAX | 111 |
| VR-58 | 53911 | NAS JAX | 107 |
| FACSFAC | 53895 | NAS JAX | 102 |
| NMCB 14 DET 0614 | 85106 | NAS JAX | 97 |
| NAVRESREDCOM 8 | 68358 | NAS JAX | 69 |
| | | | |

| | | | |
|---|---|---|---|
| PSD | 43043 | NAS JAX | 65 |
| ASW FAC JAX | 35380 | NAS JAX | 59 |
| NAVLANTMETOC FAC | 62362/ 63075 | NAS JAX | 56 |
| NAVDENCEN | 68444 | NAS JAX | 49 |
| CBU-410 | 66671 | NAS JAX | 45 |
| VP-30 FMS | 42335 | NAS JAX | 43 |
| NAVHCSO | 68907 | NAS JAX | 43 |
| BMC | 32573 | NAS JAX | 42 |
| COMHSWINGLANT | 52956 | NAS JAX | 34 |
| VP-30 VR DET | 53894 | NAS JAX | 32 |
| COMPATWING 11 | 09461 | NAS JAX | 28 |
| NAVAVNDEPOT | 65886 | NAS JAX | 28 |
| COMNAVACTS JAX | 09697 | NAS JAX | 27 |
| NAVALREHCEN | 68298 | NAS JAX | 26 |
| NAVMARCORESCEN | 61926 | NAS JAX | 24 |
| NAVDISVECTECOL CONCEN | 62873 | NAS JAX | 24 |
| FISC | 68836 | NAS JAX | 24 |
| PSA | 68585 | NAS JAX | 17 |
| SPINTCOM | 41605 | NAS JAX | 17 |
| NAVLEGSVCOFF | 68365 | NAS JAX | 16 |
| USMC RESERVE | 83276 | NAS JAX | 13 |
| MOCCLANT | 55620 | NAS JAX | 12 |
| DEFCURSTA | 31141 | NAS JAX | 12 |
| DECA | 49113 | NAS JAX | 10 |
| MIUW UNIT 207 | 80011 | NAS JAX | 09 |
| FLTIMGCENLANT | 39360 | NAS JAX | 09 |
| PWC | 68931 | NAS JAX | 07 |
| BR VET ACT MEDDAC (ARMY) | W2MSAA | NAS JAX | 07 |
| ROICC | 44226 | NAS JAX | 07 |

| | | | |
|---|---|---|---|
| PATWINGLANT DET ADV ASW SYS OFFICE | 47688 | NAS JAX | 07 |
| NAVCOMTELSTA ADP | 68560 | NAS JAX | 07 |
| NAVAIRRESREC | 47766 | NAS JAX | 06 |
| NAVEXCHSERVCEN | 68630 | NAS JAX | 06 |
| NAVDRUGLAB | 68850 | NAS JAX | 05 |
| RES NCBU 14 | 08913 | NAS JAX | 05 |
| DEFDISTDEPOT | SB3520 | NAS JAX | 04 |
| NAESU DET JAX | 30340 | NAS JAX | 04 |
| RIPO 134 | 47925 | NAS JAX | 04 |
| FLTILOTEAM DET | 55249 | NAS JAX | 03 |
| COMDISTCEN | 49113/HQ CSJK | NAS JAX | 02 |
| USMC REC. | 36005 | JAX | 02 |
| DAO-CL | HQ0117 | NAS JAX | 01 |
| ARMY REC. | W18MAA | JAX | 01 |
| NAVY RELIEF | N/A | NAS JAX | 01 |
| | | | |
| | | | |

**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 | 85[illegible] |
| B. FY1993 MET WORKLOAD (CTVs) | 158413 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 19101 |
| D. TOTAL WORKLOAD (B+C) | 177514 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 18.49 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 2.23 |
| G. WORKLOAD PER CAPITA (D÷A) | 20.72 |

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

Maximum capacity for CTVs: 162[illegible]5

Explanation: CTV workload does not reflect 3% no show rate

948614

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

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 8567 |
| B. FY1993 MET WORKLOAD (CTVs) | 192790 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 19101 |
| D. TOTAL WORKLOAD (B+C) | 211891 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 22.50 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 2.23 |
| G. WORKLOAD PER CAPITA (D÷A) | 24.73 |

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

Maximum capacity for CTVs: 198574

Explanation: CTV workload does not reflect 3% no show rate

94064
WED-63

R

BRAC 29
NDC
JACKSONVILLE

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 | 8567 | 4067 | 4069 | 4067 | 4067 | 4067 | 4067 | 4067 |
| A: TOTAL MET CTVs | 158413 | 158413 | 158413 | 158413 | 158413 | 158413 | 158413 | 158413 |
| B: TOTAL UNMET CTVs | 17449 | 17081 | 17181 | 17183 | 17183 | 17183 | 17183 | 17183 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 175862 | 175494 | 175604 | 175596 | 175596 | 175596 | 175596 | 175596 |
| DENTISTS (MIL AND CIV) | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |

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

Maximum capacity for CTVs: 163165

Explanation: CTV work load does not reflect 3% no show rate.

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 | 8567 | 4043 | 4069 | 4067 | 4067 | 4067 | 4067 | 4067 |
| A: TOTAL MET CTVs | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 | 192790 |
| B: TOTAL UNMET CTVs | 17449 | 17081 | 17191 | 17183 | 17183 | 17183 | 17183 | 17183 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 210239 | 209871 | 209981 | 209973 | 209973 | 209973 | 209973 | 209973 |
| DENTISTS (MIL AND CIV) | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| PROPHY TECHNICIANS (MIL AND CIV) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DENTAL HYGIENISTS (MIL AND CIV) | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |

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

Maximum capacity for CTVs: 198574

Explanation: CTV work load does not reflect 3% no show rate.

Page 29
NDC
JACKSONVILLE

BDC JACKSONVILLE

| | | | | | |
|---|---|---|---|---|---|
| FY93 | 9972 | 15048 | SEP 93 | 9972 | 1540 * |
| | 9973 | 14202 | | 9973 | 1097 * |
| | | 29250 | | | 2637 |

3.4% UNFILLED CAPT (NO) HOU

* TOTAL WORKLOAD (CGVS) BASED ON DLMS DATA

YR 29250 11.09215
MONTH 2637

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| ACTIVE DUTY VISITS | NAVY | MARINE | OTHER | TOTAL |
|---|---|---|---|---|
| 9972 | 1314 | 2 | 32 | 1348 |
| 9973 | 902 | 4 | 58 | 964 |
| TOTALS | 2216 | 6 | 90 | 2312 |

| AD VISITS | x | RATIO | |
|---|---|---|---|
| 2312 | | 11.09215 | 25645.05 |

---

| DEP OF ACTIVE DUTY | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 47 | | | |
| 9973 | 9 | | | |
| TOTAL | 56 | | 11.09215 | 621.160409 |

---

| RETIRED | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 103 | | | |
| 9973 | 115 | | | |
| TOTAL | 218 | | 11.09215 | 2418.08873 |

---

OTHER

| SEPT TOTALS | | X | RATIO | |
|---|---|---|---|---|
| 9972 | 32 | | 11.09215 | |
| 9973 | 58 | | | |
| TOTAL | 90 | | 11.09215 | 998.293515 |

---

| DEP OF RET | | X | RATIO |
|---|---|---|---|
| 9972 | 2 | | |
| 9973 | 6 | | |

| | | | |
|---|---|---|---|
| TOTAL | 8 | 11.09215 | 88.7372013 |

---

RAPS ACTIVE DUTY DATA

| FY 94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY00 | FY01 |
|---|---|---|---|---|---|---|---|
| 4130 | 4043 | 4069 | 4067 | 4067 | 4067 | 4067 | 4067 |

FY 93 4521

| FY 93 | PROCEDURE | PERCENT | RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|---|---|
| CLASS 1 | 1056 | | | | | |
| CLASS 2 | 3096 | 0.530318 | 4521 | 2397.570 | 4.55 | 10908.9453 |
| CLASS 3 | 570 | 0.097636 | 4521 | 441.4131 | 9.22 | 4069.82929 |
| CLASS 4 | 1116 | 0.191161 | 4521 | 864.2404 | 4.77 | 4122.42715 |

| | | |
|---|---|---|
| TOTAL | 5838 | 19101.2017 |

| FY 94 | PERCENT | RAPS | TOTAL | WTD CTVS | UNMET CTV |
|---|---|---|---|---|---|
| | 0.530318 | 4130 | 2190.215 | 4.55 | 9965.482 |
| | 0.097636 | 4130 | 403.2374 | 9.22 | 3717.848 |
| | 0.191161 | 4130 | 789.4964 | 4.77 | 3765.897 |

TOTAL 17449.22

| FY 95 | PERCENT | RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|---|
| | 0.530318 | 4043 | 2144.078 | 4.55 | 9755.555 |
| | 0.097636 | 4043 | 394.7430 | 9.22 | 3639.531 |
| | 0.191161 | 4043 | 772.8653 | 4.77 | 3686.567 |

TOTAL 17081.65

| FY 96 | PERCENT | RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|---|
| | 0.530318 | 4069 | 2157.866 | 4.55 | 9818.292 |
| | 0.097636 | 4069 | 397.2816 | 9.22 | 3662.936 |
| | 0.191161 | 4069 | 777.8355 | 4.77 | 3710.275 |

TOTAL 17191.50

| FY 97 | PERCENT | RAPS | TOTAL | WTD CTVS | UNMET CTV'S |
|---|---|---|---|---|---|
| | 0.530318 | 4067 | 2156.805 | 4.55 | 9813.466 |
| | 0.097636 | 4067 | 397.0863 | 9.22 | 3661.135 |
| | 0.191161 | 4067 | 777.4532 | 4.77 | 3708.451 |

TOTAL 17183.05

*FY 98/01 SAME

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 |
| FCCJ DENTAL STUDENT EXTERNSHIP | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**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 substandard[2]. 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] |
|---|---|---|---|---|
| | BDC JACKSONVILLE | 12,201 | 14 | |
| | | | | |
| | | | | |
| | | | | |

[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 | 30 JANUARY 1994 | UIC | 68444 |
|---|---|---|---|
| FACILITY | BRANCH DENTAL CLINIC, NAVAL AIR STATION<br>JACKSONVILLE, FLORIDA 32212-0074 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 1 | 83' X 147'<br>12,201 SQ FT | |
| 2. DENTAL TREATMENT ROOM | 24 | 21 10' X 12'<br>02 12' X 12'<br>01 11' X 12' | |
| 3. STERILIZATION ROOM | 1 | 12' X 21' | |
| 4. X-RAY EXPOSURE ROOM | 1 | 12' X 14' | 2 ENDO DTRS HAVE X-RAY UNITS |
| 5. DARKROOM | 1 | 6' X 12' | |
| 6. PROSTHETIC LAB | 1 | 12' X 36' | |
| 7. STOREROOM/ SUPPLY ROOM | 2 | 1- 18' X 30'<br>1- 12' X 50' | |
| 8. CONFERENCE ROOM | 1 | 19' X 24' | |
| 9. ADMINISTRATIVE OFFICE | 9 | 5- 10' X 12'<br>2- 12' X 20'<br>2- 12' X 15' | |
| 10. DENTAL OFFICER'S OFFICE | 3 | 12' X 15' | |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | 1 | 16′ X 36′ | |
| 12. PATIENT WAITING AREA | 1 | 24′ X 26′ | |
| 13. RECORDS CONTROL OFFICE | 1 | 7′ X 16′ | |
| 14. LOCKER ROOM (MALE) | 1 | 20′ X 31′ | |
| 15. LOCKER ROOM (FEMALE) | 1 | 19′ X 24′ | |
| 16. TOILET FACILITY (MALE) | 2 | 1- 7′ X 11′<br>1- 12′ X 13′ | |
| 17. TOILET FACILITY (FEMALE) | 2 | 1- 5′ X 11′<br>1- 12′ X 13′ | |
| 18. OTHER MAJOR ROOMS | 18 | 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 2080<br>DENTAL EZ CMU/4 | 22<br>1 | A-5<br>A-6 |
| 2. DENTAL OPERATING CHAIR | ADEC PRIORITY 1005<br>DENTAL EZ JS<br>RITTER F | 22<br>1<br>1 | A-5<br>A-6<br>A-5 |

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC 6300<br>PELTON CRANE DUAL TRACK | 22<br>2 | A-5<br>A-5 |
| 4. CENTRAL VACUUM SYSTEM | US GENERAL TURBINE HVC 400<br>US TURBINE TCOH2<br>DENTAL EZ CUSTOM VAC MC 201 | 1<br>1<br>1 | A-5<br>A-5<br>A-5 |
| 5. AIR COMPRESSOR DEHYDRATOR | INGERSALL RAND 2-5T2NLE5 | 1 | A-5 |
| 6. STERILIZER | CASTLE/MDT (STEAM) | 2 | A-5 |
| 7. LIFE SUPPORT EQUIPMENT | LIFEPAK 5 CARDIAC MONITOR | 1 | A-5 |
| 8. OTHER MAJOR EQUIPMENT | | | |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. AUTOMATIC CASTING MACHINE | TICONIUM 3001C | 1 | A-5 |
| 2. VACUUM PORCELAIN FURNACE | NEY 660<br>JELENKO COOMMODORE VPF | 1<br>1 | A-5<br>A-5 |
| 3. BURNOUT OVEN | TICONIUM 1154 K6 | 1 | A-5 |
| 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 | GENERAL ELECTRIC 1000<br>INTREX VSK | 2<br>1 | A-5<br>A-5 | NOV 92<br>NOV 92 |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | MIDWEST PANORAL | 1 | A-5 | JUNE 92 |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | AIR TECH PERI PRO<br>AIR TECH AT2000 | 1<br>1 | A-5<br>A-5 | |

**PART III - UTILITIES**

| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 220/110 | b. CYCLE: 60 |
|---|---|---|---|---|---|---|

| 2. GAS: | | NATURAL | | COMMERCIAL | X | BOTTLE | | ACETYLENE |
|---|---|---|---|---|---|---|---|---|

**PART IV - REMARKS AND RECOMMENDATIONS**

1. PART 1, LINE 22, OTHER MAJOR ROOMS:

| ROOM | ON HAND | SIZE |
|---|---|---|
| CERAMICS ROOM | 1 | 7' X 12' |
| COBALT CASTING ROOM | 1 | 8' X 12' |
| ENLISTED LOUNGE | 1 | 14' X 36' |
| CENTRAL SUCTION ROOM | 1 | 10' X 12' |
| LINEN ROOM | 1 | 7' X 12' |
| STERILIZATION ROOM | 1 | 7' X 12' |
| RECOVERY ROOM AND HEAD | 1 | 10' X 12' |
| SCRUB ROOM | 1 | 7' X 12' |
| OFFICER DUTY ROOM AND HEAD | 1 | 14' X 12' |
| ENLISTED DUTY ROOM AND HEAD | 1 | 14' X 12' |
| GEAR LOCKER | 2 | 4' X 12' |
| TELEPHONE PANEL ROOM | 1 | 4' X 12' |

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 30 JANUARY 1994 | R. B. LINVILLE, 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 fo BRAC realignments or closures.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | Front Desk renovation | 1992 | 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 |
|---|---|---|---|
| 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 is adequate for customers' needs

**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?

Clinic is centrally located with easy access to all customers.

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

Air: Air strip on base, 5 minutes away.
Jacksonville International - 25 miles.
Rail: Amtrack - 08 miles.
Sea: Port of Jacksonville - 15 miles.
Ground: I-295 - 3 miles.
I-95 - 12 miles.

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

Location is excellent. Mobilized members would depart from air strip on NAS Jacksonville.

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?

- No.

**FEATURES AND CAPABILITIES**

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

- Readiness of the host command and tenant activities would be severely impacted if this facility were lost. Nearest available dental clinics are located at Cecil Field NAS, at a distance of 15 miles, and NS Mayport, 30 miles away. Neither facility could accomodate the increased workload.

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.

- Readiness of the host command and tenant activities would be severely impacted if this facility were lost. Nearest available dental clinics are located at Cecil Field NAS, at a distance of 15 miles, and NS Mayport, 30 miles away. Neither facility could accomodate the increased workload.

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 |
|---|---|---|
| FLEET HOSPITAL 8 | | 2 |
| FLEET HOSPITAL 15 | | 1 |
| 1ST MARINE BRIGADE KANEOHE | | 2 |
| FLEET HOSPITAL 4 | | 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.

- Productivity could be increased due to the lost time in training (10-14 days per individual, per tour), as well as time lost due to actual deployment.

13. Quality of Life.

**THIS INFORMATION PROVIDED BY HOST ACTIVITY, NAS JACKSONVILLE, FL, UIC 00207, UNDER DATA CALL #38.**

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+ | | |

[1]As 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:

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

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

| 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:

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

(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 facilities[2] 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 | | |

[2]Spaces 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 | | | | | |
| | 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 | | | |

| 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

C. B. HORTON

NAME (Please type or print)

C B Horton

Signature

COMMANDING OFFICER

Title

31 May 94

Date

NAVAL DENTAL CENTER, JACKSONVILLE, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X
Signature

ACTING CHIEF BUMED
Title

16 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

# Document Separator

500

**DATA CALL 66**
**INSTALLATION RESOURCES**

**Activity Information:**

| | |
|---|---|
| Activity Name: | NAVAL DENTAL CENTER, NORFOLK |
| UIC: | 62753 |
| Host Activity Name (if response is for a tenant activity): | NAVAL STATION, NORFOLK, VA |
| Host Activity UIC: | 62688 |

**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.**

**Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)**

| Activity Name:NAVAL DENTAL CENTER-NORFOLK | UIC:62753 |
|---|---|

| Category | FY 1996 BOS Costs ($000) | | |
|---|---|---|---|
| | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 54 | | 54 |
| 1b. Minor Construction | | | |
| **1c. Sub-total 1a. and 1b.** | 54 | | 54 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 279 | | 279 |
| 2b. Transportation | 33 | | 33 |
| 2c. Environmental | 69 | | 69 |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | 134 | 2218 | 2351 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

| | | | |
|---|---|---|---|
| 2j. Other (Specify)<br>Communications<br>Refuse-Disposal<br>Pest Control<br>Supply Operations | <br>55<br>14<br>3<br>13 | <br><br><br><br>54 | <br>55<br>14<br>3<br>67 |
| **2k. Sub-total 2a. through 2j:** | 600 | 2272 | 2872 |
| **3. Grand Total (sum of 1c. and 2k.):** | 654 | 2272 | 2926 |

**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:

| Appropriation | Amount ($000) |
|---|---|
| OM,N-DHP | 1,090 |
| MP,N | 1,836 |

**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..

N/A

# 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) | | | |
| **1c. Sub-total 1a. through 1d.** | | | |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Command Office | | | |
| 2b. ADP Support | | | |
| 2c. Equipment Maintenance | | | |
| 2d. Civilian Personnel Services | | | |
| 2e. Accounting/Finance | | | |
| 2f. Utilities | | | |
| 2g. Environmental Compliance | | | |
| 2h. Police and Fire | | | |
| 2i. Safety | | | |
| 2j. Supply and Storage Operations | | | |
| 2k. Major Range Test Facility Base Costs | | | |
| 2l. Other (Specify) | | | |
| **2m. Sub-total 2a. through 2l:** | | | |
| **3. Depreciation** | | | |

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

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, NORFOLK** | **UIC:62753** |
|---|---|

| **Cost Category** | **FY 1996 Projected Costs ($000)** |
|---|---|
| **Travel:** | 101 |
| **Material and Supplies (including equipment):** | 217 |
| **Industrial Fund Purchases (other DBOF purchases):** | 472 |
| **Transportation:** | 0 |
| **Other Purchases (Contract support, etc.):** | 1626 |
| **Total:** | 2416 |

**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:NAVAL DENTAL CENTER-NORFOLK** | **UIC:62753** |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | |
| Facilities Support: | 1 |
| Mission Support: | 27 |
| Procurement: | 1 |
| Other:* | 1 |
| **Total Workyears:** | 30 |

* **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)):

30 (THIRTY)

2) Estimated number of workyears which would be eliminated:

0 (ZERO)

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

0 (ZERO)

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 8-1-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 8/26/94

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

15 July 94
Date

Naval Dental Center, Norfolk, VA
Activity

500

UIC: 43832 - 62753

## 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, Norfolk, Va.* |
| Acronym(s) used in correspondence | *Area Dental Laboratory, NavDenCen NorVa.* |
| Commonly accepted short title(s) | *NDC Norfolk, ADL* |

- Complete Mailing Address

Commanding Officer
(Code N-3)
Naval Dental Center
1647 Taussig Blvd
Norfolk, Va. 23511-2896

- PLAD NAVDENCEN NORFOLK, VA (\ADL\)

- PRIMARY UIC: 62753 (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): 43832 PURPOSE: Dirs/Meprs

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: 61463

. Secondary Host (class 2 property holder) UIC: 62688

. Primary Host (as of 01 Oct 1995) UIC: 61463

• Primary Host (as of 01 Oct 2001) UIC: 61463

• 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 |
|---|---|---|---|---|
| N/A | | | | N/A |

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

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

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

Current Missions

- Provide dental laboratory services to authorized providers and their patients.

- Provide support to the shore/fleet facilities with consultation, technical services and materials as needed.

Projected Missions for FY 2001

- Same as current mission.

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

Current Unique Missions

- Provide dental laboratory services and modern technology consultation information for technically demanding cases, including the dental implant program.

- One of two Navy area dental laboratories consolidating equipment, materials, technology and services.

- Provide information to fleet/shore facilities on laboratory equipment, operating procedures, materials and techniques.

- Evaluate and provide data on equipment and new materials for future laboratory use.

Projected Unique Missions for FY 2001

- Same as above and potential role: Provide intermediate training for both shore and fleet personnel.

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

| • Operational name | UIC |
|---|---|
| Commander, Naval Base, Norfolk | 61463 |

| • Funding Source | UIC |
|---|---|
| Chief, Bureau of Medicine and Surgery | 00018 |

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 1 | 33 | 5 |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 1 | 34 | 5 |
| • Tenants (total) | N/A | N/A | N/A |

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 |
|---|---|---|---|
| • CO/OIC | | | |
| CAPT R. L. KJOME | 804-444-7021 | 445-6751 | 481-3849 |
| • Duty Officer | 804-444-7011 | 445-6751 | [ N/A ] |
| • BRANCH DIRECTOR | | | |
| CDR R. W. TOTH | 804-444-2511 | 445-6751 | 496-0417 |

**NOT APPLICABLE**

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** |
|---|---|---|
| Branch Dental Clinic | Albany, GA | Provide Lab services |
| Navy Supply Corps School | Athens, GA | Same |
| Branch Dental Clinic | Ballstow, NY | Same |
| USAF ADL, 2 MEDGP/SGDC | Barks, LA | Same |
| Branch Dental Clinic | Bermuda | Same |
| Naval Dental School, NDC | Bethesda, MD | Same |
| Brooklyn Naval Shipyard | Brooklyn, NY | Same |
| Naval Air Station, BDC | Brunswick, ME | Same |
| Naval Air Station, Chase Field | Brownsville, TX | Same |
| U.S. Naval Facility | Canada | Same |
| 22nd Dental Company FMFLANT | Camp Elmore, VA | Same |
| Naval Station, BDC | Charleston, SC | Same |
| Marine Corps Air Station | Cherry Point, NC | Same |
| 2nd Battalion, 2nd FSSG | Camp LeJeune, NC | Same |
| Naval Medical Center B-40 | Camp Mitchell | Same |
| Naval Air Station | Corpus Christi, TX | Same |

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 |
|---|---|---|
| Naval Surface Weapons Station | Dahlgren, VA | Provide Lab services |
| Naval Air Station, BLDG. 9 | Dallas, TX | Same |
| Dam Neck | Va. Beach, VA | Same |
| Naval Weapons Station | Earle, NJ | Same |
| USNGSA BDC | Edzell, Scotland | Same |
| USCG Support Center | Elizabeth City, NC | Same |
| Smokebomb Hill | Fort Bragg, NC | Same |
| McDonald Army Hospital | Fort Eustis, VA | Same |
| Area Dental Lab BLDG 322 | Fort Gordon, GA | Same |
| U.S. Army Dental Clinic | Fort Lee, VA | Same |
| U.S.Army Dental Clinic | Fort Story, VA | Same |
| Box 21, NSA DET. | Gaeta, Italy | Same |
| U.S. Naval Station | Guantanamo Bay, Cuba | Same |
| USCG Support Center BLDG | Governors Island, NY | Same |
| Submarine Base New London | Groton, CT | Same |
| Naval Base, BrDenCen | Gulfport, MS | Same |
| Naval Ordnance Station | Indian Head, MD | Same |
| Naval Dental Center | Jacksonville, FL | Same |
| Naval Hospital Dental Dept. | Jacksonville, FL | Same |
| Naval Dental Clinic | Keflavik, Iceland | Same |
| Naval Air Station | Keywest, FL | Same |

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** |
|---|---|---|
| U.S. Naval Air Station | Kingston, TX | Provide Lab Services |
| Naval Branch Dental Clinic | Lakehurst, NJ | Same |
| Naval Branch Dental Clinic | Little Creek, VA | Same |
| Naval Branch Dental Clinic | London, England | Same |
| Naval Branch Dental Clinic | Maddalena, Italy | Same |
| Naval Air Station Atlanta | Marieta, GA | Same |
| Naval Station, BDC | Mayport, FL | Same |
| Naval Air Station Memphis | Millton, TN | Same |
| Naval Dental Clinic, ADL | Newport, RI | Same |
| U.S. Coast Guard Academy | New London, CT | Same |
| Nav Mobile Const Battalion | NMCB7 | Same |
| Norfolk Naval Shipyard | Portsmouth, VA | Same |
| Naval Support Activity | Louisiana | Same |
| Naval Biodynamics Laboratory | Louisiana | Same |
| Naval School of Dental Assist | San Diego, CA | Same |
| Northwest Communication Station | Chesapeake, VA | Same |
| Naval Air Station, Oceana | Virginia Beach, VA | Same |
| Naval Hospital | Orlando, FL | Same |
| USCG Air Station, Cape Cod | Otis, MA | Same |
| U.S. Naval Station | Panama | Same |
| NCBC, BrDenCl | Panama, FL | Same |

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** |
|---|---|---|
| Supship, BrDenCen | Pascagoula, MS | Provide Lab Services |
| Naval Hospital | Pensacola, FL | Same |
| Naval Base, BrDenCl | Philadelphia, PA | Same |
| Naval Dental Clinic | Pinetemare, Italy | Same |
| USAF Clinic Pope/Sgd | Pope AFB, NC | Same |
| Naval Station | Portsmouth, NH | Same |
| USCG Dental Clinic | Portsmouth, VA | Same |
| Portsmouth, Naval Hospital | Portsmouth, VA | Same |
| Iberian Atlantic Area, DenCl | Portugal | Same |
| USCG Dental Clinic | Aguadilla, PR | Same |
| U.S. Naval Dental Clinic | Puerto Rico | Same |
| U.S. Naval Hospital | Puerto Rico | Same |
| Naval Air Station | Pax River, MD | Same |
| Marine Corp Base | Quantico, VA | Same |
| Naval Station, BrDenCen | Rota, Spain | Same |
| Naval Branch Dental Clinic | Staten Island, NY | Same |
| SUPSHIPS | Newport News, VA | Same |
| Naval Air Station | South Weymouth, MA | Same |
| Naval Academy | Annapolis, MD | Same |
| USS America (CV-66) | Norfolk, VA | Same |
| USS Ashland (LSD-48) | Norfolk, VA | Same |

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** |
|---|---|---|
| USS Austin | Norfolk, VA | Provide Lab Services |
| USS Canopus (AS-34) | Norfolk, VA | Same |
| USS Detroit | Norfolk, VA | Same |
| USS Land (AS-39) | Norfolk, VA | Same |
| USS Enterprise (CVN-65) | NNSY, VA | Same |
| USS Guadacanal (LPH-7) | Norfolk, VA | Same |
| USS Guam (LPH-9) | Norfolk, VA | Same |
| USS Washington (CVN-73) | Norfolk, VA | Same |
| USS Hunley (AS-31) | Norfolk, VA | Same |
| USS Eisenhower (CVN-69) | Norfolk, VA | Same |
| USS Inchon (LPH-12) | Norfolk, VA | Same |
| USS Independence (CV-62) | San Diego, CA | Same |
| USS John F. Kennedy (CV-67) | Mayport, FL | Same |
| USS Kearsarge (LHD-3) | Norfolk, VA | Same |
| USS L. Y. Spear | Norfolk, VA | Same |
| USS Nassau | Norfolk, VA | Same |
| USS Nimitz (CVN-68) | Bremerton, WA | Same |
| USS Ponce (LPD 15) | Norfolk, VA | Same |
| USS Puget Sound (AD-38) | Norfolk, VA | Same |
| USS Siapan (LHA 2) | Norfolk, VA | Same |
| USS Saratoga (CV-60) | Mayport, FL | Same |

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** |
|---|---|---|
| USS Seattle (AOE-3) | Norfolk, VA | Provide Lab services |
| USS Shenandoah (AD-44) | Norfolk, VA | Same |
| USS Shreveport (LPD-12) | Norfolk, VA | Same |
| USS Roosevelt (CVN-71) | Norfolk, VA | Same |
| USS Trenton (LPD-14) | Norfolk, VA | Same |
| USS Yellowstone (AD-41) | Norfolk, VA | Same |
| USS Yosemite (AD-19) | Norfolk, VA | Same |
| Washington Navy Yard | Washington, DC | Same |
| NSGA, BrDenCl | Winter Harbor, ME | Same |
| Naval Air Station | Whiting Field, FL | Same |
| Naval Air Station | Willow Grove, PA | Same |
| Naval Weapon Station | Yorktown, VA | Same |

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. **THIS INFORMATION PROVIDED BY HOST (UIC 62688 BRAC DATA CALL 37)**

• 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.)
**THIS INFORMATION PROVIDED BY HOST (UIC 62688 BRAC DATA CALL 37)**

UIC: 43832 - 62753

# 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

| | |
|---|---|
| JAY A. BLACK | Jay A. Black |
| NAME (Please type or print) | Signature |
| ACTING DIRECTOR | 24 JUN 94 |
| Title | Date |
| AREA DENTAL LABORATORY | |
| Activity | |

UIC: 43832 - 62753

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

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

24 June 94
Date

NAVAL DENTAL CENTER, NORFOLK
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

6-30-94
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)

Signature

ACTING
Title

06 JUL 1994
Date

# Document Separator

28

500

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: NAVDENCEN NORFOLK VA
# ACTIVITY UIC: 62753

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

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

# TABLE OF CONTENTS

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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.)

UIC:62753-BDC NAVAL BASE NORFOLK

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 440,974 | 440,974 | 436,564 | 462,458 | 458,131 | 460,879 | 461,801 | 461,801 | 461,801 |
| UNMET | 137,537 | 71,618 | 70,902 | 75,872 | 75,113 | 75,564 | 75,715 | 75,715 | 75,715 |
| TOTAL | 578,511 | 512,592 | 507,466 | 538,630 | 533,244 | 536,443 | 537,516 | 537,516 | 537,516 |

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

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.

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

- RAPS data not available beyond FY 1999.

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

UIC:62753-BDC NAVAL BASE NORFOLK

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 440,974 | 436,564 | 462,758 | 458,131 | 460,879 | 461,801 | 461,801 | 461,801 |
| UNMET | 71,618 | 70,902 | 75,872 | 75,113 | 75,564 | 75,715 | 75,715 | 75,715 |
| TOTAL | 512,592 | 507,466 | 538,630 | 533,244 | 536,443 | 537,516 | 537,516 | 537,516 |

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

Please show all calculations and assumptions in the space below:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs.

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

- RAPS data not available beyond FY 1999.

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

UIC:62753-BDC NAVAL BASE NORFOLK

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 512,592 | 507,466 | 538,630 | 533,244 | 536,443 | 537,516 | 537,516 | 537,516 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 512,592 | 507,466 | 538,630 | 533,244 | 536,443 | 537,516 | 537,516 | 537,516 |

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

Please show all calculations and assumptions in the space below:

- Used Efficiency Review methodology as directed by CAPT Milnichuck, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20, 4.77 for records held in class 2, 3, and 4.

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

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

- Methodology used for evaluating facility constraint:

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

$$\frac{71{,}618}{440{,}974} = .162 = \frac{X}{(65/9/11)} = \frac{(10.530/1.458/1.782)}{(65/9/11)} = \frac{(11/2/2)^{*}}{(65/9/11)} = \frac{\text{15 Additional DTRs}}{\text{85 DTRs in Use}}$$

- 15+85 DTRs = 100 < 111 DTR capacity: Unmet need (71,618) could be eliminated.

* in reality fractional staff rounded to next whole provider.

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R

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

UIC:62753 - BDC NAVAL BASE NORFOLK

| PROVIDER TYPE | FY 1993 | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|---|
| DENTISTS (MIL AND CIV) | 41 | 41 | 41 | 44 | 43 | 43 | 44 | 44 | 44 |
| PROPHY TECHNICIANS (MIL AND CIV) | 30 | 30 | 30 | 31 | 31 | 31 | 31 | 31 | 31 |
| DENTAL HYGIENISTS (MIL AND CIV) | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.

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

- RAPS data not available beyond FY 1999.

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

UIC:62753 - BDC NAVAL BASE NORFOLK

| PROVIDER TYPE | FY 1993 | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|---|
| DENTISTS (MIL AND CIV) | 65 | 65 | 64 | 68 | 67 | 67 | 67 | 67 | 67 |
| PROPHY TECHNICIANS (MIL AND CIV) | 9 | 9 | 9 | 10 | 10 | 10 | 10 | 10 | 10 |
| DENTAL HYGIENISTS (MIL AND CIV) | 11 | 11 | 11 | 12 | 12 | 12 | 12 | 12 | 12 |

Explanation:

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

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



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# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

G. M. BROWN
NAME (Please type or print)

Gerald M Brown
Signature

DIRECTOR
Title

May 31, 1994
Date

BRANCH DENTAL CLINIC, NORFOLK
Activity

ENCLOSURE (8)
PART I

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

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, NORFOLK
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 6-20-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

# Document Separator

UICS: 62753 AND 43832

## 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 NAVAL DENTAL CENTER, NORFOLK, VA

| | |
|---|---|
| Official name | *NAVAL DENTAL CENTER, NORFOLK, VA* |
| Acronym(s) used in correspondence | NAVDENCEN NORVA |
| Commonly accepted short title(s) | |

- Complete Mailing Address
NAVAL DENTAL CENTER
NAVAL BASE
1647 TAUSSIG BLVD
NORFOLK, VA 23511-6295

- PLAD: NAVDENCEN NORFOLK VA \\00\\

- PRIMARY UIC: 62753 (Plant Account UIC for Plant Account Holders)

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

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

_____ _____

_____ _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

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

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

• Yes ____ No X____ (check one)

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

• Yes X____ No ____ (check one)

• Primary Host (current) UIC: 61463____

Secondary Host (Class 2 property holder): UIC: 62688

• Primary Host (as of 01 Oct 1995) UIC: 61463____

• Primary Host (as of 01 Oct 2001) UIC: 61463____

• 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. BRANCH DENTAL CLINICS: If your activity has detachments at other locations, please list them in the table below.

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| BDC, DAM NECK | 35046 | VIRGINIA BEACH, VA | FCTC, DAM NECK | 00281 |
| BDC, SUPSHIPS | 35052 | NEWPORT NEWS, VA | SSCR, NEWPORT NEWS | 62793 |
| BDC, NORTHWEST | 35049 | CHESAPEAKE, VA | NSGA, NORTHWEST | 63891 |
| BDC, NNSY | 35045 | PORTSMOUTH, VA | NNSY, PORTSMOUTH | 00181 |
| BDC, OCEANA | 35047 | VIRGINA BEACH, VA | NAS, OCEANA | 60191 |
| BDC, LITTLE CREEK | 35044 | NORFOLK, VA | NAB, LITTLE CREEK | 61414 |
| BDC, YORKTOWN | 35042 | YORKTOWN, VA | NWS, YORKTOWN | 47616 |

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

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

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

Current Missions

- Provide comprhensive dental care to eligible beneficiaries as specified in Title 10, US Code with primary emphasis on maintaining the dental readiness of the fleet and other deployable forces.

- Provide training to staff and other medical department personnel to maintain qualifications.

- Provide dental prosthetic support to dental treatment facilities external to the command.

- Provide command and control to Tidewater Area and two OUTCONUS dental treatment facilities.

- Provide personnel and other resources to fill mobilization and operational requirements.

Projected Missions for FY 2001

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

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

Current Unique Missions

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

- This command conducts a one year Advance Clinical Training Program (ACP) to 15 to 17 Dental Officers each year thereby increasing the overall skill level of the Dental Corps.

Projected Unique Missions for FY 2001

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

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

| • Operational name | UIC |
|---|---|
| COMMANDER, NAVAL BASE, NORFOLK | 61463 |

| • Funding Source | UIC |
|---|---|
| CHIEF, BUREAU OF MEDICINE AND SURGERY | 00018 |

UICS: 62753 AND 43832

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 HEADQUARTERS | 10 | 33 | 15<br>0* |
| NAVAL BASE, BDC | 42 | 67 | 34<br>19* |
| AREA DENTAL LABORATORY | 1 | 33 | 5<br>0* |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command HEADQUARTERS | ~~10~~ 52 GSA | ~~21~~ 127 GSA | ~~15~~ 51 GSA<br>0* |
| NAVAL BASE, BDC | ~~36~~ | ~~56~~ | ~~34~~<br>19* |
| AREA DENTAL LABORATORY | ~~1~~ | ~~34~~ | ~~5~~<br>0* |
| • Tenants (total) | N/A | N/A | N/A |

* DENOTES CONTACTOR PERSONNEL

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 |
|---|---|---|---|
| • CO/OIC | | | |
| CAPT R. L. KJOME, DC, USN | 804-444-7021 | 804-445-6751 | 804-481-3849 |
| Duty Officer | 804-444-7011 | 804-445-6751 | |
| Branch Director | | | |
| CAPT SPANN, DC, USN | 804-444-7021 | 804-445-6751 | 804-495-2956 |
| CAPT BROWN, DC, USN | 804-444-3893 | 804-445-6751 | 804-463-0621 |
| CDR TOTH, DC, USN | 804-444-2511 | 804-445-6751 | 804-496-0417 |

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 d | Civilian |
|---|---|---|---|---|---|
| N/A | | | | | |

- Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enliste d | 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.) |
|---|---|---|
| *CAMP ELMORE* | *NORFOLK, VA* | *ISSA FOR DENTAL EQUIPMENT REPAIR SERVICES AND CONSUMABLES* |
| *SUPERINTENDENT OF SHIPBUILDING* | *NEWPORT NEWS, VA* | *ISSA FOR DENTAL TREATMENT SERVICES* |
| *FORT STORY* | *VIRGINIA BEACH, VA* | *ISSA FOR DENTAL TREATMENT SERVICES* |
| *COMNAVBASE* | *NORFOLK, VA* | *ISSA FOR SUPPLIES, EQUIPMENT, AND PERSONNEL FOR THREE MOBILE DENTAL UNITS* |
| *OLD DOMINION UNIVERSITY* | *NORFOLK, VA* | *MOU FOR SUPERVISION AND TRAINING OF DENTAL HYGIENE AND DENTAL ASSISTING STUDENTS* |
| *NAVAL MEDICAL CENTER, PORTSMOUTH* | *PORTSMOUTH, VA* | *ISSA FOR DENTAL REPAIR SERVICES* |

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

PROVIDED BY HOST

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

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

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

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

**THESE ITEMS PROVIDED BY HOST**

62753

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

31 Jan '94
DATE

62753
osp

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 D R Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 1994
Date

# Document Separator

29

500

# MILITARY VALUE ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: NAVDENCEN NORFOLK VA
# ACTIVITY UIC: 62753

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

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

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NORFOLK - UIC: 62753

**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 Clinic Norfolk's mission is to provide the organizational structure, trained personnel, and state of the art dental technology to active duty military personnel, thus insuring the responsive availability for access to dental care for the active duty forces. The priority focus of our clinic's mission is on the operational sailor on a Norfolk homeported ship or air squadron and all deploying personnel. If military deployments from Norfolk Naval Base and NAS Norfolk are not affected by dental issues - then we have accomplished our 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) |
|---|---|---|---|
| SIMA NORVA | 2770 | | 1289 |
| TPU NAVSTA OTH | 32002 | | 958 |
| NAVSTA NORVA | 62688 | | 877 |
| NAS NORFOLK | 00188 | | 661 |
| FLTTRACENNORVAGST | 42090 | | 636 |
| HM-14 | 53827 | | 551 |
| HM-12 | 09206 | | 508 |
| MC SECFORBN | -67853 | | 500 |
| STUFLTTRACEN NORVA | 30811 | | 463 |
| VAW 120 | 09527 | | 387 |
| FLT TRACEN NORVA | 42080 | | 384 |
| NAS NORVA AIMD | 44325 | | 365 |
| NCTAMSLANTDET | 42159 | | 348 |
| | | | 7927 |

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) |
|---|---|---|---|
| HC 6 | 0381A | | 321 |
| CVN 74 | 21847 | | 319 |
| NAS NORVA A/C OPR DET | 35676 | | 278 |
| CINCLANTFLT | 00060 | | 275 |
| HC 2 SEA COMP | 46817 | | 270 |
| A/C | 65792 | | 249 |
| COMNAVSURFLANT | 53825 | | 233 |
| HC8 SEA COMP | 55219 | | 219 |
| COMNAVAIRLANT | 57012 | | 216 |
| VRC 40 | 09303 | | 214 |
| COMUNDERSEASUR VLANT | 57070 | | 211 |
| COM OP TEST EVAL FORCE | 57023 | | 203 |
| SACLANT | 64590 | | 199 |
| | | | 3207 |

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) |
|---|---|---|---|
| VC 6 | 09806 | | 193 |
| NTCC HAMPTON RDS | 39146 | | 193 |
| NAVDENCEN NORVA | 62753 | | 187 |
| VRC 40 | 45592 | | 185 |
| SUBTRAFAC | 45679 | | 185 |
| FLT ASWTCLANT GST | 42139 | | 184 |
| BRMEDCLINIC NAVSTA | 32510 | | 181 |
| USATLANTIC CMD | 00066 | | 180 |
| VAW 122 | 09476 | | 179 |
| VAW 124 | 09526 | | 176 |
| COMSUBLANT | 57016 | | 175 |
| VAW 123 | 09477 | | 171 |
| VAW 125 | 09922 | | 168 |
| | | | 2357 |

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) |
|---|---|---|---|
| VAW 126 | 09963 | | 166 |
| VAW 121 | 09467 | | 161 |
| AFDM 10 RESOLUTE | 13867 | | 156 |
| NAVSTA NORVA BRIG | 30838 | | 153 |
| AFDM 7 SUSTAIN | 13863 | | 150 |
| SSN 766 | 21763 | | 145 |
| LANTFLT HEDSUPPACT | 57095 | | 131 |
| COMAFLDATRAGRU LANT | 49085 | | 130 |
| NAS NORFOLK SEA OPDET | 46966 | | 128 |
| HM-18 | 55214 | | 128 |
| MOTV 2 | 0033A | | 128 |
| STU FLEASWTRACENLA NT | 35386 | | 115 |
| NAVAIRES NORVA | 63102 | | 113 |
| | | | 1804 |

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) |
|---|---|---|---|
| AIR MAINT TRAGRPDET | 66046 | | 111 |
| HC-8 | 55218 | | 110 |
| HC-6 SHORE DUTY | 31242 | | 106 |
| TPU NAVSTA | 44383 | | 106 |
| HC-2 | 09212 | | 100 |
| NAVLEGSVCOFF | 68363 | | 98 |
| NAVMAC | 63410 | | 97 |
| SSN 769 | 21807 | | 97 |
| COMLOGGRU 2 | 53841 | | 95 |
| VR 56 | 53856 | | 94 |
| STU CRAW/CRAG VAW120 | 30680 | | 92 |
| SURFLANT READSUPPGRU | 35322 | | 91 |
| LANTSUBFOROPER COM/CTF 42 | 65368 | | 91 |
| | | | 1288 |

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) |
|---|---|---|---|
| NAVLANTMETOCCE N | 63061 | | 86 |
| STU CRAW/CRAG HM-12 | 42434 | | 85 |
| FASOTRAGRULANT | 09810 | | 84 |
| COMNAVBASE | 61463 | | 84 |
| COMDESRON 2 | 0111A | | 82 |
| VAW -78 | 09102 | | 82 |
| STU NROTCV | 45890 | | 81 |
| PERSUPPDET NS | 42574 | | 79 |
| COMNAVBASE PHYSECDET | 47587 | | 79 |
| PERSUPPDET NAS | 42573 | | 72 |
| COMAFLOATRAGRU LANT ETG | 41616 | | 69 |
| NCTAMS LANT | 70272 | | 68 |
| AIC (OSIS) | 66967 | | 68 |
| | | | 1019 |

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) |
|---|---|---|---|
| AIC (ADP) | 31297 | | 67 |
| USA COM ISSG | 39211 | | 67 |
| SSN 770 | 21816 | | 67 |
| HCS 4 SEA COMP | 47568 | | 66 |
| FISC | 00189 | | 66 |
| NAVSAFECEN AVIATION | 48570 | | 63 |
| NTCC BREEZY POINT | 39145 | | 63 |
| NAVMASSO | 68561 | | 62 |
| COMCARGRUTWO | 09576 | | 61 |
| HDQTRS USA ELE | 09ZAA | | 58 |
| HDQTRS USAF ELE | L83NFH9Y | | 56 |
| NAVMASSO NEUT DUT | 68773 | | 56 |
| NAVSURFLANT PMT | 39282 | | 51 |
| | | | 803 |

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) |
|---|---|---|---|
| NAS NORFOLK OTIF | 44418 | | 50 |
| T-AFS 5 | 48599 | | 50 |
| T-AFS 8 | 43701 | | 49 |
| T-AFS 6 | 48600 | | 49 |
| ROCLANT NATO COMMS | 47862 | | 48 |
| FLTTRACEN | 61797 | | 46 |
| T-AFS 10 | 63674 | | 46 |
| FLTIMAGCOMLANT | 41411 | | 45 |
| SSN 772 | 21831 | | 45 |
| VC 6 | 32019 | | 44 |
| ADCOMDARMFORST FCOL | 64356 | | 44 |
| CBV | 66676 | | 43 |
| COMNAVDOCCOM | 68948 | | 40 |
| | | | 599 |

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) |
|---|---|---|---|
| COMOPTEVFORDET | 31977 | | 40 |
| NAVENPVNTMEDU 2 | 63117 | | 40 |
| NUCWEAPTRAGRU | 63007 | | 39 |
| LANTFLTHDSUPPA CT PHYS SEC | 46902 | | 37 |
| HCS-4 | 53811 | | 36 |
| AEGIS TRACEN ATSG | 45952 | | 35 |
| NAVSECGRUDET | 63902 | | 35 |
| COMTRALANT | 57021 | | 35 |
| NAVALREHCEN | 67558 | | 35 |
| NAVINTACT SP | 35945 | | 34 |
| STU EEAP TIDEWATER | 43987 | | 34 |
| NOB ENVIRONMENTAL TM | 35701 | | 33 |
| CINCLANTFLT | 00066 | | 33 (MC) |
| | | | 526 |

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) |
|---|---|---|---|
| COMHELTACWINGL ANT | 44890 | | 33 |
| CINCLANTFLT PED | 35313 | | 31 |
| PERSUPP DET LANTFLT | 42572 | | 31 |
| NAVSATCOMMDET | 43669 | | 30 |
| USLANTCOM CRUMES | 46298 | | 30 |
| NAVAVNDEPOT | 65887 | | 30 |
| SSAAC | 47144 | | 30 |
| COMRESPATWINGL ANT | 09158 | | 29 |
| ARMFORSTFCOL | 61720 | | 29 |
| NAVSAFECEN-SUB | 48571 | | 29 |
| CINCLANTFLT FLTCONTR | 42229 | | 29 |
| STU EEAP #1 | 47593 | | 28 |
| HLTHCARE SUPPO | 68908 | | 27 |
| | | | 386 |

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) |
|---|---|---|---|
| COMAEW WINGLANT | 09052 | | 26 |
| COMNAVBASE FSC | 48663 | | 26 |
| FLT ASE TRACEN | 63401 | | 25 |
| NAVSAGECEN-SURFACE | 48573 | | 24 |
| T-AO 196 | 46285 | | 24 |
| T-AO 198 | 46287 | | 24 |
| T-AO 187 | 43056 | | 22 |
| COMAFLOATRAGRU LANT | 0022A | | 22 |
| ADCOMD ARM FORSTFCDLSEC | 49133 | | 21 |
| NAVMTO NAVAIRTERM | 45627 | | 20 |
| FLTIMAGCOMLANT | 57093 | | 20 |
| HSL 32 LAMPS | 52988 | | 19 |
| COMPSRON 1 | 45701 | | 19 |
| | | | 311 |

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) |
|---|---|---|---|
| T-AO 195 | 46284 | | 19 |
| DAO-CL | 60951 | | 18 |
| NROTCU | 68699 | | 18 |
| STU EEAP #2 ODU | 48477 | | 18 |
| NAVY MAIL CEN | 68962 | | 18 |
| HDQTRS FMF LANT | 67026 | | 17 |
| CMIO | 32678 | | 17 |
| LANTFLTCARIT | 68916 | | 17 |
| STU EEAP #2 ST LEO | 48442 | | 17 |
| DMEDS BRMED CLN | 46886 | | 16 |
| FOSSASC DET PRICE FIGHTERS | 65966 | | 16 |
| NAVINTACT SP COMSUBLANT | 45107 | | 16 |
| CINCLANTFLT NPEP | 46434 | | 16 |
| | | | 223 |

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) |
|---|---|---|---|
| STU FASOTRAGRULANT | 30686 | | 15 |
| PUB WKS CEN | 00187 | | 15 |
| ADR -2 | 05850 | | 15 |
| STU PG #2 ODU | 44688 | | 15 |
| MARCOR SEC FOR BN | 67853 | | 15 |
| NAVINTACT SP | 30995 | | 15 |
| FLTIMAGCOMLANT CMBTCAMGRU SUPT | 41412 | | 15 |
| SDSA USERS ASST/TRNG | 485242 | | 14 |
| COMAFLOATRAGRU LANT PATG | 41940 | | 14 |
| PMOLANT SSN SUPP DET | 45919 | | 14 |
| STU EEAP THOMAS NELSON | 46329 | | 14 |
| LANTNAVFACENGC OM | 62470 | | 14 |
| FOSSAC DET | 68959 | | 14 |
| | | | 189 |

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) |
|---|---|---|---|
| STU ARMFOR STAFF COL | 30809 | | 14 |
| NCTAMS LANT (NIF) | 68057 | | 13 |
| STU MEDNLCDMPGMNVR ODU | 47587 | | 13 |
| DECA NORVA COM | 49176 | | 13 |
| NAVMTO NORVA | 63408 | | 13 |
| NAVEXCHCENSHST RFASTTM | 68147 | | 13 |
| ROCLANT | 43442 | | 13 |
| COMSUBLANT NCCS | 43739 | | 13 |
| SURFNUCPROPMOB TRATM | 47301 | | 13 |
| CINCWESTLANT | 64762 | | 13 |
| NWTG LANT FIELD TRA DIV | 31506 | | 12 |
| STF SEAWOLF TSIT NN | 48538 | | 12 |
| NAVFSSO NFOOD MGMT TM | 30019 | | 11 |
| | | | 180 |

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) |
|---|---|---|---|
| HOMETOWN NEWS CEN | 63376 | | 11 |
| NAVPACEN | 68406 | | 11 |
| PQ MESSMGTSPEC | 45983 | | 11 |
| NAVSECGRUDET | 47678 | | 11 |
| NCTSI DET 2 NORVA | 41738 | | 10 |
| AIC LANTFAST | 52850 | | 10 |
| NCTAMS LANT DET | 33221 | | 9 |
| NAVSAFECEN NEUDUT | 47350 | | 9 |
| NAVSECGRUDET | 48914 | | 9 |
| NAVSAFECEN-NAVOSH | 48572 | | 8 |
| AFLOATRAGRULANT CSTGS | 52863 | | 8 |
| DMACSC | 62627 | | 8 |
| FLTTRACENNORVA FMS | 41471 | | 8 |
| | | | 150 |

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) |
|---|---|---|---|
| EODMU 2 DET | 45682 | | 8 |
| LANTNAVFACENGD IV CO | 48506 | | 8 |
| COMNAV BASE CREDO | 68563 | | 8 |
| FASOTRAGRULANT | 44937 | | 7 |
| NAVMAC NEUDUT | 47653 | | 7 |
| FF 1092 | 20070 | | 7 |
| NAVMARTRIJUD WASH TWAT | 31552 | | 7 |
| COM NAV BASE TRANS OTH | 33001 | | 7 |
| NAVEXCH NAV BASE | 39228 | | 7 |
| AMCC VAN FOUR DIVER | 41519 | | 7 |
| T-AD 188 | 45709 | | 7 |
| DDRE NORFOLK | 49363 | | 7 |
| CINCLANTFLT | 66799 | | 7 |
| | | | 94 |

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) |
|---|---|---|---|
| DEFCURSTA | 31140 | | 6 |
| STU COMNAVAIR | 44481 | | 6 |
| STU UC12BFLTREPTRN | 45496 | | 6 |
| STU CDP ODU | 35134 | | 6 |
| AMCC VAN SIX DRIVER | 41520 | | 6 |
| AMCC VAN NINE DRIVER | 47058 | | 6 |
| INTERVATIONAL DIESEL SUB TRA | 48408 | | 6 |
| STU EEAP #2 NSU | 48447 | | 6 |
| STU EEAP CHRISTOPER NEWPORT | 49053 | | 6 |
| AFLOATTRAGRPLANT ETGS | 53930 | | 6 |
| NAVSECGRUDET CSS | 30996 | | 6 |
| COMSUBLANT NEUDET | 43599 | | 6 |
| USACOM/WIS | 44018 | | 6 |
| | | | 78 |

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) |
|---|---|---|---|
| COMNAVAIRLANT CONUP 12 | 31874 | | 5 |
| COMNAVBASE NORF PAO | 66990 | | 5 |
| FLTIMAGCENLANT OCEANA | 45896 | | 5 |
| COMNAVAIRREFOR LANT REP | 45906 | | 5 |
| COMNAVAIRRESFO RLANT | 45907 | | 5 |
| COMPHIBRON 12 | 0246A | | 5 |
| CMS TRA TM | 48565 | | 5 |
| NAVDRUG LAB | 68851 | | 5 |
| MARFORLANT HDQTRS | 30696 | | 5 |
| COMOCEANLANT | 64759 | | 5 |
| USA COM IDHS/SPINTCOM | 65296 | | 5 |
| AV ENG SU DET | 30331 | | 4 |
| NAVMASSO | 46008 | | 4 |
| | | | 63 |

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) |
|---|---|---|---|
| RIPO AREA 15 | 47927 | | 4 |
| SOCLANT | 63184 | | 4 |
| STU AEPR ODU | 42825 | | 4 |
| SURFLANT READ SUPP GRU | 42965 | | 4 |
| FLT TRA CEN NORFNEUDU | 45700 | | 4 |
| NAVUNSEAWARCEN DET | 64281 | | 4 |
| NAVEXCH CEN | 68573 | | 4 |
| COMSUBLANT SHIPYARD | 44436 | | 4 |
| SURFLANT AVORD MTT | 48764 | | 4 |
| HSL 32 | 09134 | | 3 |
| HSL 34 LANPS | 35282 | | 3 |
| FLTIMAGCENLANT OCEANA | 45898 | | 3 |
| JOINT WARFIGHTING | 47344 | | 3 |
| | | | 48 |

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) |
|---|---|---|---|
| SDA FLESUPPSEC | 48523 | | 3 |
| NAVSAKECEN | 63393 | | 3 |
| NJROTC AREA 5 | 35105 | | 3 |
| SHPS PTS CT/C NAO PG | 39024 | | 3 |
| NCIS FLT SUPPDET | 45086 | | 3 |
| | | | 15 |
| | | | |
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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) |
|---|---|---|---|
| NAVOCEANACOM FAC BSL | 65781 | | 3 |
| AIC MPN | 49130 | | 3 |
| HSL 30 | 09123 | | 2 |
| NAVAIRTECH SERVFAC | 45013 | | 2 |
| NAVAIRTECH SERVFAC | 46837 | | 2 |
| HSL 34 | 52874 | | 2 |
| COMNAVAIRLANT COMBSERVSUP PROGS | 70297 | | 2 |
| NAVSAFETY SCH | 91732 | | 2 |
| AOE 8 | 21907 | | 2 |
| NCTAMSLANT | 31197 | | 2 |
| FLT ASWTCLANT | 45033 | | 2 |
| COMSCMIDLANT | 45049 | | 2 |
| BRMEDCLINIC NS | 45588 | | 2 |
| | | | 28 |

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) |
|---|---|---|---|
| PQ MESS MGT SPEC NS | 46242 | | 2 |
| STU EEAP EMBRY RIDDLE | 49563 | | 2 |
| NAVSTA NORVA CAA CTR | 68130 | | 2 |
| CINCLANTFLT/ RPN | 32797 | | 2 |
| NAVSECGRUDET/ ECCM | 45076 | | 2 |
| NS LANTFLT PAATP | 45089 | | 2 |
| CINCLANTFLT NPEB | 47495 | | 2 |
| CINCLANTFLT | 00066 | | 2(USCG) |
| | | | |
| | | | |
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| | | | 16 |

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) |
|---|---|---|---|
| TPU NAVSTA NORVA OTH | 32002 | | 01 |
| NASC DET WSM NORVA | 46774 | | 01 |
| STU CDP #2 EMERY RIDDLE UNIV | 46665 | | 01 |
| COMHELWINGRES DET NORFOLK | 55202 | | 01 |
| 4TH MAW HMM 774 MAG 46 | 67825 | | 01 |
| LCC 20 MT WHITNEY | 20001 | | 01 |
| FFT 1078 JOSEPH HEWES | 20049 | | 01 |
| PERSUPPDET LITTLE CREEK | 42575 | | 01 |
| DEPMEDS NAVDENCEN NORFOLK VA | 46878 | | 01 |
| DEPMEDS NAVDRUGLAB NORFOLK VA | 46887 | | 01 |
| ASSUALT CRAFT UNIT 4 SHORE DET | 47106 | | 01 |
| STU CDP #2 ST LEO NORVA | 48699 | | 01 |
| LANTFORTRACO LANT | 49334 | | 01 |
| | | | 13 |

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) |
|---|---|---|---|
| STU COM WAR OCEAN SUP MOD LNT | 48777 | | 01 |
| COMHIBRON 12 NEUDU COMP | 49129 | | 01 |
| NCTAMS LANT (NIF) NORFOLK VA | 68057 | | 01 |
| FLT INTEL CEN EUR LANT | 0586A | | 01 |
| CINCLANTFLT FLTCONTR | 42201 | | 01 |
| COMSUBLANT INTELLIGENCE DIV | 42443 | | 01 |
| USMLO EASTERN CARIBBEAN | 43574 | | 01 |
| MIL LIAISON OFFICE JAMAICA | 44854 | | 01 |
| CINCLANTFLT SEA DUTY COMP | 45218 | | 01 |
| NSA/CSS REP CINCLANTFLT | 48150 | | 01 |
| COMNAVSURFLANT INTELL DIV | 48397 | | 01 |
| MAAG DOMINICAN REPUBLIC | 63180 | | 01 |
| FLT INTEL CEN EUR LANT IDHS D | 65291 | | 01 |
| | | | 13 |

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

| CATEGORY UIC:62753-BDC NAVAL BASE NORFOLK | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 66,475 |
| B. FY1993 MET WORKLOAD (CTVs) | 440,974 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 137,537 |
| D. TOTAL WORKLOAD (B+C) | 578,511 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 6.634 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 2.069 |
| G. WORKLOAD PER CAPITA (D÷A) | 8.703 |

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

Maximum capacity for CTVs: _____

Explanation:

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

| UIC:62753<br>NAVAL BASE NORFOLK | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| POPULATION | 66475 | 65810 | 69759 | 69061 | 69475 | 69614 | 69614 | 69614 |
| A: TOTAL MET CTVs | 440974 | 436564 | 462758 | 458131 | 460879 | 461801 | 461801 | 461801 |
| B: TOTAL UNMET CTVs | 71618 | 70902 | 75872 | 75113 | 75564 | 75715 | 75715 | 75715 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 512592 | 507466 | 538630 | 533244 | 536443 | 537516 | 537516 | 537516 |
| DENTISTS (MIL AND CIV) | 41 | 41 | 44 | 43 | 43 | 44 | 44 | 44 |
| PROPHY TECHNICIANS (MIL AND CIV) | 30 | 30 | 31 | 31 | 31 | 31 | 31 | 31 |
| DENTAL HYGIENISTS (MIL AND CIV) | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

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

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994.

- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs and staffing requirements. For example, took the number of periodontists times 2 (which is the number of hygienists required to support 1 periodontist) and the patient population served divided by 2,230 (which is the annual number of dental patients one dentist can serve) to get the number of prophy technicians.

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

- RAPS data not available beyond FY 1999.

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

| UIC:62753 NAVAL BASE NORFOLK | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| POPULATION | 66475 | 65810 | 69759 | 69061 | 69475 | 69614 | 69614 | 69614 |
| A: TOTAL MET CTVs | 440974 | 436564 | 462758 | 458131 | 460879 | 461801 | 461801 | 461801 |
| B: TOTAL UNMET CTVs | 71618 | 70902 | 75872 | 75113 | 75564 | 75715 | 75715 | 75715 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 512592 | 507466 | 538630 | 533244 | 536443 | 537516 | 537516 | 537516 |
| DENTISTS (MIL AND CIV) | 65 | 64 | 68 | 67 | 67 | 67 | 67 | 67 |
| PROPHY TECHNICIANS (MIL AND CIV) | 9 | 9 | 10 | 10 | 10 | 10 | 10 | 10 |
| DENTAL HYGIENISTS (MIL AND CIV) | 11 | 11 | 12 | 12 | 12 | 12 | 12 | 12 |

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

Maximum capacity for CTVs: _____

Explanation:

- Used actual population as a baseline for FY 1993 and FY 1994. RAPS data not available beyond FY 1999.- Used fluctuations reported by RAPS population data to project FY 1995 and beyond.

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

- Used Efficiency Review methodology as directed by CAPT Milnichuk, BUMED, MED-06, to determine unmet needs. The multiples used were 4.55, 9.20 and 4.77 for records held in class 2, 3 and 4.

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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 |
| Advanced Clinical Program in Gen Dentistry | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| Advanced Clinical Prog. in Exodontia | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Advanced Clinical Prog. in Prosthodontics | 2 | 0 | 2 | 2 | 2 | 2 | 2 | 2 |
| Advanced Clinical Prog. in Endodontics | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Advanced Clinical Prog. in Periodontics | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Oral Surgery CE Course | 14 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Endodontics CE Course | 17 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Operative Dentistry CE | 16 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Temporomandibular Dis. | 0 | 10 | 0 | 10 | 0 | 10 | 0 | 10 |
| General Dentistry CE | 18 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Removable Partial Dentures | 0 | 20 | 0 | 20 | 0 | 20 | 0 | 20 |
| Fixed Partial Dentures | 0 | 20 | 0 | 20 | 0 | 20 | 0 | 20 |
| Periodontics | 0 | 20 | 0 | 20 | 0 | 20 | 0 | 20 |
| Oral Diagnosis | 0 | 20 | 0 | 20 | 0 | 20 | 0 | 20 |
| HIV/AIDS for the General Dentist/Hygienist | 17 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| Officer Casualty Tx Training Course | 31 | 48 | 32 | 48 | 32 | 48 | 32 | 48 |
| Enlisted Casualty Tx Training Course | 31 | 32 | 32 | 32 | 32 | 32 | 32 | 32 |
| Preventive Dentistry, Level I | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| Preventive Dentistry, Level II | 12 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| | | | | | | | | |
| | | | | | | | | |
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**FACILITIES** - BDC, Naval Base Norfolk, VA 62753

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 substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

6750/4 attached
This command does not maintain the inventory record for this clinic. The Plant property owner is Naval Station, Norfolk

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

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

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

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

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

62753

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

This information provided by host UIC 62688

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

This information provided by host UIC 62688

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

This information provided by host UIC 62688

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 93JAN01 | UIC | 62753 |
|---|---|---|---|
| FACILITY | NAVAL BASE BRANCH DENTAL CLINIC<br>NORFOLK, VA | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 1 | 67,400 SQFT | |
| 2. DENTAL TREATMENT ROOM | 15<br>69<br>23 | 11X12<br>10X12<br>10X13 | 4 10X14 |
| 3. STERILIZATION ROOM | 1<br>1 | 30X19<br>22X21 | |
| 4. X-RAY EXPOSURE ROOM | 6 | 10X13,11X13<br>10X12,11X12<br>12X13,13X13 | |
| 5. DARKROOM | 6 | 3 6X13<br>2 7X12 | 1 6X12 |
| 6. PROSTHETIC LAB | | | |
| 7. STOREROOM/ SUPPLY ROOM | 6 | 3X11 (2)<br>8X16<br>7X19 | 9X11<br>6X11 |
| 8. CONFERENCE ROOM | 1 | 12x20 | |
| 9. ADMINISTRATIVE OFFICE | 4 | 2 9x12<br>2 10x12 | |
| 10. DENTAL OFFICER'S OFFICE | 25 | 12 9x12<br>6 10x12<br>6 12x12 | 1 6x11 |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | | | |
| 12. PATIENT WAITING AREA | 5 | 1 45x34<br>1 8x26<br>1 44x45 | 1 22x22<br>1 17x21 |
| 13. RECORDS CONTROL OFFICE | 2 | 1 20x26<br>1 23x14 | |
| 14. LOCKER ROOM (MALE) | | | |
| 15. LOCKER ROOM (FEMALE) | | | |
| 16. TOILET FACILITY (MALE) | 8 | | |
| 17. TOILET FACILITY (FEMALE) | 4 | | |
| 18. OTHER MAJOR ROOMS | 3 | 2 12x15<br>1 17x17 | Duty Room<br>Lunch Room |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC 1005<br>ADEC 2008 | 88<br>25 | A-4<br>A-5 |
| 2. DENTAL OPERATING CHAIR | ADEC 1005<br>Cheyes Virginia<br>DENTL-EZ | 88<br>22<br>3 | A-4<br>A-5<br>A-6 |

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| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC<br>Pelton Crane | 91<br>22 | A-4<br>A-5 |
| 4. CENTRAL VACUUM SYSTEM | DEN-TAL-EZ CD 210<br>DEN-TAL-EZ CD 207<br>DEN-TAL-EZ MC202 | 5<br>1<br>1 | A-4<br>A-4<br>A-5 |
| 5. AIR COMPRESSOR DEHYDRATOR | | | |
| 6. STERILIZER | AMSCO E 3023<br>AMSCO E 3027<br>AMSCO E 3028 | 3<br>1<br>1 | A-4<br>A-4<br>A-4 |
| 7. LIFE SUPPORT EQUIPMENT | | | |
| 8. OTHER MAJOR EQUIPMENT | ULTRASONIC SC1224 CD | 2 | A-4 |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. AUTOMATIC CASTING MACHINE | "N/A" | | |
| 2. VACUUM PORCELAIN FURNACE | BUMED-822 | | |
| 3. BURNOUT OVEN | MLS, 14 Jul 94 | | |
| 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<br>SIEMENS | 12<br>1 | A-4<br>A-5 | JUL92<br>JUL92 |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | SIEMENS ORTHOPANT-AMOGRAPH<br>GENERAL ELECTRIC | 2<br>1 | A-5<br>A-5 | JUL92<br>JUL92 |
| 4. CEPHALOMETRIC | SIEMENS/ORTHOCEPH | 1 | A-4 | JUL93 |
| 5. FILM PROCESSOR | AIR TECHNIQUES AT 2000 | 4 | A-4 | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 110/220 | | b. CYCLE: 60 | |
| 2. GAS: | | NATURAL | | COMMERCIAL | X | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | | |

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 10 JANUARY 1994 | UIC | 43833 |
|---|---|---|---|
| FACILITY | BRANCH DENTAL CLINIC ANNEX, CORRECTIONAL FACILITY, NS, NORFOLK, VIRGINIA, 23511 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 1 | 19 X 22 | BLDG. CA482 |
| 2. DENTAL TREATMENT ROOM | 1 | 10 X 11 | |
| 3. STERILIZATION ROOM | | | |
| 4. X-RAY EXPOSURE ROOM | | | |
| 5. DARKROOM | | | |
| 6. PROSTHETIC LAB | | | |
| 7. STOREROOM/ SUPPLY ROOM | | | |
| 8. CONFERENCE ROOM | | | |
| 9. ADMINISTRATIVE OFFICE | | | |
| 10. DENTAL OFFICER'S OFFICE | | | |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | | | |
| 12. PATIENT WAITING AREA | 1 | 9 X 10 | COMBO WAITING/ AREA RECORD CONTROL OFFICE |
| 13. RECORDS CONTROL OFFICE | | | SEE BLOCK #12 |
| 14. LOCKER ROOM (MALE) | | | |
| 15. LOCKER ROOM (FEMALE) | | | |
| 16. TOILET FACILITY (MALE) | | | |
| 17. TOILET FACILITY (FEMALE) | | | |
| 18. OTHER MAJOR ROOMS | | | |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC 2040 | 1 | A-4 |
| 2. DENTAL OPERATING CHAIR | ADEC 1005 | 1 | A-4 |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC 6300 | 1 | A-4 |
| 4. CENTRAL VACUUM SYSTEM | DENTAL-EZ MC202 | 1 | A-4 |
| 5. AIR COMPRESSOR DEHYDRATOR | EMERSON C63BXEJC-3634 | 1 | A-5 |
| 6. STERILIZER | | | |
| 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 | "N/A" | | |
| 2. VACUUM PORCELAIN FURNACE | BUMED-822 | | |
| 3. BURNOUT OVEN | MDL, 14 | Jul | 94 |
| 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 100-1023-3704FP | 1 | A-4 | 25FEB92 |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | | | | |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | AIR TECHNIQUES AT/2000 91000 | 1 | A-4 | |

| PART III - UTILITIES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 115/220 | | b. CYCLE: | |
| 2. GAS: | | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

| PART IV - REMARKS AND RECOMMENDATIONS |
|---|
| |

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | | |

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 94 JAN 10 | UIC | 62753 |
|---|---|---|---|
| FACILITY | FLEET LIAISON/MOBILE DENTAL UNITS | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 3 | 37X18 | MEDICOACH |
| 2. DENTAL TREATMENT ROOM | 6 | 12X12 | |
| 3. STERILIZATION ROOM | | | |
| 4. X-RAY EXPOSURE ROOM | | | |
| 5. DARKROOM | | | |
| 6. PROSTHETIC LAB | | | |
| 7. STOREROOM/ SUPPLY ROOM | | | |
| 8. CONFERENCE ROOM | | | |
| 9. ADMINISTRATIVE OFFICE | | | |
| 10. DENTAL OFFICER'S OFFICE | | | |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | | | |
| 12. PATIENT WAITING AREA | | | |
| 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 | ADEC 1005 | 6 | A4 |
| 2. DENTAL OPERATING CHAIR | ADEC 1005 | 6 | A4 |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | ADEC 1005 | 6 | |
| 4. CENTRAL VACUUM SYSTEM | STERIDENT | 3 | A4 |
| 5. AIR COMPRESSOR DEHYDRATOR | AIR TECHNIQUES | 3 | A4 |
| 6. STERILIZER | VALIDATOR PLUS 10 | 3 | A4 |
| 7. LIFE SUPPORT EQUIPMENT | | | |
| 8. OTHER MAJOR EQUIPMENT | NORCOLD REEFER<br>ABSCOLD | 3<br>1 | A4<br>A4 |
| **SECTION B - PROSTHETIC LAB EQUIPMENT** | | | |
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE | "N/A" | | |
| 2. VACUUM PORCELAIN FURNACE | BUMED-822 | | |
| 3. BURNOUT OVEN | MSS, 14 Jul 94 | | |
| 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 |
| STATIONARY INTRA-ORAL | GENDEX | 3 | A4 | SEP93 |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | | | | |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | PERI PRO | 3 | A5 | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | | DC | | a. VOLTAGE: | | b. CYCLE: | |
| 2. GAS: | | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | | |

**LOCATION**

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

Close proximity to cliental, reduction of last manhours with regard to travelling. This is a prime location in providing direct suppot to military members. Most sailors can walk to Dental appointments.

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

As above; Prime importance in providing direct support to beneficiaries, minimal last manhours to afloat commands. Pier shuttle bus stops at Dental.

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

All available within 5 miles of facility; NAS Norfolk, NOB Norfolk, Route 564.

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

As noted in Questions 9 (a) (b). Our present mobilization requirements allow identified members numerous travel options; air, rail, sea or ground - 5 min.

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

10-20 minutes from furthest pier.

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 active duty patients would end up going to a tender, carrier or driving 15 miles or more to an outlying branch clinic. The manhours lost to this would be great in numbers. The tenders, carriers and branch clinics would be overloaded with patients, thus patients would have to wait months before getting appointments which would effect dental readiness. The mobile dental units alone save approximately 3 manhours per patient per day for the ships they service. The dental specialties would have an even greater waiting list for patients since the other facilities aren't large enough to take staff personnel from this facility.

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

If this facility were to close, the active duty population would have to be treated on tenders, aircraft carriers and branch clinics (which are 15 miles away or longer). The active duty population is too great to close down this facility if dental care is still to be provided.

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

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

BDC: NAVAL BASE, NORFOLK (UIC: 62753)

| UNIT NAME | UNIT NUMBER | # OF STAFF ASSIGNED |
|---|---|---|
| FLTHOSP #20 (500 CBTZ) | 46977 | 04 |
| FLTHOSP #5 (500 CBTZ) | 68685 | 05 |
| US NAVDENCEN ROOSEVELT ROADS | 68445 | 02 |
| USNS COMFORT (T-AH-20) | 46246 | 01 |
| USS SAIPAN (LHA-2) | 20632 | 01 |
| USS INCHON (LPH-12) | 20009 | 01 |

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

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

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

13. Quality of Life.

**This information was provided by UIC #62688, Naval Station, Norfolk, BRAC Data Call #37.**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

G. M. BROWN
NAME (Please type or print)

Signature

DIRECTOR
Title

Date May 31, 1994

BRANCH DENTAL CLINIC, NORFOLK
Activity

PART II

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

NEXT ECHELON LEVEL (if applicable)

ROBERT L. KJOME
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 31 May 94

NAVAL DENTAL CENTER, NORFOLK
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)

x Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-20-94

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)

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

Signature

Title

Date 8/13/94

# Document Separator

# DATA CALL 1: GENERAL INSTALLATION INFORMATION

68411
GSR

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, Parris Island, SC* |
| Acronym(s) used in correspondence | *NDCPISC, NDC Parris Island, SC* |
| Commonly accepted short title(s) | *NAVDENCEN PARRIS ISLAND* |

- Complete Mailing Address

Commanding Officer
Naval Dental Center
MCRD
Box 19701
Parris Island, SC 29905-9701

- PLAD

NAVDENCEN PARRIS ISLAND SC

- PRIMARY UIC: 68411 (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): None PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

3. ACTIVITY TYPE: Choose most appropriate type that describes your activity and completely answer all questions. 68411 USA

• 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: 00263
- Primary Host (as of 01 Oct 1995) UIC: 00263
- Primary Host (as of 01 Oct 2001) UIC: 00263

• 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 |
|---|---|---|
| NONE | | |

5. DETACHMENTS: If your activity has detachments at other locations, please list them in the table below. 68411 GSA

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| BRDENCL MCAS BEAUFORT SC | 35758 | MCAS BEAUFORT SC | MCAS BEAUFORT SC | 60169 |

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: With the closure of Naval Dental Center, Charleston in 1995, Naval Dental Center, Parris Island SC will in all probability become the parent command for the remaining Charleston Dental Treatment Facility located at the Naval Weapons Station.~~

NDC JACKSONVILLE WILL BE PARENT TO FACILITY @ CHARLESTON. GSA

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). 68411 65

Current Missions

- Provide comprehensive dental services to the Marine Corps Recruit population necessary to obtain a state of dental readiness needed to ensure maximum assignability upon graduation.

- Provide dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operational readiness of these forces and activities.

- Provide comprehensive outpatient dental care services to other authorized beneficiaries as prescribed by Title 10, U. S. Code.

- Ensure that the Dental Center and its component facilities are maintained in a proper state of materiel and personnel readiness to fulfill wartime contingency mission plans.

-

-

Projected Missions for FY 2001

- Same as above.

-

-

-

-

8. UNIQUE MISSIONS: Describe any missions which are unique or relatively unique to the activity. Include information on projected changes. Indicate if your command has any National Command Authority or classified mission responsibilities. 68411 65.

Current Unique Missions

- Projected to be classifed as a Phase Dentistry Site Project during FY 94, whereby all active duty eligible beneficiaries and U. S. Marine Corps Recruit population will be treated to a dental readiness category of at least 2 before departing.
-
-

Projected Unique Missions for FY 2001

- Same as above. The only Military Dental Treatment Facility capable of providing a full range of dental care in the area.
-
-

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

| • Operational name | UIC |
|---|---|
| Commanding General, Marine Corps Recruit Depot, Parris Island, SC | 00263 |

| • Funding Source | UIC |
|---|---|
| Naval Healthcare Support Office, Jacksonville, Fl | 68907 |
| BUMED | 00018 61A |

68411
65A

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 | 37 | 94 | 10 |
| Contracted | | | 2* |
| • Tenants (total) | NA | | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 41 | ~~83~~ 94 65A | ~~12~~ 11 65A |
| Contracted | | | 6.5* |
| • Tenants (total) | NA | | |

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 |
|---|---|---|---|
| • CO | | | |
| J. A. DRAUDE, CAPT, DC, USN | (803)525-2639 | (803)525-2693 | (803)525-4628 |
| • XO | | | |
| W. B. DURM, CAPT, DC, USN | (803)525-2602 | (803)525-2693 | (803)525-2849 |
| • Duty Officer | (803)525-3500 | (803)525-2693 | [ N/A] |
| • Director for Administration M.C.LEORZA,LCDR,MSC,USN | (803)525-2388 | (803)525-2693 | (803)525-4650 |

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.) 684H 65A

• 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. 68411 65

| Activity name | Location | Support function (include mechanism such as ISSA, MOU, etc.) |
|---|---|---|
| *Beaufort Dental Detachment, 2nd Dental Battalion, 2nd FSSG* | *MCAS Beaufort SC* | *ISSA to provide supply support, credentialling, and QA activities.* |

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.)

68411
OJA

# 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

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

Signature

COMMANDING OFFICER
Title

31 JAN 94
Date

NAVAL DENTAL CENTER, PARRIS ISLAND SC
Activity

68411
65A

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

NEXT ECHELON LEVEL (if applicable)

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

2-9-94
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 1994
Date

# Document Separator

501

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER PARRIS ISLAND SC
ACTIVITY UIC: 68411

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 | 535228 | 731935 | 731935 | 731935 | 731935 | 731935 | 731935 | 731935 | 731935 |
| UNMET | 139110 | 21112 | 26417 | 24037 | 21690 | 21690 | 21690 | 21690 | 21690 |
| TOTAL | 674338 | 753047 | 758352 | 755972 | 753265 | 753265 | 753265 | 753265 | 753265 |

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:

A. FY93 CTV total (MET WORKLOAD) = 535,228
B. FY93 Avg FTEs onboard = 23.40
C. FY93 Avg Monthly CTV per FTE (A/B) = 1906.083
D. FY93 ACDU population = 20,972
E. FY93 UNMET Workload (CTVs) = 139,110
F. Total Workload (A+E) = 674,338
G. Per Capita Workload (F/D) = 32.154
H. BA for Dentist (less CO&XO) = 32
I. Max Workload possible (HxCx12) = 731,934.72

TO DETERMINE MET AND UNMET WORKLOAD FOR FY 94-2001, USING FY 93 AS A BASELINE, MULTIPLY THE POPULATION PROJECTION BY THE PER CAPITA WORKLOAD FACTOR TO DETERMINE TOTAL WORKLOAD REQUIRED. SUBTRACT MAX POSSIBLE WORKLOAD FROM THAT FIGURE TO DETERMINE UNMET WORKLOAD.

POPULATION DATA

| FY93 | FY94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| 20,972 | 23,420 | 23,585 | 23,511 | 23,438 | 23,438 | 23,438 | 23,438 | 23,438 |

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 | 753047 | 758352 | 755972 | 753265 | 753265 | 753265 | 753265 | 753265 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 753047 | 758352 | 755972 | 753265 | 753265 | 753265 | 753265 | 753265 |

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:

POPULATION DATA

| FY93 | FY94 | FY95 | FY96 | FY97 | FY98 | FY99 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| 20,972 | 23,420 | 23,585 | 23,511 | 23,438 | 23,438 | 23,438 | 23,438 | 23,438 |

A. FY93 CTV total (MET WORKLOAD) = 535,228
B. FY93 Avg FTEs onboard = 23.40
C. FY93 Avg Monthly CTV per FTE (A/B) = 1906.083
D. FY93 ACDU population = 20,972
E. FY93 UNMET Workload (CTVs) = 139,110
F. Total Workload (A+E) = 674,338
G. Per Capita Workload (F/D) = 32.154
H. BA for Dentist (less CO&XO) = 32
I. Max Workload possible (HxCx12) = 731,934.72

USING THE LARGEST POPULATION PROJECTION (FY95), MULTIPLY TOTAL POPULATION BY PER CAPITA WORKLOAD FACTOR. DIVIDE TOTAL WORKLOAD BY AVERAGE ANNUAL WORKLOAD PER PROVIDER TO DETERMINE NUMBER OF PROVIDERS NEEDED TO ACCOMPLISH WORKLOAD.

FY 95 POP 23585
PER CAPITA WORKLOAD x 32.154
TOTAL WORKLOAD 758352.09/22872.996= 33.154

USING THE ABOVE CALCULATION WE WOULD NEED A TOTAL OF 34 PROVIDERS TO MET ALL NEEDS AND OUR PLANT WOULD SUPPORT THE ADDITIONAL STAFF. THEREFORE, THE TOTAL WORKLOAD WOULD BE MET NEEDS AND THERE WOULD BE NO UNMET NEEDS.

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

| PROVIDER BY TYPE | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|
| DENTISTS (MIL AND CIV) | 32 | 29 | 29 | 29 | 29 | 29 | 29 | 29 |
| PROPHY TECHNICIANS (MIL AND CIV) | ~~59~~ 4 | ~~56~~ 4 | ~~56~~ 4 | ~~56~~ 4 | ~~56~~ 4 | ~~56~~ 4 | ~~56~~ 4 | ~~56~~ 4 |
| DENTAL HYGIENISTS (MIL AND CIV) | 1 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |

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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 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. DRAUDE | Draude |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 27 MAY 94 |
| Title | Date |

NAVAL DENTAL CENTER, PARRIS ISLAND, SC
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 6-9-94

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)

J. B. GREENE, JR.

NAME (Please type or print) | Signature

ACTING

Title | Date 6/20/94

501

MILITARY VALUE ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER PARRIS ISLAND SC
ACTIVITY UIC: 68411

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 the Marine Corps Recruit population necessary to obtain a state of dental readiness needed to ensure maximum assignability upon graduation.

- Provide dental care services in support of the Navy and Marine Corps units of the operating forces and shore activities to ensure the highest possible degree of operational readiness of these forces and activities.

- Provided comprehensive outpatient dental care services to other authorized beneficiaries as prescribed by Title 10, U. S. Code.

- Ensure that the Dental Center and its component facilities are maintained in a proper state of material and personnel readiness to fulfill wartime contingency mission plans.

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) |
|---|---|---|---|
| RTR PARRIS ISLAND | M32090 | MCRD PARRIS ISLAND SC | 970 |
| H&S BATTALION | M32001 | MCRD PARRIS ISLAND SC | 776 |
| WEAPONS TRAINING BATTALION | M32300 | MCRD PARRIS ISLAND SC | 310 |
| NDC PARRIS ISLAND | N68411 | MCRD PARRIS ISLAND SC | 107 |
| MHC 52 HERON | N21864 | SAVANNAH GA | 44 |
| MCRD PARRIS ISLAND SC | N00263 | PARRIS ISLAND SC | 23 |
| NAVMARCORPRESCEN | N62154 | SAVANNAH GA | 10 |
| SUPSHIP RES DET | N47204 | SAVANNAH GA | 9 |
| FLEET INTRO TEAM | N49095 | SAVANNAH GA | 8 |
| NROTC | N66809 | SAVANNAH GA | 7 |
| SOUTHDIV CONTRACTING OFFICE | N44227 | BEAUFORT SC | 6 |
| ECP SAVANNAH STATE | N46555 | SAVANNAH GA | 5 |
| COOP MINE UNIT 2209 | N55225 | SAVANNAH GA | 4 |
| DEPMEDS NDC PARRIS ISLAND | N46885 | MCRD PARRIS ISLAND SC | 1 |
| NMCRC 4TH FSSG | N46049 | SAVANNAH GA | 1 |
| MECP ARMSTRONG STATE | N47946 | SAVANNAH GA | 1 |

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

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

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 20,972 |
| B. FY1993 MET WORKLOAD (CTVs) | 535,338 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 139,110 |
| D. TOTAL WORKLOAD (B+C) | 674,338 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 25.521 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 6.633 |
| G. WORKLOAD PER CAPITA (D÷A) | 32.154 |

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 | 23420 | 23585 | 23511 | 23438 | 23438 | 23438 | 23,438 | 23,438 |
| A: TOTAL MET CTVs | 597702 | 601913 | 600024 | 598161 | 598161 | 598161 | 598161 | 598161 |
| B: TOTAL UNMET CTVs | 155345 | 156439 | 155948 | 155464 | 155464 | 155464 | 155464 | 155464 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 753047 | 758352 | 755972 | 753625 | 753625 | 753625 | 753625 | 753625 |
| DENTISTS (MIL AND CIV) | 34 | 31 | 31 | 31 | 31 | 31 | 31 | 31 |
| PROPHY TECHNICIANS (MIL AND CIV) | ~~76~~ 4 | ~~73~~ 4 | ~~73~~ 4 | ~~73~~ 4 | ~~73~~ 4 | ~~73~~ 4 | ~~73~~ 4 | ~~73~~ 4 |
| DENTAL HYGIENISTS (MIL AND CIV) | 1 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 | 3.5 |

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

Maximum capacity for CTVs: _____

Explanation:
Since RAPS does not contain Marine Corps recruit data, a projected annual recruit population of ~~31,1138~~ was used for FY-94 and outyear projections. This number added to the RAPS projected active duty population figures was used for determining projected workload for FY-94 and outyears.

21,138

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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 |
| ORAL SURGERY ACP | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

**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 substandard[2]. 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] |
|---|---|---|---|---|
| | NAVDENCEN PARRIS ISLAND SC/PATIENT CARE | 38,066 | 22 | 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: 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?

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 |
|---|---|---|---|
| P-898 | DENTAL CLINIC ALTERATIONS, AT MCRD PARRIS ISLAND SC | FY-89 | 3,128K |
| | | | |
| | | | |

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 |
|---|---|---|---|
| R1-94 | ALTERATIONS/REPAIRS, B. 674 | FY-94 | 640K |
| R2-94 | REPAIRS TO EXTERIOR, B. 674 | FY-94 | 228K |
| | | | |

7b. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements** planned for 1995 through 1999. None.

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

The condition of the land, buildings, and other facilities with the planned renovation are adequate to support our current mission.

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 30 SEP 93 | UIC | 68411 |
|---|---|---|---|
| FACILITY | NAVAL DENTAL CENTER<br>MCRD PARRIS ISLAND, SC 29905 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT<br>Headquarters Clinic | 1 | 56' X 112'<br>192' X 63' | SUBSTANDARD |
| 2. DENTAL TREATMENT ROOM | 49<br>4<br>1 | 10' X 11'<br>12' X 12'<br>12' X 24' | ADEQUATE |
| 3. STERILIZATION ROOM | 1<br>1 | 10' X 12<br>10' X 15' | SUBSTANDARD |
| 4. X-RAY EXPOSURE ROOM | 2<br>2<br>1 | 12' X 12'<br>6' X 12'<br>12' X 14' | SUBSTANDARD |
| 5. DARKROOM | 1<br>1 | 6' X 14'<br>8' X 10' | SUBSTANDARD |
| 6. PROSTHETIC LAB | 1 | 21' X 42' | ADEQUATE |
| 7. STOREROOM/ SUPPLY ROOM | 6 | | ADEQUATE<br>ADEQUATE |
| 8. CONFERENCE ROOM | 1<br>1 | 20' X 26'<br>20' X 30' | ADEQUATE |
| 9. ADMINISTRATIVE OFFICE | 15 | | ADEQUATE |
| 10. DENTAL OFFICER'S OFFICE | 10 | | ADEQUATE |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | 1<br>1 | 10'x 10'<br>10'x 14' | ADEQUATE |
| 12. PATIENT WAITING AREA | 4 | | ADEQUATE |
| 13. RECORDS CONTROL OFFICE | 1 | 18'X 30' | ADEQUATE |
| 14. LOCKER ROOM (MALE) | 1<br>1 | 19'X12'<br>11'X 21' | SUBSTANDARD |
| 15. LOCKER ROOM (FEMALE) | 1<br>1 | 12'X 12'<br>12'X 8' | SUBSTANDARD |
| 16. TOILET FACILITY (MALE) | 14 | | ADEQUATE |
| 17. TOILET FACILITY (FEMALE) | 9 | | ADEQUATE |
| 18. OTHER MAJOR ROOMS | 13 | | ADEQUATE<br>SHEET "A" |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC - 2080 | 51 | A-4 |
| 2. DENTAL OPERATING CHAIR | ADEC - 1005<br>DEL - TUBE (X-RAY) | 55<br>2 | A-4<br>A-4 |

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| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | PELTON & CRANE - LF II<br>ADEC- 6300 | 4<br>51 | A5<br>A4 |
| 4. CENTRAL VACUUM SYSTEM | PROPERTY OF MCRD<br>PARRIS ISLAND<br>MAINTENANCE DEPT. | 1<br>1 | HIGH VAC<br>LOW VAC |
| 5. AIR COMPRESSOR DEHYDRATOR | PROPERTY OF MCRD<br>PARRIS ISLAND<br>MAINTENANCE DEPT. | 2 | |
| 6. STERILIZER | AMSCO - 3000 (S)<br>CASTLE - 3533 (S)<br>PELTON & CRANE - MAGNA (S) | 1<br>1<br>1 | A4<br>A5<br>A5 |
| 7. LIFE SUPPORT EQUIPMENT | PHYSIO CONTROL-LIFEPAK 6<br>MRL-PORTAPAK 90 | 1<br>1 | A4<br>A5 |
| 8. OTHER MAJOR EQUIPMENT | | | |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. AUTOMATIC CASTING MACHINE | TICONIUM - MODULAR 3 | 1 | A4 |
| 2. VACUUM PORCELAIN FURNACE | JELENKO - FLAGSHIP<br>JELENKO - FLAGSHIP II | 1<br>1 | A5<br>A5 |
| 3. BURNOUT OVEN | TICONIUM - SUPEROVEN<br>JELENKO - ACCU-THERM | 1<br>1 | A6<br>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 | SEE ATTACHED SHEET "A" | | | |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | GENDEX - GX-PAN<br>GENDEX - GX-PAN<br>GENDEX - GX-PAN | 3<br>1<br>1 | A-4 4/93<br>A-5 7/84<br>A-5 7/87 | 2/94<br>1/92<br>1/92 |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | SEE ATTACHMENT SHEET "A" | | | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 120/240 | | b. CYCLE: 60 | |
| 2. GAS: | | NATURAL | | COMMERCIAL | X | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 27 MAY 94 | J. A. DRAUDE, CAPT, DC, USN | Draude |

**DENTAL EQUIPMENT AND FACILITIES REPORT**
**NAVAL DENTAL CENTER, PARRIS ISLAND, SC**
**HEADQUARTERS CLINIC, BLDG. 674**

**ATTACHMENT SHEET "A"**

**PART I - DENTAL FACILITY SPACES**

| SPACE | QUANTITY | SIZE | REMARKS |
|---|---|---|---|
| LINE 7 | | | |
| STOREROOM | 1 | 11' X 21' | BLDG. 771 |
| | 1 | 27' X 17' | BLDG. 674 |
| | 1 | 17' X 26' | BLDG. 674 |
| | 2 | 4' X 7' | |
| | 1 | 5' X 18 | |
| LINE 9 | | | |
| ADMIN OFFICES | 1 | 8' X 12' | CAREER COUNSELOR 1076 |
| | 1 | 32' X 20' | ADMIN 1078 |
| | 1 | 8' X 12' | HEAD MANPOWER 1077 |
| | 1 | 12' X 16' | DFA 1084 |
| | 1 | 8' X 12' | OPMAN 1077 |
| | 1 | 12' X 12' | HEAD MID 1081 |
| | 1 | 6' X 12' | POSTAL 1079 |
| | 1 | 8' X 12' | CREDENTIALS 2116 |
| | 1 | 20' X 20' | CO'S SECRETARY |
| | 1 | 6' X 10' | RIF ADMIN 129 |
| | 1 | 10' X 12' | COMMAND SENIOR CHIEF |
| | 1 | 10' X 10' | LPO RIF |
| | 1 | 10' X 12' | LPO OPER |
| | 1 | 10' X 10' | LPO COMP |
| | 1 | 10' X10' | CLINIC LCPO |
| LINE 10 | | | |
| DENTAL OFFICER'S OFFICE | 1 | 10' X 10' | COMP DEPT HEAD |
| | 1 | 10' X 10' | O.D. DEPT HEAD |
| | 1 | 10' X 10' | PROS DEPT HEAD |
| | 1 | 10' X 12' | O.S. DEPT HEAD |
| | 1 | 12' X 12' | ENDO DEPT HEAD |
| | 1 | 20' X 18' | CO'S OFFICE |
| | 1 | 12' X 20' | XO'S OFFICE |
| | 1 | 10' X 12' | XO'S ADMIN |
| | 1 | 12' X 16' | O.S. OFFICE |
| | 1 | 10' X 12' | CLINIC DIRECTOR |
| LINE 12 | | | |
| PT. WAITING AREA | 1 | 12' X 12' | PT. WAITING (WEST) |
| | 1 | 11' X 16' | PT. (CENTRAL) |
| | 1 | 17' X 29' | 2ND FLOOR |
| | 1 | 8' X 11' | STAFF OPERTIVE |

## PART I - DENTAL FACILITY SPACES CONT.

| | | | |
|---|---|---|---|
| LINE 16<br>MALE TOILET | 1 | 11′ X 11′ | ENL. LOCKER RM |
| | 2 | 5′ X 8′ | DUTY RM |
| | 3 | 5′ X 5′ | CO, XO, OS ADMIN |
| | 1 | 9′ X 15′ | OFF. LOCKER RM |
| | 1 | 12′ X 12′ | RIF |
| | 1 | 5′ X 9′ | 2ND FLOOR |
| | 1 | 5′ X 11′ | ORAL SURG |
| | 4 | 5′ X 6′ | 2 PT -CO-STAFF |
| LINE 17<br>FEMALE TOILET | 1 | 4′ X 7′ | OFF. LOCKER RM |
| | 1 | 4′ X 6′ | ADMIN |
| | 1 | 8′ X 12′ | ENL. LOCKER RM |
| | 1 | 5′ X 5′ | 2ND FLOOR |
| | 4 | 5′ X 6′ | 2 PT -ADMIN- STAFF |
| | 1 | 5′ X 8′ | DUTY |
| LINE 18<br>OTHER MAJOR ROOMS | 1 | 8′ X 9′ | DUTY RM |
| | 1 | 19′ X 21′ | 1ST FLR MECH RM |
| | 1 | 11′ X 17′ | 2ND FLR MECH RM |
| | 1 | 31′ X 55′ | RIF OHT |
| | 1 | 8′ X 23′ | ENL. LOUNGE |
| | 1 | 15′ X 20′ | CENTRAL EVAC RM |
| | 1 | 14′ X 19′ | FRONT LOBBY |
| | 2 | 17′ X 17′ | DUTY ROOMS |
| | 1 | 22′ X 30′ | 1ST FLR MECH RM |
| | 1 | 9′ X 19′ | 1ST FLR ELECTRICAL |
| | 1 | 9′ X 13 | VENDING |
| | 1 | 6′ X 10 | ELEVATOR EQUIP. |

## PART II - DENTAL EQUIPMENT

| | MFG/MODEL | QTY | MFG.DATE | COND.CODE | R.S |
|---|---|---|---|---|---|
| LINE 1<br>STATIONARY<br>INTRA-ORAL | GE - 1000 | 4 | 5/93 | A-4 | 2/94 |
| | PHILLIPS-ORLIX 65 | 1 | 5/82 | A-6 | 6/92 |
| | SIEMANS-HELIODENT | 3 | 4/87 | A-5 | 6/92 |
| | GENDEX - GX-770 | 1 | 4/93 | A-4 | 2/94 |
| LINE 5<br>FILM PROCESSOR | KONICA - QX-70 | 1 | | A-4 | |
| | AT - 2000 | 2 | | A-4 | |
| | AT - 2000 | 2 | | A-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? The close proximity of the Naval Dental Center to the recruit population is critical for providing the required dental care to conform with the ridged recruit training schedule. The time that the recruits are available to receive routine patient care in this rigorous training regimen is limited and the proximity of the clinic is directly related to the time available to provide patient care.

b. What are the nearest air, rail, sea, and ground transportation nodes? AIR: Savannah, GA; RAIL: Yemassee, SC; SEA: Beaufort, SC for shallow draft vessels/Savannah, GA for deep draft vessels; GROUND: Beaufort, SC.

c. What is the importance of your location given your mobilization requirements? None. Our location does not have significant impact on our mobilization requirements.

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?

Temperate climate, attractive cost of living, recreational facilities, and closeness to resort areas may help in hiring civilian personnel.

**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 for the recruit population would be lost in total. Recruit training would be severely impacted because emergency care, high priority care and required prosthetic services would not be available. Dental care for these personnel would have to be postponed until reporting to gaining commands after graduation. Since the Majority of recruits transfer to operational units where comparable comprehensive dental care is not available or limited, the impact on these commands would be dramatic. Dental care for permanent active duty personnel would have to be done at either MCAS Beaufort or Dental Service, Naval Hospital Beaufort. Both of these locations are within 20 minutes commuting time. However, neither MCAS nor NAVHOSP Beaufort are capable of providing the full range of dental care provided at NDC, MCRD. Because of facility restraints, they could not be manned to address the dental needs of these populations. Limited capacity and equipment capabilities would severely impact both the quantity and quality of dental care our eligible active duty population can expect to receive, or can be offered.

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

Active duty population and recruits would receive care at MCAS Beaufort Branch Clinic or Naval Hospital Beaufort. As stated in paragraph 11, the capabilities of these clinics is very limited considering their size, manning and current mission. The inprocessing requirements alone would overwhelm these clinics. The closest military dental facility is at Hunter Army Air Field located in Savannah GA, approximately 50 miles away. This is also a very small facility.

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

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

| UNIT NAME | UNIT NUMBER (IF APPLICABLE) | NUMBER OF STAFF ASSIGNED |
|---|---|---|
| USS NASSAU LHA-4 | NA | 1 |
| FLEET HOSPITAL 8 | NA | 2 |
| FLEET HOSPITAL 15 | NA | 2 |
| U.S. NAVHOSP ROTA SP | NA | 1 |
| 1ST MARINE BRIGADE, KANEOHE | NA | 12 |
| 3RD FSSG | NA | 1 |
| U.S. NAVDENCEN ROOSEVELT ROADS PR | NA | 2 |
| FLEET HOSPITAL 4 | NA | 3 |

**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.

Assumptions: Each member receives 2.5 hours per training per month. 5 providers are assigned to mobilization billets. Average monthly CTV'S Per provider = 1906.083. Hours Worked per month = 180 (40 hour work week x 4 weeks)

CALCULATIONS:
Total monthly manhours for training (2.5 x5) =12.5
avg hourly CTV'S per provider (1906.083/180) =10.589
Total monthly additional CTV'S (12.5 x 10.589) =132.363

13. Quality of Life. For quality of life issues refer to Commanding General, Marine Corps Recruit Depot, Parris Island, SC, UIC: M32090, Data Call 23 Of 2 May 94.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER
Title

27 MAY 94
Date

NAVAL DENTAL CENTER, PARRIS ISLAND, SC
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 6-9-94

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)

R. R. SAREERAM

NAME (Please type or print) — Signature

ACTING

Title — Date 27 JUN 1994

**DATA CALL 66**
**INSTALLATION RESOURCES**

**Activity Information:**

| | |
|---|---|
| Activity Name: | NAVAL DENTAL CENTER, MCRD, PARRIS ISLAND SC |
| UIC: | 68411 |
| Host Activity Name (if response is for a tenant activity): | MARINE CORPS RECRUIT DEPOT PARRIS ISLAND SC |
| Host Activity UIC: | 32090 |

**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.**

**Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)**

**Activity Name:NAVDENCEN PARRIS ISLAND SC** | **UIC:**68411

| Category | FY 1996 BOS Costs ($000) | | |
|---|---|---|---|
| | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | NA | NA | NA |
| 1a. Maintenance and Repair | 10 | - | 0 |
| 1b. Minor Construction | - | - | 0 |
| **1c. Sub-total 1a. and 1b.** | 10 | - | 10 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 64 | - | 64 |
| 2b. Transportation | 10 | - | 10 |
| 2c. Environmental | NA | NA | NA |
| 2d. Facility Leases | NA | NA | NA |
| 2e. Morale, Welfare & Recreation | NA | NA | NA |
| 2f. Bachelor Quarters | NA | NA | NA |
| 2g. Child Care Centers | NA | NA | NA |
| 2h. Family Service Centers | NA | NA | NA |
| 2i. Administration | 21 | 940 | 961 |
| 2j. Trash Disposal | 3 | NA | 3 |
| 2k. Telecommunications | 6 | NA | 6 |
| 2l. Hazardous Waste Disposal | 3 | NA | 3 |

**DATA CALL 66**
**INSTALLATION RESOURCES**

| | | | |
|---|---|---|---|
| **2k. Sub-total 2a. through 2j:** | 107 | 940 | 1047 |
| **3. Grand Total (sum of 1c. and 2k.):** | 117 | 940 | 1057 |

**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:

| Appropriation | Amount ($000) |
|---|---|
| MPN | 832 |
| O&MN | 225 |

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

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

**Table 2 - Services/Supplies Cost Data**

| **Activity Name:** NAVAL DENTAL CENTER, MCRD, PARRIS ISLAND SC | **UIC:** 68411 |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 72 |
| **Material and Supplies (including equipment):** | 457 |
| **Industrial Fund Purchases (other DBOF purchases):** | NA |
| **Transportation:** | NA |
| **Other Purchases (Contract support, etc.):** | 455 |
| **Total:** | 984 |

3. **Contractor Workyears**.

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

| **Table 3 - Contract Workyears** | |
|---|---|
| **Activity Name:** NAVAL DENTAL CENTER PARRIS ISLAND SC | **UIC:** 68411 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | NA |
| Facilities Support: | 4 |
| Mission Support: | 6.5 |
| Procurement: | NA |
| Other:* | NA |
| **Total Workyears:** | 10.5 |

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

**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)):

Anticipate all contract option workyears would not be renewed.

2) Estimated number of workyears which would be eliminated:

10.5

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

None.

**DATA CALL 66**
**INSTALLATION RESOURCES**

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

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

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

# 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

W. B. DURM
NAME (Please type or print)

William B. Durm
Signature

ACTING COMMANDING OFFICER
Title

15 JULY 1994
Date

NAVAL DENTAL CENTER, PARRIS ISLAND, SC
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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 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
NAME (Please type or print)

Signature

Title

04 AUG 1994
Date

# Document Separator

UIC: 62313

## DATA CALL 1: GENERAL INSTALLATION INFORMATION

1. ACTIVITY:

♦ Name

| | |
|---|---|
| Official name | Naval Dental Center Pearl Harbor HI |
| Acronym(s) used in correspondence | NAVDENCEN Pearl Harbor; NDC PH HI |
| Commonly accepted short title (s) | Pearl Harbor Dental |

♦ Complete Mailing Address:

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

♦ PLAD: NAVDENCEN PEARL HARBOR HI

♦ PRIMARY UIC: 62313 (Plant Account UIC for Plant Account Holders)

♦ ALL OTHER UIC(s): None PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

♦ Yes X No _____ (check one)

3. ACTIVITY TYPE:

♦ HOST COMMAND:

♦ Yes _____ No X (check one)

♦TENANT COMMAND:

♦ Yes X No _____ (check one)

♦ Primary Host (current) UIC: 62813

♦ Primary Host (as of 01 Oct 1995) UIC: 62813

♦ Primary Host (as of 01 Oct 2001) UIC: 62813

ENCL (1)

UIC: 62313

♦INDEPENDENT ACTIVITY:

♦ Yes _____ No __X__ (check one)

4. SPECIAL AREAS:

| Name | Location | UIC |
|---|---|---|
| None. | N/A | N/A |

5. DETACHMENTS:

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| BrDenClinic, Barbers Pt. HI | 62313 | Barbers Pt. HI | CO, NAS Barbers Pt. HI | 00334 |
| BrDenClinic Camp Smith, HI | 33179 | Camp Smith | CO, Hdqtrs and Svc Battalion, | 67025. |
| BrDenClinic Ford Island, HI | 44554 | Ford Island, HI | CO, NAVSTA, Pearl Harbor, HI | 62813 |
| BrDenClinic Wahiawa, HI | 35741 | Wahiawa, HI | CO, NCTAMS EP Wahiawa, HI | 00950 |
| BrDenAnnex West Loch, HI | 35742 | Lualualei, HI | CO, NAVMAG Lualualei, HI | 68297 |
| BrDenAnnex Kauai, HI | 41767 | Island of Kauai, HI | CO, PMRF, Kauai, HI | 0534A |
| *BrDenClinic Kaneohe Bay, HI | 41766 | Kaneohe Bay, HI | CO, MCAS Kaneohe Bay, HI | 00318 |

*Also known as 21st Dental Company, a unit under Headquarters, US Marine Corps claimancy. This clinic is included in this report since NAVDENCEN Pearl Harbor HI is its Fund Manager.

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. The BRAC '93 List included the closure of Naval Air Station, Barbers Point, HI. This will effect the closure of Branch Dental Clinic, NAS Barbers Point, a dental treatment facility under this

command. Projected closure for NAS Barbers Point will occur in September 1997 at the earliest.

7. MISSION:

Current Missions

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

♦ Participate as an integral element off the Navy and Tri-service Regional Health Care System.

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

Projected Missions for FY 2001:

♦ Same as current missions mentioned above.

8. UNIQUE MISSIONS:

Current Unique Missions: None.

Projected Unique Missions for FY 2001: None.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

♦ Operational name/UIC:

Commander, Naval Base, Pearl Harbor, HI/61449

♦ Funding Source/UIC:

Chief, Bureau of Medicine and Surgery/00018

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian(Appropriated) |
|---|---|---|---|
| ♦ Reporting Command | 37 | 76 | 15 |
| ♦ Contracted | 0 | 0 | 3 |
| ♦ Tenants (total) | 0 | 0 | 0 |

UIC: 62313

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian(Appropriated) |
|---|---|---|---|
| ♦ Reporting Command | ~~38~~ 39 GSA | ~~82~~ 76 GSA | ~~15~~ 13 GSA |
| ♦ Contracted | 0 | 0 | 2 |
| ♦ Tenants (total) | 0 | 0 | 0 |

Breakout by Branch Dental Clinic is found in Tab A.

11. KEY POINTS OF CONTACT (POC):

Title/Name:

- **CO:** CAPT R. W. HINMAN, DC, USN

  Office: (808)471-0923 Fax: (808)474-4098

- **Duty Officer:**

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

- **XO:** CAPT J. E. TURNER, DC, USN

  Office: (808)471-5780 Fax: (808)474-4098 Home: (808)499-2227

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

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

12. TENANT ACTIVITY LIST:

♦ Tenants residing on main complex (shore commands)

| Tenant Command Name | Uic | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

♦ Tenants residing on main complex (homeported units).

| Tenant Command Name | Uic | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

UIC: 62313

♦ Tenants residing in Special Areas: None.

| Tenant Command Name | Uic | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

♦ Tenants (Other than those identified previously).

| Tenant Command Name | Uic | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |

13. REGIONAL SUPPORT:

| Activity name | Location | Support function (include mechanism such as ISSA, MOU, etc.) |
|---|---|---|
| See Tab B. | As indicated | Provide comprehensive dental support. By Naval regulation. |

14. FACILITY MAPS: To be reported by CO, NAVSTA, Pearl Harbor, HI.

| | ONBOARD COUNT AS OF 1 JAN 94 | | | AUTHORIZED POSITIONS AS OF 30 SEP 94 | | |
|---|---|---|---|---|---|---|
| | OFF | ENL | CIV | OFF | ENL | CIV |
| BDC NCTAM EP WAHIAWA HI | 1 | 2 | 0 | ~~1~~ 0 GSA | ~~2~~ 0 GSA | 0 |
| BDC PMRF BARKING SANDS HI | 0 | 0 | 0 | 0 | 0 | 0 |
| BDC CAMP SMITH HI | 1 | 2 | 0 | ~~1~~ 0 GSA | ~~2~~ 0 GSA | 0 |
| BDC FORD ISLAND HI | 1 | 2 | 0 | ~~1~~ 0 GSA | ~~2~~ 0 GSA | 0 |
| BDC PEARL HARBOR HI | 27 | 59 | 13 | ~~28~~ 39 GSA | ~~65~~ 76 GSA | ~~15~~ 13 GSA |
| BDC WEST LOCH HI **Operates with one dental officer and two DT's in the AM from BDC Barbers Point HI | 1 | 2 | 0 | 0 | 0 | 0 |
| BDC NAS BARBERS POINT HI | 6 | 9 | 2 | ~~7~~ 0 GSA | ~~11~~ 0 GSA | 0 |
| TOTAL | 37 | 76 | 15 | ~~38~~ 39 GSA | ~~82~~ 76 GSA | ~~15~~ 13 GSA |
| | | | | ALL AUTHORIZED ARE THROUGH 62313 NDC PH HI | | |
| BDC KANEOHE BAY HI | 15 | 24 | 2 | 17 | 26 | 0 |

**Also known as 21st Dental Company, this clinic is under Headquarters, US Marine Corps clemency. The clinic is included in this report since NAVDENCEN Pearl Harbor HI is its Fund Manager.

**LIST OF COMMANDS SERVED BY PEARL HARBOR CLINIC:**

| | | | |
|---|---|---|---|
| COMMANDER IN CHIEF UNITED STATES PACIFIC | 00070 | PEARL HARBOR NAVAL SHIPYARD PEARL HARBOR | 00311 |
| NAVAL SUBMARINE BASE PEARL HARBOR HI | 00314 | FLEET AND INDUSTRIAL SUPPLY CENTER PEARL | 00604 |
| COMMUNICATION AREA MASTER STATION EASTER | 00950 | NAVAL ENVIRONMENT AND PREVENTIVE MEDICIN | 0545A |
| COMPETENT - AFDM-6 | 13862 | PACFLT INTERGRATED LOGISTICS OVERHAUL TE | 30742 |
| DEFENSE COURIER SERVICE STATION HONOLULU | 31127 | FOOD MANAGEMENT TEAM PEARL HARBOR HI | 31231 |
| NAVY RECRUITING A STATION HONOLULU HI | 31919 | PACIFIC FLEET BAND NAVAL STATION PEARL H | 35397 |
| MILITARY ENTRANCE PROCESS STATION HONOLU | 35538 | NAVAL TELECOMMUNICATION CENTER CINCPACFL | 39133 |
| PACIFIC OPERATIONS SUPPORT FACILITY PEAR | 39207 | NATIONAL SECURITY AGENCY CENTRAL SECURIT | 41354 |
| SECURITY GROUP COMMANDER IN CHIEF US PAC | 41656 | CONSOLIDATED MAINTENANCE PEARL HARBOR HI | 42262 |
| NAVMARCOR MARS REG 8 | 42297 | COMMANDER ANTI-SUBMARINE WARFARE FORCES | 43020 |
| NAVAL RESERVE RECRUITING COMMAND HONOLULU | 43074 | PERSONNEL SUPPORT DETACHMENT PEARL HARBO | 43104 |
| NAVAL REACTORS REPRESENTATIVE OFFICE | 44621 | NAVAL BROADCASTING SERVICE FLEET SUPPORT | 45864 |
| MSC TAGOS UNIT PACIFIC PEARL HARBOR | 46078 | PERSONNEL SUPPORT ACTIVITY DETACHMENT NA | 46767 |
| RESIDENT SUPSHIP DETACHMENT | 47456 | WWMCCS SUPPORT FACILITY PEARL HARBOR HI | 47701 |
| DECA PEARL HARBOR COMMISSARY | 49216 | JOINT MILITARY POSTAL ACT HONOLULU HI DE | 49288 |
| DEFENSE COURIER SERVICE PACIFIC REGION C | 55216 | MOBIL TECHNICAL UNIT ONE PEARL HARBOR HI | 55302 |
| NAVAL SURFACE GROUP MIDPAC PEARL HARBOR | 55315 | MOBILE DIVING AND SALVAGE UNIT ONE (MDSU | 55550 |
| SUBMARINE FORCE PACIFIC PEARL HARBOR HI | 57020 | THIRD NAVAL CONSTRUCTION BRIGADE | 57406 |
| AFLOAT TRAINING GROUP | 57063 | NAVAL BASE PEARL HARBOR HI | 61449 |
| NAVAL RESERVE CENTER HONOLULU HI | 61845 | MARINE BARRACKS HAWAII PEARL HARBOR HI | 62211 |
| NAVAL DENTAL CENTER PEARL HARBOR HI | 62313 | NAVAL WESTERN OCEANOGRAPHY CENTER PEARL | 62363 |
| CONSTRUCTION CONTRACTS MIDPAC NAVFACENGC | 62471 | DEFENSE MAPPING AGENCY COMBAT SUPPORT CE | 62624 |
| NAVAL FACILITIES ENGINEERING COMMAND PAC | 62742 | NAVY PUBLIC WORK CENTER PEARL HARBOR HI | 62755 |
| NAVAL STATION PEARL HARBOR HI | 62813 | MOBILE ENVIRONMENTAL TEAM, PEARL HAROBR | 63047 |
| NAVAL SUBMARINE TRAINING CENTER PEARL HA | 63154 | NAVAL INVESTIGATIVE SERVICE PACIFIC PEAR | 63435 |
| NAVAL SECURITY GROUP ACTIVITY PEARL HARB | 63901 | NAVAL CONSTRUCTION BATTALION UNIT 413 PE | 66648 |
| NAVAL MEDICAL CENTER PEARL HARBOR HI | 68098 | SHORE INTERMEDIATE MAINTENANCE ACTIVITY | 68251 |
| NAVAL LEGAL SERVICE OFFICE PEARL HARBOR | 68373 | INTELLIGENCE CENTER PACIFIC PEARL HARBOR | 68389 |
| NAVAL ALCOHOL REHABILITATION CENTER PEAR | 68483 | INFORMATION SYSTEMS TECHNOLOGY CENTER PE | 68568 |
| NAVAL OCEANS PROCESSING FACILITY PEARL H | 68645 | MARINE CORPS RESERVE CENTER HONOLULU HI | 87274 |
| DESTROYER SQUADRON TWENTY-FIVE | 0134A | USS CONSERVER ARS-39 | 02534 |
| USS RECLAIMER ARS-42 | 02537 | USS TAUTOG SSN-639 | 05132 |
| USS ASPRO SSN-648 | 05135 | USS HAWKBILL SSN-666 | 05148 |
| USS PINTADO SSN-672 | 05153 | USS WILLIAM H BATES SSN-680 | 20043 |
| USS TUNNY SSN-682 | 20045 | USS CAVALLA SSN-684 | 20346 |
| USS LEFTWICH DD-984 | 20616 | USS CUSHING DD-985 | 20617 |
| USS OMAHA SSN-692 | 20783 | USS BIRMINGHAM SSN-695 | 20786 |
| USS NEW YORK CITY | 20787 | USS INDIANAPOLIS SSN-697 | 20788 |
| USS INGERSOLL DD-990 | 20837 | USS FLETCHER DD-992 | 20839 |
| USS CIMARRON | 20861 | USS BREMERTON SSN-698 | 20882 |
| USS SAN FRANCISCO SSN-711 | 20887 | USS BUFFALO SSN-715 | 20996 |
| USS OLYMPIA SSN-717 | 21024 | USS HONLULU SSN-718 | 21025 |
| USS WILLAMETTE AO-180 | 21048 | USS CROMMELIN FFG-37 | 21104 |
| USS SAFEGUARD ARS-50 | 21245 | USS REUBEN JAMES FFG-57 | 21351 |
| USS HELENA SSN-725 | 21367 | USS SALVOR ARS-52 | 21468 |
| USS CHOSIN CG-65 | 21625 | | |

**LIST OF COMMANDS SERVED BY NAS BARBERS POINT CLINIC:**

| | | | |
|---|---|---|---|
| NAVAL AIR STATION BARBERS POINT HI | 00334 | FLEET AVIATION SPECIALIZED OPERATIONAL T | 0346A |
| PACWINGTWO | 09452 | COMPACWINGPAC | 09517 |
| NAVY COMMISSARY BRANCH STORE BARBERS POI | 30277 | NAVAL AVIATION ENGINEERING SERVICE UNIT | 30339 |
| JOINT CASUALTY RESOLUTION CENTER | 33011 | ASCOMM BARBERS POINT HI | 39255 |
| PERSONNEL SUPPORT ACTIVITY DETACHMENT BA | 43057 | NAVAL SECURITY GROUP DETACHMENT | 44594 |
| PACIFIC FLEET IMAGING CENTER NAS BARBERS | 44998 | NAVAL OCEANOGRAPHIC COMMAND DETACHMENT B | 66456 |
| NAVAL MEDICAL CLINIC | 68098 | NAVAL AIR RESERVE CENTER | 68900 |

**LIST OF COMMANDS SERVED BY CAMP SMITH CLINIC:**

| | | | |
|---|---|---|---|
| COMMANDER IN CHIEF PACIFIC CAMP HM SMIT | 00038 | COMMUNICATION AREA MASTER STATION EASTER | 00950 |
| FLEET MARINE FORCE HDQTRS PAC CAMP HMS | 67025 | NAVAL MEDICAL CLINIC | 68098 |
| DEFENSE FUEL REGION PACIFIC CAMP H M SMI | 68256 | U.S. ARMY PERSONNEL AT CAMP H M SMITH H | ARMY |

**LIST OF COMMANDS SERVED BY FORD ISLAND CLINIC:**

| | | | |
|---|---|---|---|
| COMBAT READY SUPPORT GROUP FORD ISLAND R | 20090 | NAVAL BRIG PEARL HARBOR HI | 30849 |
| FLEET AREA CONTROL AND SURVEILLANCE FACI | 43583 | KAHOOLAWE COMPONENT PEARL HARBOR HI | 44669 |
| NAVAL TELECOMMUNICATION CENTER PEAR HAR | 45408 | SWIMMER DELIVERY VEHICLE TEAM ONE DETACH | 46406 |
| AFLOAT TRAINING GROUP | 57603 | COMMANDER UNDER SEA SURVEILANCE PACIFIC | 57101 |
| NAVAL STATION PEARL HARBOR HI | 62813 | NAVAL SUBMARINE TRAINING CENTER PEARL HA | 63154 |
| NAVAL SECURITY GROUP ACTIVITY PEARL HARB | 63901 | NAVAL MEDICAL CLINIC | 68098 |
| NAVAL OCEANS PROCESSING FACILITY PEARL H | 68645 | | |

**LIST OF COMMANDS SERVED BY LUALUALEI CLINIC:**

| | |
|---|---|
| NAVAL MAGAZINE LUALUALEI LUALUALEI HI | 68297 |

**LIST OF COMMANDS SERVED BY WAHIAWA CLINIC:**

| | | | |
|---|---|---|---|
| COMMUNICATION AREA MASTER STATION EASTER | 00950 | PACIFIC OPERATIONS SUPPORT FACILITY PEAR | 39207 |
| PERSONNEL SUPPORT DETACHMENT WAHIAWA HI | 43058 | NAVAL SECURITY GROUP ACTIVITY KUNIA HI | 43456 |
| DEFENSE COMMUNICATIONS AGENCY, PACIFIC A | 63237 | NAVAL SECURITY GROUP ACTIVITY PEARL HARB | 63901 |

**LIST OF COMMANDS SERVED BY KAUAI CLINIC:**

| | |
|---|---|
| PACIFIC MISSILE RANGE FACILITY BARKING S | 0534A |

**LIST OF COMMANDS SERVED BY MCAS KANEOHE CLINIC:**

| | |
|---|---|
| 1ST MARINE EXPEDITIONARY BRIGADE | MARINE CORPS AIR STATION KANEOHE BAY HI |
| COMMANDER, MARINE FORCES, PACIFIC BAND | |

TAB B TO ENCL (1)

**UIC: 62313**

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

R W Hinman
Signature

Commanding Officer
Title

31 Jan 94
Date

Naval Dental Center, Pearl Harbor, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

UIC: 62313

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x R I Ridenour
Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr
Signature

ACTING
Title

16 FEB 94
Date

BRAC-95 CERTIFICATION

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

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Division _____ Department _____

Activity _____

# Document Separator

502

# CAPACITY ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: NDC, PEARL HARBOR, HI
# ACTIVITY UIC: 62313

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

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

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**MISSION REQUIREMENTS**

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

| | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 316889 | 303993 | 297526 | 294104 | 289826 | 289826 | 289826 | 289826 | 289826 |
| UNMET | 114281 | 109622 | 107290 | 106056 | 104514 | 104514 | 104514 | 104514 | 104514 |
| TOTAL | 431170 | 413615 | 404816 | 400160 | 393800 | 393800 | 393800 | 393800 | 393800 |

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:

| FY1993 | | FY1994-FY2001 | |
|---|---|---|---|
| MET CTVs | = ACTUAL MET CTVs | | = RAPS x 17.11 |
| UNMET CTVs | = RAPS x 6.17 | UNMET CTVs | = RAPS x 6.17 |



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 | 303993 | 297526 | 294104 | 289826 | 289826 | 289826 | 289826 | 289826 |
| UNMET | 109622 | 107290 | 106056 | 104514 | 104514 | 104514 | 104514 | 104514 |
| TOTAL | 413615 | 404816 | 400160 | 393800 | 393800 | 393800 | 393800 | 393800 |

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:

| FY1993 | | FY1994-FY2001 | |
|---|---|---|---|
| MET CTVs | = ACTUAL MET CTVs | | = RAPS x 17.11 |
| UNMET CTVs | = RAPS x 6.17 | | UNMET CTVs = RAPS x 6.17 |

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) | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| PROPHY TECHNICIANS (MIL AND CIV) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| DENTAL HYGIENISTS (MIL AND CIV) | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

| | |
|---|---|
| CAPT W. H. MCDONALD, DC, USN | W. H. McDonald |
| NAME (Please type or print) | Signature |
| BRANCH DIRECTOR | 31 MAY 1994 |
| Title | Date |
| NDC, PEARL HARBOR, HI | |
| Activity | |

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

June 17. 94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

# Document Separator

502

# MILITARY VALUE ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: NDC, PEARL HARBOR, HI
# ACTIVITY UIC: 62313

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, Pearl Harbor is tasked by Title 10, U.S. Code, and other applicable directives, to provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area. Operate assigned component dental care facilities. Ensure that all assigned military personnel are both aware of, and properly trained for, the performance of their contingency and wartime duties. Ensure the proper state of material and personnel readiness to fulfill wartime and contingency plans. Provide, as directed, dental care services in support of Navy and Marine Corps units of operating forces and shore activities to ensure the highest possible degree of operational readiness of these forces and activities. Conduct 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. Participate as an integral element of the Navy and Tri-Service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies.

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) |
|---|---|---|---|
| NAVSUBBASE | 00314 | PEARL HARBOR | 1433 |
| SHORE INTER. MAINT. FAC. | 62813 | PEARL HARBOR | 588 |
| USS INGERSOL | 20837 | PEARL HARBOR | 437 |
| CINCPACFLT | 00070 | PEARL HARBOR | 422 |
| USS CHOSIN | 21625 | PEARL HARBOR | 379 |
| USS CUSHING | 20617 | PEARL HARBOR | 375 |
| USS FLETCHER | 20839 | PEARL HARBOR | 351 |
| NAV MED CLINIC | 68089 | PEARL HARBOR | 349 |
| USS LEFTWICH | 20616 | PEARL HARBOR | 347 |
| SUB FORCE PAC | 57020 | PEARL HARBOR | 319 |
| NOPF | 68645 | PEARL HARBOR | 315 |
| USS CIMARRON | 20861 | PEARL HARBOR | 307 |
| INTELL CEN PAC | 68389 | PEARL HARBOR | 299 |
| NAV SUB TRA CTR | 63154 | PEARL HARBOR | 275 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| USS WILLAMETTE | 21048 | PEARL HARBOR | 244 |
| USS CROMMELIN | 21104 | PEARL HARBOR | 225 |
| USS LAKE ERIE | 21827 | PEARL HARBOR | 197 |
| USS REBUEN JAMES | 21351 | PEARL HARBOR | 191 |
| AFLOAT TRA GRU | 57063 | PEARL HARBOR | 190 |
| USS BUFFALO | 20996 | PEARL HARBOR | 179 |
| USS HONOLULU | 21025 | PEARL HARBOR | 169 |
| USS INDY | 20788 | PEARL HARBOR | 167 |
| MARINE BKS | 62211 | PEARL HARBOR | 165 |
| USS HELENA | 21367 | PEARL HARBOR | 161 |
| USS BREMERTON | 20882 | PEARL HARBOR | 157 |
| USS NY CITY | 20787 | PEARL HARBOR | 156 |
| USS OLYMPIA | 21024 | PEARL HARBOR | 153 |
| USS ASPRO | 05135 | PEARL HARBOR | 152 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| USS OMAHA | 20783 | PEARL HARBOR | 151 |
| USS TAUTOG | 05132 | PEARL HARBOR | 149 |
| USS W.H.BATES | 20043 | PEARL HARBOR | 141 |
| USS TUNNY | 20045 | PEARL HARBOR | 139 |
| USS SAN FRANCISCO | 20087 | PEARL HARBOR | 138 |
| USS BIRMINGHAM | 20786 | PEARL HARBOR | 138 |
| COMMANDER UNDERSEA | 57101 | PEARL HARBOR | 137 |
| NAV SEC GROUP ACT P.H. | 63901 | PEARL HARBOR | 134 |
| USS CAVALLA | 20346 | PEARL HARBOR | 133 |
| USS HAWKBILL | 05148 | PEARL HARBOR | 130 |
| USS KAMEHAMEHA | 30154 | PEARL HARBOR | 128 |
| NAVDENCEN | 62313 | PEARL HARBOR | 117 |
| USS PINTADO | 05153 | PEARL HARBOR | 117 |
| USS CONSERVER | 02534 | PEARL HARBOR | 111 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| USS SAFEGUARD | 21245 | PEARL HARBOR | 111 |
| USS SALVOR | 21468 | PEARL HARBOR | 105 |
| MOBILE DIVE SALVAGE UNIT-1 | 55550 | PEARL HARBOR | 104 |
| USS RECLAIMER | 02537 | PEARL HARBOR | 90 |
| NAV TEL COM CTR CINCPAC | 39133 | PEARL HARBOR | 82 |
| SUB SQD 1 | 55346 | PEARL HARBOR | 83 |
| NAV SURF GRU MIDPAC | 55315 | PEARL HARBOR | 81 |
| NAV WEST OCEAN CTR | 62363 | PEARL HARBOR | 81 |
| COM EXP ORD DIS GROUP-1 | 30200 | PEARL HARBOR | 69 |
| FLEET AREA CONTROL SURV | 43583 | PEARL HARBOR | 53 |
| SUB SQD 7 | 53896 | PEARL HARBOR | 51 |
| SDVT-1 | 46406 | PEARL HARBOR | 49 |
| PSD | 43104 | PEARL HARBOR | 45 |
| NAVAL SHIPYARD | 00311 | PEARL HARBOR | 44 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| NAVAL CONST BAT-413 | 66648 | PEARL HARBOR | 44 |
| NAVBASE P.H. | 61449 | PEARL HARBOR | 40 |
| COM EXPLO ORD DISP TRNG | 30202 | PEARL HARBOR | 39 |
| MOBILE TECH UNIT-1 | 55302 | PEARL HARBOR | 36 |
| COMASWPAC | 43020 | PEARL HARBOR | 35 |
| PSA DET NAVSOB | 46767 | PEARL HARBOR | 34 |
| FISC P.H. | 00604 | PEARL HARBOR | 32 |
| NEPMU 6 | 0545A | PEARL HARBOR | 32 |
| PACFLT BAND | 35397 | PEARL HARBOR | 32 |
| NLSO | 68373 | PEARL HARBOR | 28 |
| CONSOL MAINT | 42262 | PEARL HARBOR | 27 |
| MOBILE ENVIRON TEAM | 63047 | PEARL HARBOR | 25 |
| NARC | 68483 | PEARL HARBOR | 23 |
| COMMISSARY | 49216 | PEARL HARBOR | 21 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| MARINE CORP RES CTR | 87274 | PEARL HARBOR | 21 |
| NATIONAL SECURITY AGEN. | 41354 | PEARL HARBOR | 19 |
| SECGRU CINCPACFLT | 41656 | PEARL HARBOR | 19 |
| MOBILE MINE ASSY ORD DET-7 | 53852 | PEARL HARBOR | 18 |
| NAVAIR RES CTR | 68900 | PEARL HARBOR | 18 |
| NAVSECGRU DET | 44594 | PEARL HARBOR | 16 |
| NAVRESCEN HONO | 61845 | PEARL HARBOR | 16 |
| FACENGCOM DET MIDPAC UNIT | 62471 | PEARL HARBOR | 16 |
| PWC | 62755 | PEARL HARBOR | 16 |
| DES SQD 31 | 55528 | PEARL HARBOR | 15 |
| NAVREC STATION | 31919 | PEARL HARBOR | 10 |
| NAVREACTORS | 44621 | PEARL HARBOR | 10 |
| COMMAND ROSTER | 00001 | PEARL HARBOR | 8 |
| KAHOOLAWE COMP | 44669 | PEARL HARBOR | 8 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| NAVRES RECRUIT COM | 43074 | PEARL HARBOR | 8 |
| NAVFACENGCOM | 62742 | PEARL HARBOR | 8 |
| PACFLT INTER LOGISTICS OVHT | 30742 | PEARL HARBOR | 7 |
| MEPS | 35538 | PEARL HARBOR | 7 |
| NAVTELCOM STA | 45408 | PEARL HARBOR | 7 |
| NBS | 45864 | PEARL HARBOR | 7 |
| WWMCCS SUP FAC | 47701 | PEARL HARBOR | 7 |
| FOOD MAN TEAM | 31231 | PEARL HARBOR | 7 |
| NIS | 63435 | PEARL HARBOR | 5 |
| RESIDENT SUPSHIP DET | 47456 | PEARL HARBOR | 3 |
| INFOSYSTECH | 68568 | PEARL HARBOR | 3 |
| MSC TAGOS PAC | 46078 | PEARL HARBOR | 2 |
| COMBAT SUPSQD5 | 55437 | PEARL HARBOR | 1 |
| NAVY EXCHANGE | 68897 | PEARL HARBOR | 1 |

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

2. Customer Base (continued).

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE (NUMBER OF PERSONNEL) |
|---|---|---|---|
| JOINT CASUALTY RESOLUTION | 33011 | PEARL HARBOR | 1 |
| NAVMARCOR MARS REG-8 | 42297 | PEARL HARBOR | 1 |
| DCSP REG COM | 55216 | PEARL HARBOR | 1 |
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**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 FY1993 workload:

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 18522 |
| B. FY1993 MET WORKLOAD (CTVs) | 316889 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 114281 |
| D. TOTAL WORKLOAD (B+C) | 431170 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 17.11 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 6.17 |
| G. WORKLOAD PER CAPITA (D÷A) | 23.28 |

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 | 17767 | 17389 | 17189 | 16939 | 16939 | 16939 | 16939 | 16939 |
| A: TOTAL MET CTVs (X100) | 304 | 298 | 294 | 290 | 290 | 290 | 290 | 290 |
| B: TOTAL UNMET CTVs (X100) | 110 | 107 | 106 | 105 | 105 | 105 | 105 | 105 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) (X100) | 414 | 405 | 400 | 395 | 395 | 395 | 395 | 395 |
| DENTISTS (MIL AND CIV) | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| PROPHY TECHNICIANS (MIL AND CIV) | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| DENTAL HYGIENISTS (MIL AND CIV) | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |

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 |
| INSER002 CAREER INFO | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 |
| INSERV003 EDUCATIONAL ADVISE | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 |
| INSERV004 FINANCIAL RESP | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 |
| INSERV005 UHS | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 |
| INSERV006 NAVLEAD | 71 | 71 | 71 | 71 | 71 | 71 | 71 | 71 |
| INSERV007 PHYSICAL FITNESS | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 |
| INSERV008 1ST AID | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 |
| INSERV011 STRESS MANAGEMENT | 70 | 70 | 70 | 70 | 70 | 70 | 70 | 70 |

5. Training Programs (continued).

| PROGRAM | NUMBER TRAINED BY FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
| INSERV012 SMOKING | 88 | 88 | 88 | 88 | 88 | 88 | 88 | 88 |
| INSERV013 INJURY PREVENTION | 97 | 97 | 97 | 97 | 97 | 97 | 97 | 97 |
| INSERV019 HEARING CONSERVATION | 53 | 53 | 53 | 53 | 53 | 53 | 53 | 53 |
| INSER020 SIGHT CONSERVATION | 53 | 53 | 53 | 53 | 53 | 53 | 53 | 53 |
| INSERV021 DRUG/ALCOHOL | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| INSERV023 COUNTER ESPIONAGE | 73 | 73 | 73 | 73 | 73 | 73 | 73 | 73 |
| INSERV024 PHYSICAL SECURITY | 53 | 53 | 53 | 53 | 53 | 53 | 53 | 53 |
| INSERV025 DISASTER PREP | 86 | 86 | 86 | 86 | 86 | 86 | 86 | 86 |

5. Training Programs (continued).

| PROGRAM | NUMBER TRAINED BY FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
| INSERV027 BLS | 33 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| INSERV030 INFECTION CONTROL | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 |
| INSERV031 NAVY RIGHTS/RESPON | 21 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| INSERV032 CODE OF CONDUCT | 6 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| INSERV037 PRIVACY ACT | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 |
| INSERV038 FREEDOM OF INFO ACT | 85 | 85 | 85 | 85 | 85 | 85 | 85 | 85 |
| INSERV045 ASSAULTS/RAPES | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| INSERV048 COMMAND ORIENTATION | 11 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |

5. Training Programs (continued).

| PROGRAM | NUMBER TRAINED BY FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
| PD-CORE PREVDEN | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| CTT | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| CIV ANESTHESIA | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| CIV DEN ASST | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| DT RADIOLOGY | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
| DT CSR | 5 | 35 | 35 | 35 | 35 | 35 | 35 | 35 |
| RED CROSS VOL TRA | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 |
| PROFICIENCY TRAINING | 110 | 110 | 110 | 110 | 110 | 110 | 110 | 110 |

**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 substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

| FACILITY TYPE (CCN) | BUILDING NAME/USE[1] | SQUARE FEET | AGE (IN YEARS) | CONDITION CODE[2] |
|---|---|---|---|---|
| 540-10 | 1407/DENTAL CLINIC, PEARL HARBOR | 22419 | 20 | A |
| | | | | |
| | | | | |
| | | | | |

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

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

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

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

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

**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?

CONVENIENT/READILY ACCESSIBLE

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

HONOLULU INTERNATIONAL AIRPORT: 4 MILES

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

N/A

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

5-10 MINUTES (MAXIMUM)

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?

N/A

**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?

MOST HOMEPORTED SHIPS AND SUBMARINES ONLY HAVE INDEPENDENT DUTY CORPSMAN (IDCs) ONBOARD. THE IDCs ON HOMEPORTED SHIPS WOULD BE REQUIRED TO PERFORM MORE EMERGENCY DENTAL PROCEDURES AS WELL AS MAINTAIN CLOSE LIAISON WITH THE AIR FORCE DENTAL FACILITY (THE NEAREST FULL SERVICE FACILITY) IN ORDER TO CONTINUING PROVIDING "QUALITY CARE" FOR THEIR SHIPMATES.

THERE WOULD BE A LOSS OF FLEET SUPPORT TO APPROXIMATELY 21 SUBMARINES AND 14 SURFACE SHIPS HOMEPORTED IN PEARL HARBOR AS WELL AS LOSS OF FLEET SUPPORT TO SHIPS ON WESTPAC/IO CRUISES. (PEARL HARBOR IS A MAJOR STOP OVER FOR THESE SHIPS AND SQUADRONS.)

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

THE NAVY WOULD HAVE TO CREATE AN INTERSERVICE AGREEMENT WITH EITHER (OR BOTH) THE AIR FORCE AND ARMY IN ORDER TO ALLOW ACTIVITY DUTY NAVY AND MARINE CORPS PERSONNEL ACCESS TO CARE AT THE DENTAL FACILITY AT HICKAM AIR FORCE BASE OR SCHOFIELD BARRACKS (ARMY).

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

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

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

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

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

13. Quality of Life.
PLEASE REFER TO HOST COMMAND'S QUALITY OF LIFE SECTION.
**HOST: NAVAL STATION, PEARL HARBOR UIC: 62813 DATA CALL: #37**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

| | |
|---|---|
| CAPT W. H. MCDONALD, DC, USN<br>NAME (Please type or print) | W. H. McDonald<br>Signature |
| BRANCH DIRECTOR<br>Title | 31 MAY 1994<br>Date |
| NDC, PEARL HARBOR<br>Activity | |

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMMANDING OFFICER
Title

31 MAY 1994
Date

NDC PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-17-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

30 JUN 1994
Date

502

# DATA CALL 66
# INSTALLATION RESOURCES

**Activity Information:**

| | |
|---|---|
| Activity Name: | NAVAL DENTAL CENTER PEARL HARBOR |
| UIC: | 62313 |
| Host Activity Name (if response is for a tenant activity): | NAVAL STATION PEARL HARBOR |
| Host Activity UIC: | 62813 |

**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:** NDC PEARL HARBOR | | **UIC:** 62313 | |
| **Category** | **FY 1996 BOS Costs ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | 40 | 0 | 40 |
| 1b. Minor Construction | 25 | 0 | 25 |
| **1c. Sub-total 1a. and 1b.** | 65 | 0 | 65 |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | * | N/A | * |
| 2b. Transportation | 18 | 0 | 18 |
| 2c. Environmental | N/A | N/A | N/A |
| 2d. Facility Leases | N/A | N/A | N/A |
| 2e. Morale, Welfare & Recreation | N/A | N/A | N/A |
| 2f. Bachelor Quarters | N/A | N/A | N/A |
| 2g. Child Care Centers | N/A | N/A | N/A |
| 2h. Family Service Centers | N/A | N/A | N/A |
| 2i. Administration | 34 | 949 | 983 |
| 2j. Other (Specify) | 48 | 108 | 156 |
| **2k. Sub-total 2a. through 2j:** | 100 | 1057 | 1157 |
| **3. Grand Total (sum of 1c. and 2k.):** | 165 | 1057 | 1222 |

2a: UTILITY COSTS are paid for by Naval Medical Clinic Pearl Harbor. Information is provided under Naval Medical Clinic, UIC:68098 data call submission.

2i: ADMINISTRATION LABOR COSTS were calculated using the following formula:
5 Officers @ $84,607 = $423K
12 Enlisted @ $35,914 = $431K
Civilian Labor = $ 95K

2j: OTHER COSTS include Supply Operations (1K); Other Support Services (6K); and Communications expenses (41K). Labor costs were calculated using te following formula:
3 Enlisted @ $35,914 = $108K

**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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

**c. Table 1B - Base Operating Support Costs (DBOF Overhead).** This Table should be submitted for all current DBOF activities. Costs reported should reflect BOS costs supporting the DBOF activity itself (usually included in the G&A cost of the activity). For DBOF activities which are tenants on another installation, total cost of BOS incurred by the tenant activity for itself should be shown on this table. It is recognized that differences exist among DBOF activity groups regarding the costing of base operating support: some groups reflect all such costs only in general and administrative (G&A), while others spread them between G&A and production overhead. Regardless of the costing process, all such costs should be included on Table 1B. The Minor Construction portion of the FY 1996 capital budget should be included on the appropriate line. Military personnel costs (at civilian equivalency rates) should also be included on the appropriate lines of the table. Please ensure that individual lines of the table do not include duplicate costs. Also ensure that there is no duplication between data provided on Table 1A. and 1B. These two tables must be mutually exclusive, since in those cases where both tables are submitted for an activity, the two tables will be added together to estimate total BOS costs at the activity. Add additional lines to the table (following line 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 PEARL HARBOR | | **UIC:** 62313 | |
| **Category** | **FY 1996 Net Cost From UC/FUND-4 ($000)** | | |
| | **Non-Labor** | **Labor** | **Total** |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Real Property Maintenance (>$15K) | | | N/A |
| 1b. Real Property Maintenance (<$15K) | | | N/A |
| 1c. Minor Construction (Expensed) | | | N/A |
| 1d. Minor Construction (Capital Budget) | | | N/A |
| **1c. Sub-total 1a. through 1d.** | | | N/A |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Command Office | | | N/A |
| 2b. ADP Support | | | N/A |
| 2c. Equipment Maintenance | | | N/A |
| 2d. Civilian Personnel Services | | | N/A |
| 2e. Accounting/Finance | | | N/A |
| 2f. Utilities | | | N/A |
| 2g. Environmental Compliance | | | N/A |
| 2h. Police and Fire | | | N/A |
| 2i. Safety | | | N/A |
| 2j. Supply and Storage Operations | | | N/A |
| 2k. Major Range Test Facility Base Costs | | | N/A |
| 2l. Other (Specify) | | | N/A |
| **2m. Sub-total 2a. through 2l:** | | | N/A |
| **3. Depreciation** | | | N/A |
| **4. Grand Total (sum of 1c., 2m., and 3.) :** | | | N/A |

## DATA CALL 66
## INSTALLATION RESOURCES

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

| **Table 2 - Services/Supplies Cost Data** | |
|---|---|
| **Activity Name:** NDC PEARL HARBOR | **UIC:** 62313 |
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 50 |
| **Material and Supplies (including equipment):** | 336 |
| **Industrial Fund Purchases (other DBOF purchases):** | N/A |
| **Transportation:** | N/A |
| **Other Purchases (Contract support, etc.):** | 51 |
| **Total:** | 437 |

OTHER PURCHASES include Laundry, Printing and Equipment Maintenance

## 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 PEARL HARBOR | **UIC:** 62313 |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | N/A |
| Facilities Support: | N/A |
| Mission Support: | N/A |
| Procurement: | N/A |
| Other:* | N/A |
| **Total Workyears:** | N/A |

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

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

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

| | |
|---|---|
| R. W. HINMAN, CAPT, DC, USN | R W Hinman |
| NAME (Please type or print) | Signature |
| COMMANDING OFFICER | 12 JULY 1994 |
| Title | Date |

NAVAL DENTAL CENTER
PEARL HARBOR, HI
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

04 AUG 1994

Title

Date

Document Separator

# DATA CALL 66
# INSTALLATION RESOURCES

503

| | |
|---|---|
| Activity Name: | Naval Dental Center, Pensacola, Florida |
| UIC: | 68441 |
| Host Activity Name: | Naval Air Station, Pensacola, Florida |
| Host Activity UIC: | 00204 |

1. VR Bumed 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

| TABLE 1A - Base Operating Support Costs (Other Than DBOF Overhead) | | | |
|---|---|---|---|
| Activity Name: Naval Dental Center, Pensacola, Florida | | UIC: | 68441 |
| | FY-96 BOS COSTS ($000) | | |
| Category | Non-Labor | Labor | Total |
| **1. Real Property Maintenance Costs:** | | | |
| 1a. Maintenance and Repair | | | |
| 1b. Minor Construction | | | |
| 1b. Sub-total 1a. and 1b. | | | |
| **2. Other Base Operating Support Costs:** | | | |
| 2a. Utilities | 6 | | 6 |
| 2b. Transportation | 7 | | 7 |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare, & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Services Centers | | | |
| 2i. Administration | 9 | | 9 |
| 2j. Other (specify) Communication | 15 | | 15 |
| Military Labor | | 769 | 769 |
| Civilian Labor | | 117 | 117 |
| 2k. Sub-total 2a. through 2j. | 37 | 886 | 923 |
| **3. Grand Total (sum of 1c. and 2k).:** | 37 | 886 | 923 |

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

2. VR Bumed 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

| Table 2 - Services/Supply Cost Data | |
|---|---|
| Activity Name: Naval Dental Center, Pensacola, Florida | UIC: 68441 |
| Cost Category | FY-1996 Projected Costs ($000) |
| Travel: | 31 |
| Material and Supplies (including equipment): | 1 |
| Industrial Fund Purchases (other DBOF purchases): | |
| Transportation: | |
| Other Purchases (Contract support, etc.): | 4 |
| Total: | 36 |

| Table 3 - Contract Workyears | |
|---|---|
| Activity Name: Naval Dental Center, Pensacola, Florida | UIC: 68441 |
| Cost Category | FY-1996 Estimated Number of Workyears On-Base |
| Construction: | N/A |
| Facilities Support: | N/A |
| Mission Support: | N/A |
| Procurement: | N/A |
| Other: | N/A |
| Total Workyears:: | N/A |

See pages # ~~6R, 7R~~ VR 3R, 4R VR Bumed 824 8/1/94

## Off-Base Contract Workyear Data

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

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

3. VR Bumed 824 8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

## 3. Contractor Workyears.

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

| Table 3 - Contract Workyears | |
|---|---|
| Activity Name: NAVAL DENTAL CENTER PENSACOLA | UIC: 68441 |
| Contract Type | FY 1996 Estimated Number of Workyears On-Base |
| Construction: | N/A |
| Facilities Support: | N/A |
| Mission Support: | 1.5 |
| Procurement: | N/A |
| Other:* | N/A |
| Total Workyears: | 1.5 |

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

3 PR

VR Burnell 824
8/1/94

# DATA CALL 66
# INSTALLATION RESOURCES

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

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

1.5 workyears would be transferred from NDC Pensacola to gaining activity.

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

A VR R VR Burnett 824 8/1/94

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

G B Grantham
Signature

Commanding Officer
Title

13 July '94
Date

Naval Dental Center, Pensacola Florida
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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 8-2-94

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)

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

Signature

Title

Date 8/30/94

# Document Separator

Activity: 68441

## 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, PENSACOLA FL* |
| Acronym(s) used in correspondence | NDC - Naval Dental Center<br>DEN - Dental<br>HQ - Headquarters |
| Commonly accepted short title(s) | NAVDENCEN<br>NAVDENCENTER |

- Complete Mailing Address
450 TURNER ST. SUITE A
Pensacola, FL 32508-5214

- PLAD NAVDENCEN PENSACOLA FL

- PRIMARY UIC: 68441 (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 X No _____ (check one)

ENCLOSURE ( / )

ACTIVITY:68441

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: 00204

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

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

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

· Yes _____ No __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 | | |

ACTIVITY: 68441

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.

BRAC 91 - CLOSURE OF BDC NAS BEEVILLE TX

BRAC 93 - CLOSURE OF BDC MOBILE AL
CLOSURE OF NAS DALLAS AND OPENING OF BDC AT CARSWELL AFB
REALIGNMENT NAS MEMPHIS TN TO NAS PENSACOLA
REALIGNMENT OF CHARLESTON, SC TO INGLESIDE, TX

ACTIVITY: 68441

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 management, direction, and support to 18 branch clinics over a six state area.
-
-
-
-
-

Projected Missions for FY 2001

- Provide management, direction, and support to 18 branch clinics over a six state area.
-
-
-
-

ACTIVITY: 68441

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

- 
- 
- 

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 |
|---|---|
| CHIEF, NAVAL EDUCATION & TRAINING | 00062 |

| • Funding Source | UIC |
|---|---|
| CHIEF, BUREAU OF MEDICINE & SURGERY | 00018 |

ACTIVITY: 68441

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 | 5 | 8<br>3 # | 5 |
| • Tenants (total) | | UIC<br>2 # DEPMED 46894<br>1 # DEPMED 47538 | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | 5 1F QA | 7 33 QA<br>3 # | 5 2F QA |
| • Tenants (total) | | UIC<br>2 # DEPMED 46894<br>1 # DEPMED 47538 | |

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

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

• Tenants residing on main complex (shore commands)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

• Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| N/A | | | | |

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

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

• Tenants (Other than those identified previously)

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

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

| Activity name | Location | Support function (include mechanism such as ISSA, MOU, etc.) |
|---|---|---|
| | | |

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.)

68441

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

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

Signature

Commanding Officer
Title

4 Feb 94
Date

Naval Dental Center, Pensacola, FL
Activity

Activity: 68441

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED

Title Date 10 FEB 1994

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR

NAME (Please type or print) Signature

ACTING

Title Date 16 FEB 94

# Document Separator

504

**CAPACITY ANALYSIS:**
**DATA CALL WORK SHEET FOR**
**DENTAL FACILITY: USNDC ROOSEVELT ROADS**
**ACTIVITY UIC: 68445**

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

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



ENCLOSURE ( 1 )

# TABLE OF CONTENTS

**MISSION REQUIREMENTS**

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

**MISSION REQUIREMENTS**

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

| CTVs | FY1993 | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|---|
| MET | 81724 | 76684 | 81724 | 81724 | 81724 | 81724 | 81724 | 81724 | 81724 |
| UNMET | 9650 | 10957 | 9650 | 9650 | 9650 | 9650 | 9650 | 9650 | 9650 |
| TOTAL | 91374 | 87641 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 |

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

Assumptions/Explanations:

1) Met workload = total CTVs during the period.
2) Population is assumed constant at 3122 throughout the time periods specified.
3) Staffing is based on 7 full-time dentist and 2 full-time hygienist.
4) FY-94 CTVs are projected slightly lower than FY-93 due to anticipated 4-6 week move in period into new clinic which will decrease production.
5) FY95-01 was based on FY93 data.

Calculations:

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

| | | | |
|---|---|---|---|
| FY93: | Class 2 = 1249 | 1249 x 4.55 = | 5683 |
| | Class 3 = 156 | 156 x 9.2 = | 1435 |
| | Class 4 = 531 | 531 x 4.77 = | 2533 |
| | | | --- |
| | | | 9650 UNMET CTVs |

| | | | |
|---|---|---|---|
| FY94: | Class 2 = 1405 | 1405 x 4.55 = | 6393 |
| | Class 3 = 156 | 156 x 9.22 = | 1435 |
| | Class 4 = 656 | 656 x 4.77 = | 3129 |
| | | | --- |
| | | | 10957 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 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 |
| UNMET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 | 91374 |

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

Please show all calculations and assumptions in the space below:

Assumptions:

1) Population is assumed constant at 3122 throughout the time periods specified.
2) Patient population is considered a constraint.
3) Projected population does not take into account fleet or tri-service referrals for specialty care.
4) Physical plant is limited to 19 Dental Operatories.
3) MET CTVs = total CTVs during period.

Calculations:

1) UNMET CTVs = 0
2) With the addition of all required dental officer assets this clinic will be able to meet all workload requirtements and thus UNMET CTVs should be zero, impeded only by personnel compliance.

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

| PROVIDER TYPE | FY 1993 | FY 1994 | FY 1995 | FY 1996 | FY 1997 | FY 1998 | FY 1999 | FY 2000 | FY 2001 |
|---|---|---|---|---|---|---|---|---|---|
| DENTISTS (MIL AND CIV) | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| PROPHY TECHNICIANS (MIL AND CIV) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| DENTAL HYGIENISTS (MIL AND CIV) ** | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |

Note: ** Additional Hygienist in FY94 came on board in June 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

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

Signature

Commanding Officer

Title

31 MAY 94

Date

USNDC Roosevelt Roads

Activity

ENCLOSURE ( 2 )

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) x D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-8-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR.

NAME (Please type or print) JB Greene Jr Signature

ACTING

Title 6/20/94 Date

Document Separator

## DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

| | |
|---|---|
| Official name | *U.S. Naval Dental Center*<br>*Roosevelt Roads, Puerto Rico* |
| Acronym(s) used in correspondence | *NavDenCen*<br>*Roosevelt Roads, P. R.* |
| Commonly accepted short title(s) | *USNDC*<br>*Roos Rds, P. R.* |

- Complete Mailing Address

  U. S. Naval Dental Center
  Box 3012 PSC 1008
  FPO AA 34051

- PLAD

  NAVDENCEN ROOSEVELT ROADS RQ//OO//

- PRIMARY UIC: 68445 (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): 39082 PURPOSE: BDC, Sabana Seca
  48881 BDC, Rodman Panama
  62333 BDC, Guantanamo Bay

ENCLOSURE ( / )

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 ____ 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: 00389
  - Primary Host (as of 01 Oct 1995) UIC: 00389
  - Primary Host (as of 01 Oct 2001) UIC: 00389

- 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)



ENCLOSURE ( 1 )

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 Sabana Seca | 39082 | San Juan, Puerto Rico | Naval Security Group Activity, Sabana Seca | 66754 |
| Branch Dental Clinic Panama | 48881 | Rodman, Panama | Naval Station, Rodman, Panama | 66833 |
| Branch Dental Clinic Guantanamo Bay | 62333 | Guantanamo Bay, Cuba | Naval Station, Guantanamo Bay, Cuba | 60514 |

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



ENCLOSURE ( 1 )

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 Mission

- To provide dental health care to authorized personnel in the Commander Fleet Air Caribbean area of responsibility, and others as covered by Memoranda of Understanding.

Projected Missions for FY 2001

- Same as above



ENCLOSURE ( 1 )

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 |
| Commander Fleet Air Caribbean | 62919 |
| • Funding Source | UIC |
| Naval Healthcare Support Office Jacksonville, FL. | 68907 |
| BUMED | 00018 65A |



ENCLOSURE ( / )

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian |
|---|---|---|---|
| • Reporting Command | 10 | 19 | 3 |
| • Tenants (total) | | | |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian |
|---|---|---|---|
| • Reporting Command | ~~11~~ 10 GA | ~~21~~ 23 USA | ~~3~~ 2 GSA |
| • 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.

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO | | | |
| W. H. Wilson, CAPT, DC, USN | (809)865-6145 | (809)865-2626 | (809)865-6226 |
| • Duty Officer | | | [ N/A ] |
| • XO | | | |
| P. E. Schmid, CAPT, DC, USN | (809)856-6145 | (809)865-2626 | (809)382-9600 |
| • DFA | | | |
| G. H. Rakes, LCDR, MSC, USN | (809)865-6145 | (809)865-2626 | (809)865-6401 |



ENCLOSURE ( / )

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 | | | | | |



ENCLOSURE ( 1 )

- 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.) |
|---|---|---|
| *U.S. Naval Activity, Antiqua* | *Antiqua, BWI* | *Dental Care* |
| *U.S. Army, Fort Buchanan* | *San Juan, PR* | *Specialty Dental Care* |
| *U.S. Naval Station Roosevelt Roads Detachment, Vieques* | *Vieques, PR* | *Dental Care* |
| *U.S. Coast Guard, Greater Antilles* | *San Juan, PR* | *Dental Care* |
| *U.S Coast Guard, Boriquen* | *Boriquen, PR* | *Dental Repair-MOU* |



ENCLOSURE ( / )

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."



ENCLOSURE ( 1 )

68445

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

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

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

ACTIVITY COMMANDER

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

W H Wilson
Signature

Commanding Officer
Title

26 JAN 94
Date

U.S. Naval Dental Center, Roosevelt Roads
Activity



ENCLOSURE ( 1 )

6844 S
6A

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

2-9-94
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 1994
Date

# Document Separator

504

# MILITARY VALUE ANALYSIS:
# DATA CALL WORK SHEET FOR
# DENTAL FACILITY: USNDC ROOSEVELT ROADS
# ACTIVITY UIC: 68445

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

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



ENCLOSURE (5)

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**MISSION REQUIREMENTS**

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

To provide dental health care to personnel of the uniformed services, operating forces, shore activities and other authorized personnel within the Southern Carribbean and Puerto Rico region.

2. CUSTOMER BASE (Based on PSD personnel data as of 23 May 94)

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE |
|---|---|---|---|
| NAVAL STATION ROOSEVELT ROADS | 00389 | CEIBA, PR | 656 |
| NAVAL MOBILE CONSTRUCTION BATTALION | 55488 | CEIBA, PR | 408 |
| PATROL SQUADRON VP-8 | 09661 | CEIBA, PR | 362 |
| NAVAL HOSPITAL | 65428 | CEIBA, PR | 331 |
| FLEET COMPOSITE SQUADRON VC-8 | 09948 | CEIBA, PR | 220 |
| SECURITY DETACHMENT | 47216 | CEIBA, PR | 202 |
| AVIATION INTERMEDIATE MAINTENANCE DET | 44373 | CEIBA, PR | 160 |
| NAVAL COMPUTER TELECOMMUNICA-TION STATION | 00743 | CEIBA, PR | 122 |
| MARINE FORCE SECURITY DETACHMENT | 67411 | CEIBA, PR | 112 |
| ATLANTIC FLEET WEAPONS TRAIN-ING FACILITY | 0017A | CEIBA, PR | 92 |
| U. S. COAST GUARD DET ROOSEVELT | Z7614 | CEIBA, PR | 58 |
| PERSONNEL SUPPORT DET | 43334 | CEIBA, PR | 35 |

2. CUSTOMER BASE (CONT)

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE |
|---|---|---|---|
| TACTICAL SUPPORT CENTER | 47229 | CEIBA, PR | 34 |
| NAVAL STATION VIEQUES DETACHMENT | 42972 | VIEQUES, PR | 33 |
| ANTISUBMARINE WARFARE COMM DETACHMENT | 47229 | CEIBA, PR | 32 |
| U. S. NAVAL DENTAL CENTER | 68445 | CEIBA, PR | 30 |
| NAVAL SPECIAL WARFARE UNIT NO. 4 | 55180 | CEIBA, PR | 29 |
| AIR OPERATIONS DET | 35682 | CEIBA, PR | 26 |
| COMSOLANT | 57061 | CEIBA, PR | 25 |
| COMMANDER FLEET AIR CARRIBBEAN | 09003 | CEIBA, PR | 20 |
| NAVAL RESERVE CENTER | 68702 | CEIBA, PR | 19 |
| NAVAL OCEANOGRAPHY COMMAND DET | 65877 | CEIBA, PR | 18 |
| DEFENSE COMMISSARY ANGENCY | 49220 | CEIBA, PR | 12 |

2. CUSTOMER BASE (CONT)

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE |
|---|---|---|---|
| RESIDENT OIC OF CONSTRUCTION | 68762 | CEIBA, PR | 10 |
| SPECIAL BOAT UNIT NO. 20 | 68975 | CEIBA, PR | 10 |
| NAVAL STATION BRIG DETACHMENT | 42000 | CEIBA, PR | 9 |
| U. S. ARMY VETERINARY DET ROOSEVELT ROADS | W3QM18 | CEIBA, PR | 8 |
| EXPLOSIVE ORDINANCE DISPOSAL GROUP | 30714 | CEIBA, PR | 7 |
| NAVAL LEGAL SERVICE OFFICE DETACHMENT | 35496 | CEIBA, PR | 7 |
| NAVY BROADCASTING SERVICE DET | 42021 | CEIBA, PR | 7 |
| FLEET IMAGING CENTER | 30047 | CEIBA, PR | 6 |
| 2ND NCB DETACHMENT | 35182 | CEIBA, PR | 5 |
| CAAC | 68131 | CEIBA, PR | 4 |
| NAVAL BRANCH MEDICAL CLINIC VIEQUES | 43680 | VIEQUES, PR | 4 |

2. CUSTOMER BASE (CONT)

| UNIT NAME | UIC | UNIT LOCATION | UNIT SIZE |
|---|---|---|---|
| COMMANDER NAVAL SURFACE GROUP | 49735 | CEIBA, PR | 3 |
| USCINCLANT DEPT CFAC | 45099 | CEIBA, PR | 2 |
| 437 MILITARY AIRLIFT WING | FB44XX | CEIBA, PR | 2 |
| NEX RESALE ACTIVITY | 39236 | CEIBA, PR | 1 |
| U.S. COAST GUARD GREATER ANTILLES | 48424 | CEIBA, PR | 1 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 3122 |
| B. FY1993 MET WORKLOAD (CTVs) | 81724 |
| C. FY1993 UNMET WORKLOAD (CTVs) | 9650 |
| D. TOTAL WORKLOAD (B+C) | 91374 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 26.18 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 3.09 |
| G. WORKLOAD PER CAPITA (D÷A) | 29.27 |

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

Maximum capacity for CTVs: 91374

Explanation: Physical contraints of a less than adequate facility along with insufficient staffing would not allow our clinic to meet all required workload.

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 | 3122 | 3122 | 3122 | 3122 | 3122 | 3122 | 3122 | 3122 |
| A: TOTAL MET CTVs | 76684 | 81724 | 81724 | 81724 | 81724 | 81724 | 81724 | 81724 |
| B: TOTAL UNMET CTVs | 10957 | 9650 | 9650 | 9650 | 9650 | 9650 | 9650 | 9650 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 79275 | 91374 | 91374 | 91374 | 91734 | 91734 | 91734 | 91734 |
| DENTISTS (MIL AND CIV) | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| PROPHY TECHNICIANS (MIL AND CIV) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| DENTAL HYGIENISTS (MIL AND CIV) | 1 | 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: 91374

Explanation: Insufficient staffing will not allow this clinic to meet all workload requirements or maximun capacity for CTVs.

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

* NOT APPLICABLE FOR USNDC ROOSEVELT ROADS

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

**FACILITIES**

6. Facilities Description. Provide an updated (as of 30 September 1993) copy of your NAVMED 6750/4 (refer to BUMEDINST 6750.5). On Part I Dental Facility Spaces in the remarks column, identify whether the space is adequate, inadequate, or substandard[2]. 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 2338/U. S. Naval Dental Center and Headquaters Clinic | 15222 | New (1994) | Adequate |
| | | | | |
| | | | | |
| | | | | |

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

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

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

* Not Applicable to USNDC Roosevelt Roads

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

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 15 May 1994 | UIC | 68445 |
|---|---|---|---|
| FACILITY | U. S. Naval Dental Center, Roosevelt Roads<br>Puerto Rico Bldg. 2338 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT | 01 | 129 x 118 | Bldg. 2338 |
| 2. DENTAL TREATMENT ROOM | 19 | (16) 11 x 11<br>(3) 11 x 10 | (4) w/x-ray units<br>adequate |
| 3. STERILIZATION ROOM<br>DIRTY SIDE<br>CLEAN SIDE | <br>01<br>01 | <br>11 X 11<br>11 x 21 | adequate |
| 4. X-RAY EXPOSURE ROOM | 01 | 13 x 12 | adequate |
| 5. DARKROOM | 01 | 8 x 10 | adequate |
| 6. PROSTHETIC LAB<br>CASTING & GRINDING<br>CERAMICS ROOM | 01<br>01<br>01 | 25 x 22<br>12 x 13<br>7 X 12 | adequate |
| 7. STOREROOM/ SUPPLY ROOM | 01 | 39 X 13 | adequate |
| 8. CONFERENCE ROOM | 01 | 21 x 12 | adequate |
| 9. ADMINISTRATIVE OFFICE | 01 | 22 x 13 | adequate |
| 10. DENTAL OFFICER'S OFFICE | 04 | (2) 8 X 11<br>(2) 9 X 11 | adequate |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP<br><br>REPAIR OFFICE | 01<br><br>01 | 19 x 13<br><br>8 x 7 | adequate |
| 12. PATIENT WAITING AREA | 01 | 45 x 11 | adequate |
| 13. RECORDS CONTROL OFFICE | 01 | 17 x 21 | adequate |
| 14. LOCKER ROOM (MALE) | 02 | (1) 8 x 11<br>(1) 20 x 10 | adequate |
| 15. LOCKER ROOM (FEMALE) | 02 | (1) 8 x 11<br>(1) 10 x 13 | adequate |
| 16. TOILET FACILITY (MALE) | 03 | (1) 10 x 15<br>(1) 5 x 11<br>(1) 8 x 12 | adequate |
| 17. TOILET FACILITY (FEMALE) | 03 | (1) 9 x 12<br>(1) 8 x 15<br>(1) 4 x 11 | adequate |
| 18. OTHER MAJOR ROOMS | 17 | 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 Excellence 2080<br>Adec Excellence 2070<br>Adec Decade | 05<br>04<br>10 | A-4<br>A-4<br>A-1 |
| 2. DENTAL OPERATING CHAIR | Adec Priority 1005 | 19 | (10)A-1<br>(9) A-4 |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | Adec 6300<br><br>Adec 6300 Dual Track | 19<br><br>02 | (9) A-4<br>(10)A-1<br>A-1 |
| 4. CENTRAL VACUUM SYSTEM | US Turbine 15 HP<br><br>Rogers 920289 | 02<br><br>02 | A-1<br><br>A-1 |
| 5. AIR COMPRESSOR DEHYDRATOR | Champion oil less 12TD7VTS<br>Champion 50CNDA100 | 01<br>01 | A-1<br>A-1 |
| 6. STERILIZER | Amsco 3012 Vacumatic<br><br>Amsco 3023 Vacumatic | 01<br><br>01 | A-1<br><br>A-1 |
| 7. LIFE SUPPORT EQUIPMENT | See part IV | | |
| 8. OTHER MAJOR EQUIPMENT | Kohler power system 150<br><br>Amsco ultrasonic console | 01<br><br>01 | A-1<br><br>A-1 |
| **SECTION B - PROSTHETIC LAB EQUIPMENT** | | | |
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
| 1. AUTOMATIC CASTING MACHINE | Ticonium - Minicast<br>Jelenko - Therotrol 2500 | 01<br>01 | A-5<br>A-6 |
| 2. VACUUM PORCELAIN FURNACE | Jelenko - Flagship<br><br>Jelenko - LT | 01<br><br>01 | A-5<br><br>A-5 |
| 3. BURNOUT OVEN | Jelenko - Accutherm 250<br>Jelenko - Accutherm 150<br>Jelenko - Accutherm II | 01<br>01<br>01 | A-5<br>A-5<br>A-5 |
| 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 | Seimans - Heli 70<br>Gendex 770 | 01<br>04 | A-5<br>A-1 | May 92<br>(New) |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | J.M. Morita - A1 | 01 | A-4 | May 92 |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | Air Tech. A/T2000 | 01 | A-1 | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | x | DC | | a. VOLTAGE: 220/110 | | b. CYCLE: 60 | |
| 2. GAS: | | NATURAL | | COMMERCIAL | x | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

Part I #22 Other Major Rooms

| SPACE DESCRIPTION | QUANITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| Fiscal | 01 | 20 x 11 | adequate |
| LPO Office | 01 | 8 x 15 | adequate |
| Training/Library | 01 | 22 x 11 | adequate |
| Surgical scrub | 01 | 6 x 22 | adqeuate |
| Recovery room | 01 | 11 x 11 | adqeuate |
| Telephone closet | 01 | 4 x 5 | adequate |
| Gear locker | 01 | 5 x 5 | adequate |
| Electrical closet | 01 | 5 x 9 | adequate |
| CO's Office | 01 | 12 x 15 | adequate |
| XO's Office | 01 | 10 x 13 | adequate |
| CO's Secretary | 01 | 8 x 11 | adequate |
| DFA Office | 01 | 9 x 12 | adequate |
| CMC Office | 01 | 9 x 12 | adequate |

see continuation sheet

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | W.H. WILSON, CAPT, DC, USN | |

| SECTION C - DENTAL X-RAY EQUIPMENT | | | | |
|---|---|---|---|---|
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QTY | CONDITION CODE | RADIATION SURVEY |
| 1. STATIONARY INTRA-ORAL | | | | |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | | | | |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | | | | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | | DC | | a. VOLTAGE: | | b. CYCLE: | |
| 2. GAS: | | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

Continuation of Part I #22 Other Major Rooms

| SPACE DESCRIPTION | QUANITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| Laundry room | 01 | 7 x 11 | adequate |
| Staff lounge | 01 | 13 x 14 | adequate |
| Mechanical room | 02 | 9x12 39x38 | adequate |

Part II, Section A, #7 Life Support Equipment

| DESCRIPTION | MANU/MDL | QTY | CONDITION |
|---|---|---|---|
| Defib and Cardioscope | MRL/Porta-Pak 90 | 01 | A-1 |
| Pulse Oximeter | Biochem/3040G | 01 | A-1 |
| Vital signs monitor | | 01 | A-1 |

Part II, Section C, Radition Survey

Radition surveys will be requested after installations are made in the new dental facility.

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| | | |

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| MILCON P-305 | U. S. Naval Dental Center and Headquarters Branch Clinic | FY-90 | 5.2 M |
| | | | |
| | | | |

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

* NONE

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

* NONE

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

The U. S. Naval Dental Center Roosevelt Roads' new facility is scheduled for completion in July 1994. The building is state of the art and centrally located on board Naval Station Roosevelt Roads with adequate land and parking facilities.

**LOCATION**

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

It has a positive effect on our mission in that we are easily assessible for both shore and operating forces throughout the Carribbean and Central/South Amercian region for general and specialty dental care.

The U. S. Naval Dental Center Roosevelt Roads is centrally located in the Carribbean and provides easy access to personnel within the Carribbean and Central/South American region. With a dedicated air field and port area we are able to receive patients for dental treatment very easily and provide prompt service to both shore and fleet operating forces.

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

With a dedicated air field and active port our central location provides our clients with easy access to our clinic and we are able to provide prompt service to our beneficiaries.

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

Air: The nearest military air terminal is onboard the Naval Station Roosevelt Roads and is 8 miles from the dental faciilty. The nearest commerical air terminal is in San Juan approximately 40 miles from the Naval Base.

Rail: There is no railroad system in Puerto Rico.

Sea: The nearest seaport is located on base at the Naval Station Roosevelt Roads and is located 3 miles from the Dental Facility. A large commercial seaport operation is also located approximately 40 miles away in San Juan.

Ground: Trucking and other transporation services are available throughout Puerto Rico. The closest city which can provide necessary services is Fajardo which is located approximately 10 miles from the Naval Station.

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

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

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

The majority of our customers (Naval Station Roosevelt Roads personnel) can reach our facility in 5 to 15 minutes. Customers stationed in San Juan area can reach our facility in 1 hour. Off island personnel traveling by aircraft can reach our facility in 1 to 5 hours depending on their location.

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

We are somewhat limited by the need to recruit fluent English speaking personnel from a largely Spanish speaking population. The base is also somewhat isolated from the nearest metropolotian city and travel to the Naval Station from a large population work force base can be two hours in heavy traffic. In addition, personnel from CONUS are reluctant to accept employment in Puerto Rico due to real or perceived crime concerns and the language barrier.

**FEATURES AND CAPABILITIES**

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

Since Naval Dental Clinic Roosevelt Roads provides the only specialty care for the entire Carribbean region (Army, Navy, Air Force, Coast Guard, and Marine Corps), if our current capabilities are lost, Navy and Marine Corps beneficiaries as well as other sevice members would have to depend on civilain dental sources for specialized care (which is a 1 1/2 to 2 hour commute) or Medevaced to a CONUS military dental treatment facility. Civilian specialty care is also limited as a result of our relatively isolated location. In addition, routine military dental care would be severely limited on the island if this facility were to close (see response to question 11a).

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 Naval Dental Clinic, Roosevelt Roads were to close, the active duty population would have no military dental care alternative within reasonable driving distance of Naval Station Roosevelt Roads. The closest military facilities are as follows:

a. The Army maintains a Dental Clinic at Fort Buchanan approximately 45 miles driving distance (1 1/2 hours) from Naval Station Roosevelt Roads. The clinic is manned by one civilian contract dentist.

b. The Coast Guard maintains a Dental Clinic at Borinquen approximately 125 miles driving distance (3 1/2 hours) from Naval Station Roosevelt Roads. This clinic is manned by one Public Health Dentist.

c. The Navy maintains a Dental Clinic at Sabana Seca approximately 45 miles driving distance (1 1/2 hours) from Naval Station Roosevelt Roads. This clinic is manned by one Naval Dental Officer.

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

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

* Not Applicable

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

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

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

* Not Applicable

13. Quality of Life. (Refer to Naval Station Roosevelt Roads, UIC 00389, Military Value section, Data Call 37)

a. Military Housing

(1) Family Housing:

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

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

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

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

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

## BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

Signature

Commanding Officer

Title

31 MAY 94

Date

USNDC Roosevelt Roads

Activity

ENCLOSURE ( 6 )

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 6-8-94

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)

R. R. SAREERAM

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 27 JUN 1994

# Document Separator

**Activity Information:**

Activity Name: U. S.
NAVAL DENTAL CENTER
ROOSEVELT ROADS

UIC: 68445

Host Activity Name (if response is for a tenant activity): U. S. NAVAL STATION, ROOS RDS

Host Activity UIC: 00389

**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.**

**Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)**

DATA CALL 66
INSTALLATION RESOURCES

Activity Name: U. S. NAVAL DENTAL CENTER - RR UIC: 68445

| Category | FY 1996 BOS Costs ($000) Non-Labor | Labor | Total |
|---|---|---|---|
| 1. Real Property Maintenance Costs: | | | |
| 1a. Maintenance and Repair | 16 | | 16 |
| 1b. Minor Construction | 05 | | 05 |
| 1c. Sub-total 1a. and 1b. | 21 | | 21 |
| 2. Other Base Operating Support Costs: | | | |
| 2a. Utilities | 67 | | 067 |
| 2b. Transportation | 09 | | 009 |
| 2c. Environmental | | | |
| 2d. Facility Leases | | | |
| 2e. Morale, Welfare & Recreation | | | |
| 2f. Bachelor Quarters | | | |
| 2g. Child Care Centers | | | |
| 2h. Family Service Centers | | | |
| 2i. Administration | 30 | 58 | 88 |
| 2j. Other (Specify) | 70 | | 70 |
| 2k. Sub-total 2a. through 2j: | 176 | 58 | 234 |
| 3. Grand Total (sum of 1c. and 2k.): | 197 | 58 | 255 |

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:

| Appropriation | Amount ($000) |
|---|---|
| N/A | |

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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) | | | N/A |
| 1b. Real Property Maintenance (<$15K) | | | N/A |
| 1c. Minor Construction (Expensed) | | | N/A |
| 1d. Minor Construction (Capital Budget) | | | N/A |
| **1c. Sub-total 1a. through 1d.** | | | N/A |
| **2. Other Base Operating Support Costs:** | | | |
| 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 | | | |

BUMED-822
mst, 19 Jul 94

U. S. NAVAL DENTAL CENTER - RR UIC:68445

DATA CALL 66
INSTALLATION RESOURCES

2k. Major Range Test Facility Base Costs

2l. Other (Specify)

2m. Sub-total 2a. through 2l:

3. Depreciation

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

N/A BUMED-822 mD, 19 Jul 94

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 Roosevelt Rds **UIC:** 68445

| Cost Category | FY 1996 Projected Costs ($000) |
|---|---|
| Travel: | 025 |
| Material and Supplies (including equipment): | ~~98~~ 108 |
| Industrial Fund Purchases (other DBOF purchases): | |
| Transportation: | 009 |
| Other Purchases (Contract support, etc.): | 225 |
| Total: | ~~357~~ 367 |

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:**

| Contract Type | FY 1996 Estimated Number of Workyears On-Base |
|---|---|
| Construction: | |
| Facilities Support: | |
| Mission Support: PERSONAL SERVICE CONTRACT | 2 |
| Procurement: | |
| Other:* | |
| **Total Workyears:** | 2 |

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MS, 19 Jul 94

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

DATA CALL 66
INSTALLATION RESOURCES

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

1) Estimated number of contract workyears which would be transferred to the receiving site (This number should reflect the number of jobs which would in the future be contracted for at the receiving site, not an estimate of the number of people who would move or an indication that work would necessarily be done by the same contractor(s)): 2

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

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

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

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

^Z^Z^Z^Z^Z

## 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

W. H. WILSON, CAPT, DC, USN

NAME (Please type or print)

W H Wilson

Signature

Commanding Officer

Title

13 JUL 94

Date

U. S. Naval Dental Center
Roosevelt Roads

Activity

Encl (3)

ENCLOSURE (2)

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

D. J. WILDES
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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 7-20-94

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)

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

Signature

Title

04 AUG 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 redesignation, realignments/closures or other action, provide current and projected data and so annotate.

- Name

| | |
|---|---|
| Official name | *Naval Dental Center, San Diego, CA* |
| Acronym(s) used in correspondence | *NAVDENCEN San Diego* |
| Commonly accepted short title(s) | *NAVDENCEN San Diego* |

- Complete Mailing Address

  Naval Dental Center
  Box 368147
  2310 Craven Street
  San Diego, CA 92136-5596

- PLAD

  NAVDENCEN SAN DIEGO

- PRIMARY UIC: 66022 (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): Not applicable PURPOSE: Not applicable

2. PLANT ACCOUNT HOLDER:

- Yes x (*) No _____ (check one)

(*) For Class-III Plant Account only.

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.



ENCLOSURE (1)

(UIC - 66022)

- Yes _____ No __X__ (check one)

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

- Yes __X__ No _____ (check one)
- Primary Host (current) UIC: 00245
- Primary Host (as of 01 Oct 1995) UIC: 00245
- Primary Host (as of 01 Oct 2001) UIC: 00245

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

- Yes _____ No __X__ (check one)

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

| Name | Location | UIC |
|---|---|---|
| Not applicable | | |

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

| Name | UIC | Location | Host name | Host UIC |
|---|---|---|---|---|
| Not applicable | | | | |

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

BRAC-93.

(a) Closure of Naval Training Center (NTC), San Diego requires disestablishment of the Branch Dental Clinic, NTC and reassignment of personnel and equipment to other branch dental clinics.

(UIC - 66022)

(b) Disestablishment of Naval Dental Center, Long Beach, CA and Naval Dental Center, San Francisco, CA requires realignment and transfer of command and control of their branch dental clinics to this command.

(c) Realignment of Naval Air Station (NAS) Miramar to a Marine Corps Air Station (MCAS) Miramar may require transfer of Branch Dental Clinic, NAS Miramar functions to a Marine Dental Unit/Company.

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

Current Missions

- Provide comprehensive dental services to Navy and Marine Corps units of the operating forces, shore activities, and other authorized personnel in the assigned geographic area to ensure the highest possible degree of operational readiness.

- Conduct appropriate education and training programs for assigned military personnel to ensure that both military and dental health care standards of conduct and performance are achieved and maintained.

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

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

Projected Missions for FY 2001

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

- Training and development.

- Efficient Personnel utilization.

- Effective material, facilities, and patient management.

- Commitment to quality of life issues.

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

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Current Unique Missions

- Not applicable.

Projected Unique Missions for FY 2001

- Not applicable

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

| • Operational name | UIC |
|---|---|
| Commander, Naval Base, San Diego | 00242 |

| • Funding Source | UIC |
|---|---|
| Bureau of Medicine and Surgery | 00018 |

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

On Board Count as of 01 January 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | ~~10~~ 107 GSA | ~~55~~ 284 GSA | ~~19~~ 61 GSA |
| . Contracted | N/A | N/A | 0 |
| • Tenants (total) | N/A | N/A | N/A |

Authorized Positions as of 30 September 1994

| | Officers | Enlisted | Civilian (Appropriated) |
|---|---|---|---|
| • Reporting Command | ~~9~~ 110 GSA | ~~35~~ 268 GSA | ~~19~~ 71 GSA |
| . Contracted | N/A | N/A | 0 |
| • Tenants (total) | N/A | N/A | N/A |

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.

(UIC - 66022)

| Title/Name | Office | Fax | Home |
|---|---|---|---|
| • CO/OIC | | | |
| T.C. SPLITGERBER<br>CAPT, DC, USN<br>Commanding Officer | 619-556-8200<br>DSN-526-8200 | 619-556-8559<br>DSN-526-8559 | N/A |
| • DUTY OFFICER | 619-556-8240<br>DSN-526-8240 | 619-556-8559<br>DSN-556-8559 | N/A |
| • DANILO L. YU<br>LCDR MSC USN<br>BRAC Coordinator | 619-556-8217<br>DSN-526-8217 | 619-556-8221<br>DSN-526-8221 | N/A |

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers, 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 |
|---|---|---|---|---|
| Not applicable | | | | |

• Tenants residing on main complex (homeported units.)

| Tenant Command Name | UIC | Officer | Enlisted | Civilian |
|---|---|---|---|---|
| Not applicable | | | | |

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

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| Not applicable | | | | | |

(UIC - 66022)

• Tenants (Other than those identified previously)

| Tenant Command Name | UIC | Location | Officer | Enlisted | Civilian |
|---|---|---|---|---|---|
| Not applicable | | | | | |

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.

(UIC - 66022)

| Activity name | Location | Support function (include mechanism such as ISSA, MOU, etc.) |
|---|---|---|
| *Naval School of Dental Assisting and Technology - DON* | *San Diego, CA* | *Material receiving support, use of administrative office, mail pick up and delivery, health care support, maintenance of dental equipment and components, educational services, general safety, consultative services, and training - ISSA* |
| *Fleet Dental Office. U.S. Pacific Fleet - DON* | *San Diego, CA* | *Finance and accounting, mail pick up and delivery, purchasing and contracting, transportation support, administrative services, training, repair and maintenance of office furniture and equipment, and personnel support - ISSA* |
| *Naval Air Reserve Center, NAS Miramar - DON(R)* | *San Diego, CA* | *Provide space/facilities, equipment, and material support for weekend reserve activities, credentialing support for Reserve Dental Officers, and training - MOU* |
| *4TH FSSG, 4TH Dental Company, DET-4, Navy and Marine Corps Reserve Readiness Center - DON(R)* | *San Diego, CA* | *Provide space/facilities, equipment, and material support for weekend reserve activities, credentialing support for Reserve Dental Officers, and training - MOU* |
| *Northern Arizona University - State University* | *Flagstaff, AZ* | *Provide approved professional program of training for student dental hygienists - MOU* |
| *San Diego Community College District - Local College* | *San Diego, CA* | *Provide approved professional program of training for student dental assistants - MOU* |
| *Grossmont Health Occupations Center - Local Adult and Regional Occupations (ROP) Programs* | *Santee, CA* | *Provide approved professional program of training for student dental assistants - MOU* |

(UIC - 66022)

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

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

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

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

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

(UIC - 66022)

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

Signature

COMMANDING OFFICER
Title

2 Feb 94
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

(UIC - 66022)

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 | |

(UIC - 66022)

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)

NAME (Please type or print)

Signature

Title

Date

BRAC-95 CERTIFICATION

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

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

Signature

ACTING DCNO (LOGISTICS)
Title

16 FEB 1994
Date

Division

Department

Activity

# Document Separator

505

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
DENTAL FACILITY: NAVAL DENTAL CENTER AND BRANCH DENTAL CLINIC
SAN DIEGO, CA
ACTIVITY UIC: 66022

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. 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 | 428641 | 475000 | 475000 | 475000 | 475000 | 475000 | 475000 | 475000 | 475000 |
| UNMET | 308000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 |
| TOTAL | 736641 | 825000 | 825000 | 825000 | 825000 | 825000 | 825000 | 825000 | 825000 |

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:

**FLEET AND SHORE POPULATION: 35,000**

**20 RANDOM RECORDS YIELDED AVERAGE OF 8.8 PROCEDURES. 8.8 MULTIPLY BY 35,000 IS EQUALS 308,000 UNMET PROCEDURES FOR FY-93.**

**FY-94 AND BEYOND MET AND UNMET INCREASES WERE BASED ON INCREASE IN NUMBRE OF EXAMINATIONS BEGINNING FY-94.**

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

| CTVs | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
|---|---|---|---|---|---|---|---|---|
| MET | 950000 | 950000 | 950000 | 950000 | 950000 | 950000 | 950000 | 950000 |
| UNMET | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 |
| TOTAL | 1300000 | 1300000 | 1300000 | 1300000 | 1300000 | 1300000 | 1300000 | 1300000 |

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:

**~1,000 CTV PER PROVIDER PER MONTH = 12,000 CTV/PROVIDER/YEAR**

**ASSUMPTIONS: UTILIZING ALL POTENTIAL TREATMENT ROOMS WOULD ALLOW FOR A 100% INCREASE IN TOTAL NUMBER OF PROVIDERS OR FY-94 STAFF TO UTILZIE 2 OPERATORIES.**

**FY-94 - POTENTIAL TO DOUBLE MET CTVS, 475,000 TO 950,000.**

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) | 45 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 |
| PROPHY TECHNICIANS (MIL AND CIV) | 4 | 6 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |
| DENTAL HYGIENISTS (MIL AND CIV) | 5 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT G.E. MACFARLANE, DC, USN
NAME (Please type or print)

Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, NAVAL STATION, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

6-17-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

ACTING
Title

28 JUN 1994
Date

# Document Separator

505

**MILITARY VALUE ANALYSIS:**
**DATA CALL WORK SHEET FOR**
**DENTAL FACILITY: NAVAL DENTAL CENTER AND BRANCH**
**DENTAL CLINIC, SAN DIEGO**
**ACTIVITY UIC: 66022**

**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, SAN DIEGO

Provide comprehensive dental care, administrative services, and logistical support to our internal and external customers by:

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

Perform other functions as may be assigned by Commander, Naval Base, San Diego.

BRANCH DENTAL CLINIC, NAVAL STATION, SAN DIEGO

Provide comprehensive dental services to the Navy and Marine Corps aboard the Naval Station and tenant commands. Provide dental care to other eligible beneficiaries in the area of responsibility.

Perform other functions as may assigned by the Commanding Officer, Naval Station, San Diego

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) |
|---|---|---|---|
| **ATTACHED REFLECTS CUSTOMER BASE SERVED. | VARIOUS | VARIOUS | 28,000 |
| NAVAL STATION | 00245 | SAN DIEGO | 7,000 |
| | | | |
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| | | | |

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

2. Client/Customer Base. In the table below, identify your active duty clients/customers (i.e., what active duty bases, air stations, units and/or ships you support). Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the client/customer Unit Identification Code (UIC).

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| 4TH FSSG MLC4SBN DSD | 46780 | NAS MIRAMAR |
| 4TH FSSG, SCO4 MBN | 67805 | NAS MIRAMAR |
| AEGIS TRNG SUPPORT GROUP | 45951 | NAVSTA 32nd ST, SAN DIEGO, CA |
| AESU DT | 30342 | NAS MIRAMAR |
| AFDM — 14 STEADFAST | 13871 | NAVSTA 32nd ST, SAN DIEGO, CA |
| AIMD | 44322 | NAS MIRAMAR |
| ALREHCEN SDIEGO | 68222 | NAVSTA 32nd ST, SAN DIEGO, CA |
| AMCC V 7 SD CA | 46732 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| AOE 5 SUPPLY | 21839 | NAVSTA 32nd ST, SAN DIEGO, CA |
| ASWOC | 35705 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| AVALON | 20892 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| BMC, NORIS | 32546 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| BMC, MCRD | 32556 | |
| BMANNEX, SAN CLEM ISLAND | 41431 | NALF, SAN CLEMENTE ISLAND, CA |
| BMC, NAVSTA SAN DIEGO | 45020 | NAVSTA 32nd ST, SAN DIEGO, CA |
| BUPERS DET DAPMA SDIEGO | 68482 | NAVSTA 32nd ST, SAN DIEGO, CA |
| C NAVIUGRU-1 | 57092 | NAS MIRAMAR |
| CAAC/NADSAP | 68118 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CAAC SDIEGO | 68132 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CARAEWPSCOL | 47397 | NAS MIRAMAR |
| CASWWP | 09961 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CBU-405 | 66649 | NAS MIRAMAR |
| CHWR | 09983 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CINCPACFLT PEB | 33043 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CINCPACFLT PEB SUPPORT | 46477 | NAVSTA 32nd ST, SAN DIEGO, CA |

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| CINCPACFLT DENTAL OFF SDGO OFFICER | 48038 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CMS TRA TREAM SD CA | 32673 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CNAP OFF STU | 44480 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CNAP | 57025 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CNARFP | 45909 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| CNATRA | 55259 | NAF El Centro |
| COM CVW 14 | 09261 | NAS MIRAMAR |
| COM CVW 11 | 09734 | NAS MIRAMAR |
| COM CVW 2 | 09742 | NAS MIRAMAR |
| COM CVW 15 | 09747 | NAS MIRAMAR |
| COMDESRON 33 | 52725 | NAVSTA 32nd ST, SAN DIEGO, CA |
| COMNAVSURF PAC CSAT SDIEGO | 47071 | NAVSTA 32nd ST, SAN DIEGO, CA |
| COMPHIBGRU 3 | 52739 | NAVSTA 32nd ST, SAN DIEGO, CA |
| COMPHIBRON - 9 | 46698 | NAVSTA 32nd ST, SAN DIEGO, CA |
| COMPHIBRON - 7 | 55298 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CONSOLIDATED DIVERS UNIT | 53997 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CORRSEN NAVSTA | 37522 | NAVSTA 32nd ST, SAN DIEGO, CA |
| CVWR 30 | 09394 | NAS MIRAMAR |
| DC MAO SDIEGO | 43790 | NAS MIRAMAR, NAVSTA 32nd ST |
| DECA NI COM | 49202 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DECA MIRAMAR | 49209 | NAS MIRAMAR |
| DEF SUBS OFC | 43756 | NAVSTA 32nd ST, SAN DIEGO, CA |
| DEFCURSTA | 31137 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DEN NASNI | 35734 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Dental | 41770 | NAF El Centro |
| DEPMED NAVDENCL | 46870 | NAVSTA 32nd ST, SAN DIEGO, CA |
| DEPMED FH6 BRMEDCL NS | 47546 | NAVSTA 32nd ST, SAN DIEGO, CA |
| DEPMED FH6 DNC SDIEGO | 47548 | NAVSTA 32nd ST, SAN DIEGO, CA |

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| DEPMEDS NAVDENCEN SDIEGO | 46867 | NAVSTA 32nd ST, SAN DIEGO, CA |
| DESRON - 13 | 0122A | NAVSTA 32nd ST, SAN DIEGO, CA |
| DLEA SDIEGO | 48308 | NAVSTA 32nd ST, SAN DIEGO, CA |
| DMA | 66633 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DMED FH6 NH | 47547 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DMED FH6 NDCBR | 47549 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DPRO G D SSIEGO | 43791 | NAS MIRAMAR |
| DSU | 32117 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| DSU DET UMV | 42500 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| E-2C FIT | 49120 | NAS MIRAMAR |
| EODMU 3 DET NORIS[1] | 48176 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| F-14 FLT INTROT | 46903 | NAS MIRAMAR |
| FAADCPAC | 60957 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FACSFAC | 09528 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FACSFAC SAN CLEMENTE IS | 35623 | NALF, SAN CLEMENTE ISLAND, CA |
| FASO *** | 09191 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FASO STU | 30669 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FASO EMT | 46815 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FASOSHIPTRA | 35947 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FASOTRAGRUP | 66656 | NAS MIRAMAR |
| FCCGP | 46501 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FEWSG | 68751 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FEWSG SURF DET 2 | 68794 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FICP | 57094 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| FLEASOAPTM | 68107 | NAVSTA 32nd ST, SAN DIEGO, CA |
| Fleet ASW Training Center, PAC | 00948 | Harbor Drive & Nimitz BlvdSD |
| Fleet Intelligence Training Center | 0388A | NTC, Bldg 176SD |

[1]UIC waiting to be estabilished.

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| Fleet Combat Training Center, PAC | 39353 | 200 Catalina BlvdSD |
| Fleet Combat Training Center, PAC | 61665 | 200 Catalina BlvdSD |
| Fleet Training Group, SD | 61690 | |
| Fleet Cmbt Dir Sys Support Activity | 63152 | Bldg 557SD |
| FLETRACEN (STUDENT) | 30808 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLETRACEN SDIEGO (STAFF) | 61690 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLIMGCENPAC MIRA | 42343 | NAS MIRAMAR |
| FLT COMBAT SYS TRAU PAC NEUDUT COMPT | 44516 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLTCOMBATSYSRAUDA C | 0025A | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLTMATSUPPO NACO PROG SDIEGO | 45517 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLTTRACEN (STAFF) | 41472 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FLTTRACEN SDIEGO NEUDUT COMP | 46120 | NAVSTA 32nd ST, SAN DIEGO, CA |
| FTC GEN SKILL TRNG | 42149 | NAVSTA 32nd ST, SAN DIEGO, CA |
| HC-1 *** | 09211 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-1 STU | 43700 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-1 ND COMP | 48161 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-11 SEA COMP | 42300 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-11 | 53920 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-3 | 09822 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-3 STU | 39381 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HC-3 STU | 42431 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Health & Research Center | 63116 | 271 Catalina BlvdSD |
| HS-10 | 09299 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HS-10 SW AUG | 45707 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HS-10 FRAMPS | 47736 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HS-10 SEA DUTY | 49148 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HS-10 STU | 65557 | NAS, NORTH ISLAND, SAN DIEGO, CA |

| CLIENT/CUSTOMER | | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|---|
| HSL-31[2] | *** | 09126 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-31 DET B | | 52873 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-33 | *** | 09138 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-33 LAMPS | *** | 09272 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-35 LAMPS | | 33350 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-35 | | 52876 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-41 | | 55138 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-41 STU | | 55139 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-43 | | 53914 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-43 | | 55146 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-45 | | 53915 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-45 LAMPS | | 55148 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-47 | | 53917 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-47 LAMPS | | 55150 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-49 | | 53919 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-49 LAMPS | | 55152 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-84 | *** | 09055 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| HSL-84 | | 55230 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| INSURVPAC | | 62888 | NAVSTA 32nd ST, SAN DIEGO, CA |
| LAMPS MK III[3] | | 53984 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Marine Recruits | | 34022 | MCRD San Diego |
| MAWD | | 55257 | NAF El Centro |
| MCRD | | 00243 | MCRD San Diego |
| MIUWU 107 | | 80013 | NAS MIRAMAR |
| MIUWU 106 | | 81176 | NAS MIRAMAR |
| MOB ENV TM | | 30911 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| MOB TRNG TEAM EASPAC | | 45198 | NAVSTA 32nd ST, SAN DIEGO, CA |

[2]UIC waiting to be disestablished.

[3]UIC disestablished.

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| MOB TRNG SHORE COMP | 47042 | NAVSTA 32nd ST, SAN DIEGO, CA |
| MOTU - FIVE | 55304 | NAVSTA 32nd ST, SAN DIEGO, CA |
| MYSTIC | 20828 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| N OCEAN CODT | 66064 | NAS MIRAMAR |
| NAESU | 30332 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAF El Centro | 60042 | NAF El Centro |
| NAIR CMPO NPR SD | 44369 | NAS MIRAMAR |
| NALF SAN CLEMENTE IS | 31466 | NALF, SAN CLEMENTE ISLAND, CA |
| NAMTRAGRUP | 66065 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAQDEP | 65888 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NARFP REP | 45908 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAS MIRAMAR OTH | 41610 | NAS MIRAMAR |
| NAS MIRAMAR | 60259 | NAS MIRAMAR |
| NASC DET | 46776 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI *** | 00246 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI A/C OD | 35677 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI OTH | 43396 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI | 44326 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI SECURITY | 46250 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NASNI SEA O/D | 46968 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NATSF | 42197 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NATSF | 47181 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NATTC LKHRST | 30322 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAVAIRES *** | 09296 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Naval Training Center | 00247 | NTCSD |
| Naval Ed & Training Support Center, PAC | 43005 | 921 West BroadwaySD |
| Naval Submarine Base | 63406 | 140 Sylvester RoadSD |
| Naval Electronics Systems | 65584 | PO Box 80337SD |
| Naval Sea Support Center, PAC | 65913 | PO Box 85548SD |

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| Naval Ocean & Control Communications Surveillance | 66001 | Inservice Engineering WestSD |
| Naval Tactical Training Group | R53996 | 200 Catalina BlvdSD |
| NAVBCSTSVC FSD | 42980 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVCOMTELSTA SD | 68046 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAVCOMTELSTA EOB | 70240 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAVDENCEN | 66022 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVEDTRASH PPCEN PAC | 43412 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVENPVNTMEDU - 5 | 0546A | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVFSSO NFOOD MGMT | 30034 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVHOSP SDIEGO | 00259 | NAVHOSP SDIEGO |
| NAVINSERVO | 63057 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVINTACT SP CNAP | 31713 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NAVINTACT SP NAVSTA | 88022 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVMASSO DETPAC NEUDUT COMPT | 44298 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVMASSO DET PAC (STUDENT) | 45451 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVMASSODETPAC | 58562 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVMATRIJUDCUS SOUTHWEST | 31557 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVMEINFOMGMTCEN DET SDIEGO | 47997 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVPACEN | 68407 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVRESSOFSO | 66105 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVRESSOPSO SHSTA FAST TEAM | 68152 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVRESSUPSO SDIEGO NEUDUT COMP | 47340 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVSTA SAN DIEGO | 00245 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVSTA TRANSIENTS | 32005 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NAVSTA SDIEGO SECURITY DET | 46262 | NAVSTA 32nd ST, SAN DIEGO, CA |

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| NAVSURFPAC PMT SAN DIEGO | 46276 | NAVSTA 32nd ST, SAN DIEGO, CA |
| Navy Band, NTC | 35405 | Bldg 195SD |
| Navy Absentee Collection Unit | 43298 | NTCSD |
| Navy Personnel Research and Development Center | 68221 | 200 Catalina BlvdSD |
| Navy Recruiting District | 68401 | NTCSD |
| Navy Tactical Inter Support Activity | 68524 | PO Box 85122SD |
| NAVY EXCHANGE | 30394 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NBSD NADSAP | 68117 | NAS MIRAMAR |
| NCTS SD/DCS | 31195 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NCTS | 47638 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NEX NASNI | 66422 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NEXCH MIRAMAR | 30276 | NAS MIRAMAR |
| NIRA DET 5 SAN DIEGO | 45870 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NIS | 45083 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NIS LE & PAST S DIEGO | 45189 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NLSO | 35499 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NLSO | 68370 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NMCREDCEN | 62106 | NAS MIRAMAR |
| NOCF | 63037 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NROTC, Unit, Alcala Park | 68692 | 200 Catalina BlvdSD |
| NS SDIEGO AFLOAT FFM COMAFAC | 47345 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NSC STU | 45164 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NSDAT HSETC (STUDENT) | 0609A | NAVSTA 32nd ST, SAN DIEGO, CA |
| NSDAT HSETC (STAFF) | 30354 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NSG DEPT NCS | 32680 | NAVSTA 32nd ST, SAN DIEGO, CA |
| NTCC NASNI[4] | 39148 | NAS, NORTH ISLAND, SAN DIEGO, CA |

[4]UIC waiting to be established.

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| NTCC SILVER STRAND | 39149 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NWTGP STU | 30901 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NWTGP | 31507 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| NWTGP | 63013 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| OIC, PSD, RTC | 42815 | Bldg 328SD |
| OIC, PSD, NTC | 42816 | Bldg 202SD |
| OIC, PSD, ASW | 42828 | University of SD/SDSUSD |
| OIC, PSD, Point Loma | 68554 | 140 Sylvester RoadSD |
| OPNAVSUPPACT PROJ HNCLSD DET | 35612 | NAVSTA 32nd ST, SAN DIEGO, CA |
| OPTEV *** | 0016A | NAS, NORTH ISLAND, SAN DIEGO, CA |
| OSO SAN DIEGO | 44753 | NAVSTA 32nd ST, SAN DIEGO, CA |
| PACLTCARIT SD | 68917 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| PERSUPPDET NAVSTA | 68556 | NAVSTA 32nd ST, SAN DIEGO, CA |
| PQ MESS MGT | 45847 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| PREINSURV SEA DUTY DET | 46992 | NAVSTA 32nd ST, SAN DIEGO, CA |
| PSD NORIS | 42827 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| PSD | 43307 | NAF El Centro |
| PUBLIC WORKS CENTER | 63387 | NAVSTA 32nd ST, SAN DIEGO, CA |
| Recruit Training Command, NTC | 0753A | Naval StaionSD |
| RECRUIT TRAINING COMMAND | 30642 | NTC SAN DIEGO, CA |
| RESALEACT NS | 30233 | NAVSTA 32nd ST, SAN DIEGO, CA |
| RIPO AREA FOUR | 47916 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| S CDP CHAPMAN COL | 35521 | NAS MIRAMAR |
| S ALREHAB ARC | 41539 | NAS MIRAMAR |
| S C/C ALW NI[5] | 46002 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| S CVAIRLNCHWS | 46547 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| SEA CLIFF | 20919 | NAS, NORTH ISLAND, SAN DIEGO, CA |

[5]UIC waiting to be established.

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| SEA-ODT | 46962 | NAS MIRAMAR |
| Security | 46256 | NAF El Centro |
| Service School Command | 05812 | NTCSD |
| SERVSCOLCOM ANNEX (STUDENT) | 43392 | NAVSTA 32nd ST, SAN DIEGO, CA |
| SIMA, SAN DIEGO | 65918 | NAVSTA 32nd ST, SAN DIEGO, CA |
| SSACC SDIEGO | 47143 | NAVSTA 32nd ST, SAN DIEGO, CA |
| STU ADOIC PACNI[6] | 45463 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Submarine Training Facility | 31954 | 544 White RoadSD |
| SUPSHIP SDIEGO CET NATL STEEL | 47386 | NAVSTA 32nd ST, SAN DIEGO, CA |
| SUPSHIP SDIEGO | 62791 | NAVSTA 32nd ST, SAN DIEGO, CA |
| SURFAC READ SUPPGRU SDIEGO | 55236 | NAVSTA 32nd ST, SAN DIEGO, CA |
| SWATSCOLPAC | 47721 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Tactical Air Control Group One | 09815 | NABSD |
| TRAMPAC TRACOM | 66950 | NAVSTA 32nd ST, SAN DIEGO, CA |
| TRANS DERS UNIT STAFF | 44386 | NAVSTA 32nd ST, SAN DIEGO, CA |
| TRAWNG3 ACOPS | 47464 | NAS MIRAMAR |
| TSC ASCOMMDET | 48544 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| TURTLE | 20829 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| U.S. Coast Guard[7] | | |
| UDT SCHOOL | 68869 | NALF, SAN CLEMENTE ISLAND, CA |
| USS PEORIA | | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS OKINAWA | | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS JOHN YOUNG | | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS OLDENDORF | 03361 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS LONG BEACH | 03651 | NAVSTA 32nd ST, SAN DIEGO, CA |

[6]UIC waiting to be established.

[7]approximately 1500 fleet sailors from surrounding bases (e.g. SURFPAC, AIRPAC, SUBPAC)

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| USS BERKELEY | 04681 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS WADDELL | 04691 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS DULUTH | 07177 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CLEVELAND | 07181 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS DENVER | 07183 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS JUNEAU | 07184 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CORONADO | 07194 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS TRIPOLI | 07198 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS MERRILL | 07202 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS ANCHORAGE | 07203 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS NEW ORLEANS | 07351 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CONSTANT | 07957 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS JASON | 08810 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS MOUNT VERNON | 20014 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS FORT FISHER | 20015 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS FREDERICK | 20023 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS SCHENECTADY | 20024 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS VALLEY FORGE | 20026 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS BARBEY | 20066 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS BRISTOL COUNTY | 20224 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS TARAWA | 20550 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS KINKAID | 20576 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS ELLIOT | 20587 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS OBRIEN | 20598 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS MOUNT VERNON | 20601 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS MERRILL | 20602 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS H. W. HILL | 20833 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS COPELAND | 20978 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS ACADIA | 21047 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS REID | 21055 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CAPE COD | 21063 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS RENTZ | 21198 | NAVSTA 32nd ST, SAN DIEGO, CA |

| CLIENT/CUSTOMER | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|
| USS GARY | 21232 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS VINCENNES | 21295 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS FOR MCHENRY | 21400 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS LAKE CHAMPLAIN | 21428 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CALLAGHAN | 21437 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CHANDLER | 21439 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS CHANCELLORSVILLE | 21451 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS COMSTOCK | 21452 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS RUSHMORE | 21530 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS COWPENS | 21623 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS GERMANTOWN | 21639 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS LEAHY | 52687 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS GRIDLEY | 52692 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS ENGLAND | 52693 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS HALSEY | 52698 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS JOUETT | 52704 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS HORNE | 52705 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS STERRETT | 52706 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS W. H. STANLEY | 52707 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS FOX | 52708 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS REASONER | 54058 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS MARVIN SHIELDS | 54061 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS DOWNES | 54065 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS FANNING | 54071 | NAVSTA 32nd ST, SAN DIEGO, CA |
| USS RANGER | 63361 | NAVSTA 32nd ST, SAN DIEGO, CA |
| VAW-110 | 09048 | NAS MIRAMAR |
| VF-124 | 09095 | NAS MIRAMAR |
| VF-126 | 09481 | NAS MIRAMAR |
| VF-2 | 09113 | NAS MIRAMAR |
| VF-211 | 09086 | NAS MIRAMAR |
| VF-213 | 09934 | NAS MIRAMAR |

| CLIENT/CUSTOMER | | UIC | CLIENT / CUSTOMER LOCATION |
|---|---|---|---|
| VF-24 | | 09932 | NAS MIRAMAR |
| VF-31 | | 09473 | NAS MIRAMAR |
| VR-57 | | 53910 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| VRC-30 | | 09607 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| VRC-30 STU | | 44654 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| VS-41 | *** | 09298 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| VS-41 STU | | 65566 | NAS, NORTH ISLAND, SAN DIEGO, CA |
| Weather | | 35022 | NAF El Centro |

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

| CATEGORY | FY 1993 DATA |
|---|---|
| A. ACTUAL POPULATION | 35,000 |
| B. FY1993 MET WORKLOAD (CLVs) | 428,641 |
| C. FY1993 UNMET WORKLOAD (CLVs) | 308,000 |
| D. TOTAL WORKLOAD (B+C) | 736,641 |
| E. MET WORKLOAD PER CAPITA (B÷A) | 12.24 |
| F. UNMET WORKLOAD PER CAPITA (C÷A) | 8.8 |
| G. WORKLOAD PER CAPITA (D÷A) | 21.05 |

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

Maximum capacity for CTVs: 475,000

Explanation:

Maximum capacity could be increased by approximately 15% with utilization of 2 chairs per provider where facilities permits.

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 | 35000 | 35000 | 35000 | 35000 | 35000 | 35000 | 35000 | 35000 |
| A: TOTAL MET CLVs | 475000 | 475000 | 475000 | 500000 | 500000 | 500000 | 500000 | 500000 |
| B: TOTAL UNMET CLVs | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 | 350000 |
| C: TOTAL WORKLOAD REQUIREMENT (A+B) | 825000 | 825000 | 850000 | 850000 | 850000 | 850000 | 850000 | 850000 |
| DENTISTS (MIL AND CIV) | 49 | 49 | 50 | 50 | 50 | 50 | 50 | 50 |
| PROPHY TECHNICIANS (MIL AND CIV) | 6 | 9 | 10 | 10 | 10 | 10 | 10 | 10 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| DENTAL HYGIENISTS (MIL AND CIV) | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |

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 |
| ADV ORAL SURGERY | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ORAL PATHOLOGY | 83 | 90 | 90 | 90 | 90 | 90 | 90 | 90 |
| PERIODONTICS | 48 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| CASUALTY TRNG (OFFICER) | 50 | 72 | 72 | 72 | 72 | 72 | 72 | 72 |
| ADV PROSTHODONTICS | 40 | 40 | 40 | 40 | 40 | 40 | 40 | 40 |
| ENDODONTICS | 83 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| TMD | 56 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| ADV PREV DEN (OFFICER) | 45 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

| PROGRAM | NUMBER TRAINED BY FISCAL YEAR | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | FY1994 | FY1995 | FY1996 | FY1997 | FY1998 | FY1999 | FY2000 | FY2001 |
| DENTAL ADMIN (MINI) | 62 | 75 | 75 | 75 | 75 | 75 | 75 | 75 |
| ORAL SURGERY (MINOR) | 86 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| BASIC PROSTHODONTICS | 40 | 80 | 80 | 80 | 80 | 80 | 80 | 80 |
| LAB UPDATE (8752/53) | 110 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| PREV DEN FOR DENTAL TECHS | 54 | 54 | 54 | 54 | 54 | 54 | 54 | 54 |
| NITROUS OXIDE SEDATION | 40 | 20 | 20 | 20 | 20 | 20 | 20 | 20 |
| CASUALTY TRNG (ENLISTED) | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 |
| OPERATIVE DENTISTRY | 90 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

**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 substandard[2]. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Dental Clinic):

**** NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL STATION, SAN DIEGO, UIC-00245**

**PLEASE SEE ATTACHED FACILITIES REPORT.**

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

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

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

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

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

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

| PROJECT | DESCRIPTION | FUND YEAR | VALUE |
|---|---|---|---|
| | RENOVATION OF CSR | 1994 | 29.K |
| | | | |
| | | | |

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

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

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

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

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

NOT APPLICABLE

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 01 JANUARY 1994 | UIC | 66022 |
|---|---|---|---|
| FACILITY | NDC, HEADQUARTERS, BLDG. 3231, NAVAL DENTAL CENTER<br>BOX 147, NAVAL STATION, SAN DIEGO, CA 92136 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT<br>NDC HEADQUARTERS | 01 | 102' X 105' | BLDG. 3231 |
| 2. DENTAL TREATMENT ROOM | | | |
| 3. STERILIZATION ROOM | | | |
| 4. X-RAY EXPOSURE ROOM | | | |
| 5. DARKROOM | | | |
| 6. PROSTHETIC LAB | | | |
| 7. STOREROOM/ SUPPLY ROOM | 01 | 59' X 50' | TOO SMALL |
| 8. CONFERENCE ROOM | 01 | 24' X 24' | |
| 9. ADMINISTRATIVE OFFICE | 21 | | SEE PART IV |
| 10. DENTAL OFFICER'S OFFICE | | | |

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | 01 | 75′ X 81′ | |
| 12. PATIENT WAITING AREA | | | |
| 13. RECORDS CONTROL OFFICE | | | |
| 14. LOCKER ROOM (MALE) | 01<br>01 | 8′ X 23′<br>11′ X 12′ | SHARED BY OFFICERS, ENLISTED AND CIV. |
| 15. LOCKER ROOM (FEMALE) | | | |
| 16. TOILET FACILITY (MALE) | | | |
| 17. TOILET FACILITY (FEMALE) | | | |
| 18. OTHER MAJOR ROOMS | 01 | 24′ X 29′ | |

**PART II - DENTAL EQUIPMENT**

**SECTION A - DENTAL OPERATING EQUIPMENT**

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

NAVMED 6750/4 (Rev. 5/91)

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | | | |
| 4. CENTRAL VACUUM SYSTEM | | | |
| 5. AIR COMPRESSOR DEHYDRATOR | | | |
| 6. STERILIZER | | | |
| 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)

| SECTION C - DENTAL X-RAY EQUIPMENT | | | | |
|---|---|---|---|---|
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QTY | CONDITION CODE | RADIATION SURVEY |
| 1. STATIONARY INTRA-ORAL | | | | |
| 2. MOBILE INTRA-ORAL | | | | |
| 3. PANORAMIC | | | | |
| 4. CEPHALOMETRIC | | | | |
| 5. FILM PROCESSOR | | | | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 110/220 | | b. CYCLE: 60 | |
| 2. GAS: | X | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

PART I - DENTAL FACILITY SPACES

7. STOREROOM/SUPPLY ROOM - SUPPLY DEPARTMENT WAREHOUSE SPACE IS NOT ADEQUATE FOR STORAGE OF SUPPLIES THAT ARE ORDERED IN BULK BECAUSE OF HIGH USAGE AND LONG LEAD TIME FOR DELIVERY OF THE ORDER. PROPERTY AWAITING DISPOSAL IS CURRENTLY STORED OUTSIDE IN TWO SMALL GROUNDS KEEPING SHEDS (10' x 9'). BY THE NATURE OF DENTAL EQUIPMENT (CHAIRS, UNITS, CARTS) THE ITEMS ARE BULKY AND REPRESENT AN INCREASED REQUIREMENT FOR STORAGE SPACE. OPERATING MANAGEMENT HAS NO SPACE READILIY AVAILABLE FOR THE STORAGE OF LINENS, SMOCKS, AND OTHER MISCELLANEOUS EQUIPMENT USED DAILY; IN SEVERAL INSTANCES UNEQUIPPED DTR'S HAVE BEEN USED FOR STOREROOMS.

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 01 JANUARY 1994 | T.C.SPLITGERBER,CAPT,DC,USN | |

CONTINUATION: NAVAL DENTAL CENTER, HEADQUARTERS

| | | | | |
|---|---|---|---|---|
| 9. | ADMIN OFFICE | 01 | 24' X 12' | MID |
| | | 01 | 12' X 10' | DIRECTOR ADMIN |
| | | 01 | 12' X 10' | MASTER CHIEF |
| | | 01 | 12' X 10' | DIRECTOR DENTAL SERVICES |
| | | 01 | 12' X 10' | PERSONAL AFFAIRS |
| | | 01 | 10' X 11' | REP SUP OFF |
| | | 01 | 12' X 12' | REP SCHOOL OFF |
| | | 01 | 10' X 23' | OPMAN OFFICE |
| | | 01 | 10' X 11' | HD OPMAN OFF |
| | | 01 | 23' X 27' | FINANCE OFFICE |
| | | 01 | 12' X 8' | SUPPLY OFFICER |
| | | 01 | 9' X 12' | FISCAL OFFICER |
| | | 01 | 11' X 12' | COMPTROLLER |
| | | 01 | 35' X 23' | PLANT ACCT OFF |
| | | 01 | 18' X 18 | SUPPLY OFFICE |
| | | 01 | 8' X 11' | AC MAINT OFF |
| | | 01 | 12' X 12' | COMMAND COUNSELOR |
| | | 01 | 12' X 14' | SAFETY OFFICE |
| | | 01 | 12' X 10' | XO'S OFFICE |
| | | 01 | 18' X 18' | CO'S OFFICE |
| | | 01 | 12' X 10' | SECRETARY'S OFFICE |
| 11. | DENTAL REPAIR SHOP | 01 | 39' X 32' | MAIN SHOP |
| | | 01 | 38' X 39' | IND AREA |
| | | 01 | 12' X 16' | PARTS ROOM |

REPAIR SHOP SPACE NOT ADEQUATE TO ACCOMODATE 8 REPAIR TECHS

**DENTAL EQUIPMENT AND FACILITIES REPORT**

| DATE OF REPORT | 01 JANUARY 1994 | UIC | 66022 |
|---|---|---|---|
| FACILITY | BRANCH DENTAL CLINIC, BLDG. 3230, NAVAL STATION<br>NAVAL DENTAL CENTER, BOX 147, NAVSTA, S.D. CA 92136 | | |

**PART I - DENTAL FACILITY SPACES**

| SPACE DESCRIPTION | QUANTITY | APPROX. SIZE | REMARKS |
|---|---|---|---|
| 1. CLINIC UNIT<br>NAVAL STATION BRANCH<br>DENTAL CLINIC | 01 | 208' X 492' | BLDG. 3230 |
| 2. DENTAL TREATMENT ROOM | 38<br>36 | 10' X 12'<br>10' X 11' | 55 (UL) 5(LL)<br>24 (LL) CUBICLES |
| 3. STERILIZATION ROOM | 01<br>01 | 20' X 30'<br>21' X 27' | (UL)<br>(LL) |
| 4. X-RAY EXPOSURE ROOM | 01<br>02 | 10' X 12'<br>10' X 12' | ADJ TO PROS (UL)<br>DUTY/X-RAY DEPT<br>(LL) (LL) |
| 5. DARKROOM | 01<br>01 | 6' X 12'<br>6' X 12' | ADJ TO PROS (UL)<br>X-RAY DEPT (LL) |
| 6. PROSTHETIC LAB | 07 | | SEE PART IV |
| 7. STOREROOM/ SUPPLY ROOM | 13 | | SEE PART IV |
| 8. CONFERENCE ROOM | 01<br>01<br>01 | 37' X 22'<br>18' X 20'<br>28' X 25' | ENL LOUNGE (UL)<br>LIBRARY (UL)<br>OFF LOUNGE (LL) |
| 9. ADMINISTRATIVE OFFICE | 32 | | SEE PART IV |
| 10. DENTAL OFFICER'S OFFICE | 14 | 10' X 12' | 10 DEPTS + CAPT'S<br>MACFAR, LANGE,<br>GHER, FEHLING |

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| | | | |
|---|---|---|---|
| 11. DENTAL REPAIR SHOP | | | |
| 12. PATIENT WAITING AREA | 01<br>01<br>01 | 20' X 22'<br>20' X 32'<br>12' X 24' | LVL 2 TO ADJ LIBR<br>LVL 1 ADJ PT MGT<br>LVL 1 BTWN OD & PT MGT |
| 13. RECORDS CONTROL OFFICE | 01 | 14' X 20' | LVL 1 - PT MGT |
| 14. LOCKER ROOM (MALE) ENLISTED | 01<br>01 | 24' X 24'<br>16' X 22' | HEAD ATTACHED(LL)<br>HEAD ATTACHED(LL) |
| 15. LOCKER ROOM (FEMALE) ENLISTED | 01<br>01 | 9' X 12'<br>24' X 34' | HEAD ATTACHED(UL)<br>HEAD ATTACHED(UL) |
| 16. TOILET FACILITY (MALE) | 01<br>02 | 10' X 20'<br>12' X 20' | ADJ FL LIASON(LL)<br>ADJ GC/ACK DSK UL<br>ADJ CSR (UL) |
| 17. TOILET FACILITY (FEMALE) | 01<br>01<br>01<br>01 | 8' X 12'<br>10' X 12'<br>12' X 21'<br>16' X 12' | ADJ CSR (UL)<br>ADJ WTG RMS UL-LL<br>ADJ CSR (LL)<br>ADJ ENL LNGE |
| 18. OTHER MAJOR ROOMS | 03 | 10' X 10' | DUTY ROOMS |

**PART II - DENTAL EQUIPMENT**

**SECTION A DENTAL OPERATING EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. DENTAL OPERATING UNIT | ADEC ADEC EXCELLENCE | 60 | (60) A4 |
| 2. DENTAL OPERATING CHAIR | ADEC EXCELLENCE<br>ADEC DENTAL EZ<br>SCHEIN CRUSADER<br>HEALTHCO<br>BOYD<br>RELIANCE | 57<br>08<br>03<br>01<br>04<br>04 | (57) A4<br>(8) A5<br>(3) A4<br>(1) A4<br>(4) A4<br>(4) A4 |

| | | | |
|---|---|---|---|
| 3. DENTAL OPERATING LIGHT | PELTON AND CRANE<br>LF PLUS<br>HEALTHCO OPER LIGHT<br>SCHEIN CRUSADER | 57<br>03<br>01<br>03 | (57) A4<br>(3) A5<br>(1) A4<br>(3) A4 |
| 4. CENTRAL VACUUM SYSTEM | US TURBINE 25 H.P. | 02 | (2) A5 |
| 5. AIR COMPRESSOR DEHYDRATOR | WORTHINGTON<br>HONEYWELL<br>DEVIL BISS | 02<br>01<br>01 | (2) A5<br>(1) A5<br>(1) A4 |
| 6. STERILIZER | AMSCO EAGLE SERIES 3023<br>PELTON AND CRANE VOL 10<br>DENTRONIX-ORTHO | 02<br>02<br>01 | (2) A4<br>(2) A4<br>(1) A4 |
| 7. LIFE SUPPORT EQUIPMENT | M-LIFE PAK-6 PHYSIO<br>CONTROL O.S. 2ND DECK<br>1ST DECK | <br>03<br>01 | <br>(3) A4<br>(1) A4 |
| 8. OTHER MAJOR EQUIPMENT | | | |

**SECTION B - PROSTHETIC LAB EQUIPMENT**

| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|---|
| 1. AUTOMATIC CASTING MACHINE | TICONIUM TICOMATIC 3000-C | 02 | (2) A6 |
| 2. VACUUM PORCELAIN FURNACE | JELENKO FLAGSHIP VPF<br>VITA VACUMAT 200 | 02<br>02 | (2) A5<br>(2) A4 |
| 3. BURNOUT OVEN | TICONIUM SUPER OVEN 3010-A1<br>UNITEK DUAL TEMP<br>PENWALT JELENKO FURNACE | 02<br>01<br>02 | (3) A6<br>(1) A5<br>(2) A5 |
| 4. OTHER PROSTHETIC EQUIPMENT | HOWMEDICA AUTO MELT<br>TICONIM AUTOMELT<br>WHIP MIX HIGH SPEED LATHE<br>TICONIUM HIGH SPEED LATHE | 01<br>01<br>03<br>03 | (1) A4<br>(1) A4<br>(3) A4<br>(3) A4 |

| SECTION C - DENTAL X-RAY EQUIPMENT | | | | |
|---|---|---|---|---|
| ITEM DESCRIPTION | MANUFACTURER AND MODEL | QTY | CONDITION CODE | RADIATION SURVEY |
| 1. STATIONARY INTRA-ORAL | GENDEX 1000 | 01 | A4 | JAN 92 |
| 2. MOBILE INTRA-ORAL | GENDEX 1000 | 01 | A4 | JAN 92 |
| 3. PANORAMIC | MIDWEST A-4<br>GENDEX GX-PAN | 01<br>01 | A4<br>A4 | JAN 92<br>JAN 92 |
| 4. CEPHALOMETRIC | SIEMAN OP10 | 01 | A4 | JAN 92 |
| 5. FILM PROCESSOR | AIR TECHNIQUES<br>AT-2000 | 03<br>01 | (3) A4<br>(1) A5 | |

**PART III - UTILITIES**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1. ELECTRIC CURRENT: | AC | X | DC | | a. VOLTAGE: 110/220 | | b. CYCLE: 60 | |
| 2. GAS: | X | NATURAL | | COMMERCIAL | | BOTTLE | | ACETYLENE |

**PART IV - REMARKS AND RECOMMENDATIONS**

SEE ENCLOSURE (1)
(2) NET GAIN OF 6 DTR'S
LINEN ROOM TRANSFERRED TO C1-4

| DATE | TYPED NAME AND GRADE | SIGNATURE |
|---|---|---|
| 01 JANUARY 1994 | T.C.SPLITGERBER,CAPT,DC,USN | |

CONTINUATION: NAVAL STATION, BRANCH DENTAL CLINIC

PART I - DENTAL FACILITY SPACE

ADL LAB ROOMS

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

PART IV - (1) NET GAIN OF 6 DTR'S

2 (2) LINEN ROOM TRANSFERRED TO C1-4

NAVAL DENTAL CENTER, SAN DIEGO, CA
CONSOLIDATED DENTAL FACILITIES REPORT - 01 JANUARY 1994

## PART I - DENTAL FACILITY SPACES

### 1. CLINIC UNIT

| QUANTITY | APPROX. SIZE |
|---|---|
| 01 | 208' X 492' |
| 01 | 42' X 48' |
| 01 | 16' X 104' |
| 01 | 16' X 42' |
| 01 | 175'X 123' |
| 01 | 102' X 105' |
| 01 | 46' X 191' |
| 01 | 94' X 94' |
| 01 | 180' X 101' |
| 01 | 38' X 43 |
| 01 | 32' X 45' |
| 01 | 48 X 82' |
| 01 | 15' X 23' |
| 01 | 15' X 48' |
| 01 | 08' X 32' |
| 01 | 10' X 24' |
| 01 | 40' X 08' |
| 01 | 94' X 94' |

TOTAL - 17

### 2. DENTAL TREATMENT ROOMS

| | |
|---|---|
| 46 | 10' X 12' |
| 91 | 10' X 11' |
| 10 | 12' X 12' |
| 28 | 12' X 11' |
| 01 | 11' X 11 |
| 05 | 12' X 13' |
| 13 | 10' X 13' |
| 13 | 10' X 13' |
| 05 | 09' X 12' |
| 01 | 09' X 11' |
| 01 | 10' X 15' |
| 06 | 10' X 10' |
| 02 | 08' X 10' |
| 03 | 12' X 15' |
| 01 | 08' X 11' |
| 01 | 08' X 13' |
| 01 | 10' X 24' |
| 01 | 08' X 09' X 06' |

TOTAL - 216

### 3. STERILIZATION ROOM

| | |
|---|---|
| 01 | 20′ X 30′ |
| 01 | 21′ X 27′ |
| 01 | 12′ X 12′ |
| 01 | 14′ X 23′ |
| 01 | 10′ X 11′ |
| 01 | 11.5′ X 10′ |
| 01 | 08′ X 7.5′ |
| 01 | 15′ X 16′ |
| 01 | 06′ X 13′ |
| 01 | 10′ X 10′ |
| 01 | 11′ X 07′ |
| 01 | 08′ X 5.5′ |

TOTAL - 12

### 4. X-RAY EXPOSURE ROOM

| | |
|---|---|
| 03 | 10′ X 12′ |
| 02 | 07′ X 12 |
| 01 | 12′ X 08′ |
| 01 | 11′ X 06′ |
| 01 | 08′ X 10′ |
| 01 | 09′ X 11′ |
| 02 | 10′ X 11′ |
| 01 | 10′ X 40′ |
| 01 | 05′ X 08′ |
| 01 | 03′ X 11′ |
| 01 | 10′ X 13′ |
| 01 | 12′ X 13′ |
| 01 | 07′ X 09′ |
| 01 | 10′ X 10′ |

TOTAL - 18

### 5. DARKROOM

| | |
|---|---|
| 02 | 06′ X 02′ |
| 01 | 03′ X 03′ |
| 02 | 06′ X 05′ |
| 01 | 07′ X 10′ |
| 01 | 09′ X 11′ |
| 01 | 07′ X 08′ |
| 01 | 05′ X 08 |
| 02 | 06′ X 13′ |

TOTAL - 11

## 6. PROSTHETIC LAB

| | |
|---|---|
| 01 | 34′ X 96′ |
| 02 | 11′ X 13′ |
| 01 | 10′ X 13′ |
| 01 | 16′ X 13′ |
| 01 | 10′ X 16′ |
| 01 | 09′ X 10′ |
| 01 | 05′ X 12′ |
| 01 | 06′ x 13′ |
| 01 | 12′ X 33′ |
| 01 | 10′ X 10′ |
| 01 | 16′ X 23′ |
| 01 | 11′ X 30′ |
| 01 | 11′ X 31′ |
| 01 | 20′ X 30′ |

TOTAL - 15

## 7. STOREROOM/SUPPLY ROOM

| | |
|---|---|
| 01 | 59′ X 50 |
| 02 | 12′ X 19′ |
| 01 | 12′ X 13 |
| 04 | 10′ X 12′ |
| 01 | 08′ X 13′ |
| 01 | 09′ X 11′ |
| 01 | 22′ X 32′ |
| 02 | 13′ X 06′ |
| 01 | 03′ X 04′ |
| 01 | 07′ X 10′ |
| 01 | 34′ X 21′ |
| 01 | 12′ X 12′ |
| 04 | 10′ X 10′ |
| 01 | 04′ X 04′ |
| 01 | 04′ X 06′ |
| 01 | 05′ X 06′ |
| 02 | 04′ X 11′ |
| 01 | 12′ X 16′ |
| 01 | 10′ X 11′ |
| 01 | 12′ X 30′ |
| 01 | 12′ X 12′ |
| 01 | 12′ X 24′ |

TOTAL - 30

## 8. CONFERENCE ROOM

| | |
|---|---|
| 01 | 24′ X 24′ |
| 03 | 12′ X 12 |
| 06 | 10′ X 11′ |
| 15 | 10′ X 12′ |
| 01 | 24′ X 46′ |
| 01 | 07′ X 08′ |
| 02 | 10′ X 10′ |
| 01 | 21′ X 12′ |
| 01 | 11′ X 09′ |
| 01 | 12′ X 11′ |
| 01 | 12′ X 08′ |
| 01 | 12′ X 33′ |
| 01 | 12′ X 14′ |
| 01 | 16′ X 25 |
| 01 | 11′ X 22′ |
| 01 | 15′ X 24′ |
| 01 | 37′ X 22′ |
| 01 | 18′ X 20′ |
| 01 | 28′ X 25′ |

TOTAL - 41

## 9. ADMINISTRATIVE OFFICE

| | |
|---|---|
| 01 | 24′ X 12′ |
| 06 | 12′ X 10′ |
| 07 | 10′ X 11′ |
| 04 | 12′ X 12′ |
| 01 | 10′ X 23′ |
| 01 | 23′ X 27′ |
| 01 | 12′ X 08′ |
| 04 | 09′ X 12′ |
| 02 | 11′ X 12′ |
| 01 | 35′ X 23′ |
| 02 | 18′ X 18′ |
| 01 | 08′ X 11′ |
| 01 | 12′ X 14′ |
| 01 | 12′ X 13′ |
| 01 | 12′ X 07′ |
| 01 | 12′ X 15′ |
| 01 | 12′ X 20′ |
| 01 | 05′ X 05′ |
| 01 | 10′ X 14′ |
| 01 | 14′ X 17′ |
| 01 | 11′ X 16′ |

TOTAL - 40

## 10. DENTAL OFFICERS OFFICE

| | |
|---|---|
| 01 | 05′ X 06′ |
| 15 | 10′ X 12′ |
| 01 | 11′ X 14′ |
| 01 | 08′ X 12′ |
| 01 | 14′ X 19′ |
| 01 | 12′ X 12′ |
| 02 | 13′ X 12′ |
| 01 | 11′ X 12′ |
| 01 | 10′ X 10′ |
| 01 | 12′ X 14′ |
| 01 | 10′ X 11′ |
| 01 | 09′ X 11′ |

TOTAL - 27

## 11. DENTAL REPAIR SHOP

| | |
|---|---|
| 01 | 75′ X 81′ |

TOTAL - 01

## 12. PATIENT WAITING AREA

| | |
|---|---|
| 01 | 08′ X 08′ |
| 01 | 12′ X 13′ |
| 01 | 20′ X 22′ |
| 01 | 20′ X 32′ |
| 01 | 12′ X 24′ |
| 01 | 10′ X 11′ X 10′ X 3′ |
| 01 | 36′ X 40′ |
| 01 | 29′ X 33′ |
| 01 | 14′ X 25′ |
| 01 | 15′ X 19′ |
| 01 | 11′ X 17′ |
| 01 | 25′ X 54′ |
| 01 | 09′ X 12′ |
| 01 | 10′ X 32′ |

TOTAL - 14

## 13. RECORDS CONTROL OFFICE

| | |
|---|---|
| 01 | 10′ X 17′ |
| 01 | 14′ X 20′ |
| 01 | 12′ X 07′ |
| 01 | 11′ X 16′ |
| 01 | 21′ X 33′ |
| 01 | 12′ X 11′ |
| 01 | 24′ X 30′ |
| 01 | 12′ X 11′ |
| 01 | 12′ X 11′ |

TOTAL - 08

## 14. LOCKER ROOM

| | |
|---|---|
| 01 | 08′ X 23′ |
| 01 | 11′ X 12′ |
| 02 | 06′ X 10′ |
| 01 | 24′ X 24′ |
| 01 | 16′ X 22′ |
| 02 | 10′ X 11′ |
| 02 | 12′ X 14′ |
| 01 | 13′ X 19′ |
| 01 | 12′ X 12′ |
| 01 | 13′ X 11′ |
| 01 | 12′ X 24′ |
| 01 | 07′ X 11 |

TOTAL - 14

## 15. LOCKER ROOM

| | |
|---|---|
| 01 | 09′ X 12′ |
| 01 | 24′ X 34′ |
| 01 | 10′ X 11′ |
| 01 | 11′ X 15′ |
| 01 | 12′ X 17′ |
| 02 | 12′ X 12′ |
| 01 | 14′ X 10′ |
| 01 | 08′ X 07′ |
| 01 | 09′ X 11′ |

TOTAL - 10

16. TOILET FACILITY

| | |
|---|---|
| 01 | 08′ X 23′ |
| 01 | 11′ X 12′ |
| 01 | 04′ X 02′ |
| 01 | 10′ X 20′ |
| 02 | 12′ x 20′ |
| 01 | 04′ x 06′ |
| 01 | 10′ X 11′ |
| 03 | 10′ X 12′ |
| 02 | 12′ X 12′ |
| 01 | 08′ X 14′ |
| 01 | 06′ X 10′ |
| 02 | 05′ X 05′ |
| 01 | 04′ X 11′ |
| 01 | 03′ X 05′ |
| 01 | 07′ X 14′ |
| 01 | 05′ X 06′ |

TOTAL - 21

17. TOILET FACILITY

| | |
|---|---|
| 01 | 08′ X 12′ |
| 02 | 10′ X 12′ |
| 01 | 12′ X 21′ |
| 01 | 16′ X 12′ |
| 01 | 09′ X 05′ |
| 01 | 10′ X 06′ |
| 02 | 12′ X 11′ |
| 01 | 10′ X 10′ |
| 01 | 17′ X 11′ |
| 02 | 05′ X 05′ |
| 01 | 05′ X 05′ |
| 01 | 04′ X 11′ |

TOTAL - 14

## 18. OTHER MAJOR ROOMS

| | |
|---|---|
| 01 | 24' X 29' |
| 01 | 10' X 24' |
| 01 | 15' X 20' |
| 03 | 10' X 10' |
| 01 | 14' X 05' X 07' X 10' |
| 03 | 10' X 11' |
| 01 | 20' X 11' |
| 01 | 07' X 13' |
| 01 | 16' X 08' |
| 02 | 10' X 13' |
| 01 | 18' X 11' |
| 01 | 45' X 30' |
| 01 | 09' X 12' |
| 01 | 09' X 13' |
| 02 | 10' X 16' |
| 01 | 31/ X 44' |
| 01 | 12' X 12' |
| 02 | 12' X 06' |
| 03 | 05' X 06' |
| 01 | 05' X 05' |
| 01 | 24' X 42' |
| 01 | 04' X 11' |
| 01 | 03' X 03' |
| 01 | 03' X 05' |
| 07 | 14' X 20' |

TOTAL - 33

# PART II - DENTAL EQUIPMENT

## SECTION A - DENTAL OPERATING EQUIPMENT

### 1. DENTAL OPERATING UNIT

| MANUFACTURER AND MODEL | QUANTITY | CONDITION CODE |
|---|---|---|
| ADEC MINITROL (4000) | 02 | (2)A6 |
| ADEC MICRO CART 420 | 01 | (1)A4 |
| PRMO ODEL 495-08-1 | 04 | (4)A4 |
| ADEC EXCELLANCE | 60 | (72)A4 |
| ADEC CONTINENTAL | 16 | (16)A4 |
| ADEC CENTURY | 03 | (3)A4 |
| ADEC | 14 | (5)A4 |
| | | (5)A5 |
| | | (3)A6 |
| DENTAL-EZ | 13 | (14)A6 |
| ADEC MINIROL 4200 | 11 | (5)A5 |
| | 12 | (12)A6 |
| ADEC 1005 EXCELLENCE | 06 | (6)A4 |
| ADEC/2080 | 24 | (24)A4 |

| | | |
|---|---|---|
| ADEC/4200 MONITROL | 12 | (12)A6 |

## 2. DENTAL OPERATING CHAIR

| | | |
|---|---|---|
| MDT RELAXADENT | 02 | (2)A6 |
| DENTAL-EZ MODEL PL200 | 01 | (1)A4 |
| ROYAL DENTAL MFG IN. 7572 | 02 | (1)A4 |
| | | (1)A5 |
| ROYAL | 02 | (2)A4 |
| ADEC EXCELLENCE | 69 | (69)A4 |
| ADEC DENTAL-EZ | 08 | (8)A5 |
| SCHEIN CURSADER | 03 | (3)A4 |
| HEALTHCO | 01 | (1)A4 |
| BOYD | 04 | (4)A4 |
| RELIANCE | 04 | (4)A4 |
| ADEC 1005 | 55 | (55)A4 |
| RELIANCE 5000 (X-RAY) | 01 | (1)A4 |
| KOENIG KRAMER RELIANCE X-RAY CHAIR | 01 | (1)A6 |
| DENTAL-EZ | 14 | (3)A5 |
| | | (12)A4 |
| | | (7)A6 |
| | | (14)A4 |
| ADEC 100S | 14 | (4)A4 |
| DENTAL-EZ PL200/VS-11 | 11 | (10)A6 |
| | | (1)A5 |
| MDT CORP | 01 | (1)A6 |
| ADEC PRIORITY 1005 | 02 | (1)A5 |
| | | (1)A6 |
| DEL TUBE | 01 | (1)A4 |

## 3. DENTAL OPERATING LIGHT

| | | |
|---|---|---|
| ADEC EXCELLENCE | 12 | (12)A4 |
| ADEC 6300 | 68 | (68)A4 |
| PELTON CRANE LF PLUS | 22 | (22)A4 |
| PELTON CRANE LFTII | 01 | (1)A6 |
| PELTON CRANE LF | 04 | (4)A5 |
| PELTON CRANE LFII | 08 | (8)A4 |
| PELTON CRANE LFT PLUS | 04 | (4)A6 |
| PELTON AND CRANE | 09 | (9)A5 |
| ADEC DUAL TRACK 6300 | 01 | (1)A4 |
| HEALTH CO OPER LIGHT | 01 | (1)A4 |
| SCHEIN CURSADER | 03 | (3)A4 |

## 4. CENTRAL VACUUM SYSTEM

| | | |
|---|---|---|
| DENTAL-EZ CD 205 | 02 | (2)A5 |
| US TURBINE | 04 | (4)A4 |
| MODEL VACSTAR 8 | 01 | (1)A4 |
| US TRUBINE 5HP/TURBO EXCHANGER | 02 | (2)A4 |
| VECSTAR 5 AIR TECHNIQUES | 02 | (2)A4 |
| US TURBINE 7.5 H.P | 02 | (2)A4 |
| US TURBINE 25 H.P | 02 | (2)A5 |
| WINDMILL PELTON/CRANE | 01 | (1)A4 |
| DENTAL-EZ MODEL MC 202 | 01 | (1)A4 |

## 5. AIR COMPRESSOR DEHYDRATOR

| | | |
|---|---|---|
| OILESS COMPRESSO-DRI VT8 | 01 | (1)A4 |
| DAYTON SPEEDAIRE | 02 | (2)A5 |
| WORTHINGTON | 01 | (1)A5 |
| AIR TECHINQUES 58000 | 02 | (2)A6 |
| NASH HAYTOR | 01 | (1)A6 |
| AIR TECHNIQUES | 01 | (1)A4 |
| GARDNER (COOPER IND) | 02 | (1)A4 |
| DELTECH HYDROGARD | 01 | (1)A4 |
| AIR TECHNIQUES AIRSTAR 3 | 01 | (1)A4 |
| AIR TECHNIQUES VST | 01 | (1)A4 |
| INGERSOLL RAND 2425C | 02 | (2)A6 |

## 6. STERILIZER

| | | |
|---|---|---|
| AMSCO MEDALLION GENERATOR | 02 | (2)A6 |
| MAGNACLAVE PELTON CRANE | 03 | (3)A4 |
| AMSCO EAGLE SERIES 3023 | 02 | (2)A4 |
| PELTON AND CRANE | 02 | (2)A4 |
| DENTRONIX-ORTHO | 01 | (1)A4 |
| VALIDATOR 10 PLUS | 01 | (1)A4 |
| PELTON/CRANE SPECTROLINE | 01 | (1)A4 |
| DRI THERM STERILIZER | 01 | (1)A4 |
| PELTON AND CRANE VALIDATOR PLUS | 01 | (1)A4 |
| VERNITRON REGENCY | 01 | (1)A6 |
| AMSCO EAGLE STEAM 2011 | 01 | (1)A5 |
| PELTON CRANE VAL. 10 | 01 | (1)A4 |
| CASTLE MC3322 | 02 | (2)A5 |
| AMSCO MEDALLION GP STEAM | 01 | (1)A5 |
| AMSCO GP SELFGENER. STEAM | 01 | (1)A5 |
| PELTON AND CRANE (MAGNACLAVE) | 03 | (3)A4 |
| PELTON AND CRANE VALIDATOR | 01 | (1)A4 |
| AMSCO EAGLE 2001 STEAM | 01 | (1)A6 |
| DRI-CLAVE | 01 | (1)A5 |
| SPECTROLINE | 01 | (1)A4 |

## 7. LIFE SUPPORT EQUIPMENT

| | | |
|---|---|---|
| PHYSIO CONTROL LIFEPAK 6 DEFIB/CARDIAC MONITOR POS | | |
| PRESSURE, DEMANO VALVE | 02 | (2)A4 |
| ADULT MASK PORTER 1506 | 01 | (1)A4 |
| LIFE PAK 6 | 01 | (1)A4 |
| LIFE PAK DEFIBRILLATOR | 01 | |
| DEFIBRILLATOR | 01 | |
| OXYTANKS | 04 | |
| VITAL SIGN MONITOR/KITRON | 01 | (1)A4 |
| M-LIFE PAK-6 PHYSIO CONTROL | 04 | (4)A4 |
| VICTOR OXIDIZER PLUS | 01 | (1)A4 |

## 8. OTHER MAJOR EQUIPMENT

| | | |
|---|---|---|
| WEBSTER ELE. INTERCOM | 01 | (1)A6 |
| HALL SURGICAL HANDPIECE | 03 | (3)A5 |
| IVAC 4240 VITAL CHECK | 01 | (3)A5 |
| NITROUS OXIDE DELIVERY | 01 | (3)A5 |
| ROYLAND MCI 350 INTERCOM | 01 | (1)A6 |

# SECTION B - PROSTHETIC LAB EQUIPMENT

## 1. AUTO CASTING MACHINE

| | | |
|---|---|---|
| TICONIUM 3600 | 01 | |
| TICONIUM TICOMATIC 3000C | 02 | (2)A6 |

## 2. VACUUM PORCELAIN FURNACE

| | | |
|---|---|---|
| JELENKO JELCRAFT | 01 | (1)A5 |
| JELENKO LT | 01 | (1)A6 |
| JELENKO FLAGSHIP VPF | 03 | (3)A5 |
| JELENKO HVPF | 01 | (1)A5 |
| JELENKO HT | 01 | (1)A6 |
| VITA VACUMAT 200 | 02 | (2)A4 |

## 3. BURNOUT OVEN

| | | |
|---|---|---|
| COE BULT MODEL 255 | 01 | (1)A5 |
| JELENKO ACCUMTHERM | 01 | (1)A5 |
| JELENKO ACCUTHERM LFC | 01 | (1)A5 |
| JELENKO ACCUTHERM II 850 | 01 | (1)A5 |
| JELENKO UNITEK BURNOUT FURNACE | 01 | (1)A5 |
| JELENKO | 02 | (1)A5 |
| TICONIUM SUPER OVEN 3010 A1 | 02 | (3)A6 |
| UNITEK DUEL TEMP | 02 | (2)A5 |

## 4. OTHER PROS EQUIPMENT

| | | |
|---|---|---|
| REDWING LATHE | 01 | (1)A4 |
| BALDER DUST COLLECTOR | 01 | (1)A5 |
| MODEL TRIMMER HANDLER | 01 | (1)A4 |

| | | |
|---|---|---|
| VACUUM FORMING MACHINE | 01 | (1)A4 |
| POLISH/WHIPMIX MODEL 9K476A | 01 | (1)A4 |
| REDWING POLISHER | 01 | (1)A4 |
| JELENKO AUTO GLAZER | 01 | (1)A4 |
| TICONIUM POLISHER GRINDER | 01 | (1)A6 |
| COE SUCTION UNIT 444 | 03 | (3)A6 |
| KERR CENTRIFUGAL | 02 | (2)A6 |
| PRICE HIGH SPEED GRINDER | 01 | (1)A5 |
| PINDEX- WHALDENT | 01 | (1)A4 |
| VACUUM FORMER | 01 | (1)A5 |
| COE BUILT 444 DUST COLLECTOR | 01 | (1)A6 |
| HANAU CURING UNIT | 01 | (1)A6 |
| HOWMEDICA AUTO MELT | 01 | (1)A4 |
| TICONIUM AUTO MELT | 01 | (1)A4 |
| WHOPMIX HIGH SPEED LATHE | 03 | (3)A4 |
| TICONIUM HIGH SPEED LATHE | 03 | (3)A4 |

## SECTION C - DENTAL X-RAY EQUIPMENT

### 1. STATIONARY INTRA-ORAL

| | | |
|---|---|---|
| GENDEX GX 770 | 02 | (02)A4 |
| GENDEX 770 II | 02 | (3)A1 |
| BELMONT COMDEX DX-907 | 01 | (1)A4 |
| GENDEX GX 1000 | 12 | (5)A4 |
| | | (4)A5 |
| | | (3)A6 |

### 2. MOBILE INTRA-ORAL

| | | |
|---|---|---|
| LUMIX 6511 | 01 | (1)A4 |
| GENDEX 1000 | 01 | A4 |

### 3. PANORAMIC

| | | |
|---|---|---|
| GX PAN GENDEX | 05 | (5)A4 |
| GENDEX 110 - 0060G1 | 01 | (1)A4 |
| SS. WHITE 2411-220X | 01 | (1)A4 |
| GENDEX PA | 06 | (4)A5 |
| MIDWEST | 01 | (1)A4 |

### 4. CEPHALOMETRIC

| | | |
|---|---|---|
| SIEMAN OP10 | 01 | (1)A4 |

### 5. FILM PROCESSOR

| | | |
|---|---|---|
| AIR TECHNIQUES AT 2000 | 11 | (9)A4 |
| | | (2)A6 |
| | | (2)A6 |
| PERIO PRO | 03 | (3)A4 |
| | | (2)A5 |

| | | |
|---|---|---|
| PERI PRO II | 01 | (1)A4 |
| PERIO PRO | 02 | (1)A5 |
| | | (1)A6 |
| AIR TECHNIQUES | 05 | (5)A5 |

**LOCATION**

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

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

**Extremely important. Close to fleet activities.**

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

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

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

**Very important.**

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

**15 minutes.**

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

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

**FEATURES AND CAPABILITIES**

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

**Complete disruption of dental services to about 35,000 fleet and shore personnel. Services provided could not be absorbed by other branch dental clinics due to distance, staffing, and facility restrictions.**

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.

**We could not. Remaining active duty members would have to travel to branch dental clinics in other locations which are already staffed appropriately for the commands they serve.**

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 TRIPOLI LPH-10 | UIC-07198 | 5 |
| USS NEW ORLEANS LHP-11 | UIC-07202 | 1 |
| USS TARAWA LHA-1 | UIC-20550 | 2 |
| 7th MARINE EXPEDITIONARY BRIG | UIC-55356 | 1 |
| NDC PEARL HARBOR, HI | UIC-62313 | 55 |
| NDC GUAM | UIC-62328 | 14 |
| HQ FMFPAC, HI | UIC-67025 | 1 |

| UNIT NAME | UNIT NUMBER (IF APPLICABLE) | NUMBER OF STAFF ASSIGNED |
|---|---|---|
| 1st FSSG | UIC-67448 | 1 |
| NAVHOSP GUAM | UIC-68096 | 2 |
| NDC YOKOSUKA | UIC-68495 | 9 |
| NDC OKINAWA | UIC-68582 | 28 |
| FLTHOSP-1 | UIC-68681 | 4 |
| FLTHOSP-2 | UIC-68682 | 2 |
| FLTHOSP-6 | UIC-68686 | 5 |

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

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

13. Quality of Life.

** **NOT APPLICABLE. REPORTED UNDER HOST COMMAND, NAVAL STATION, SAN DIEGO UIC-00245, DATA CALL NOS. 37 & 38**

13. Quality of Life.

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As 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:

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

(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:

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

(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 facilities[2] 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 | | |

[2]Spaces 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." Fo 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 lis

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

(5). Are there other military child care facilities within 30 minutes of th 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 o 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthl 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 t 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 colleg 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 | | | | | |
| | 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 w of your response.

m. Do your military dependents have any difficulty with access to medical or dent 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 catego 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 activit was assigned to or worked at the base; and 2) all reported criminal activity off base.

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

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

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

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

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

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT G.E. MACFARLANE, DC, USN
NAME (Please type or print)

Signature

DIRECTOR
Title

25 May 94
Date

BRANCH DENTAL CLINIC, NAVAL STATION, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

COMMANDING OFFICER
Title

26 May 94
Date

NAVAL DENTAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

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

6 Jul 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)

SARZERAM
NAME (Please type or print)

Signature

ACTING
Title

30 JUN 1994
Date

505

**Activity Information:**

| | |
|---|---|
| Activity Name: | NDC (HQTRS, BDC, & ADL), SAN DIEGO |
| UIC: | 66022 |
| Host Activity Name (if response is for a tenant activity): | NAVAL STATION, SAN DIEGO |
| Host Activity UIC: | 00245 |

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

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| Table 1A - Base Operating Support Costs (Other Than DBOF Overhead) | | | |
|---|---|---|---|
| Activity Name: NDC SAN DIEGO | | UIC: 66022 | |
| Category | FY 1996 BOS Costs ($000) | | |
| | Non-Labor | Labor | Total |
| 1. Real Property Maintenance Costs: | | | |
| 1a. Maintenance and Repair | 31,280 | 60,720 | 92,000 |
| 1b. Minor Construction | 8,500 | 16,500 | 25,000 |
| 1c. Sub-total 1a. and 1b. | 39,780 | 77,220 | 117,000 |
| 2. Other Base Operating Support Costs: | | | |
| 2a. Utilities | 345,000 | 0 | 345,000 |
| 2b. Transportation | 59,200 | 0 | 59,200 |
| 2c. Environmental | 0 | 0 | 0 |
| 2d. Facility Leases | 0 | 0 | 0 |
| 2e. Morale, Welfare & Recreation | 0 | 0 | 0 |
| 2f. Bachelor Quarters | 0 | 0 | 0 |
| 2g. Child Care Centers | 0 | 0 | 0 |
| 2h. Family Service Centers | 0 | 0 | 0 |
| 2i. [illegible]on | 0 | 0 | 0 |
| 2j. [illegible] (specify) Telephone<br>Custodial | 96,000<br>58,000 | 0<br>0 | 96,000<br>58,000 |
| 2k. Sub-total 2a. through 2j: | 558,200 | 0 | 558,200 |
| 3. Grand Total (sum of 1c. and 2k.): | 597,980 | 77,220 | 675,200 |

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GSD
7/25/94

**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:

| Appropriation | Amount ($000) |
|---|---|
| O&M, DPH | |

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

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

Other Notes: All costs of operating the five Major Range Test Facility [illegible] at [illegible]OF activities (even if direct RDT&E funded) should b[illegible] Table 1B. Weapon Stations should include underuti[illegible]pacity costs as a DBOF overhead "BOS expense" on Table [illegible]

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INSTALLATION RESOURCES

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

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 (HQTRS, BDC, & ADL), SAN DIEGO | UIC: 66022 |
|---|---|
| **Cost Category** | **FY 1996 Projected Costs ($000)** |
| **Travel:** | 94478 |
| **Material and Supplies (including equipment):** | 993505 |
| **Industrial Fund Purchases (other DBOF purchases):** | 0 |
| **Transportation:** | 0 |
| **Other Purchases (Contract support, etc.):** | 721059 |
| **Total:** | 1809042 |

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## 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 (HQTRS, BDC, ADL), SAN DIEGO | **UIC: 66022** |
| **Contract Type** | **FY 1996 Estimated Number of Workyears On-Base** |
| Construction: | 0 |
| Facilities Support: | 0 |
| Mission Support: | 15 |
| Procurement: | 0 |
| Other:* | 0 |
| **Total Workyears:** | 15 |

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

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**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)):

15

2) Estimated number of workyears which would be eliminated:

NOT APPLICABLE

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

NOT APPLICABLE

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

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

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

# BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

Signature

COMMANDING OFFICER (Acting)
Title

JUL 13 1994
Date

NAVAL DENTAL CENTER, SAN DIEGO, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. R. SKOG

NAME (Please type or print)

Signature

Officer in Charge, Acting

14 July 1994

Title

Date

Naval Healthcare Support Office, San Diego

Activity

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

NEXT ECHELON LEVEL (if applicable)

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

7-19-94

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

W. A. EARNER

NAME (Please type or print)

Signature

7/27/94

Title

Date