



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

MAJOR CLAIMANT LEVEL

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

Jack E Buffington  
Signature

**COMMANDER**  
Title

7/13/94  
Date

**NAVAL FACILITIES ENGINEERING COMMAND**  
Activity

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

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

**W. A. EARNER**

\_\_\_\_\_  
NAME (Please type or print)

W A Earner  
Signature

\_\_\_\_\_  
Title

7/18/94  
Date

BRAC-95 CERTIFICATION

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

MARK E. DONALDSON  
NAME (Please type or print)

CDR, CEC, USN  
Title

MILCON PROGRAMMING DIVISION  
Division

FACILITIES PROGRAMMING AND CONSTRUCTION DIRECTORATE  
Department

NAVAL FACILITIES ENGINEERING COMMAND  
Activity

  
Signature  
12 July 1994  
Date

Enclosure (1)

**BRAC DATA CALL NUMBER 64  
CONSTRUCTION COST AVOIDANCE**

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

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

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

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

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

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

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

# Document Separator



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

MAJOR CLAIMANT LEVEL

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

**COMMANDER**  
Title

**NAVAL FACILITIES ENGINEERING COMMAND**  
Activity

  
\_\_\_\_\_  
Signature  
**12/9/94**  
\_\_\_\_\_  
Date

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

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

**W. A. EARNER**

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Title

  
\_\_\_\_\_  
Signature  
**12/17/94**  
\_\_\_\_\_  
Date

BRAC-95 CERTIFICATION

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

**MICHAEL D. THORNTON**  
NAME (Please type or print)

CDR, CEC, USN  
Title

MILCON PROGRAMMING DIVISION  
Division

NAVAL FACILITIES ENGINEERING COMMAND  
Activity



Signature



Date

# Document Separator

## MILITARY VALUE MEASURES

### MISSION

1. **Mission Statement.** To conduct research, development, test, and evaluation in dental and allied sciences, with particular emphasis on problems of dental and oral health in Navy and Marine Corps populations and on problems of fleet and field dentistry (BUMEDINST 5450.79C of 19 Feb 1982).

2. **Joint Service Missions.** Congress established the Navy as the responsible agency in DoD (lead agent) for research related to dental disease and dental emergencies (1982 DoD Appropriation Bill, p. 247).

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**TECHNICAL FUNCTIONS**

**3. Technical Functions Resource Allocations.** Functional Support Area 10.6.4, Medical Research and Combat Casualty Care; Life Cycle Work Areas - 1. Basic Research, 2. Exploratory Development, 3. Advanced Development, 5. RDT&E Management Support.

a. Use the form at Tab A of this data call to provide data on work years and expenditures for FY1993 to support each applicable intersection of functional support areas and life cycle work areas. When necessary, estimate data to the best of your ability

**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	1. Basic Research

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

**1. In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 4.8 WYs

**2. Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 208

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 140

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	2. Exploratory Development

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 1.9 WYs

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 106

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 140

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	3. Advanced Development

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 9.3 WYs

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 300

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 0

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	5. RDT&E Management Support

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 8 WYs

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 742

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 0

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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b. Similarly, use the Tab A forms to report separately on your detachments or sites that have not received this data call directly. This data may be consolidated when the detachments or sites perform work in the same area. When necessary, estimate data to the best of your ability.

**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute Detachment Bethesda
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	1. Basic Research

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 1 WY

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 111

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 75

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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b. Similarly, use the Tab A forms to report separately on your detachments or sites that have not received this data call directly. This data may be consolidated when the detachments or sites perform work in the same area. When necessary, estimate data to the best of your ability.

**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute Detachment Bethesda
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	3. Advanced Development

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 10 WYs

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 185

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 105

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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**TECHNICAL FUNCTIONS  
FUNCTIONAL SUPPORT AREA/LIFE CYCLE WORK AREA FORM**

Technical Center Site	Naval Dental Research Institute Detachment San Antonio
Functional Support Area	10.6.4 Medical Research and Combat Casualty Care
Life Cycle Work Area	3. Advanced Development

Note: An example of a functional support area - life cycle work area is "1. Platform, 1.1 Undersea, - 10. Program Support".

1. **In-House Work Years.** Provide the number of in-house government employee (civilian and military) work years for FY1993 that were performed in this functional support area - life cycle work area. Workyears are to be consistent with those used in the preparation of inputs to the President's budget. 2 WYs

2. **Expenditures.**

a. **In-House Expenditures.** Provide the total in-house cost in FY1993 for this functional support area - life cycle work area. \$(K) 25

b. **Out-of-House Expenditures.** Provide the total funds expended during FY1993 for this functional support area - life cycle work area. **Do not** include direct cite funding. \$(K) 0

c. **Direct Cites.** Provide total direct cite funds expended on contract during FY1993 for this functional support area - life cycle work area. \$(K) 0

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## MANPOWER

### 4. Work Breakdown Structure.

a. Use Table 4.1 (below) to provide data on the general support functions at your activity. Report data as of 31 March 1994. If you are collocated with one of your subordinate base keeper commands (i.e., a NAWS or NAS collocated with a NAWC Division), describe the differences in the functions of each and provide a separate Table 4.1 for the subordinate command. Include this command in the Table 4.1 submission for your Activity.

b. Similarly, use Table 4.2 (below) to provide general support function data for all your detachments or sites that did not receive this data call directly. Consolidate data from all of these detachments into one table (4.2). Provide a list of the detachments whose data is included in Table 4.2. For each identified detachment in this list, include its name, location, UIC, and number of civilian and military personnel onboard.

In addition, if any of your detachments or separate sites not receiving an individual data call have over 50 civilian personnel or own technical facilities, provide separately a description of the site, the functions performed there, photographs showing the facilities and state the reason for that site's existence and the necessity for it to be at that location.

c. Use Table 4.3 (below) to provide estimated data, for your activity only, to reflect the anticipated impact of previous BRAC decisions that have not yet been implemented. This data should provide the deltas from Table 4.1.

### NOTES:

[1] Use the following definitions when providing data for the tables below:

Workyears: Consistent with those used in the preparation of inputs to the President's budget.

Contract Workyears: Actual or estimated workyears performed by support contractors with workyears defined consistent with the definition used in the President's budget.

Civilian Personnel Onboard: Full Time Permanent (FTP) employees.

[2] Any categories of personnel that are employed to support other Activities should be noted with the name of the additional Activity supported.

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**Table 4.1, General Support Resources for  
(Activity: Naval Dental Research Institute) (UIC: 65786)**

Function	Space allocated (Gross SQFT)	Work Years	Civilian Persnel onboard	Contract Work Years	Military Personnel Onboard	
					Off	Enl
<b>ADMINISTRATION</b>						
Command (CO/XO/TD/etc.)	536	1.5	0	0	1.5	0
Comptroller	0	0	0	0	0	0
Admin	1090	5	3	0	1	1
Human Resources	0	0	0	0	0	0
<b>OPERATIONS SUPPORT</b>						
Supply Management	397	1	0	0	0	1
Consolidated Computational Computer Support	177	0.5	0.5	0	0	0
Information Systems and Communications	177	0.5	0.5	0	0	0
Safety/OSH/Environmental	122	0.25	0.25	0	0	0
<b>INFRASTRUCTURE</b>						
Physical Security	0	0	0	0	0	0
Public Works/Staff Civil Engr	0	0	0	0	0	0
Fire Protection	0	0	0	0	0	0
Medical/Dental	0	0	0	0	0	0
Military Support	0	0	0	0	0	0
Air/Waterfront Operations	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TECHNICAL STAFF</b>						
Technical Operations			5.75	6	5.50	11
<b>Totals</b>	2498	8.75	10	6	8	13

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**Table 4.1, General Support Resources for  
(Activity: Naval Dental Research Institute) (UIC: 65786)**

Function	Space allocated (Gross SQFT)	Work Years	Civilian Persnel onboard	Contract Work Years	Military Personnel Onboard	
					Off	Enl
<b>ADMINISTRATION</b>						
Command (CO/XO/TD/etc.)	536	1.5	0	0	1.5	0
Comptroller	0	0	0	0	0	0
Admin	1090	5	3	0	1	1
Human Resources	0	0	0	0	0	0
<b>OPERATIONS SUPPORT</b>						
Supply Management	397	1	0	0	0	1
Consolidated Computational Computer Support	177	0.5	1	0	0	0
Information Systems and Communications	177	0.5	1	0	0	0
Safety/OSH/Environmental	122	0.25	1	0	0	0
<b>INFRASTRUCTURE</b>						
Physical Security	0	0	0	0	0	0
Public Works/Staff Civil Engr	0	0	0	0	0	0
Fire Protection	0	0	0	0	0	0
Medical/Dental	0	0	0	0	0	0
Military Support	0	0	0	0	0	0
Air/Waterfront Operations	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TECHNICAL STAFF</b>						
Technical Operations			6	6	5.75	11
Totals	2498	8.75	12	6	8.25	13

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**Table 4.2, General Support Resources for all Detachments  
(Activity: Naval Dental Research Institute Detachment Bethesda) (UIC: 47772)**

Function	Space allocated (Gross SQFT)	Work Years	Civilian Personnel onboard	Contract Work Years	Military Personnel Onboard	
					Off	Enl
<b>ADMINISTRATION</b>						
Command (CO/ XO/ TD/etc.)	50	1.5	0	0	1	1
Comptroller	0	0	0	0	0	0
Admin	78	0	0	0	0	0
Human Resources	0	0	0	0	0	0
<b>OPERATIONS SUPPORT</b>						
Supply Management	104	0	0	0	0	1
Consolidated Computational Computer Support	0	0	0	0	0	0
Information Systems and Communications	0	0	0	0	0	0
Safety/OSH/Environmental	52	0	0	0	0	1
<b>INFRASTRUCTURE</b>						
Physical Security	0	0	0	0	0	0
Public Works/Staff Civil Engr	0	0	0	0	0	0
Fire Protection	0	0	0	0	0	0
Medical/Dental	0	0	0	0	0	0
Military Support	0	0	0	0	0	0
Air/Waterfront Operations	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TECHNICAL STAFF</b>						
Technical Operations			0	2	4	1
Totals	284	1.5	0	2	5	4

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**Table 4.2, General Support Resources for all Detachments  
(Activity: Naval Dental Research Institute Detachment San Antonio) (UIC: 32948)**

Function	Space allocated (Gross SQFT)	Work Years	Civilian Personnel onboard	Contract Work Years	Military Personnel Onboard	
					Off	Enl
<b>ADMINISTRATION</b>						
Command (CO/ XO/ TD/etc.)		0.25	0	0	1	0
Comptroller	0	0	0	0	0	0
Admin	0	0	0	0	0	0
Human Resources	0	0	0	0	0	0
<b>OPERATIONS SUPPORT</b>						
Supply Management	0	0	0	0	0	0
Consolidated Computational Computer Support	0	0	0	0	0	0
Information Systems and Communications	0	0	0	0	0	0
Safety/OSH/Environmental	0	0	0	0	0	0
<b>INFRASTRUCTURE</b>						
Physical Security	0	0	0	0	0	0
Public Works/Staff Civil Engr	0	0	0	0	0	0
Fire Protection	0	0	0	0	0	0
Medical/Dental	0	0	0	0	0	0
Military Support	0	0	0	0	0	0
Air/Waterfront Operations	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TECHNICAL STAFF</b>						
Technical Operations			0	0	1	1
Totals	240	.25	0	0	1	1

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**Table 4.3, Previous BRAC Impact to General Support Resources for  
(Activity: US Army Institute of Dental Research) (UIC: W03K05)**

Function	Space allocated (Gross SQFT)	Work Years	Civilian Personnel onboard	Contract Work Years	Military Personnel Onboard	
					Off	Enl
<b>ADMINISTRATION</b>						
Command (CO/XO/ TD/etc.)	Not avail	3	1	0	2	0
Comptroller	0	0	0	0	0	0
Admin	Not avail	4	0	0	2	2
Human Resources	Not avail	1	0	0	1	0
<b>OPERATIONS SUPPORT</b>						
Supply Management	Not avail	4	0	0	1	3
Consolidated Computational Computer Support	0	0	0	0	0	0
Information Systems and Communications	0	0	0	0	0	0
Safety/OSH/Environmental	Not avail	0.5	1	0	1	0
<b>INFRASTRUCTURE</b>						
Physical Security	0	0	0	0	0	0
Public Works/Staff Civil Engr	0	0	0	0	0	0
Fire Protection	0	0	0	0	0	0
Medical/Dental	0	0	0	0	0	0
Military Support	0	0	0	0	0	0
Air/Waterfront Operations	0	0	0	0	0	0
Other	0	0	0	0	0	0
<b>TECHNICAL STAFF</b>						
Technical Operations			4	0	10	24
Totals	Not avail	12.5	6	0	17	29

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**5. Technical Staff Qualifications.**

a. Use Table 5.1 (below) to provide data on the civilian personnel allocated to Technical Operations having the educational and experience levels indicated in the table for your activity. Report data as of 31 March 1994. Similarly, use Table 5.2 (below) to provide data for all your separate detachments or sites that did not receive this data call directly. Consolidate data from all of these detachments into one table (5.2). Provide a list of the detachments whose data is included in Table 5.2.

Table 5.1, Technical Staff Education Level for  
(Activity: Naval Dental Research Institute) (UIC: 65786)

Highest Degree Attained	Years of Government and/or Military Service					Total
	Less than 3 Years	3-10 Years	11-15 Years	16-20 Years	More than 20 Years	
Grade School	0	0	0	0	0	0
High School	0	1	0	0	0	1
B.A./B.S	0	0	0	0	1	1
M.A./M.S	0	0	0	0	0	0
Ph.D./M.D.	2	0	1	0	1	4
<b>Total</b>	2	1	1	0	2	6

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**5. Technical Staff Qualifications.**

a. Use Table 5.1 (below) to provide data on the civilian personnel allocated to Technical Operations having the educational and experience levels indicated in the table for your activity. Report data as of 31 March 1994. Similarly, use Table 5.2 (below) to provide data for all your separate detachments or sites that did not receive this data call directly. Consolidate data from all of these detachments into one table (5.2). Provide a list of the detachments whose data is included in Table 5.2.

**Table 5.1, Technical Staff Education Level for  
(Activity: Naval Dental Research Institute) (UIC: 65786)**

Highest Degree Attained	Years of Government and/or Military Service					Total
	Less than 3 Years	3-10 Years	11-15 Years	16-20 Years	More than 20 Years	
Grade School	0	0	0	0	0	0
High School	0	2	0	0	0	2
B.A./B.S	2	0	0	0	1	3
M.A./M.S	0	0	0	0	0	0
Ph.D./M.D.	4	0	1	0	3	8
<b>Total</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>13</b>

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**Table 5.2, Technical Staff Education Level for all Detachments  
(Parent Activity: Naval Dental Research Institute) (UIC: 65786)**

Highest Degree Attained	Years of Government and/or Military Service					Total
	Less than 3 Years	3-10 Years	11-15 Years	16-20 Years	More than 20 Years	
Grade School	0	0	0	0	0	0
High School	0	0	1	2	0	3
B.A./B.S	0	1	0	0	0	1
M.A./M.S	0	0	0	0	0	0
Ph.D./M.D.	0	0	3	1	1	5
<b>Total</b>	0	1	4	3	1	9

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b. Use Table 5.3 (below) to provide data on the number of civilian personnel allocated to Technical Operations with graduate degrees and at least three years of applicable experience that have their highest degree in the fields indicated. Report data as of 31 March 1994. Similarly, use Table 5.4 (below) to provide data for all your separate detachments or sites that did not receive this data call directly. Consolidate data from all of these detachments into one table (5.4). Provide a list of the detachments whose data is included in Table 5.4

**Table 5.3, Technical Staff Academic Fields for  
(Activity: Naval Dental Research Institute) (UIC: 65786)**

Academic field	Number
Physics	0
Chemistry	0
Biology	1
Mathematics/Statistics/ Operations Research	0
Engineering	0
Medical	0
Dental	0
Computer Science	0
Social Science	1
Other Science	0
Non-Science	0
Total	2

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b. Use Table 5.3 (below) to provide data on the number of civilian personnel allocated to Technical Operations with graduate degrees and at least three years of applicable experience that have their highest degree in the fields indicated. Report data as of 31 March 1994. Similarly, use Table 5.4 (below) to provide data for all your separate detachments or sites that did not receive this data call directly. Consolidate data from all of these detachments into one table (5.4). Provide a list of the detachments whose data is included in Table 5.4

**Table 5.3, Technical Staff Academic Fields for  
(Activity: Naval Dental Research Institute) (UIC: 65786)**

Academic field	Number
Physics	0
Chemistry	1
Biology	7
Mathematics/Statistics/ Operations Research	0
Engineering	0
Medical	0
Dental	1
Computer Science	0
Social Science	1
Other Science	0
Non-Science	1
<b>Total</b>	<b>11</b>

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**Table 5.4, Technical Staff Academic Fields for all Detachments  
(Parent Activity: Naval Dental Research Institute) (UIC: 47772)**

Academic field	Number
Physics	0
Chemistry	0
Biology	2
Mathematics/Statistics/ Operations Research	0
Engineering	0
Medical	0
Dental	0
Computer Science	0
Social Science	0
Other Science	0
Non-Science	0
<b>Total</b>	<b>2</b>

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c. Are there unique aspects of the activity's location that help or hinder in the hiring of qualified personnel?

There are multiple aspects that definitely help in the hiring of qualified personnel. The Naval Dental Research Institute is uniquely positioned with direct, local access to the American Dental Association; four area universities with dental research programs (i.e., Marquette University, Northwestern University, University of Illinois, and University of Chicago-Zoller Clinic); six medical schools with research programs; numerous local colleges and universities; the Naval Hospital, Great Lakes; the Veterans Administration Hospitals in North Chicago and Milwaukee; over 40 national dental organizations (see page 29, question 8, "Geographic Location"); and a large medical research industrial base.

d. List all articles written by the in-house technical staff that were published or accepted for publication in refereed journals since 1 January 1990.

1. Cohen, M. E., Arthur, J. S. and Rodden, J. W. Patients' Retrospective Preference for Extraction of Asymptomatic Third Molars. Community Dentistry and Oral Epidemiology 18:260-263, 1990.

2. McMahon, K. T., Wasfy, M. O., Yonushonis, W. P., Minah, G. E. and Falkeler Jr., W. A. Comparative Microbiological and Immunological Studies of Subgingival Dental Plaque from Man and Baboons. Journal of Dental Research 69:55-59, 1990.

3. Schutt, R. W. Bactericidal Effect of a Disinfectant Dental Stone on Irreversible Hydrocolloid Impressions and Stone Casts. Journal of Prosthetic Dentistry 63:246, 1990.

4. Schutt, R. W. A Procedure to Sterilize Dental Burs with Dry Heat. Journal of Prosthetic Dentistry 63:246, 1990.

5. Schutt, R. W., and Starsiak, W. J. Glass Bead Sterilization of Surgical Dental Burs. International Journal of Oral and Maxillofacial Surgery 6:250-251, 1990.

6. Simonson, L. G. Quantitative Immunoassay of Treponema denticola Serovar C in Adult Periodontitis. Journal of Clinical Microbiology 28:1493-1496, 1990.

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7. Kearns, E. A., Simonson, L. G., Schutt, R. W., Johnson, M. J., Neil, L. C. Characterization of Monoclonal Antibodies to Two Treponema denticola Serotypes by the Indirect Fluorescent-Antibody Assay. Microbios 65:147-153, 1991.
8. Forgas, L. B., Nilius, A. M. Assessing Periodontal Activity, The Role of Bacteriological, Immunological, and DNA Assays. Journal of Dental Hygiene 65(4):188-193, 1991.
9. Schutt, R. W., Starsiak, W. J. Glass Bead Sterilisation of Surgical Dental Burs. Journal of Oral Maxillofacial Surgery 19:250-251, 1991.
10. Yotis, W. W., Sharma, V. K., Gopalsami, C., Chegini, S., McNulty, J., Hoerman, K., Keene, J., Simonson, L. G. Biochemical Properties of the Outer Membrane of Treponema denticola. Journal of Clinical Microbiology 29(7):1397-1406, 1991.
11. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., O'Neil, D. W. Randomization Analysis of Dental Data Characterized by Skew and Variance Heterogeneity. Community Dentistry and Oral Epidemiology 19:185-189, 1991.
12. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., and O'Neil, D. W. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponema denticola in dental Plaque of Children, Adolescents and Young Adults. Journal of Clinical Microbiology 29:1397-1406, 1991.
13. Simonson, L. G., Robinson, P., Pranger, R., and Morton, H. Treponema denticola and Porphyromonas gingivalis as Prognostic Markers Following Periodontal Treatment. Journal of Periodontology 63:270-273, 1992.
14. Simonson, L. G., McMahon, K. T., Childers, D. W., and Morton, H. Bacterial Synergy of Treponema denticola and Porphyromonas gingivalis in Multinational Population. Oral Microbiology and Immunology 7:111-112, 1992.
15. Riviere, G. R., Elliot, L. S., Adams, D. F., Simonson, L. G., Forgas, L. B., Nilius, A. M., and Lukehart, S. A. Relative Proportions of Pathogen-related Oral Spirochetes (PROS) and Treponema denticola in Supragingival and Subgingival Plaque from Patients with Periodontitis. Journal of Periodontology 63:131-136, 1992.
16. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., O'Neil, D. W., Tira, D. E., and Cobb, C. M. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponemes in Dental Plaque of Children, Adolescents and Young Adults. Oral Microbiology and Immunology 6:97-101, 1992.

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17. Turner, D. W., Pederson, E. D., and Lamberts, B. L. A Sensitive Method for the Detection of Immune Complexes in Human Gingival Crevicular Fluid. Journal of Clinical Periodontal Research 19:601-603, 1992.
18. Anderegg, C. R., Martin, S. J., Gary, J. L., et al. Clinical Evaluation of the Use of Decalcified Freeze Dried Bone Allograft with Guided Tissue Regeneration in the Treatment of Molar Furcation Invasions. Journal of Periodontology 62:684-689, 1992.
19. Bex, R. T., Parker, M. W., Judkins, J. T., and Pelleu, G. B. Effect of Dentinal Bonded Resin Post-Core Preparations on Resistance to Vertical Root Fracture. Journal of Prosthetic Dentistry 67:768-772, 1992.
20. Flanary, D. B., Twohey, S. M., Gray, J. L., Mellonig, J. T., and Gher, M. E. The Use of a Synthetic Skin Substitute as a Physical Barrier to Enhance Healing in Human Periodontal Furcation Defects: A follow-up report. Journal of Periodontology 62:684-689, 1991.
21. Kinderknecht, K. E., Wong, G. K., Billy, E. J., et al. The Effect of a Deprogrammer on the Position of the Terminal Transverse Horizontal Axis of the Mandible. Journal of Prosthetic Dentistry 68:123-131, 1992.
22. McMaster, D. R., House, R. C., Anderson, M. H., and Pelleu, G. B. The Effect of Slot Preparation Length on the Transverse Strength of Slot-Retained Restorations. Journal of Prosthetic Dentistry 62:472-477, 1992.
23. Metzler, D. G., Seamons, B. C., Mellonig, J. T., et al. Clinical Evaluation of Guided Tissue Regeneration in the Treatment of Maxillary Class II Molar Furcation Invasions. Journal of Periodontology 62:353-360, 1991.
24. Palmer, D. S., Barco, M. T., and Billy, E. J. Temperature Extremes Produced Orally by Hot and Cold Liquids. Journal of Prosthetic Dentistry 67:325-327, 1992.
25. Sallustio, F. W., Waskewicz, G. A., and Billy, E. J. The Effect of Venting on the Strength of Dicor and Hi-Ceram Ceramic Crowns. International Journal of Prosthodontics 5:463-469, 1992.
26. Turck, M. D., Lang, B. R., Wilcox, D. E., and Meiers, J. C. Direct Measurement of Dimensional Accuracy with Three Denture-Processing Techniques. International Journal of Prosthodontics 5:367-372, 1992.

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27. Yotis, W., Keene, L., Hoerman, K., and Simonson L. G. Fatty Acid Profiles of the Outer Membrane of ATCC Strains 35405, 35404, and 33521 of *Treponema denticola*. Journal of Periodontology Res. 28:387-395, 1993.
28. Nilius, A. M., Spencer, S. C., and Simonson, L. G. Stimulation of in vitro Growth of *Treponema denticola* by Extracellular Growth Factors Produced by *Porphyromonas gingivalis*. Journal of Dental Res. 72:1027-1031, 1993.
29. Bajuscak, R. E., Hall, E. H., Giambarresi, L. I., and Weaves, T. Bacterial Contamination of Dental Radiographic Film. Oral Surgery Oral Medicine Oral Pathol. 72:661-663, 1993.
30. Curtis, S. R., Richard, M. W., and Meiers, J. C. Early Erosion of Glass-Ionomer Cement at Crown Margins. International Journal of Prosthodontics 6:553-557, 1993.
31. Pederson, E.D., Miller, J. W., Matheson, S., Simonson, L. G., Chadwick, D. E., Covill, P. J., Turner, D. W., and Morton, H. E. Trypsin-Like Activity Levels of *Treponema denticola* and *Porphyromonas gingivalis* in Adults with Periodontitis. Journal of Clinical Periodontology (in press) 1993.
32. Gopalsami, C., Yotis, W., Corrigan, K., Schade, S., Keene, J., and Simonson, L. G. Effect of Outer Membrane of *Treponema denticola* on Bone Resorption. Oral Microbiology and Immunology 8:121-124, 1993.
33. Schade, S.Z., Yotis, W. W., Gopalsami, C., Keene, J. J., Spear, G. T., and Simonson, L. G. Mitogenic and Complement Stimulating Activity of the Outer Membrane of *Treponema denticola*. (submitted for publication), 1993.
34. Melvin, L., Assad, D., Miller, G., Gher, M., Simonson, L. G. and York, A. Comparison of DNA Probe and ELISA Microbial Analysis Methods and their Association with Adult Periodontitis. (submitted for publication), 1993.
35. Geivelis, M., Turner, D. W., Pederson, E. D. and Lamberts, B. L. Measurements of Interleukin-6 in Gingival Crevicular Fluid from Adults with Destructive Periodontal Disease (in press). Journal of Periodontology (1993).
36. Rauschenberger, C.R., McClanahan, S.B., Pederson, E.D., Turner, D.W., and Kaminski, E.J. Comparison of Human PMN Elastase, PMN Cathepsin-G and Alpha-2-Macroglobulin Levels in Healthy and Inflamed Dental Pulp (in press). Journal of Endodont. (1993).

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37. Lafferty, T. L., Gher, M. E., Gray, J. A. Tetracyclines and Citric Acid Etching of Root Surfaces. Journal of Periodontology 64:689-693, 1993.
38. Fucini, S. E., Quintero, G., Gher, M. E., Black, B. S., and Richardson, A. C. Small Versus Large Particles of Demineralized Freeze-Dried Bone Allografts in Human Intrabony Periodontal Defects. Journal of Periodontology 64:844-847, 1993.
39. Jahnke, R. V., Sandifer, J. B., Gher, M. E., Gray, J. L., and Richardson, A. C. Thick Free Gingival and Connective Tissue Autografts for Root Coverage. Journal of Periodontology 64:315-322, 1993.
40. Kelly, J. R., Cohen, M. E., and Tesk, J. A. Error Propagation Ciases in the Calculation of Indentation Fracture Toughness for Ceramics. Journal of Ceramics Soc 76:2665-2668, 1993.
41. Meadows, C. L., Gher, M. E., Quintero, G., and Lafferty, T. A. A Comparison of Polylactic Acid Granules and Decalcified Freeze-Dried Bone Allograft in Human Periodontal Root Surfaces. Journal of Periodontology 64:103-109, 1993.
42. Saiku, J. M., St. Germain, H., and Meiers, J. C. Microleakage of a Dental Amalgam Ailoy Bonding Agent. Operative Dentistry 18:172-178, 1993.
43. Tesk, J. A., Antonucci, J. M., Eichmiller, F., Kelly, J. R., Rupp, N. P., Fraker, A., Chow, L., Stansbury, J. W., and Parry, E. Dental Materials Chapter in JI Kroschwitz and M Howe-Grant (eds.): Encyclopedia of Chemical Technology 4th ed., New York, John Wiley & Sons, Inc., 7:946-1022, 1993.
44. Todd, A. D., Gher, M. E., Quintero, G., and Richardson, A. C. Interpretation of Linear and Computed Tomograms in the Assessment of Implant Recipient Sites. Journal of Periodontology 64:1243-1249, 1993.
45. Turck, M. O., Richards, M. W. Microwave Processing for Denture Relines, Repairs, and Rebases. Journal of Prosthetic Dentistry 69:340-343, 1993.
46. Turner, C. W., and Meiers, J. C. Repair of an Aged, Contaminated Indirect Composite Resin with a Direct, Visible-Light-Cured Composite Resin. Operative Dentistry 18:187-194, 1993.
47. York, A. K., and Arthur, J. S. Determining the HIV Status of Patients of Three HIV-Positive Navy Dentists. Journal of American Dental Association 124:74-77, 1993.

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48. York, A. K., and Arthur, J. S. Reasons for Placement and Replacement of Dental Restorations in the United States Navy Dental Corps. Operative Dentistry 18:203-208, 1993.

e. List all technical books and/or chapters written by the in-house technical staff that were published or accepted for publication since 1 January 1990.

1. Simonson, L. G., Mehr, D. S., and Morton, H. E. Quantitative detection of Treponema denticola by a new fluorescence immunoassay. Proceedings of the 1990 Pandex User's Symposium. ISBN 0-9628117-0-X, pages 141-152, 1990.

f. Identify any Nobel laureates employed at this activity. **None.**

g. List all non-governmental awards for research or technical excellence given to members of your technical staff since 1 January 1990. **None**

h. List all governmental awards for research or technical excellence given to members of your technical staff since 1 January 1990.

1. Dr. L. G. Simonson received a Certificate of Commendation from the Commanding Officer for three pending patents.

2. The following personnel received a Letter of Appreciation for their contributions while temporarily assigned to the Branch Dental Clinic, United States Naval Academy, Annapolis, Maryland from 23-31 July 1990 from the Commanding Officer, National Naval Dental Center, Bethesda, Maryland:

LCDR K. T. McMahon	DT2 L. G. Morgan
LCDR J. W. Simecek	DT3 S. B. Monroe
DA J. F. Triplett	

3. DT2 L. G. Morgan was awarded the Navy Achievement Medal.

4. HM2 H. E. Morton was awarded a Navy Achievement Medal.

5. DT2 L. G. Morgan received a Letter of Commendation from the Commander Naval Training Center, Great Lakes, Illinois.

6. DT3 D. A. King received a Letter of Commendation from the Commander Naval Training Center, Great Lakes, Illinois.

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7. LCDR J. W. Simecek was awarded a Navy Achievement Medal.
8. LCDR C. Y. Llodra was awarded a Navy Achievement Medal.
9. DN J. M. Thompson was awarded a Navy Achievement Medal.
10. LCDR C. Y. Llodra received a Letter of Appreciation from the Commanding Officer, Naval Dental Center, Great Lakes, Illinois.
11. M. E. Stone received a Letter of Appreciation from the Commanding Officer.
12. LT F. Leal received a Letter of Appreciation from the Commanding Officer.
13. HM2 B. Sarauer was awarded a Navy Achievement Medal.
14. CAPT D. Meyer received a Letter of Appreciation from the Commanding Officer.

i. List all patents awarded to the in-house technical staff members of this activity since 1 January 1990.

1. Simonson, L. G: "Production of Monoclonal Antibodies to Treponema denticola by Hybridoma TDIII,IIIBB2", United States Patent No. 4,959,304, September 25, 1990.

j. List all patents applied for by the in-house technical staff members of this activity since 1 January 1990.

1. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to Treponema denticola by Hybridoma TDXI, R8B8R8E3", Patent Disclosure November 29, 1990.

2. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to Treponema denticola by Hybridoma TDXIII,R9D9", Patent Disclosure November 29, 1990.

k. Identify any in-house staff that are members of the National Academy of Engineering.  
**None.**

l. Identify any in-house staff that are members of the National Academy of Sciences.  
**None.**

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m. How many Cooperative Research and Development Agreements (CRDAs) have been signed by the activity since 1 January 1990? Five.

n. What has been the activity's annual royalty income from CRDAs and patent licenses for each year since 1 January 1990? None.

o. List and describe any major end item prototypes, either product or process technology, developed in-house by the activity that are currently in production and/or are currently in use by the U.S. Armed Forces or by industry. Cite a published reference that documents the work.

1. Mobile Oral Treatment and Examination Chair. *Special Care in Dentistry*, Sept-Oct 1983; *Special Care in Dentistry* Mar-Apr 1983; Naval Dental Research Institute-PR 83-04 Feb 1983.

2. Computer-Assisted Dental Diagnosis Program. "Computer Applications in Dentistry", *Dental Clinics of North America* Vol. 30, No.4, Oct. 1986. "A system for computer-assisted dental emergency diagnosis", *Military Medicine* 151:639-642, 1986.

3. Phased Dentistry, Managed Dental Care System Report. Adapted by the Bureau of Medicine and Surgery for Navy-Wide Implementation, 1993.

4. Shield, Ballistic Face. Technical Report Ballistic Testing of Shield, Ballistic Face (SBF), Contract N00140-83-M-1829 MOD P00008.

5. Prototype Design for a Mobile Dental Clinic. Naval Dental Research Institute-PR 75-07, 1975; *Military Medicine* 140:350-353, 1975.

6. Monoclonal Antibodies. "Production and Characterization of Monoclonal Antibodies to *Bacteroides Gingivalis*," *Journal of Dental Research* 65:95-97, 1986. "Monoclonal Antibodies that Recognize a Specific Surface Antigen of *Treponema Denticola*," *Infection and Immunity* 56:60-63, 1988. "Characterization of Monoclonal Antibodies to Two *Treponema denticola* Serotypes by the Indirect Fluorescent-Antibody Assay," *Microbios* 65:147-153, 1991.

7. Glass Bead Sterilization. "Glass Bead Sterilization of Surgical Dental Burs," *J. Oral Maxillofac. Surg.* 19:250-251, 1990.

8. Endodontics Diagnostics. "Diagnostic Criteria for the Treatment of Caries-Induced Pulpitis", NDRI-PR 81-03, 1981.

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9. Computer-Assisted Forensic Identification. "Computer-Assisted Forensic Identification of Military Personnel," Military Medicine 148:153-156, 1983.
10. Automated Dental Epidemiology System. "Automated Dental Epidemiology System," NDRI-PR 83-13, 1983; NDRI-PR 84-07, 1984.
11. Radiographic Image Storage Via Laser Optical Disk. "Radiographic Image Storage Via Laser Optical Disk Technology," Oral Surgery, Oral Medicine, Oral Pathology 60:436-439, 1985.
12. Computerized Dental Examination Record System. "A Computerized Dental Examination Record System," Comptures in Biology and Medicine 16:59-57, 1986.
13. Forensic Image Transmission. "The Application of Digitized Image Transmission to Forensic Dentistry," Military Medicine 151:413-415, 1986.
14. Computerized Representation of Multivariate Periodontal Data. "Computerized Methods for the Graphic Representation of Multivariate Periodontal Data," Community Dentistry and Oral Epidemiology 12:123-127, 1984.

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## FACILITIES AND EQUIPMENT

### 6. Special Facilities/Equipment Resources.

Include a copy of the form provided at Tab B of this data call for each facility and "major" piece of equipment located at this activity. Include information on separate detachments. The following definitions will apply:

Facilities - The Naval Dental Research Institute animal facility is located in one building and on one floor. Total space for animal care and use is 1100 square feet. Total square footage for support of the animal care and use program is an additional 2300 square feet. The Naval Dental Research Institute Animal Facility provides investigators with the facilities to execute studies not possible in an in vitro setting. The institute maintains a breeding population of Oryzomys palustris, the rice rat. This rodent is used as a model to study periodontal disease, a disease which affects 80% of adult Americans. A population of Balb/c-derived mice is maintained to permit the development of monoclonal antibodies. We have recently introduced to the facility a breeding colony of Sprague Dawley rats, this strain of rodent will also be used in the study of periodontal disease. Our Animal Facility has been accredited by the American Association for Accreditation of Laboratory Animal Care since 1981.

Equipment - NA - no equipment with a value of \$500,000 or greater.

### 7. General Facilities.

a. Is there any cash revenue generated by this activity? Example: Electricity generated at this activity and sold to the local community. If yes, describe.

No.

b. What MILCON projects are currently programmed to be completed by the end of FY1995? **None.**

c. What MILCON projects are currently programmed to be executed/completed after FY1995? BRAC MILCON P569 For each project provide:

(1) A description of the proposed facility with title and project number. Collocation of Army Dental Research. BRAC MILCON 569. Renovation of existing facilities at the Naval Training Center, Great Lakes, IL including Buildings 1-H, 43-H, 14-B-H, 38-H and 27.

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(2) The functional support area(s) the new facility will support. 10.6.4 Medical Research and Combat Casualty Care.

(3) The identified installed equipment to be provided based on the threshold guidance of paragraph 6, page 12, of this data call.

(4) The additional square footage this project will provide to the functional support area(s). 34,076 SQ FT

(5) CWE & planned BOD. \$4.629M; 30 Sep 96

d. What is the distance (in miles) to the nearest military airfield and/or pier not located at your site? Describe. Assume all previous BRAC closures have been executed.

Scott Air Force Base, East St. Louis, Illinois; 300 miles.

e. How many certified magazines, used for the storage of explosives, does this activity own or control? What is the total explosive weight storage capacity? NA

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## LOCATION

### 8. Geographic Location.

a. Is there an imperative in facility, function or synergy that requires the installation/base/facility to be in its present location? If yes, describe.

Yes. The Naval Dental Research Institute is the only DoD dental research facility with direct, local access to the American Dental Association; four area universities with dental research programs (i.e., Marquette University, Northwestern University, University of Illinois, and University of Chicago-Zoller Clinic); six medical schools with research programs; numerous local colleges and universities; the Naval Hospital, Great Lakes; the Veterans Administration Hospitals in North Chicago and Milwaukee; and the headquarters for most major dental organizations. The dental organization headquarters located in Chicago include: Academy of Dentistry for the Handicapped; Academy of General Dentistry; Academy of Osseointegration; American Academy of Dental Practice Administration; American Academy of Esthetic Dentistry; American Academy of the History of Dentistry; American Academy of Implant Dentistry; American Academy of Oral Pathology; American Academy of Pediatric Dentistry; American Academy of Periodontology; American Association of Dental Editors; American Association of Dental Examiners; American Association of Endodontists; American Association of Hospital Dentists; American Association of Oral and Maxillofacial Surgeons; American Association of Sports Dentistry; American Association of Women Dentists; American Board of Endodontics; American Board of Oral and Maxillofacial Surgery; American College of Prosthodontists; American Dental Assistants Association; American Dental Association; American Dental Hygienists Association; American Dental Society of Anesthesiology; American Equilibration Society; American Funds for Dental Health; American Prosthodontic Society; American Society of Dentistry for Children; American Society for Geriatric Dentistry; American Student Dental Association; Alliance of the American Dental Association; College of the American Board of Pediatric Dentistry; College of Generalists in Dentistry; Delta Dental Plans Association; Dental Assisting National Board, Inc.; Federation of Prosthodontics Organizations; Federation of Special Care Organizations; Hispanic Dental Association; International Association for Orthodontics; and Society for Occlusal Studies.

Located centrally in the Midwest, Naval Dental Research Institute is 35 miles from downtown Chicago and is in a unique position to directly conduct clinical research as well as centrally coordinate efforts throughout the Navy. O'Hare International Airport is 40 minutes away and Mitchell International Field, Milwaukee, is 45 minutes away. Access to CONUS and international destinations can be easily arranged from these airports.

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b. What is the importance of the present location relative to customers supported?

Naval Dental Research Institute is the only DoD research laboratory collocated with a large active duty military population--an absolute necessity to effectively perform clinical research. Naval Training Center, Great Lakes is the largest military training center in the world and will soon be the only site for recruit training in the Navy. Its central location in the Midwest is uniquely situated to conduct clinical research as well as coordinate Navy dental research throughout the world.

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## FEATURES AND CAPABILITIES

### 9. Computational Facilities.

a. Electronic mail (NAVNET) is currently available from the Medical Informatics Department at the Naval Hospital, Great Lakes. NAVNET is accessed via modem from dedicated telecommunication desktops. World-wide Internet can be accessed via NAVNET. Distributed and Local Area Networks (DAN/LAN) will be installed concurrent with the collocation of NDRI and USADR in FY95. All LAN functions will be available including shared resources and workgroup mail.

### 10. Mobilization Responsibility and Capability. None.

a. Describe any mobilization responsibility officially assigned to this site. Cite the document assigning the responsibility. **None**

(1) What functional support area(s) does this responsibility support? Refer to Appendix A for the list of functional support areas? **None**

(2) What portion of the work years and dollars, as reported in each applicable functional support area reported in Tab A, are spent solely on maintaining your activity's readiness to execute the mobilization responsibilities? **None**

(3) How many additional personnel (military & civilian) would be assigned to your activity as part of the mobilization responsibility? Include separately any contractor assets that would be added. **None**

b. Does your activity have adequate facilities to support your mobilization responsibilities? (yes/no) **NA**

(1) If yes, is any space assigned for the sole purpose of maintaining mobilization readiness? (yes/no) If yes, list the square footage assigned. **NA**

(2) If no, what repairs, renovations and/or additions are required to provide adequate facilities? What is the estimated cost of this work? **NA**

(3) Are there any restrictions that would prevent work (noted in paragraph 10.b.(2) above) from taking place (i.e., AICUZ, environmental constraints, HERO, etc.)? If yes, describe. **NA**

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c. Describe any production facilities that would be activated in case of a future contingency. NA

d. Is your activity used as a Reserve Unit mobilization and/or training site?  
NA

11. **Range Resources.** Include a copy of the form provided at Tab C of this data call for each range located at this activity or operated by this activity. Also, report ranges at detachments and sites not receiving a separate data call. The following definition of a range will apply: **None**

Range - An instrumented or non-instrumented area that utilizes air, land, and/or water space to support test and evaluation, measurements, training and data collection functions, but is not enclosed within a building.

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## QUALITY OF LIFE

### 12. Military Housing

(a) Family Housing:

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

(2) 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+	120	120	0	0
Officer	3	128	128	0	0
Officer	1 or 2	16	16	0	0
Enlisted	4+	461	461	0	0
Enlisted	3	1078	1078	0	0
Enlisted	1 or 2	615	615	0	0
Mobile Homes	NA	130	130	0	0
Mobile Home lots	NA	150	150	0	0

(3) 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:

NA

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?

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

Pay Grade	Number of Bedrooms	Number on List <sup>1</sup>	Average Wait
O-6/7/8/9	1	NA	NA
	2	NA	NA
	3	0	0
	4+	0	0
O-4/5	1	NA	NA
	2	NA	NA
	3	4	9 MONTHS
	4+	7	9 MONTHS
O-1/2/3/CWO	1	NA	NA
	2	4	9 MONTHS
	3	1	9 MONTHS
	4+	3	9 MONTHS
E7-E9	1	NA	NA
	2	NA	NA
	3	21	9 MONTHS
	4+	10	9 MONTHS
E1-E6	1	NA	NA
	2	106	9 MONTHS
	3	68	9 MONTHS
	4+	25	9 MONTHS

<sup>1</sup>As of 31 March 1994.

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(5) 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	The cost of off-base housing.
2	Convenience of on-base housing.
3	Crime in the civilian community.
4	Shortage of off-base housing.
5	

(6) 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)? 100%

(7) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	<98%
Substandard	NA
Inadequate	NA

(8) 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? No.

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(b) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	74%
Substandard	93%
Inadequate	0

(2) 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?

There has been a continuous increase in hospital personnel from 01 Oct 93 to 31 Mar 94. Adequate utilization is up 6% and substandard utilization is up 20%.

(3) Calculate the Average on Board (AOB) for geographic bachelors as follows: 17

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

(4) 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.)	17*	18*	*The BEQ currently does not track the reason for separation.
Spouse Employment (non-military)	*	*	
Other	*	*	
<b>TOTAL</b>		100	

(5) How many geographic bachelors do not live on base? NA.

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(c) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	75%
Substandard	0
Inadequate	0

(2) 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?

No change.

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

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

**21%**

(4) 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.)	10	17%	
Spouse Employment (non-military)	7	24%	
Other	-	-	
<b>TOTAL</b>	17	100	

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

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(d) BOQ/BEO Housing and Messing.

(1) Provide data on the BOQs and BEQs assigned to your current plant account. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above. NA

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft

(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:

NA

- a. FACILITY TYPE/CODE:
- b. WHAT MAKES IT INADEQUATE?
- c. WHAT USE IS BEING MADE OF THE FACILITY?
- d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

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(3) Provide data on the BOQs and BEQs projected to be assigned to your plant account in FY 1997. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

NA

Facility Type, Bldg. # & CCN	Total No. of Beds	Total No. of Rooms	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft

(4) 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:

NA

- a. FACILITY TYPE/CODE:
- b. WHAT MAKES IT INADEQUATE?
- c. WHAT USE IS BEING MADE OF THE FACILITY?
- d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

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(5) Provide data on the messing facilities assigned to your current plant account.

NA

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	

(6) 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:

NA

- a. FACILITY TYPE/CODE:
- b. WHAT MAKES IT INADEQUATE?
- c. WHAT USE IS BEING MADE OF THE FACILITY?
- d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

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(7) Provide data on the messing facilities projected to be assigned to your plant account in FY 1997.

NA

Facility Type, CCN and Bldg. #	Total Sq. Ft.	Adequate		Substandard		Inadequate		Avg # Noon Meals Served
		Seats	Sq Ft	Seats	Sq Ft	Seats	Sq Ft	

(8) 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:

NA

- a. FACILITY TYPE/CODE:
- b. WHAT MAKES IT INADEQUATE?
- c. WHAT USE IS BEING MADE OF THE FACILITY?
- d. WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
- e. WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
- f. CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
- g. HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

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13. **MWR Facilities.** For on-base MWR facilities<sup>10</sup> 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** Naval Training Center, Great Lakes, IL      **DISTANCE** .5 miles

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays	28	Y
	Outdoor Bays	0	NA
Arts/Crafts	SF	3698	N
Wood Hobby	SF	6300	N
Bowling	Lanes	32	Y
Enlisted Club	SF	30,000	Y
Officer's Club	SF	24,889	N
Library	SF	9,344	N
Library	Books	30,000	NA
Theater	Seats	1,876	N
ITT	SF	400	N
Museum/Memorial	SF	NA	NA
Pool (indoor)	Lanes	10	N
Pool (outdoor)	Lanes	4	N
Beach	LF	400	NA
Swimming Ponds	Each	NA	NA
Tennis CT	Each	21	NA

<sup>10</sup>Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

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Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each	4	NA
Basketball CT (outdoor)	Each	11	NA
Racquetball CT	Each	6	NA
Golf Course	Holes	18	Y
Driving Range	Tee Boxes	30	Y
Gymnasium	SF	100957	N
Fitness Center	SF	22628	N
Marina	Berths	253	Y
Stables	Stalls	NA	NA
Softball Fld	Each	6	NA
Football Fld	Each	3	NA
Soccer Fld	Each	3	NA
Youth Center	SF	56000	N
Youth Center - Fort Sheridan	SF	3612	N
RTC Recreation Cetner	SF	12553	N
Bowling - Fort Sheridan	Lanes	10	
Veterinary Clinic	SF	3224	Y

(a) Is your library part of a regional interlibrary loan program? Yes

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**14. Base Family Support Facilities and Programs.**

a. 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	12	X			59	365
6-12 Mos	12	X			23	365
12-24 Mos	70	X			10	30
24-36 Mos	86	X			23	90
3-5 Yrs	220	X			17	45

b. 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:

NA

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?

c. 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.

A referral system is in place for individuals on the waiting list.

d. How many "certified home care providers" are registered at your base?

33 (17 additional applications are currently being processed.)

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e. Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs). No

f. 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	2
Gas Station	SF	1
Auto Repair	SF	1
Auto Parts Store	SF	0
Commissary	SF	17,900
Mini-Mart	SF	3
Package Store	SF	1
Fast Food Restaurants	Each	1
Bank/Credit Union	Each	6
Family Service Center	SF	17,000
Laundromat	SF	0
Dry Cleaners	Each	2
ARC	PN	21
Chapel	PN	20
FSC Classrm/Auditorium	PN	90

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15. Proximity of Closest Major Metropolitan Areas (provide at least three):

City	Distance (Miles)
Chicago	35
Milwaukee	55
St. Louis	300

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16. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1	197.64	110.58
E2	197.64	124.29
E3	189.64	139.73
E4	201.17	140.40
E5	243.99	170.35
E6	265.31	180.61
E7	255.74	177.65
E8	217.34	164.31
E9	302.67	229.77
W1	417.98	317.44
W2	367.11	287.94
W3	393.69	320.03
W4	391.84	347.42
O1E	380.32	282.11
O2E	360.96	287.79
O3E	393.97	333.30
O1	321.00	236.54
O2	368.56	288.07
O3	367.34	309.28
O4	372.86	324.24
O5	373.44	308.83
O6	415.04	343.54
O7	348.61	283.24

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**17. Off-base Housing Rental and Purchase**

(a) 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	\$650.00	\$350.00	\$93.00
Apartment (1-2 Bedroom)	\$950.00	\$450.00	\$160.00
Apartment (3+ Bedroom)	\$1200.00	\$600.00	\$200.00
Single Family Home (3 Bedroom)	\$1400.00	\$750.00	\$253.00
Single Family Home (4+ Bedroom)	\$1700.00	\$800.00	\$340.00
Town House (2 Bedroom)	\$1100.00	\$550.00	\$160.00
Town House (3+ Bedroom)	\$1200.00	\$600.00	\$253.00
Condominium (2 Bedroom)	\$1100.00	\$700.00	\$200.00
Condominium (3+ Bedroom)	\$1275.00	\$850.00	\$253.00

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

Type Rental	Percent Occupancy Rate
Efficiency	93.64%
Apartment (1-2 Bedroom)	93.65%
Apartment (3+ Bedroom)	93.65%
Single Family Home (3 Bedroom)	99.01%
Single Family Home (4+ Bedroom)	98.88%
Town House (2 Bedroom)	96.28%
Town House (3+ Bedroom)	96.29%
Condominium (2 Bedroom)	97.20%

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Condominium (3+ Bedroom)	94.48%
--------------------------	--------

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

Type of Home	Median Cost
Single Family Home (3 Bedroom)	159,900
Single Family Home (4+ Bedroom)	199,000
Town House (2 Bedroom)	104,900
Town House (3+ Bedroom)	154,900
Condominium (2 Bedroom)	66,900
Condominium (3+ Bedroom)	80,000

(d) 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.

**No homes in local area within the 90-110% E5 BAQ and VHA range.**

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

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November			
December			

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

18. 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
BM*		
QM*		
SM*		
GM*		
MM*		

\*Numbers are not tracked.

19. 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)
Waukegan, IL	33.14%	7	10 min.
Zion, IL	11.94%	14	20-25 min.
Kenosha, WI	11.27%	20-25	35 min.
Round Lake, IL	4.63%	14	20 min.
North Chicago, IL	4.12%	3	5 min.

\*Naval Training Center's Public Affairs Office provided information for military only.

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20. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the installation (to include any outlying sites) and their dependents:

(a) 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
North Chicago High School	H.S	9-12	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
A. J. Katzemaner	Middle	6-8	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
Novak King	Middle	6-8	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
South/Yeager	Elem	K-5	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
Green Bay	Elem	K-5	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
Heart	Elem	K-5	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card

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Neal	Elem	K=5	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card
Forrestal	Elem	K-5	yes	\$5,200	N/A	N/A	Ill. State Rpt. Card

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(b) 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	
Aero-Space Institute	Day	no	yes	no	AS,BS	no
	Night	no	yes	no	AS,BS	no
Alfred Adler Institute	Day	no	yes	no	AS,MS	no
	Night	no	yes	no	AS,MS	no
American Academy of Art	Day	no	yes	no	AA,BA,MA	yes
	Night	no	yes	no	AA,BA,MA	yes
Barat College	Day	no	yes	no	BS,BSN	yes
	Night	no	yes	no	BS,BSN	yes
Bethany Theological Sem.	Day	no	yes	no	MS	yes
	Night	no	yes	no	MS	yes
Catholic Theological Union at Chicago	Day	no	yes	no	MS	yes
	Night	no	yes	no	MS	yes
Chicago School of Osteopathic Medicine	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes

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Chicago-Kent College of Law of IIT	Day	no	yes	no	MS	no
	Night	no	yes	no	MS	no
Chicago State University	Day	no	yes	no	LA,BSN,	yes
	Night	no	yes	no	LA,BSN	yes
Chicago Theological Seminary	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes
Harold Washington	Day	no	yes	no	AS,AA	no
	Night	no	yes	no	AS,AA	no
R. J. Daley College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Kennedy-King College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Loop College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Malcom X College	Day	no	yes	no	AS,AA	no
	Night	no	yes	no	AS,AA	no
Olive Harvey College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Truman College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Wright College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
College of Dupage	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
College of Lake County	Day	no	yes	no	AA,AS,A AS	no

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	Night	no	yes	no	AA,AS,A AS	no
Concordia College	Day	no	yes	no	BS,BA,M A,MS	yes
	Night	no	yes	no	BS,BA,M A,MS	yes
DePaul University	Day	no	yes	no	LA,BS	yes
	Night	no	yes	no	LA,BS	no
DeVry Institute of Technology	Day	no	yes	no	AS,BS,MS	no
	Night	no	yes	no	AS,BS,MS	no
Dr. Wm. M. School College of Podiatric Medicine	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes
East-West University	Day	no	yes	no	AAS,AA, BA,BS	no
	Night	no	yes	no	AAS,AA, BA,BS	no
Elmhurst College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Felician College	Day	no	yes	no	LA	no
	Night	no	yes	no	LA	no
Garrett- Evangelical Theological	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes
Hebrew Theological College	Day	no	yes	no	LA	no
	Night	no	yes	no	LA	no
Illinois Benedictine College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no

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Illinois College of Optometry	Day	no	yes	no	MS	yes
	Night	no	yes	no	MS	yes
Illinois Institute of Technology	Day	no	yes	no	BS,MS	yes
	Night	no	yes	no	BS,MS	yes
John Marshall Law School	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes
Kendall College	Day	no	yes	no	AA,AS,BS	no
	Night	no	yes	no	AA,AS,BS	no
Lake Forest College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Loyola University of Chicago	Day	no	yes	no	BS,PhD	yes
	Night	no	yes	no	BS,PhD	yes
Lutheran School of Theology at Chicago	Day	no	yes	no	BS	yes
	Night	no	yes	no	BS	yes
Maccormac Junior College	Day	no	yes	no	BUS,AA,AS,LA	no
	Night	no	yes	no	BUS,AA,AS,LA	no
Loyola Malinckrodt Camais	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
McCormick Theological Seminary	Day	no	yes	no	MS	no
	Night	no	yes	no	MS	no
Meadville/Lombard Theological	Day	no	yes	no	MS	yes
	Night	no	yes	no	MS	yes

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Metropolitan School Business	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Moody Bible Institute	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Moraine Valley Community College	Day	no	yes	no	AAS,AA,AS	no
	Night	no	yes	no	AAS,AA,AS	no
Morton College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Loyola	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
National College of Chiropractic	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
National College Education	Day	no	yes	no	LA,BS	yes
	Night	no	yes	no	LA,BS	yes
North Central College	Day	no	yes	no	MBA,LA	yes
	Night	no	yes	no	MBA,LA	yes
Northeastern Illinois University	Day	no	yes	no	BS,BA,MS,MA	yes
	Night	no	yes	no	BS,BA,MS,MA	yes
Northern Baptist Theological Seminary	Day	no	yes	no	PhD	yes
	Night	no	yes	no	PhD	yes
North Park College	Day	no	yes	no	LA,BS	no

TAB A  
Page \_\_\_ of \_\_\_  
UIC: \_\_\_\_\_

	Night	no	yes	no	LA,BS	no
Northwestern University	Day	no	yes	no	MS,MBA	yes
	Night	no	yes	no	MS,MBA	yes
Oakton Community College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Roosevelt University	Day	no	yes	no	LA,FA,BS	no
	Night	no	yes	no	LA,FA,BS	no
Rosary College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Rush University	Day	no	yes	no	MSN,BS	no
	Night	no	yes	no	MSN,BS	no
Saint Xavier College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
School of the Art Institute of Chicago	Day	no	yes	no	BFA,MFA	no
	Night	no	yes	no	BFA,MFA	no
Seabury-Western Theological	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Sherwood Conservatory of Music	Day	no	yes	no	BA,MA	yes
	Night	no	yes	no	BA,MA	yes
Shimer College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Spertus College of Judaca	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no

TAB A  
Page \_\_\_\_ of \_\_\_\_  
UIC: \_\_\_\_\_

South Suburban Community College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no
Trinity Christian College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Trinity College	Day	no	yes	no	LA,BS	no
	Night	no	yes	no	LA,BS	no
Trinity Evangelical Divinity School	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
University of Chicago	Day	no	yes	no	LA,BS,M BA	yes
	Night	no	yes	no	LA,BS,M BA	yes
University of Health Sciences/Chicago Medical School	Day	no	yes	no	PhD,DDS	yes
	Night	no	yes	no	PhD,DDS	yes
University of Illinois-Chicago	Day	no	yes	no	LA,BA,BS	no
	Night	no	yes	no	LA,BA,BS	no
Vandercook College of Music	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Wheaton College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Wm Rainey Harper College	Day	no	yes	no	AA,AS	no
	Night	no	yes	no	AA,AS	no

TAB A  
Page \_\_\_ of \_\_\_  
UIC: \_\_\_\_\_

Alverno College	Day	no	yes	no	LA,BSN	no
	Night	no	yes	no	LA,BSN	no
Cardinal Stritch College	Day	no	yes	no	LA,BS	no
	Night	no	yes	no	LA,BS	no
Carthage College	Day	no	yes	no	LA,BS	no
	Night	no	yes	no	LA,BS	no
Gateway Technical College	Day	no	yes	no	AAS	no
	Night	no	yes	no	AAS	no
Marquette University	Day	no	yes	no	BS,DDS, MBA,LA	yes
	Night	no	yes	no	BS,DDS, MBA,LA	yes
Medical College of Wisconsin	Day	no	yes	no	MS,DDS	yes
	Night	no	yes	no	MS,DDS	yes
Milwaukee Area Technical College	Day	no	yes	yes		no
	Night	no	yes	yes		no
Milwaukee School of Engineering	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
Mount Mary College	Day	no	yes	no	BS	no
	Night	no	yes	no	BS	no
University of Wisconsin Parkside	Day	no	yes	no	BA,BS,MP A,MBA	yes
	Night	no	yes	no	BA,BS,MP A,MBA	yes
University of Wisconsin Milwaukee	Day	no	yes	no	BS,BA	no
	Night	no	yes	no	BS,BA	no

TAB A  
Page \_\_\_\_ of \_\_\_\_  
UIC: \_\_\_\_\_

American Conservatory of Music	Day	no	yes	no	BA	no
	Night	no	yes	no	BA	no

**TAB A**  
**Page** \_\_\_ **of** \_\_\_  
**UIC:** \_\_\_\_\_

(c) 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	
Central Texas College (Active Duty Navy Only)	Day	yes	no	no	no	no
	Night	no	no	no	no	no
	Correspondence	no	no	no	no	no
College of Lake County (2 year)	Day	no	no	no	no	no
	Night	no	no	yes	yes	no
	Correspondence	no	no	no	no	no
Southern Illinois University	Day	no	no	yes	yes	no
	Night	no	no	yes	yes	no
	Correspondence	no	no	no	no	no
Webster University	Day	no	no	no	no	no
	Night	no	no	no	no	yes
	Correspondence	no	no	no	no	yes

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 UIC: \_\_\_\_\_

**21. 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	579*	590*	799*	5.7**

\*The Family Services Center did not have a breakdown in skill level; they provided us with the total spouses serviced.

\*\*The Family Services Center did not have a breakdown in skill level; they provided the unemployment rate for Lake County, Illinois.

**22. Medical/Dental.**

a. 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.

No. This command is located adjacent to a fully staffed Naval Hospital including dental care.

b. 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.

No. This command is located adjacent to a fully staffed Naval Hospital.

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 UIC: \_\_\_\_\_

23 **Crime Rate.** 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)	8	5	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)	0	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)	2	0	0
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)	3	7	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			

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Page \_\_\_ of \_\_\_  
UIC: \_\_\_\_\_

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

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)	22	1	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)	37	17	12
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)	3	3	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)	3	3	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

**TAB A**  
**Page** \_\_\_ **of** \_\_\_  
**UIC:** \_\_\_\_\_

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)	122	82	44
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)	4	3	1
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)	34	14	15
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)	18	7	9
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

\* Parts 13-25 of Question 23:

NDRI, Great Lakes states that Naval Investigative Service could not provide this info.

BUMED-822, mjs  
31 May '94

TAB A  
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UIC: \_\_\_\_\_

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 STEPHEN A. RALLS, DC USN



NAME (Please type or print)

Signature

Commanding Officer

4 May 94

Title

Date

Naval Dental Research Institute

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)

E. T. FLYNN, CAPT, MC, USN

NAME (Please type or print)

COMMANDING OFFICER

Title  
Naval Medical Research and  
Development Command

Activity

*E. T. Flynn*  
Signature

12 May 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. RIDENOUR

NAME (Please type or print)

ACTING CHIEF BUMED

Title

BUREAU OF MEDICINE AND SURGERY

Activity

*R. I. Ridenour*  
Signature

5-16-94  
Date

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

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

J. B. GREENE, JR.

NAME (Please type or print)

ACTING

Title

*J. B. Greene, Jr.*  
Signature

2 Jun 94  
Date

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

CAPT S. A. RALLS, DC USN  
NAME (Please type or print)

*S. A. Ralls*  
Signature

Commanding Officer  
Title

15 July 94  
Date

Naval Dental Research Institute  
Activity

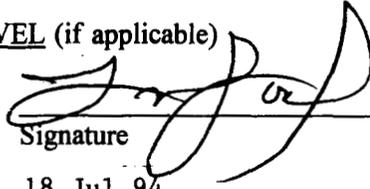
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

T.N. JONES, CAPT, MSC, USN  
NAME (Please type or print)

Commanding Officer  
Title

NAVMEDRSCHDEVCOM  
Activity

  
Signature  
18 Jul 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

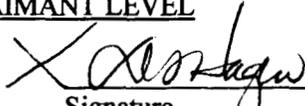
I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

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

CHIEF BUMED/SURGEON GENERAL  
Title

BUREAU OF MEDICINE AND SURGERY  
Activity

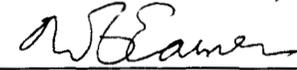
  
Signature  
July 20, 1994  
Date

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

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

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

\_\_\_\_\_  
Title

  
Signature  
8/14/94  
Date

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

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

*D.M. Meyer*  
Signature

Commanding Officer, Acting  
Title

28 Aug 94  
Date

Naval Dental Research Institute  
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

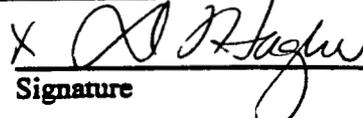
Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

X 

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

X 9-6-94

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

Title

Date

9/12/74

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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

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

  
Signature

Commanding Officer, Acting  
Title

\_\_\_\_\_  
Date

Naval Dental Research Institute  
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)

T. N. JONES  
NAME (Please type or print)  
COMMANDING OFFICER  
Title  
NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
Activity

T N Jones  
Signature  
30 Aug 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

D F Hagen  
Signature  
9/2/94  
Date

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

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

W. A. EARNER  
NAME (Please type or print)  
\_\_\_\_\_  
Title

W A Earner  
Signature  
9/12/94  
Date

UIC: 65786

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	<i>Naval Dental Research Institute, Great Lakes, IL</i>
Acronym(s) used in correspondence	<i>NDRI, Great Lakes, IL</i>
Commonly accepted short title(s)	<i>NAVDENTALRSCHINSTITUTE GREAT LAKES IL</i>

- Complete Mailing Address

Naval Dental Research Institute  
 Building 1-H  
 2701 Sheridan Road  
 Great Lakes, IL 60088-5259

- PLAD

NAVDENTALRSCHINSTITUTE GREAT LAKES IL

- PRIMARY UIC: 65786 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): \_\_\_\_\_ PURPOSE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. PLANT ACCOUNT HOLDER:

- Yes \_\_\_\_\_ No X (check one)

**UIC: 65786**

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

• Yes  X  No \_\_\_\_\_ (check one)

• Primary Host (current) UIC:  00211

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

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

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

• Yes \_\_\_\_\_ No  X  (check one)

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

Name	Location	UIC

**UIC: 65786**

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

Name	UIC	Location	Host name	Host UIC
Naval Dental Research Institute Detachment	47772	Bethesda, MD	National Naval Dental Center	0608A

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 collocation of Army/Navy Dental Research specified by BRAC-91 (MILCON P569) includes renovation to the building currently occupied by this command. The Army will be moving into the top two floors of this facility (Building 1-H) currently occupied by NTC HRO and OMDA.

**UIC: 65786**

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

- Conduct research in dental and allied sciences relative to dental health of Navy and Marine Corps personnel, with special emphasis on the recruit.
- Conduct research in dental operatory and equipment design, including advanced development, test, and evaluation under Navy and Marine Corps operating conditions.
- Provide continuing scientific competence through staff and consulting services to accomplish dental research relevant to the present and future mission of the Navy.
- Advise, consult, and collaborate with other activities and personnel conducting pertinent research and teaching which relates to solution of problems of the operational units of the Navy and Marine Corps.
- Maintain a program of fundamental research in areas of military importance to develop skills and knowledge in anticipation of future Navy and Marine Corps dental problems.
- Maintain liaison with national and international dental societies, educational and research institutions, and dental manufacturers and distributors.
- Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

Projected Missions for FY 2001

- Provide continuing scientific competence through staff and consulting services to accomplish dental research relevant to the future mission of the Navy.
- Evaluate changing demographics, orofacial disease patterns and treatment needs.
- Evaluate preventive techniques, antimicrobials, and rapid chairside dental diagnostics.
- Conduct research on associated computer technology, electronic records, automation and electronic management.
- Evaluate toxicity of restorative materials and reduce the environmental burden of waste effluents from dental operatories.

**UIC: 65786**

- Advise, consult and collaborate with other activities and personnel conducting pertinent research and teaching which relates to solution of problems of the operational units of the Navy and Marine Corps.

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

- Conduct research in dental and allied health sciences relative to deployed/operational Navy and Marine Corps personnel.
- Develop rapid chairside diagnostic assays using monoclonal antibodies, DNA-probes and rapid microbial enzymatic tests to minimize risks of oral soft tissue infections prior to deployment of military personnel.
- Determine the risks associated with caries activity and rates of disease progression within Navy and Marine Corps operational/deployed environments.
- Evaluate a scientifically based risk assessment and preventive program to minimize dental emergencies that may compromise Navy and Marine Corps operational readiness or mission effectiveness.
- Evaluate third molar management and associated risks in military environments that do not have direct access to routine dental care.
- Conduct research on the application of dental sealants and chemotherapeutic materials to prevent disease and enhance fleet readiness.
- Investigate feasibility of "real time" data collection by using computer generated dental records originated by dentists at in-processing facilities.
- Evaluate the epidemiology of oral diseases and profiles of Navy and Marine Corps rates and/or communities.
- Investigate alternative diagnostic methods, including digital subtractive radiography, for assessment of dental caries activity, periodontal disease, endodontic lesions and TMD.

UIC: 65786

Projected Unique Missions for FY 2001

- Evaluate disease progression rates as they relate to fleet and field conditions.
- Evaluate changes in oral health care, infection control, dental materials and increased use of expanded auxiliaries to prevent emergencies and promote operational readiness.
- Develop a Navy and Marine Corps managed oral health care system based on patient availability, risk assessment and prioritization of care.
- Evaluate the correlation of dental health to DoD dental classification, and the necessity or frequency of periodic recall examinations, preventive care and therapeutic treatment.
- Sustain a program of fundamental research to develop skills and knowledge of orofacial diseases, maxillofacial trauma and dental emergency care to address future Navy and Marine Corps dental problems.

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

• Operational name	UIC
<u>Naval Medical Research and Development Command</u>	<u>00075</u>
• Funding Source	UIC
_____	_____



**UIC: 65786**

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.)

**NA**

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian

- Tenants residing on main complex (homeported units.) **NA**

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). **NA**

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

- Tenants (Other than those identified previously) **NA**

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian

**UIC: 65786**

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>National Naval Dental Center</i>	<i>Bethesda, MD</i>	<i>Provide the majority of the resources necessary to conduct NDRI DET research and facilitate NDS research to carry out the mission of NDRI DET.</i>

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

**This information has been provided by host command, Naval Hospital, Great Lakes, IL (UIC 00211).**

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

S. A. RALLS  
NAME (Please type or print)

Commanding Officer  
Title

Naval Dental Research Institute  
Activity

*Stgh C Ralls*  
Signature

24 June 1994  
Date

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print)

Signature

CHIEF BUMED/SURGEON GENERAL

Title

Date

BUREAU OF MEDICINE & SURGERY

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)  
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)  
J. B. GREENE, JR.

NAME (Please type or print)  
ACTING

Signature

06 JUL 1994

Title

Date

**DATA CALL 1: GENERAL INSTALLATION INFORMATION**

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

- Name

Official name	<i>Branch Naval Medical Clinic, Everett, WA.</i>
Acronym(s) used in correspondence	<i>BRMEDCLINIC EVERETT</i>
Commonly accepted short title(s)	<i>BMCEverett</i>

- Complete Mailing Address

Branch Medical Clinic, Everett  
 2000 West Marine View Drive  
 Building 2120  
 Everett, WA 98027-1300

- PLAD (NOT A BRMEDCL BMC ED AS OF 31 MAY, 1994)
- PRIMARY UIC: Everett IC for Plant Account Holders)  
 Enter this number: \_\_\_\_\_ he top of each Data Call response page.
- ALL OTHER UIC(s): 47430 PURPOSE: Branch Clinic

2. **PLANT ACCOUNT HOLDER:**

- Yes \_\_\_\_\_ No x (check one)

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

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

• Yes  No  (check one)

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

• Yes  No  (check one)

• Primary Host (current) UIC: 68967

• Primary Host (as of 01 Oct 1995) UIC: N/A

• Primary Host (as of 01 Oct 2001) UIC: N/A

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

• Yes  No  (check one)

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

Name	Location	UIC
N/A		

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

Name	UIC	Location	Host name	Host UIC
N/A				

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

NAVMEDCLINIC, Seattle disestablished May 31, 1994 under BRAC- 91 decisions. Branch Medical Clinic Everett will provide care for active duty members in response to the closure of NAVMEDCLINIC Seattle. Manpower assets will be shifted from NAVMEDCLINIC Seattle to BMC Everett.

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 preventive, Occupational and primary outpatient medical care and services for all active duty military and their family members.

Maintain a proper state of material and personal readiness to fulfill wartime and contingency mission plans.

Support units of the operating forces and Naval Reserve Units, and ensure operational readiness by means of providing directed health care services.

- 

- 

- 

- 

Projected Missions for FY 2001

- 

SAME AS ABOVE

- 

- 

- 

-

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

Current Unique Missions

- N/A
- 
- 

Projected Unique Missions for FY 2001

- N/A
- 
- 

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

- |                                  |              |
|----------------------------------|--------------|
| • Operational name               | UIC          |
| <u>Naval Hospital, Bremerton</u> | <u>68095</u> |
| • Funding Source                 | UIC          |
| <u>Naval Hospital, Bremerton</u> | <u>68095</u> |

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian(Appropriated)
• Reporting Command	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
• <del>Tenants (total)</del> <small>MCO 825 65A 6/30/94</small>	<u>1</u>	<u>N/A</u>	<u>0</u>

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian(Appropriated)
• Reporting Command	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
• <del>Tenants (total)</del> <small>MCO 825 65A 6/30/94</small>	<u>10</u>	<u>47</u>	<u>8</u>

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

<u>Title/Name</u>	<u>Office</u>	<u>Fax</u>
• CO/OIC		
<u>M.L. McDONALD, CDR, MSC, USN</u> OFFICER IN CHARGE	(206)526-3828	(206) 526-3249
•		
<u>C.J MARTINEZ, LT, MSC, USN</u> ADMINISTRATIVE OFFICER	(206)526-3800	(206)526-3249
•		
_____		

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

- Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

- Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
<i>FISC</i>	<i>Everett</i>	<i>Warehouse space - MOU</i>
<i>VAMC</i>	<i>Seattle</i>	<i>Referral Medical Services -MOU</i>
<i>NAVSTA Everett</i>	<i>Everett</i>	<i>Base Services - ISSA</i>
<i>NAVSTA Puget Sound</i>	<i>Seattle</i>	<i>Base Services - ISSA</i>

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

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

NOTE: Aerial photo taken 22 June 1994, is unavailable at the time of this submission.

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

See Enclosure (1)

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. L. McDonald, CDR, MSC, USN  
NAME (Please type or print)

  
Signature

Officer In Charge  
Title

22 June 1994  
Date

Branch Medical Clinic Everett  
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. A. MAYO  
NAME (Please type or print)  
Commanding Officer  
Title  
Naval Hospital Bremerton  
Activity

*R Mayo*  
Signature  
24 June 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

X *D F Hagen*  
Signature  
6-30-94  
Date

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

**DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)**  
**DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)**  
**J. B. GREENE, JR.**

\_\_\_\_\_  
NAME (Please type or print)  
**ACTING**  
\_\_\_\_\_  
Title

*J B Greene Jr.*  
Signature  
06 JUL 1994  
Date

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**DATA CALL 66  
INSTALLATION RESOURCES**

**Activity Information:**

Activity Name:	Naval Dental Research Institute
UIC:	65786
Host Activity Name (if response is for a tenant activity):	Naval Hospital Great Lakes
Host Activity UIC:	00211

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

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

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

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

**DATA CALL 66  
INSTALLATION RESOURCES**

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

<b>Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)</b>			
<b>Activity Name:</b> Naval Dental Research Institute			<b>UIC:</b> 65786
Category	FY 1996 BOS Costs (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Maintenance and Repair	38	113	151
1b. Minor Construction			
<b>1c. Sub-total 1a. and 1b.</b>	38	113	151
<b>2. Other Base Operating Support Costs:</b>			
2a. Utilities	120		120
2b. Transportation	8		8
2c. Environmental	2	6	8
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration	5	290	295
2j. Other (Specify)			
Janitorial Contract	2	16	18
Equipment Maintenance Contract	7	16	23
Safety	5	25	30
<b>2k. Sub-total 2a. through 2j:</b>	149	353	502

**DATA CALL 66  
INSTALLATION RESOURCES**

<b>3. Grand Total (sum of 1c. and 2k.):</b>	187	466	653
---	-----	-----	-----

**DATA CALL 66  
INSTALLATION RESOURCES**

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

<u>Appropriation</u>	<u>Amount (\$000)</u>
MPN	110
R&D	543

**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**

<b>Table 1B - Base Operating Support Costs (DBOF Overhead)</b>			
<b>Activity Name:</b> Naval Dental Research Institute		<b>UIC:</b> 65786	
Category    NA	FY 1996 Net Cost From UC/FUND-4 (\$000)		
	Non-Labor	Labor	Total
<b>1. Real Property Maintenance Costs:</b>			
1a. Real Property Maintenance (> \$15K)			
1b. Real Property Maintenance (< \$15K)			
1c. Minor Construction (Expensed)			
1d. Minor Construction (Capital Budget)			
<b>1c. Sub-total 1a. through 1d.</b>			
<b>2. Other Base Operating Support Costs:</b>			
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)			
<b>2m. Sub-total 2a. through 2l:</b>			
<b>3. Depreciation</b>			

**DATA CALL 66  
INSTALLATION RESOURCES**

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

**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.

<b>Table 2 - Services/Supplies Cost Data</b>	
<b>Activity Name:</b> Naval Dental Research Institute	<b>UIC:</b> 65786
<b>Cost Category</b>	<b>FY 1996 Projected Costs (\$000)</b>
<b>Travel:</b>	130
<b>Material and Supplies (including equipment):</b>	550
<b>Industrial Fund Purchases (other DBOF purchases):</b>	
<b>Transportation:</b>	8

**DATA CALL 66  
INSTALLATION RESOURCES**

<b>Other Purchases (Contract support, etc.):</b>	
Maintenance and Repair Real Property	151
Utilities	120
Environmental	8
Administration	5
Janitorial Contract	18
Equipment Maintenance Contract	23
RDT&E Mission Contract	600
Safety	5
<b>Total:</b>	<b>1,613</b>

Naval Dental Research Institute does not submit NAVCOMPT OP-32 Budget Exhibit.

**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.

<b>Table 3 - Contract Workyears</b>	
<b>Activity Name:</b> Naval Dental Research Institute	<b>UIC:</b> 65786
Contract Type	FY 1996 Estimated Number of Workyears On-Base
Construction:	0
Facilities Support:	0.5
Mission Support:	6.0
Procurement:	0
Other:*	0
<b>Total Workyears:</b>	<b>6.5</b>

\* **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)):

6

2) Estimated number of workyears which would be eliminated:

0.5 Janitorial Contract

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

0

**DATA CALL 66  
INSTALLATION RESOURCES**

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
0	

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT S. A. RALLS, DC USN  
NAME (Please type or print)

  
Signature

Commanding Officer  
Title

15 July 1994  
Date

Naval Dental Research Institute  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

\_\_\_\_\_  
NAME (Please type or print)

*D. F. Hagen*  
\_\_\_\_\_  
Signature

CHIEF BUMED/SURGEON GENERAL

\_\_\_\_\_  
Title

*7-19-94*  
\_\_\_\_\_  
Date

BUREAU OF MEDICINE & SURGERY

\_\_\_\_\_  
Activity

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

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

W. A. EARNER

\_\_\_\_\_  
NAME (Please type or print)

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*04 AUG 1994*  
\_\_\_\_\_  
Date

**"LAB" JOINT CROSS-SERVICE GROUP GUIDANCE PACKAGE**

NAVAL DENTAL RESEARCH INSTITUTE

Section I: Taskings

- 1.1 Guidelines
- 1.2 Standards
- 1.3 Assumptions
- 1.4 Measures of Merit
- 1.5 Activities
- 1.6 Common Support Functions

184

REVISION IN TOTAL

PLUS 8-25-94 Revisions  
9-15-94 Revisions

Section II: Capacity of DOD Components

- 2.1 Workload
- 2.2 Excess Capacity

Section III: Capability of Activities to Perform Common Support Functions

- 3.0 Mission
- 3.1 Location
- 3.2 Personnel
- 3.3 Workload
- 3.4 Facilities & Equipment
- 3.5 Expansion Potential

Section IV: Appendices

- A. Macro Process/Schedule
- B. List of Activities
- C. Common Support Functions

REVISION  
IN TOTAL

0.5

PLUS 8-25-94 REVISIONS  
9-15-94 REVISIONS

DATA CALL # 12

**"LAB" JOINT CROSS-SERVICE GROUP GUIDANCE PACKAGE**

Section I: Taskings

- 1.1 Guidelines
- 1.2 Standards
- 1.3 Assumptions
- 1.4 Measures of Merit
- 1.5 Activities
- 1.6 Common Support Functions

Section II: Capacity of DOD Components

- 2.1 Workload
- 2.2 Excess Capacity

Section III: Capability of Activities to Perform Common Support Functions

- 3.0 Mission
- 3.1 Location
- 3.2 Personnel
- 3.3 Workload
- 3.4 Facilities & Equipment
- 3.5 Expansion Potential

Section IV: Appendices

- A. Macro Process/Schedule
- B. List of Activities
- C. Common Support Functions

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*Revision  
in total***SECTION II: CAPACITY OF DOD COMPONENTS**

**2.1 Workload.** Use the following table to describe historic and projected workload at each activity in terms of funding and workyears. Assume previous BRAC closures and realignments are implemented on schedule. Projected funding will be derived from FY95 President's Budget Submission (Then year dollars). Past fiscal year data shall begin with FY86 or at the inception of the activity as it existed on 1 Oct 93. (BRAC Criteria I & IV)

Information Required	Fiscal Years											
	86	87	88	89	90	91	92	93	94	95	96	97
<b>Total Funds Programmed (\$M)</b>	1.4	1.4	1.6	1.6	1.6	1.6	2.0	2.3	2.2	2.2	2.2	2.2
<b>Total Actual Funds (\$M)</b>	1.1	1.2	1.6	1.6	1.6	1.6	1.9	2.0				
<b>Programmed Workyears</b>	35	35	35	37	37	39	47	47	47	47	47	47
<b>Actual Workyears</b>	35	35	35	37	37	39	47	47				

- Budgeted workyears are the selected indicator of the "lab" infrastructure's capacity at an aggregate level for each Military Department. They include both workyears funded directly by the Military Department and the workyears funded from organizations outside the Military Department.

Workyears = government personnel and on-site FFRDCs and SETAs

**2.2 Excess "Lab" Capacity -- Measured at the DOD Component Level**

- Excess "Lab" Capacity = Sum of the Peak Workyears - Sum of the Projected Workyears
  - Peak at each activity = Highest value between FY86 (or since inception of organization) and FY93
  - Projected at each activity = Estimated at FY97

**SECTION III: CAPABILITY OF ACTIVITIES TO PERFORM COMMON SUPPORT FUNCTIONS (CSFs):** Provide the information described for each common support function listed in Appendix C in which you are actively engaged.

**Common Support Function: Human Systems**

**3.0 Mission:** To conduct research, development, test, and evaluation in dental and allied sciences, with particular emphasis on problems of dental and oral health in Navy and Marine Corps populations and on problems of fleet and field dentistry. (Ref: BUMEDINST 5450.79C of 19 Feb 1982)

**Major Capabilities Contributing to the Common Support Functions.** As directed by Chief, Bureau of Medicine and Surgery; with the technical guidance and coordination of the Chief, Dental Division:

- Conduct research in dental and allied sciences relative to dental health of Navy and Marine Corps personnel, with special emphasis on the recruit.
- Conduct research in dental operatory and equipment design, including advanced development, test, and evaluation under Navy and Marine Corps operating conditions.
- Provide continuing scientific competence through staff and consulting services to accomplish dental research relevant to the present and future mission of the Navy.
- Advise, consult, and collaborate with other activities and personnel conducting pertinent research and teaching which relates to solution of problems of the operational units of the Navy and Marine Corps.
- Maintain a program of fundamental research in areas of military importance to develop skills and knowledge in anticipation of future Navy and Marine Corps dental problems.
- Maintain liaison with national and international dental societies, educational and research institutions, and dental manufacturers and distributors.
- Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

**Common Support Function: Infectious Diseases**

**3.0 Mission:** To conduct research, development, test, and evaluation in dental and allied sciences, with particular emphasis on problems of dental and oral health in Navy and Marine Corps populations and on problems of fleet and field dentistry. (Ref: BUMEDINST 5450.79C of 19 Feb 1982)

**Major Capabilities Contributing to the Common Support Functions.** As directed by Chief, Bureau of Medicine and Surgery; with the technical guidance and coordination of the Chief, Dental Division:

- Conduct research in dental and allied sciences relative to dental health of Navy and Marine Corps personnel, with special emphasis on the recruit.
- Provide continuing scientific competence through staff and consulting services to accomplish dental research relevant to the present and future mission of the Navy.
- Maintain a program of fundamental research in areas of military importance to develop skills and knowledge in anticipation of future Navy and Marine Corps dental problems.
- Maintain liaison with national and international dental societies, educational and research institutions, and dental manufacturers and distributors.
- Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

**3.1 Location:** Naval Training Center, Great Lakes, Illinois

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3.1.1 **Geographic/Climatological Features:** Describe any geographic/climatological features in and around your activity that are relevant to each CSF. Indicate and justify those that are required versus those that just serve to enhance accomplishing the mission of the activity. For example, clear air at high altitude that increases quality of atmospheric, ground-based laser experiments in support of the weapons CSF. (BRAC Criteria I)

**Common Support Function: Human Systems**

None

**Common Support Function: Infectious Diseases**

None

3.1.2 **Licenses & permits:** Describe and list the licenses or permits (e.g., environmental, safety, etc.) that your activity currently holds and justify why they are required to allow tests, experiments, or other special capabilities at your location for each CSF. For example, permit to store and use high explosives. (BRAC Criteria I)

**Common Support Function: Human Systems**

1. American Association for Accreditation of Laboratory Animal Care (AAALAC) Accreditation - The Naval Dental Research Institute has been an AAALAC accredited animal facility since 1981. The animal lab was recertified in 1993. SECNAVINST 3900.38B requires that all DOD organizations having animals seeks accreditation by AAALAC.

2. Navy Radioactive Material Permit 12-65786-41NP - This permit enables the investigators to utilize radioisotopes in various research protocols.

**Common Support Function: Infectious Diseases**

1. American Association for Accreditation of Laboratory Animal Care (AAALAC) Accreditation - The Naval Dental Research Institute has been an AAALAC accredited animal facility since 1981. The animal lab was recertified in 1993. SECNAVINST 3900.38B requires that all DOD organizations having animals seeks accreditation by AAALAC.

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**3.1.1 Geographic/Climatological Features:** Describe any geographic/climatological features in and around your activity that are relevant to each CSF. Indicate and justify those that are required versus those that just serve to enhance accomplishing the mission of the activity. For example, clear air at high altitude that increases quality of atmospheric, ground-based laser experiments in support of the weapons CSF. (BRAC Criteria I)

None

**3.1.2 Licenses & permits:** Describe and list the licenses or permits (e.g., environmental, safety, etc.) that your activity currently holds and justify why they are required to allow tests, experiments, or other special capabilities at your location for each CSF. For example, permit to store and use high explosives. (BRAC Criteria I)

1. American Association for Accreditation of Laboratory Animal Care (AAALAC) Accreditation - The Naval Dental Research Institute has been an AAALAC accredited animal facility since 1981. The animal lab was recertified in 1993. SECNAVINST 3900.38B requires that all DOD organizations having animals seeks accreditation by AAALAC.

2. Navy Radioactive Material Permit 12-65786-41NP - This permit enables the investigators to utilize radioisotopes in various research protocols.

**3.1.3 Environmental constraints:** Describe and list the environmental or land use constraints present at your activity which limit or restrict your current scope for each CSF, i.e., would not allow increased "volume" or "spectrum" for the CSF. Example -- Volume: frequency of a type of experiment. Example -- Spectrum: Current permit to detonate high explosives will not allow detonation or storage of increased quantity of explosives without legal waiver (state law) or relocation of surrounding (non-govt) buildings. (BRAC Criteria II)

None

**3.1.4 Special Support Infrastructure:** List and describe the importance of any mission related special support infrastructure (e.g. utilities) present at your location for your activity. (BRAC Criteria I)

The following utilities are provided by Naval Training Center Public Works Center: gas, water, electricity, steam heat, and phone service. The Naval Training Center, Great Lakes provides base security and fire department services.

This command is equipped with two emergency generators used during power outages. One is solely used for backing up the HVAC system in the climate-controlled animal facility.

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3.1.3 **Environmental constraints:** Describe and list the environmental or land use constraints present at your activity which limit or restrict your current scope for each CSF, i.e., would not allow increased "volume" or "spectrum" for the CSF. Example -- Volume: frequency of a type of experiment. Example -- Spectrum: Current permit to detonate high explosives will not allow detonation or storage of increased quantity of explosives without legal waiver (state law) or relocation of surrounding (non-govt) buildings. (BRAC Criteria II)

**Common Support Function: Human Systems**

None

**Common Support Function: Infectious Diseases**

None

3.1.4 **Special Support Infrastructure:** List and describe the importance of any mission related special support infrastructure (e.g. utilities) present at your location for your activity. (BRAC Criteria I)

**Common Support Function: Human Systems**

The following utilities are provided by Naval Training Center Public Works Center: gas, water, electricity, steam heat, and phone service. The Naval Training Center, Great Lakes provides base security and fire department services.

This command is equipped with two emergency generators used during power outages. One is solely used for backing up the HVAC system in the climate-controlled animal facility. The other one is for the subzero freezers used for storing research samples and other laboratory equipment that needs constant power.

**Common Support Function: Infectious Diseases**

The following utilities are provided by Naval Training Center Public Works Center: gas, water, electricity, steam heat, and phone service. The Naval Training Center, Great Lakes provides base security and fire department services.

This command is equipped with two emergency generators used during power outages. One is solely used for backing up the HVAC system in the climate-controlled animal facility. The other one is for the subzero freezers used for storing research samples and other laboratory equipment that needs constant power.

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The other one is for the subzero freezers used for storing research samples and other laboratory equipment that needs constant power.

3.1.5. **Proximity to Mission-Related organizations:** List and describe the importance and impact of not having nearby organizations which facilitate accomplishing or performing your mission -- e.g. operational units, FFRDCs, universities/colleges, other government organizations, and commercial activities. Restrict your response to the top five. Complete the following: (BRAC Criteria I)

Common Support Functions	Name	Type of Organization	Distance	Workyears Performed by Your Activity	Workyears Funded by Your Activity
Human	ADA	Professional	35	0.5	0.5
Human	U. of IL	University	35	0.5	0.5
Human	NW U.	University	35	0.5	0.5
Human	Chic. U.	Medical School	2	0.125	0.125
Human	VA	Hospital	1	0.125	0.125

Common Support Functions	Name	Type of Organization	Distance	Workyears Performed by Your Activity	Workyears Funded by Your Activity
Infectious	ADA	Professional	35	0.5	0.5
Infectious	U. of IL	University	35	0.5	0.5
Infectious	NW U.	University	35	0.5	0.5
Infectious	Chic. U.	Medical School	2	0.125	0.125
Infectious	VA	Hospital	1	0.125	0.125

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3.2 Personnel:

3.2.1 **Total Personnel:** What is the total number of government (military and civilian), on-site federally funded research and development center (FFRDC), and on-site system engineering technical assistance (SETA) personnel engaged in science and technology (S&T), engineering development and in-service engineering activities as of end FY93? For individuals that predominantly work in CSFs, involved in more than one CSF, account for those individuals in the CSF that represents the preponderance of their effort. (BRAC Criteria I)

**Common Support Function: Human Systems**

Types of personnel	Number of Personnel			
	Government		On-Site FFRDC	On-Site SETA
	Civilian	Military		
Technical	6.5	9.5	16	0
Management (Supv)	0.5	2	2.5	0
Other	2.5	2.5	5	0

**Common Support Function: Infectious Diseases**

Types of personnel	Number of Personnel			
	Government		On-Site FFRDC	On-Site SETA
	Civilian	Military		
Technical	6.5	9.5	16	0
Management (Supv)	0.5	2	2.5	0
Other	2.5	2.5	5	0

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3.2 Personnel:

3.2.1 **Total Personnel:** What is the total number of government (military and civilian), on-site federally funded research and development center (FFRDC), and on-site system engineering technical assistance (SETA) personnel engaged in science and technology (S&T), engineering development and in-service engineering activities as of end FY93? For individuals that predominantly work in CSFs, involved in more than one CSF, account for those individuals in the CSF that represents the preponderance of their effort. (BRAC Criteria I)

Types of personnel	Number of Personnel			
	Government		On-Site FFRDC	On-Site SETA
	Civilian	Military		
Technical	13	19	31	0
Management (Supv)	1	4	5	0
Other	5	5	10	0

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3.2.2 **Education:** What is the number of government personnel actively engaged in S&T, engineering development and in-service engineering activities by highest degree and type of position? Provide the data in the following table: (BRAC Criteria I)

**Common Support Function: Human Systems**

Type of Degree/ Diploma	Number of Government Personnel by Type of Position		
	Technical	Management (Supv)	Other
High School or Less	4	0	4
Associates	0.5	0	1
Bachelor	2.5	0	0
Masters	0	0.5	0
Doctorate (include Med/Vet/etc.)	8.5	2	0

**Common Support Function: Infectious Diseases**

Type of Degree/ Diploma	Number of Government Personnel by Type of Position		
	Technical	Management (Supv)	Other
High School or Less	4	0	4
Associates	0.5	0	1
Bachelor	2.5	0	0
Masters	0	0.5	0
Doctorate (include Med/Vet/etc.)	8.5	2	0

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3.2.2 **Education:** What is the number of government personnel actively engaged in S&T, engineering development and in-service engineering activities by highest degree and type of position? Provide the data in the following table: (BRAC Criteria I)

Type of Degree/Diploma	Number of Government Personnel by Type of Position		
	Technical	Management (Supv)	Other
High School or Less	8	0	8
Associates	1	0	2
Bachelor	5	0	0
Masters	0	1	0
Doctorate (include Med/Vet/etc.)	17	4	0

3.2.3 **Experience:** What is the experience level of government personnel? Fill in the number of government personnel in the appropriate boxes of the following table. (BRAC Criteria I)

Type of Position	Years of Government and/or Military Service				
	Less than 3 years	3-10 years	11-15 years	16-20 years	More than 20 years
Technical	7	10	7	3	4
Management (Supv)	0	0	0	4	1
<b>Total</b>	7	10	7	7	4

3.2.4 **Accomplishments During FY91-93:** For government personnel answer the following questions.

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3.2.3 **Experience:** What is the experience level of government personnel? Fill in the number of government personnel in the appropriate boxes of the following table. (BRAC Criteria I)

**Common Support Function: Human Systems**

Type of Position	Years of Government and/or Military Service				
	Less than 3 years	3-10 years	11-15 years	16-20 years	More than 20 years
Technical	3.5	5	3.5	1.5	2
Management (Supv)	0	0	0	2	0.5
Total	3.5	5	3.5	3.5	2

**Common Support Function: Infectious Diseases**

Type of Position	Years of Government and/or Military Service				
	Less than 3 years	3-10 years	11-15 years	16-20 years	More than 20 years
Technical	3.5	5	3.5	1.5	2
Management (Supv)	0	0	0	2	0.5
Total	3.5	5	3.5	3.5	2

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3.2.4.1 How many patents were awarded and patent disclosures (only count disclosures with issued disclosure numbers) were made? (BRAC Criteria I)

CSF	Disclosures	Awarded	Patent Titles (List)
Human Systems	3	1	1. Simonson, L. G: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDIII,IIIBB2", United States Patent No. 4,959,304, September 25, 1990.
			2. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXI, R8B8R8E3", Patent Disclosure November 29, 1990.
			3. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXIII,R9D9", Patent Disclosure November 29, 1990.
<b>Total</b>	<b>3</b>	<b>1</b>	

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CSF	Disclosures	Awarded	Patent Titles (List)
Infectious Diseases	3	1	1. Simonson, L. G: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDIII,IIIBB2", United States Patent No. 4,959,304, September 25, 1990.
			2. Simonson, L. G. and Nilus, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXI, R8B8R8E3", Patent Disclosure November 29, 1990.
			3. Simonson, L. G. and Nilus, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXIII,R9D9", Patent Disclosure November 29, 1990.
<b>Total</b>	<b>3</b>	<b>1</b>	

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3.2.4.2 How many papers were published in peer reviewed journals? (BRAC Criteria I)

CSF	Number Published	Paper Titles (List)
Human Systems	20	See list below.
Infectious Diseases	28	See list below.
TOTAL	48	See list below.

**Command Support Function: Human Systems**

\*1. Bex, R. T., Parker, M. W., Judkins, J. T., and Pelleu, G. B. Effect of Dentinal Bonded Resin Post-Core Preparations on Resistance to Vertical Root Fracture. Journal of Prosthetic Dentistry 67:768-772, Jun 1992.

\*2. Flanary, D. B., Twohey, S. M., Gray, J. L., Mellonig, J. T., and Gher, M. E. The Use of a Synthetic Skin Substitute as a Physical Barrier to Enhance Healing in Human Periodontal Furcation Defects: A follow-up report. Journal of Periodontology 62:684-689, Nov 1991.

\*3. Kinderknecht, K. E., Wong, G. K., Billy, E. J., et al. The Effect of a Deprogrammer on the Position of the Terminal Transverse Horizontal Axis of the Mandible. Journal of Prosthetic Dentistry 68:123-131, Jul 1992.

\*4. McMaster, D. R., House, R. C., Anderson, M. H., and Pelleu, G. B. The Effect of Slot Preparation Length on the Transverse Strength of Slot-Retained Restorations. Journal of Prosthetic Dentistry 62:472-477, Apr 1992.

\*5. Metzler, D. G., Seamons, B. C., Mellonig, J. T., et al. Clinical Evaluation of Guided Tissue Regeneration in the Treatment of Maxillary Class II Molar Furcation Invasions. Journal of Periodontology 62:353-360, Jun 1991.

\*6. Palmer, D. S., Barco, M. T., and Billy, E. J. Temperature Extremes Produced Orally by Hot and Cold Liquids. Journal of Prosthetic Dentistry 67:325-327, Mar 1992.

\*Published by residents at Naval Dental School, Bethesda, MD under direct guidance of Naval Dental Research Institute Detachment Bethesda staff.

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3.2.4.2 How many papers were published in peer reviewed journals? (BRAC Criteria I)

CSF	Number Published	Paper Titles (List)
Human Systems	20	See list below.
Infectious Diseases	28	See list below.
TOTAL	48	See list below.

**Command Support Function: Human Systems**

1. Bex, R. T., Parker, M. W., Judkins, J. T., and Pelleu, G. B. Effect of Dentinal Bonded Resin Post-Core Preparations on Resistance to Vertical Root Fracture. Journal of Prosthetic Dentistry 67:768-772, 1992.

2. Flanary, D. B., Twohey, S. M., Gray, J. L., Mellonig, J. T., and Gher, M. E. The Use of a Synthetic Skin Substitute as a Physical Barrier to Enhance Healing in Human Periodontal Furcation Defects: A follow-up report. Journal of Periodontology 62:684-689, 1991.

3. Kinderknecht, K. E., Wong, G. K., Billy, E. J., et al. The Effect of a Deprogrammer on the Position of the Terminal Transverse Horizontal Axis of the Mandible. Journal of Prosthetic Dentistry 68:123-131, 1992.

4. McMaster, D. R., House, R. C., Anderson, M. H., and Pelleu, G. B. The Effect of Slot Preparation Length on the Transverse Strength of Slot-Retained Restorations. Journal of Prosthetic Dentistry 62:472-477, 1992.

5. Metzler, D. G., Seamons, B. C., Mellonig, J. T., et al. Clinical Evaluation of Guided Tissue Regeneration in the Treatment of Maxillary Class II Molar Furcation Invasions. Journal of Periodontology 62:353-360, 1991.

6. Palmer, D. S., Barco, M. T., and Billy, E. J. Temperature Extremes Produced Orally by Hot and Cold Liquids. Journal of Prosthetic Dentistry 67:325-327, 1992.

7. Sallustio, F. W., Waskewicz, G. A., and Billy, E. J. The Effect of Venting on the Strength of Dicor and Hi-Ceram Ceramic Crowns. International Journal of Prosthodontics 5:463-469, 1992.

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\*7. Sallustio, F. W., Waskewicz, G. A., and Billy, E. J. The Effect of Venting on the Strength of Dicor and Hi-Ceram Ceramic Crowns. International Journal of Prosthodontics 5:463-469, Sep-Oct 1992.

8. Turck, M. D., Lang, B. R., Wilcox, D. E., and Meiers, J. C. Direct Measurement of Dimensional Accuracy with Three Denture-Processing Techniques. International Journal of Prosthodontics 5:367-372, Jul-Aug 1992.

9. Curtis, S. R., Richard, M. W., and Meiers, J. C. Early Erosion of Glass-Ionomer Cement at Crown Margins. International Journal of Prosthodontics 6:553-557, Nov-Dec 1993.

\*10. Lafferty, T. L., Gher, M. E., Gray, J. A. Tetracyclines and Citric Acid Etching of Root Surfaces. Journal of Periodontology 64:689-693, Aug 1993.

11. Fucini, S. E., Quintero, G., Gher, M. E., Black, B. S., and Richardson, A. C. Small Versus Large Particles of Demineralized Freeze-Dried Bone Allografts in Human Intrabony Periodontal Defects. Journal of Periodontology 64:844-847, Sept 1993.

12. Jahnke, R. V., Sandifer, J. B., Gher, M. E., Gray, J. L., and Richardson, A. C. Thick Free Gingival and Connective Tissue Autografts for Root Coverage. Journal of Periodontology 64:315-322, Apr 1993.

13. Kelly, J. R., Cohen, M. E., and Tesk, J. A. Error Propagation Ciases in the Calculation of Indentation Fracture Toughness for Ceramics. Journal of Ceramics Soc 76:2665-2668, Oct 1993.

\*14. Meadows, C. L., Gher, M. E., Quintero, G., and Lafferty, T. A. A Comparison of Polylactic Acid Granules and Decalcified Freeze-Dried Bone Allograft in Human Periodontal Root Surfaces. Journal of Periodontology 64:103-109, Feb 1993.

15. Saiku, J. M., St. Germain, H., and Meiers, J. C. Microleakage of a Dental Amalgam Ailoy Bonding Agent. Operative Dentistry 18:172-178, Sep-Oct 1993.

16. Todd, A. D., Gher, M. E., Quintero, G., and Richardson, A. C. Interpretation of Linear and Computed Tomograms in the Assessment of Implant Recipient Sites. Journal of Periodontology 64:1243-1249, Dec 1993.

\*17. Turck, M. O., Richards, M. W. Microwave Processing for Denture Relines, Repairs, and Rebases. Journal of Prosthetic Dentistry 69:340-343, Mar 1993.

18R

PAGE ~~17R~~ (9/15/94)

31 March 1994

FOR OFFICIAL USE ONLY

BUMED  
MED 825  
GSA  
9/21/94

8. Turck, M. D., Lang, B. R., Wilcox, D. E., and Meiers, J. C. Direct Measurement of Dimensional Accuracy with Three Denture-Processing Techniques. International Journal of Prosthodontics 5:367-372, 1992.
9. Curtis, S. R., Richard, M. W., and Meiers, J. C. Early Erosion of Glass-Ionomer Cement at Crown Margins. International Journal of Prosthodontics 6:553-557, 1993.
10. Lafferty, T. L., Gher, M. E., Gray, J. A. Tetracyclines and Citric Acid Etching of Root Surfaces. Journal of Periodontology 64:689-693, 1993.
11. Fucini, S. E., Quintero, G., Gher, M. E., Black, B. S., and Richardson, A. C. Small Versus Large Particles of Demineralized Freeze-Dried Bone Allografts in Human Intrabony Periodontal Defects. Journal of Periodontology 64:844-847, 1993.
12. Jahnke, R. V., Sandifer, J. B., Gher, M. E., Gray, J. L., and Richardson, A. C. Thick Free Gingival and Connective Tissue Autografts for Root Coverage. Journal of Periodontology 64:315-322, 1993.
13. Kelly, J. R., Cohen, M. E., and Tesk, J. A. Error Propagation Ciases in the Calculation of Indentation Fracture Toughness for Ceramics. Journal of Ceramics Soc 76:2665-2668, 1993.
14. Meadows, C. L., Gher, M. E., Quintero, G., and Lafferty, T. A. A Comparison of Polylactic Acid Granules and Decalcified Freeze-Dried Bone Allograft in Human Periodontal Root Surfaces. Journal of Periodontology 64:103-109, 1993.
15. Saiku, J. M., St. Germain, H., and Meiers, J. C. Microleakage of a Dental Amalgam Ailoy Bonding Agent. Operative Dentistry 18:172-178, 1993.
16. Tesk, J. A., Antonucci, J. M., Eichmiller, F., Kelly, J. R., Rupp, N. P., Fraker, A., Chow, L., Stansbury, J. W., and Parry, E. Dental Materials Chapter in JI Kroschwitz and M Howe-Grant (eds.): Encyclopedia of Chemical Technology 4th ed., New York, John Wiley & Sons, Inc., 7:946-1022, 1993.
17. Todd, A. D., Gher, M. E., Quintero, G., and Richardson, A. C. Interpretation of Linear and Computed Tomograms in the Assessment of Implant Recipient Sites. Journal of Periodontology 64:1243-1249, 1993.
18. Turck, M. O., Richards, M. W. Microwave Processing for Denture Relines, Repairs, and Rebases. Journal of Prosthetic Dentistry 69:340-343, 1993.

R

18. Turner, C. W., and Meiers, J. C. Repair of an Aged, Contaminated Indirect Composite Resin with a Direct, Visible-Light-Cured Composite Resin. Operative Dentistry 18:187-194, Sep-Oct 1993.

19. York, A. K., and Arthur, J. S. Reasons for Placement and Replacement of Dental Restorations in the United States Navy Dental Corps. Operative Dentistry 18:203-208, Sep-Oct 1993.

**Command Support Function: Infectious Diseases**

1. Cohen, M. E., Arthur, J. S. and Rodden, J. W. Patients' Retrospective Preference for Extraction of Asymptomatic Third Molars. Community Dentistry and Oral Epidemiology 18:260-263, Jan 1990.

2. McMahon, K. T., Wasfy, M. O., Yonushonis, W. P., Minah, G. E. and Falkeler Jr., W. A. Comparative Microbiological and Immunological Studies of Subgingival Dental Plaque from Man and Baboons. Journal of Dental Research 69:55-59, Jan 1990.

3. Schutt, R. W. Bactericidal Effect of a Disinfectant Dental Stone on Irreversible Hydrocolloid Impressions and Stone Casts. Journal of Prosthetic Dentistry 63:246, Nov 1990.

4. Schutt, R. W. A Procedure to Sterilize Dental Burs with Dry Heat. Journal of Prosthetic Dentistry 63:246, Nov 1990.

5. Schutt, R. W., and Starsiak, W. J. Glass Bead Sterilization of Surgical Dental Burs. International Journal of Oral and Maxillofacial Surgery 6:250-251, Feb 1990.

6. Simonson, L. G. Quantitative Immunoassay of Treponema denticola Serovar C in Adult Periodontitis. Journal of Clinical Microbiology 28:1493-1496, Jul 1990.

7. Kearns, E. A., Simonson, L. G., Schutt, R. W., Johnson, M. J., Neil, L. C. Characterization of Monoclonal Antibodies to Two Treponema denticola Serotypes by the Indirect Fluorescent-Antibody Assay. Microbios 65:147-153, Jun 1991.

8. Forgas, L. B., Nilus, A. M. Assessing Periodontal Activity, The Role of Bacteriological, Immunological, and DNA Assays. Journal of Dental Hygiene 65(4):188-193, May 1991.

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PAGE 18 ~~R~~ (9/15/94)

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BUMED  
MED 825  
GSA  
9/21/94

19. Turner, C. W., and Meiers, J. C. Repair of an Aged, Contaminated Indirect Composite Resin with a Direct, Visible-Light-Cured Composite Resin. Operative Dentistry 18:187-194, 1993.

20. York, A. K., and Arthur, J. S. Reasons for Placement and Replacement of Dental Restorations in the United States Navy Dental Corps. Operative Dentistry 18:203-208, 1993.

**Command Support Function: Infectious Diseases**

1. Cohen, M. E., Arthur, J. S. and Rodden, J. W. Patients' Retrospective Preference for Extraction of Asymptomatic Third Molars. Community Dentistry and Oral Epidemiology 18:260-263, 1990.

2. McMahon, K. T., Wasfy, M. O., Yonushonis, W. P., Minah, G. E. and Falkeler Jr., W. A. Comparative Microbiological and Immunological Studies of Subgingival Dental Plaque from Man and Baboons. Journal of Dental Research 69:55-59, 1990.

3. Schutt, R. W. Bactericidal Effect of a Disinfectant Dental Stone on Irreversible Hydrocolloid Impressions and Stone Casts. Journal of Prosthetic Dentistry 63:246, 1990.

4. Schutt, R. W. A Procedure to Sterilize Dental Burs with Dry Heat. Journal of Prosthetic Dentistry 63:246, 1990.

5. Schutt, R. W., and Starsiak, W. J. Glass Bead Sterilization of Surgical Dental Burs. International Journal of Oral and Maxillofacial Surgery 6:250-251, 1990.

6. Simonson, L. G. Quantitative Immunoassay of Treponema denticola Serovar C in Adult Periodontitis. Journal of Clinical Microbiology 28:1493-1496, 1990.

7. Kearns, E. A., Simonson, L. G., Schutt, R. W., Johnson, M. J., Neil, L. C. Characterization of Monoclonal Antibodies to Two Treponema denticola Serotypes by the Indirect Fluorescent-Antibody Assay. Microbios 65:147-153, 1991.

8. Forgas, L. B., Nilius, A. M. Assessing Periodontal Activity, The Role of Bacteriological, Immunological, and DNA Assays. Journal of Dental Hygiene 65(4):188-193, 1991.

9. Schutt, R. W., Starsiak, W. J. Glass Bead Sterilisation of Surgical Dental Burs. Journal of Oral Maxillofacial Surgery 19:250-251, 1991.

R

9. Schutt, R. W., Starsiak, W. J. Glass Bead Sterilisation of Surgical Dental Burs. Journal of Oral Maxillofacial Surgery 19:250-251, Feb 1991.
10. Yotis, W. W., Sharma, V. K., Gopalsami, C., Chegini, S., McNulty, J., Hoerman, K., Keene, J., Simonson, L. G. Biochemical Properties of the Outer Membrane of Treponema denticola. Journal of Clinical Microbiology 29(7):1397-1406, Jul 1991.
11. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., O'Neil, D. W. Randomization Analysis of Dental Data Characterized by Skew and Variance Heterogeneity. Community Dentistry and Oral Epidemiology 19:185-189, Sept 1991.
12. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., and O'Neil, D. W. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponema denticola in dental Plaque of Children, Adolescents and Young Adults. Journal of Clinical Microbiology 29:1397-1406, Jun 1991.
13. Simonson, L. G., Robinson, P., Pranger, R., and Morton, H. Treponema denticola and Porphyromonas gingivalis as Prognostic Markers Following Periodontal Treatment. Journal of Periodontology 63:270-273, Apr 1992.
14. Simonson, L. G., McMahon, K. T., Childers, D. W., and Morton, H. Bacterial Synergy of Treponema denticola and Porphyromonas gingivalis in Multinational Population. Oral Microbiology and Immunology 7:111-112, Sept 1992.
15. Riviere, G. R., Elliot, L. S., Adams, D. F., Simonson, L. G., Forgas, L. B., Nilus, A. M., and Lukehart, S. A. Relative Proportions of Pathogen-related Oral Spirochetes (PROS) and Treponema denticola in Supragingival and Subgingival Plaque from Patients with Periodontitis. Journal of Periodontology 63:131-136, Feb 1992.
16. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., O'Neil, D. W., Tira, D. E., and Cobb, C. M. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponemes in Dental Plaque of Children, Adolescents and Young Adults. Oral Microbiology and Immunology 6:97-101, Apr 1992.
17. Turner, D. W., Pederson, E. D., and Lamberts, B. L. A Sensitive Method for the Detection of Immune Complexes in Human Gingival Crevicular Fluid. Journal of Clinical Periodontal Research 19:601-603, Apr 1992.

20R

PAGE 19R (9/15/94)

31 March 1994

FOR OFFICIAL USE ONLY

BUMED  
MEO 825  
GSA  
9/21/94

10. Yotis, W. W., Sharma, V. K., Gopalsami, C., Chegini, S., McNulty, J., Hoerman, K., Keene, J., Simonson, L. G. Biochemical Properties of the Outer Membrane of Treponema denticola. Journal of Clinical Microbiology 29(7):1397-1406, 1991.
11. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., O'Neil, D. W. Randomization Analysis of Dental Data Characterized by Skew and Variance Heterogeneity. Community Dentistry and Oral Epidemiology 19:185-189, 1991.
12. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., and O'Neil, D. W. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponema denticola in dental Plaque of Children, Adolescents and Young Adults. Journal of Clinical Microbiology 29:1397-1406, 1991.
13. Simonson, L. G., Robinson, P., Pranger, R., and Morton, H. Treponema denticola and Porphyromonas gingivalis as Prognostic Markers Following Periodontal Treatment. Journal of Periodontology 63:270-273, 1992.
14. Simonson, L. G., McMahon, K. T., Childers, D. W., and Morton, H. Bacterial Synergy of Treponema denticola and Porphyromonas gingivalis in Multinational Population. Oral Microbiology and Immunology 7:111-112, 1992.
15. Riviere, G. R., Elliot, L. S., Adams, D. F., Simonson, L. G., Forgas, L. B., Nilius, A. M., and Lukehart, S. A. Relative Proportions of Pathogen-related Oral Spirochetes (PROS) and Treponema denticola in Supragingival and Subgingival Plaque from Patients with Periodontitis. Journal of Periodontology 63:131-136, 1992.
16. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., O'Neil, D. W., Tira, D. E., and Cobb, C. M. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponemes in Dental Plaque of Children, Adolescents and Young Adults. Oral Microbiology and Immunology 6:97-101, 1992.
17. Turner, D. W., Pederson, E. D., and Lamberts, B. L. A Sensitive Method for the Detection of Immune Complexes in Human Gingival Crevicular Fluid. Journal of Clinical Periodontal Research 19:601-603, 1992.
18. Anderegg, C. R., Martin, S. J., Gary, J. L., et al. Clinical Evaluation of the Use of Decalcified Freeze Dried Bone Allograft with Guided Tissue Regeneration in the Treatment of Molar Furcation Invasions. Journal of Periodontology 62:684-689, 1992.

R

18. Anderegg, C. R., Martin, S. J., Gary, J. L., et al. Clinical Evaluation of the Use of Decalcified Freeze Dried Bone Allograft with Guided Tissue Regeneration in the Treatment of Molar Furcation Invasions. Journal of Periodontology 62:684-689, Apr 1991.

19. Yotis, W., Keene, L., Hoerman, K., and Simonson L. G. Fatty Acid Profiles of the Outer Membrane of ATCC Strains 35405, 35404, and 33521 of *Treponema denticola*. Journal of Periodontology Res. 28:387-395, Nov 1993.

20. Nilius, A. M., Spencer, S. C., and Simonson, L. G. Stimulation of in vitro Growth of *Treponema denticola* by Extracellular Growth Factors Produced by *Porphyromonas gingivalis*. Journal of Dental Res. 72:1027-1031, Jun 1993.

21. Bajuscak, R. E., Hall, E. H., Giambarresi, L. I., and Weaves, T. Bacterial Contamination of Dental Radiographic Film. Oral Surgery Oral Medicine Oral Pathol. 72:661-663, Nov 1993.

22. Pederson, E.D., Miller, J. W., Matheson, S., Simonson, L. G., Chadwick, D. E., Covill, P. J., Turner, D. W., and Morton, H. E. Trypsin-Like Activity Levels of *Treponema denticola* and *Porphyromonas gingivalis* in Adults with Periodontitis. Journal of Clinical Periodontology (in press) 1993.

23. Gopalsami, C., Yotis, W., Corrigan, K., Schade, S., Keene, J., and Simonson, L. G. Effect of Outer Membrane of *Treponema denticola* on Bone Resorption. Oral Microbiology and Immunology 8:121-124, Apr 1993.

24. Schade, S.Z., Yotis, W. W., Gopalsami, C., Keene, J. J., Spear, G. T., and Simonson, L. G. Mitogenic and Complement Stimulating Activity of the Outer Membrane of *Treponema denticola*. (submitted for publication), 1993.

25. Melvin, L., Assad, D., Miller, G., Gher, M., Simonson, L. G. and York, A. Comparison of DNA Probe and ELISA Microbial Analysis Methods and their Association with Adult Periodontitis. (submitted for publication), 1993.

26. Geivelis, M., Turner, D. W., Pederson, E. D. and Lamberts, B. L. Measurements of Interleukin-6 in Gingival Crevicular Fluid from Adults with Destructive Periodontal Disease (in press). Journal of Periodontology (1993).

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31 March 1994

FOR OFFICIAL USE ONLY  
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9/21/94

19. Yotis, W., Keene, L., Hoerman, K., and Simonson L. G. Fatty Acid Profiles of the Outer Membrane of ATCC Strains 35405, 35404, and 33521 of *Treponema denticola*. Journal of Periodontology Res. 28:387-395, 1993.
20. Nilius, A. M., Spencer, S. C., and Simonson, L. G. Stimulation of in vitro Growth of *Treponema denticola* by Extracellular Growth Factors Produced by *Porphyromonas gingivalis*. Journal of Dental Res. 72:1027-1031, 1993.
21. Bajuscak, R. E., Hall, E. H., Giambarresi, L. I., and Weaves, T. Bacterial Contamination of Dental Radiographic Film. Oral Surgery Oral Medicine Oral Pathol. 72:661-663, 1993.
22. Pederson, E.D., Miller, J. W., Matheson, S., Simonson, L. G., Chadwick, D. E., Covill, P. J., Turner, D. W., and Morton, H. E. Trypsin-Like Activity Levels of *Treponema denticola* and *Porphyromonas gingivalis* in Adults with Periodontitis. Journal of Clinical Periodontology (in press) 1993.
23. Gopalsami, C., Yotis, W., Corrigan, K., Schade, S., Keene, J., and Simonson, L. G. Effect of Outer Membrane of *Treponema denticola* on Bone Resorption. Oral Microbiology and Immunology 8:121-124, 1993.
24. Schade, S.Z., Yotis, W. W., Gopalsami, C., Keene, J. J., Spear, G. T., and Simonson, L. G. Mitogenic and Complement Stimulating Activity of the Outer Membrane of *Treponema denticola*. (submitted for publication), 1993.
25. Melvin, L., Assad, D., Miller, G., Gher, M., Simonson, L. G. and York, A. Comparison of DNA Probe and ELISA Microbial Analysis Methods and their Association with Adult Periodontitis. (submitted for publication), 1993.
26. Geivelis, M., Turner, D. W., Pederson, E. D. and Lamberts, B. L. Measurements of Interleukin-6 in Gingival Crevicular Fluid from Adults with Destructive Periodontal Disease (in press). Journal of Periodontology (1993).
27. Rauschenberger, C.R., McClanahan, S.B., Pederson, E.D., Turner, D.W., and Kaminski, E.J. Comparison of Human PMN Elastase, PMN Cathepsin-G and Alpha-2-Macroglobulin Levels in Healthy and Inflamed Dental Pulp (in press). Journal of Endodont. (1993).
28. York, A. K., and Arthur, J. S. Determining the HIV Status of Patients of Three HIV-Positive Navy Dentists. Journal of American Dental Association 124:74-77, 1993.

FOR OFFICIAL USE ONLY

R

27. Rauschenberger, C.R., McClanahan, S.B., Pederson, E.D., Turner, D.W., and Kaminski, E.J. Comparison of Human PMN Elastase, PMN Cathepsin-G and Alpha-2-Macroglobulin Levels in Healthy and Inflamed Dental Pulp (in press). Journal of Endodont. (1993).

28. York, A. K., and Arthur, J. S. Determining the HIV Status of Patients of Three HIV-Positive Navy Dentists. Journal of American Dental Association 124:74-77, Jun 1993.

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3.3 Workload

3.3.1 FY93 Workload

3.3.1.1 **Work Year and Lifecycle:** Identify the number of actual workyears executed for each applicable CSF in FY93 for each of the following: government civilian; military; on-site FFRDCs; and on-site SETAs. (BRAC Criteria I)

**Common Support Function: Human Systems**

"LAB"	Fiscal Year 1993 Actual			
	Civilian	Military	FFRDC	SETA
Science & Technology	6.5	12	18.5	0
Engineering Development	0	0	0	0
In-Service Engineering	0	0	0	0

**Common Support Function: Infectious Diseases**

"LAB"	Fiscal Year 1993 Actual			
	Civilian	Military	FFRDC	SETA
Science & Technology	6.5	12	18.5	0
Engineering Development	0	0	0	0
In-Service Engineering	0	0	0	0

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**3.3.1.2 Engineering Development By ACAT:** For each Common Support Function (e.g. airborne C4I) at each activity engaged in engineering development, provide: NA

- For each ACAT IC, ID, and II program (as defined in DODI 5000.2):
  - The name of the program
  - A brief program description
- For each ACAT III and IV programs:
  - The number of such programs
  - A list of program names
- For each program not an ACAT I, II, III, IV:
  - The number of such programs
  - A list of program names
- For the purpose of this question, any program between Milestone I and IV and containing demonstration and validation (Dem/Val 6.4)/Engineering and Manufacturing Development (EMD 6.5) funds in the FY95 PBS is considered to be engaged in engineering development (BRAC Criteria I).

Engineering Development	Name or Number	Workyears (FY93 Actual)	FY93 Funds Received (Obligation Authority)	Narrative
ACAT IC	(Name)			(Description)
ACAT ID	(Name)			(Description)
ACAT II	(Name)			(Description)
ACAT III/IV	(Number)			(List)
Other	(Number)			(List)

**3.3.1.3 In-Service Engineering:** For each Common Support Function at each activity engaged in in-service engineering, list the in-service engineering efforts, the FY93 funds (from all sources) obligated for these efforts, the FY93 workyears for these efforts, and the weapon system(s) supported by these efforts. In-service engineering consists of all engineering support of fielded and/or out of production systems and includes efforts to improve cost, throughput, and schedule to support customer requirements as well as mods and upgrades for reliability, maintainability, and performance enhancements. (BRAC Criteria I)

NA

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Common Support Functions	In-Service Engineering Efforts (List)	FY93 Actual		Weapon System(s) Supported
		Funds Received (Obligation Authority)	Workyears	

3.3.2 Projected Funding

3.3.2.1 Direct Funding: For each applicable CSF, identify direct mission funding by appropriation from FY94 to FY97. Use FY95 PBS for FY95-FY97. (BRAC Criteria I)

CSF	FY94	FY95	FY96	FY97
Human Systems	1.1 (RDT&E)	1.1 (RDT&E)	1.1 (RDT&E)	1.1 (RDT&E)
Infectious Diseases	1.1 (RDT&E)	1.1 (RDT&E)	1.1 (RDT&E)	1.1 (RDT&E)

3.3.2.2 Other Obligation Authority: For each applicable CSF, identify reimbursable and direct-cite funding (other obligation authority expected) from FY94 to FY97. Funding allocation must be traceable to FY95 PBS. (BRAC Criteria I) NA

CSF	FY94	FY95	FY96	FY97

**3.4 Facilities and Equipment**

**3.4.1 Major Equipment and Facilities:** Describe major facilities and equipment necessary to support each Common Support Function (include SCIFs). If the facilities and equipment are shared with other functions, identify those functions and the percentage of total time used by each of the functions. Provide labeled photographs that picture the breadth and scope of the equipment and facilities described. If it is unique to DOD, to the Federal Government, or to the US, describe why it is unique. Insert the replacement cost. For this exercise, Replacement cost = (Initial cost + capital investment) multiplied by the inflation factor for the original year of construction. (BRAC Criteria II)

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Common Support Function	Major Facility or Equipment Description	Unique To			Replacement Cost (\$K)
		DOD	Federal Gov't	U. S.	
Human Systems - 50% Infectious Diseases - 50%	Naval Dental Research Institute	X			*Over \$10M (estimated)
Human Systems - 50% Infectious Diseases - 50%	Cage Washer				48K
Human Systems - 50% Infectious Diseases - 50%	Atomic Absorption				13K
Human Systems - 50% Infectious Diseases - 50%	SMART System				59K
Human Systems - 50% Infectious Diseases - 50%	Spectrophotometer				24K

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<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Dental Delivery System</b>				12K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Oscilloscope</b>				14K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Ultracentrifuge</b>				55K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Refrigerated Centrifuge</b>				27K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Photomicroscope</b>				24K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>ELISA Processor</b>				29K

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<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Ultralow Chest Freezer</b>				14K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Gas Chromatograph</b>				27K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Analyzer</b>				19K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Electro Cell Manipulator</b>				15K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Scintillation Counter</b>				22K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Storz Microscope</b>				21K

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<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Iris Computer</b>				45K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Dental Vision System</b>				21K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Opelco Microscope</b>				23K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Exakt Machine</b>				21K
<b>Human Systems - 50%</b> <b>Infectious Diseases - 50%</b>	<b>Scanning Electron Microscope</b>				62K

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**3.5 Expansion Potential**

3.5.1 **Laboratory Facilities:** Use facilities records as of fourth-quarter FY93 in answering the following (in sq ft) for each CSF: (BRAC Criteria II)

Common Support Function	Facility or Equipment Description	Type of Space*	Space Capacity (KSF)		
			Current	Used	Excess
Human Systems	Naval Dental Research Institute	Administrative	2389	2389	0
Infectious Diseases	Naval Dental Research Institute	Administrative	2389	2389	0
Human Systems	Naval Dental Research Institute	Technical	9985	9985	0
Infectious Diseases	Naval Dental Research Institute	Technical	9985	9985	0
Human Systems	Naval Dental Research Institute	Utility	2996	2996	0
Infectious Diseases	Naval Dental Research Institute	Utility	2996	2996	0
Human Systems	Naval Dental Research Institute	Storage	1029	1029	0
Infectious Diseases	Naval Dental Research Institute	Storage	1029	1029	0

\* Administrative, Technical, Storage, Utility

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3.5.1.1 Describe the capacity of your activity to absorb additional similar workyears categorized in the same common support function with minor facility modification. If major modification is required, describe to what extent the facilities would have to be modified. (Use FY97 workyears as your requirement) (BRAC Criteria III)

**Common Support Function: Human Systems**

The Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569) includes renovation to the current building currently occupied by this command. The Army will be moving into the top two floors of this facility (Building 1-H) currently occupied by NTC HRO and OMDA.

**Common Support Function: Infectious Diseases**

The Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569) includes renovation to the current building currently occupied by this command. The Army will be moving into the top two floors of this facility (Building 1-H) currently occupied by NTC HRO and OMDA.

3.5.1.2 If there is capacity to absorb additional workyears, how many additional workyears can be supported? (BRAC Criteria III)

**Common Support Function: Human Systems**

60 (with renovations planned by BRAC MILCON P569).

**Common Support Function: Infectious Diseases**

60 (with renovations planned by BRAC MILCON P569).

3.5.1.3 For 3.5.1.1 and 3.5.1.2 (above) describe the impact of military construction programs or other alteration projects programmed in the FY95 PBS. (BRAC Criteria II)

**Common Support Function: Human Systems**

Continue Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569).

3.5.1.1 Describe the capacity of your activity to absorb additional similar workyears categorized in the same common support function with minor facility modification. If major modification is required, describe to what extent the facilities would have to be modified. (Use FY97 workyears as your requirement) (BRAC Criteria III)

**The Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569) includes renovation to the current building currently occupied by this command. The Army will be moving into the top two floors of this facility (Building 1-H) currently occupied by NTC HRO and OMDA.**

3.5.1.2 If there is capacity to absorb additional workyears, how many additional workyears can be supported? (BRAC Criteria III)

**60 (with renovations planned by BRAC MILCON P569).**

3.5.1.3 For 3.5.1.1 and 3.5.1.2 (above) describe the impact of military construction programs or other alteration projects programmed in the FY95 PBS. (BRAC Criteria II)

**Continue Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569).**

3.5.2 **Land Use:** Provide number of buildable acres for additional laboratory/administrative support construction at your installation. (BRAC Criteria II)

**90 acres**

3.5.3 **Utilities:** Provide an estimate of your installation's capability to expand or procure additional utility services (electric, gas, water). Estimates should be provided in appropriate units -- e.g. KWH of electricity. (BRAC Criteria II)

**Unlimited capability to expand additional utility services.**

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**Common Support Function: Infectious Diseases**

60 (with renovations planned by BRAC MILCON P569).

3.5.2 **Land Use:** Provide number of buildable acres for additional laboratory/administrative support construction at your installation. (BRAC Criteria II)

**Common Support Function: Human Systems**

90 acres

**Common Support Function: Infectious Diseases**

90 acres

3.5.3 **Utilities:** Provide an estimate of your installation's capability to expand or procure additional utility services (electric, gas, water). Estimates should be provided in appropriate units -- e.g. KWH of electricity. (BRAC Criteria II)

**Common Support Function: Human Systems**

Unlimited capability to expand additional utility services.

**Common Support Function: Infectious Diseases**

Unlimited capability to expand additional utility services.

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 S. A. RALLS, DC USN  
NAME (Please type or print)

*S.A. Ralls*  
Signature

Commanding Officer  
Title

19 July 1994  
Date

Naval Dental Research Institute  
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)

T. N. JONES  
NAME (Please type or print)  
COMMANDING OFFICER  
Title  
NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
Activity

T. N. Jones  
Signature  
21 June 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Activity

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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

MAJOR CLAIMANT LEVEL

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

D. F. Hagen  
Signature  
7-24-94  
Date

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

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

W. A. EARNER  
NAME (Please type or print)  
\_\_\_\_\_  
Title

W. A. Earner  
Signature  
8/6/94  
Date

25 AUG 94 REVISION

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

CAPT S. A. RALLS, DC USN  
NAME (Please type or print)

*S. A. Ralls*  
Signature

Commanding Officer  
Title

25 Aug 1994  
Date

Naval Dental Research Institute  
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)

T. N. JONES  
NAME (Please type or print)  
COMMANDING OFFICER  
Title  
NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
Activity

T N Jones  
Signature  
30 Aug 94  
Date

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)  
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Title  
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Activity

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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MAJOR CLAIMANT LEVEL

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

D F Hagen  
Signature  
9/12/94  
Date

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

W. A. EARNER  
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\_\_\_\_\_  
Title

W A Earner  
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9/12/94  
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ACTIVITY COMMANDER

CAPT S. A. RALLS, DC USN  
NAME (Please type or print)

*S. A. Ralls*  
Signature

Commanding Officer  
Title

15 Sept 1994  
Date

Naval Dental Research Institute  
Activity

*Revised Page 1, 16, 17, 18, 19, 20, 21*

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

NEXT ECHELON LEVEL (if applicable)

T. N. JONES, CAPT, MSC, USN

NAME (Please type or print)

Signature

*T n Jones*

COMMANDING OFFICER

Title  
NAVAL MEDICAL RESEARCH & DEVELOPMENT COMMAND

Date

*19 Sept 94*

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

*D F Hagen*

CHIEF BUMED/SURGEON GENERAL

Title

Date

*9-21-94*

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.

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

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Signature

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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)

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NAME (Please type or print)

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Date

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Activity

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

MAJOR CLAIMANT LEVEL

\_\_\_\_\_  
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 belief.

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

W. A. EARNER

\_\_\_\_\_  
NAME (Please type of print)

*W. A. Earner*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

7/21/94  
\_\_\_\_\_  
Date

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**SECTION II: CAPACITY OF DOD COMPONENTS**

2.1 **Workload.** Use the following table to describe historic and projected workload at each activity in terms of funding and workyears. Assume previous BRAC closures and realignments are implemented on schedule. Projected funding will be derived from FY95 President's Budget Submission (Then year dollars). Past fiscal year data shall begin with FY86 or at the inception of the activity as it existed on 1 Oct 93. (BRAC Criteria I & IV)

Information Required	Fiscal Years											
	86	87	88	89	90	91	92	93	94	95	96	97
Total Funds Programmed (\$M)	1.4	1.4	1.6	1.6	1.6	1.6	2.0	2.3	2.2	2.2	2.2	2.2
Total Actual Funds (\$M)	1.1	1.2	1.6	1.6	1.6	1.6	1.9	2.0				
Programmed Workyears	35	35	35	37	37	39	47	47	47	47	47	47
Actual Workyears	35	35	35	37	37	39	47	47				

- Budgeted workyears are the selected indicator of the "lab" infrastructure's capacity at an aggregate level for each Military Department. They include both workyears funded directly by the Military Department and the workyears funded from organizations outside the Military Department.

Workyears = government personnel and on-site FFRDCs and SETAs

**2.2 Excess "Lab" Capacity -- Measured at the DOD Component Level**

- Excess "Lab" Capacity = Sum of the Peak Workyears - Sum of the Projected Workyears
- Peak at each activity = Highest value between FY86 (or since inception of organization) and FY93
- Projected at each activity = Estimated at FY97

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**SECTION III: CAPABILITY OF ACTIVITIES TO PERFORM COMMON SUPPORT FUNCTIONS (CSFs):** Provide the information described for each common support function listed in Appendix C in which you are actively engaged.

**3.0 Mission:** To conduct research, development, test, and evaluation in dental and allied sciences, with particular emphasis on problems of dental and oral health in Navy and Marine Corps populations and on problems of fleet and field dentistry. (Ref: BUMEDINST 5450.79C of 19 Feb 1982)

**Major Capabilities Contributing to the Common Support Functions.** As directed by Chief, Bureau of Medicine and Surgery; with the technical guidance and coordination of the Chief, Dental Division:

- Conduct research in dental and allied sciences relative to dental health of Navy and Marine Corps personnel, with special emphasis on the recruit.
- Conduct research in dental operatory and equipment design, including advanced development, test, and evaluation under Navy and Marine Corps operating conditions.
- Provide continuing scientific competence through staff and consulting services to accomplish dental research relevant to the present and future mission of the Navy.
- Advise, consult, and collaborate with other activities and personnel conducting pertinent research and teaching which relates to solution of problems of the operational units of the Navy and Marine Corps.
- Maintain a program of fundamental research in areas of military importance to develop skills and knowledge in anticipation of future Navy and Marine Corps dental problems.
- Maintain liaison with national and international dental societies, educational and research institutions, and dental manufacturers and distributors.
- Provide or undertake such other appropriate functions as may be authorized or directed by higher authority.

**3.1 Location:** Naval Training Center, Great Lakes, Illinois

**3.1.1 Geographic/Climatological Features:** Describe any geographic/climatological features in and around your activity that are relevant to each CSF. Indicate and justify those that are required versus those that just serve to enhance accomplishing the mission of the activity. For example, clear air at high altitude that increases quality of atmospheric, ground-based laser experiments in support of the weapons CSF. (BRAC Criteria I)

NA

**3.1.2 Licenses & permits:** Describe and list the licenses or permits (e.g., environmental, safety, etc.) that your activity currently holds and justify why they are required to allow tests, experiments, or other special capabilities at your location for each CSF. For example, permit to store and use high explosives. (BRAC Criteria I)

1. American Association for Accreditation of Laboratory Animal Care (AAALAC) Accreditation - The Naval Dental Research Institute has been an AAALAC accredited animal facility since 1981. The animal lab was recertified in 1993. SECNAVINST 3900.38B requires that all DOD organizations having animals seeks accreditation by AAALAC.

2. Navy Radioactive Material Permit 12-65786-41NP - This permit enables the investigators to utilize radioisotopes in various research protocols.

**3.1.3 Environmental constraints:** Describe and list the environmental or land use constraints present at your activity which limit or restrict your current scope for each CSF, i.e., would not allow increased "volume" or "spectrum" for the CSF. Example -- Volume: frequency of a type of experiment. Example -- Spectrum: Current permit to detonate high explosives will not allow detonation or storage of increased quantity of explosives without legal waiver (state law) or relocation of surrounding (non-govt) buildings. (BRAC Criteria II)

NA

**3.1.4 Special Support Infrastructure:** List and describe the importance of any mission related special support infrastructure (e.g. utilities) present at your location for your activity. (BRAC Criteria I)

The following utilities are provided by Naval Training Center Public Works Center: gas, water, electricity, steam heat, and phone service. The Naval Training Center, Great Lakes provides base security and fire department services.

This command is equipped with two emergency generators used during power outages. One is solely used for backing up the HVAC system in the climate-controlled animal facility.

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The other one is for the subzero freezers used for storing research samples and other laboratory equipment that needs constant power.

3.1.5. **Proximity to Mission-Related organizations:** List and describe the importance and impact of not having nearby organizations which facilitate accomplishing or performing your mission -- e.g. operational units, FFRDCs, universities/colleges, other government organizations, and commercial activities. Restrict your response to the top five. Complete the following: (BRAC Criteria I)

Common Support Functions	Name	Type of Organization	Distance	Workyears Performed by Your Activity	Workyears Funded by Your Activity
Human	ADA	Professional	35	1	1
Human	U. of IL	University	35	1	1
Human	NW U.	University	35	1	1
Human	Chic. U.	Medical School	2	0.25	0.25
Human	VA	Hospital	1	0.25	0.25

**3.2 Personnel:**

3.2.1 **Total Personnel:** What is the total number of government (military and civilian), on-site federally funded research and development center (FFRDC), and on-site system engineering technical assistance (SETA) personnel engaged in science and technology (S&T), engineering development and in-service engineering activities as of end FY93? For individuals that predominantly work in CSFs, involved in more than one CSF, account for those individuals in the CSF that represents the preponderance of their effort. (BRAC Criteria I)

Types of personnel	Number of Personnel			
	Government		On-Site FFRDC	On-Site SETA
	Civilian	Military		
Technical	13	19	31	0
Management (Supv)	1	4	5	0
Other	5	5	10	0

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3.2.2 **Education:** What is the number of government personnel actively engaged in S&T, engineering development and in-service engineering activities by highest degree and type of position? Provide the data in the following table: (BRAC Criteria I)

Type of Degree/ Diploma	Number of Government Personnel by Type of Position		
	Technical	Management (Supv)	Other
High School or Less	8	0	8
Associates	1	0	2
Bachelor	5	0	0
Masters	0	1	0
Doctorate (include Med/Vet/etc.)	17	4	0

3.2.3 **Experience:** What is the experience level of government personnel? Fill in the number of government personnel in the appropriate boxes of the following table. (BRAC Criteria I)

Type of Position	Years of Government and/or Military Service				
	Less than 3 years	3-10 years	11-15 years	16-20 years	More than 20 years
Technical	7	10	7	3	4
Management (Supv)	0	0	0	4	1
Total	7	10	7	7	4

3.2.4 **Accomplishments During FY91-93:** For government personnel answer the following questions.

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3.2.4.1 How many patents were awarded and patent disclosures (only count disclosures with issued disclosure numbers) were made? (BRAC Criteria I)

CSF	Disclosures	Awarded	Patent Titles (List)
<b>Human Systems</b>	<b>3</b>	<b>1</b>	1. Simonson, L. G: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDIII,IIIBB2", United States Patent No. 4,959,304, September 25, 1990.
			2. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXI, R8B8R8E3", Patent Disclosure November 29, 1990.
			3. Simonson, L. G. and Nilius, A: "Production of Monoclonal Antibodies to <u>Treponema denticola</u> by Hybridoma TDXIII,R9D9", Patent Disclosure November 29, 1990.
<b>Total</b>	<b>3</b>	<b>1</b>	

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3.2.4.2 How many papers were published in peer reviewed journals? (BRAC Criteria I)

CSF	Number Published	Paper Titles (List)
Human Systems	48	See list below.
<b>TOTAL</b>	48	See list below.

1. Cohen, M. E., Arthur, J. S. and Rodden, J. W. Patients' Retrospective Preference for Extraction of Asymptomatic Third Molars. Community Dentistry and Oral Epidemiology 18:260-263, 1990.

2. McMahon, K. T., Wasfy, M. O., Yonushonis, W. P., Minah, G. E. and Falkeler Jr., W. A. Comparative Microbiological and Immunological Studies of Subgingival Dental Plaque from Man and Baboons. Journal of Dental Research 69:55-59, 1990.

3. Schutt, R. W. Bactericidal Effect of a Disinfectant Dental Stone on Irreversible Hydrocolloid Impressions and Stone Casts. Journal of Prosthetic Dentistry 63:246, 1990.

4. Schutt, R. W. A Procedure to Sterilize Dental Burs with Dry Heat. Journal of Prosthetic Dentistry 63:246, 1990.

5. Schutt, R. W., and Starsiak, W. J. Glass Bead Sterilization of Surgical Dental Burs. International Journal of Oral and Maxillofacial Surgery 6:250-251, 1990.

6. Simonson, L. G. Quantitative Immunoassay of Treponema denticola Serovar C in Adult Periodontitis. Journal of Clinical Microbiology 28:1493-1496, 1990.

7. Kearns, E. A., Simonson, L. G., Schutt, R. W., Johnson, M. J., Neil, L. C. Characterization of Monoclonal Antibodies to Two Treponema denticola Serotypes by the Indirect Fluorescent-Antibody Assay. Microbios 65:147-153, 1991.

8. Forgas, L. B., Nilius, A. M. Assessing Periodontal Activity, The Role of Bacteriological, Immunological, and DNA Assays. Journal of Dental Hygiene 65(4):188-193, 1991.

9. Schutt, R. W., Starsiak, W. J. Glass Bead Sterilisation of Surgical Dental Burs. Journal of Oral Maxillofacial Surgery 19:250-251, 1991.

10. Yotis, W. W., Sharma, V. K., Gopalsami, C., Chegini, S., McNulty, J., Hoerman, K., Keene, J., Simonson, L. G. Biochemical Properties of the Outer Membrane of Treponema denticola. Journal of Clinical Microbiology 29(7):1397-1406, 1991.

11. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., O'Neil, D. W. Randomization Analysis of Dental Data Characterized by Skew and Variance Heterogeneity. Community Dentistry and Oral Epidemiology 19:185-189, 1991.

12. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., Tira, D. E., and O'Neil, D. W. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponema denticola in dental Plaque of Children, Adolescents and Young Adults. Journal of Clinical Microbiology 29:1397-1406, 1991.

13. Simonson, L. G., Robinson, P., Pranger, R., and Morton, H. Treponema denticola and Porphyrromonas gingivalis as Prognostic Markers Following Periodontal Treatment. Journal of Periodontology 63:270-273, 1992.

14. Simonson, L. G., McMahon, K. T., Childers, D. W., and Morton, H. Bacterial Synergy of Treponema denticola and Porphyrromonas gingivalis in Multinational Population. Oral Microbiology and Immunology 7:111-112, 1992.

15. Riviere, G. R., Elliot, L. S., Adams, D. F., Simonson, L. G., Forgas, L. B., Nilius, A. M., and Lukehart, S. A. Relative Proportions of Pathogen-related Oral Spirochetes (PROS) and Treponema denticola in Supragingival and Subgingival Plaque from Patients with Periodontitis. Journal of Periodontology 63:131-136, 1992.

16. Barron, S. L., Riviere, G. R., Simonson, L. G., Lukehart, S. A., O'Neil, D. W., Tira, D. E., and Cobb, C. M. Use of Monoclonal Antibodies to Enumerate Spirochetes and Identify Treponemes in Dental Plaque of Children, Adolescents and Young Adults. Oral Microbiology and Immunology 6:97-101, 1992.

17. Turner, D. W., Pederson, E. D., and Lamberts, B. L. A Sensitive Method for the Detection of Immune Complexes in Human Gingival Crevicular Fluid. Journal of Clinical Periodontal Research 19:601-603, 1992.

18. Anderegg, C. R., Martin, S. J., Gary, J. L., et al. Clinical Evaluation of the Use of Decalcified Freeze Dried Bone Allograft with Guided Tissue Regeneration in the Treatment of Molar Furcation Invasions. Journal of Periodontology 62:684-689, 1992.

19. Bex, R. T., Parker, M. W., Judkins, J. T., and Pelleu, G. B. Effect of Dentinal Bonded Resin Post-Core Preparations on Resistance to Vertical Root Fracture. Journal of Prosthetic Dentistry 67:768-772, 1992.
20. Flanary, D. B., Twohey, S. M., Gray, J. L., Mellonig, J. T., and Gher, M. E. The Use of a Synthetic Skin Substitute as a Physical Barrier to Enhance Healing in Human Periodontal Furcation Defects: A follow-up report. Journal of Periodontology 62:684-689, 1991.
21. Kinderknecht, K. E., Wong, G. K., Billy, E. J., et al. The Effect of a Deprogrammer on the Position of the Terminal Transverse Horizontal Axis of the Mandible. Journal of Prosthetic Dentistry 68:123-131, 1992.
22. McMaster, D. R., House, R. C., Anderson, M. H., and Pelleu, G. B. The Effect of Slot Preparation Length on the Transverse Strength of Slot-Retained Restorations. Journal of Prosthetic Dentistry 62:472-477, 1992.
23. Metzler, D. G., Seamons, B. C., Mellonig, J. T., et al. Clinical Evaluation of Guided Tissue Regeneration in the Treatment of Maxillary Class II Molar Furcation Invasions. Journal of Periodontology 62:353-360, 1991.
24. Palmer, D. S., Barco, M. T., and Billy, E. J. Temperature Extremes Produced Orally by Hot and Cold Liquids. Journal of Prosthetic Dentistry 67:325-327, 1992.
25. Sallustio, F. W., Waskewicz, G. A., and Billy, E. J. The Effect of Venting on the Strength of Dicor and Hi-Ceram Ceramic Crowns. International Journal of Prosthodontics 5:463-469, 1992.
26. Turck, M. D., Lang, B. R., Wilcox, D. E., and Meiers, J. C. Direct Measurement of Dimensional Accuracy with Three Denture-Processing Techniques. International Journal of Prosthodontics 5:367-372, 1992.
27. Yotis, W., Keene, L., Hoerman, K., and Simonson L. G. Fatty Acid Profiles of the Outer Membrane of ATCC Strains 35405, 35404, and 33521 of *Treponema denticola*. Journal of Periodontology Res. 28:387-395, 1993.
28. Nilius, A. M., Spencer, S. C., and Simonson, L. G. Stimulation of in vitro Growth of *Treponema denticola* by Extracellular Growth Factors Produced by *Porphyromonas gingivalis*. Journal of Dental Res. 72:1027-1031, 1993.

29. Bajuscak, R. E., Hall, E. H., Giambarresi, L. I., and Weaves, T. Bacterial Contamination of Dental Radiographic Film. Oral Surgery Oral Medicine Oral Pathol. 72:661-663, 1993.
30. Curtis, S. R., Richard, M. W., and Meiers, J. C. Early Erosion of Glass-Ionomer Cement at Crown Margins. International Journal of Prosthodontics 6:553-557, 1993.
31. Pederson, E.D., Miller, J. W., Matheson, S., Simonson, L. G., Chadwick, D. E., Covill, P. J., Turner, D. W., and Morton, H. E. Trypsin-Like Activity Levels of *Treponema denticola* and *Porphyromonas gingivalis* in Adults with Periodontitis. Journal of Clinical Periodontology (in press) 1993.
32. Gopalsami, C., Yotis, W., Corrigan, K., Schade, S., Keene, J., and Simonson, L. G. Effect of Outer Membrane of *Treponema denticola* on Bone Resorption. Oral Microbiology and Immunology 8:121-124, 1993.
33. Schade, S.Z., Yotis, W. W., Gopalsami, C., Keene, J. J., Spear, G. T., and Simonson, L. G. Mitogenic and Complement Stimulating Activity of the Outer Membrane of *Treponema denticola*. (submitted for publication), 1993.
34. Melvin, L., Assad, D., Miller, G., Gher, M., Simonson, L. G. and York, A. Comparison of DNA Probe and ELISA Microbial Analysis Methods and their Association with Adult Periodontitis. (submitted for publication), 1993.
35. Geivelis, M., Turner, D. W., Pederson, E. D. and Lamberts, B. L. Measurements of Interleukin-6 in Gingival Crevicular Fluid from Adults with Destructive Periodontal Disease (*in press*). Journal of Periodontology (1993).
36. Rauschenberger, C.R., McClanahan, S.B., Pederson, E.D., Turner, D.W., and Kaminski, E.J. Comparison of Human PMN Elastase, PMN Cathepsin-G and Alpha-2-Macroglobulin Levels in Healthy and Inflamed Dental Pulp (*in press*). Journal of Endodont. (1993).
37. Lafferty, T. L., Gher, M. E., Gray, J. A. Tetracyclines and Citric Acid Etching of Root Surfaces. Journal of Periodontology 64:689-693, 1993.
38. Fucini, S. E., Quintero, G., Gher, M. E., Black, B. S., and Richardson, A. C. Small Versus Large Particles of Demineralized Freeze-Dried Bone Allografts in Human Intrabony Periodontal Defects. Journal of Periodontology 64:844-847, 1993.

39. Jahnke, R. V., Sandifer, J. B., Gher, M. E., Gray, J. L., and Richardson, A. C. Thick Free Gingival and Connective Tissue Autografts for Root Coverage. Journal of Periodontology 64:315-322, 1993.
40. Kelly, J. R., Cohen, M. E., and Tesk, J. A. Error Propagation Ciases in the Calculation of Indentation Fracture Toughness for Ceramics. Journal of Ceramics Soc 76:2665-2668, 1993.
41. Meadows, C. L., Gher, M. E., Quintero, G., and Lafferty, T. A. A Comparison of Polylactic Acid Granules and Decalcified Freeze-Dried Bone Allograft in Human Periodontal Root Surfaces. Journal of Periodontology 64:103-109, 1993.
42. Saiku, J. M., St. Germain, H., and Meiers, J. C. Microleakage of a Dental Amalgam Ailoy Bonding Agent. Operative Dentistry 18:172-178, 1993.
43. Tesk, J. A., Antonucci, J. M., Eichmiller, F., Kelly, J. R., Rupp, N. P., Fraker, A., Chow, L., Stansbury, J. W., and Parry, E. Dental Materials Chapter in JI Kroschwitz and M Howe-Grant (eds.): Encyclopedia of Chemical Technology 4th ed., New York, John Wiley & Sons, Inc., 7:946-1022, 1993.
44. Todd, A. D., Gher, M. E., Quintero, G., and Richardson, A. C. Interpretation of Linear and Computed Tomograms in the Assessment of Implant Recipient Sites. Journal of Periodontology 64:1243-1249, 1993.
45. Turck, M. O., Richards, M. W. Microwave Processing for Denture Relines, Repairs, and Rebases. Journal of Prosthetic Dentistry 69:340-343, 1993.
46. Turner, C. W., and Meiers, J. C. Repair of an Aged, Contaminated Indirect Composite Resin with a Direct, Visible-Light-Cured Composite Resin. Operative Dentistry 18:187-194, 1993.
47. York, A. K., and Arthur, J. S. Determining the HIV Status of Patients of Three HIV-Positive Navy Dentists. Journal of American Dental Association 124:74-77, 1993.
48. York, A. K., and Arthur, J. S. Reasons for Placement and Replacement of Dental Restorations in the United States Navy Dental Corps. Operative Dentistry 18:203-208, 1993.

**3.3 Workload**

**3.3.1 FY93 Workload**

**3.3.1.1 Work Year and Lifecycle:** Identify the number of actual workyears executed for each applicable CSF in FY93 for each of the following: government civilian; military; on-site FFRDCs; and on-site SETAs. (BRAC Criteria I)

"LAB"	Fiscal Year 1993 Actual			
	Civilian	Military	FFRDC	SETA
Science & Technology	13	24	37	0
Engineering Development	0	0	0	0
In-Service Engineering	0	0	0	0

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**3.3.1.2 Engineering Development By ACAT:** For each Common Support Function (e.g. airborne C4I) at each activity engaged in engineering development, provide: **NA**

- For each ACAT IC, ID, and II program (as defined in DODI 5000.2):
  - The name of the program
  - A brief program description
- For each ACAT III and IV programs:
  - The number of such programs
  - A list of program names
- For each program not an ACAT I, II, III, IV:
  - The number of such programs
  - A list of program names
- For the purpose of this question, any program between Milestone I and IV and containing demonstration and validation (Dem/Val 6.4)/Engineering and Manufacturing Development (EMD 6.5) funds in the FY95 PBS is considered to be engaged in engineering development (BRAC Criteria I).

Engineering Development	Name or Number	Workyears (FY93 Actual)	FY93 Funds Received (Obligation Authority)	Narrative
ACAT IC	(Name)			(Description)
ACAT ID	(Name)			(Description)
ACAT II	(Name)			(Description)
ACAT III/IV	(Number)			(List)
Other	(Number)			(List)

**3.3.1.3 In-Service Engineering:** For each Common Support Function at each activity engaged in in-service engineering, list the in-service engineering efforts, the FY93 funds (from all sources) obligated for these efforts, the FY93 workyears for these efforts, and the weapon system(s) supported by these efforts. In-service engineering consists of all engineering support of fielded and/or out of production systems and includes efforts to improve cost, throughput, and schedule to support customer requirements as well as mods and upgrades for reliability, maintainability, and performance enhancements. (BRAC Criteria I)

NA

Common Support Functions	In-Service Engineering Efforts (List)	FY93 Actual		Weapon System(s) Supported
		Funds Received (Obligation Authority)	Workyears	

**3.3.2 Projected Funding**

**3.3.2.1 Direct Funding:** For each applicable CSF, identify direct mission funding by appropriation from FY94 to FY97. Use FY95 PBS for FY95-FY97. (BRAC Criteria I)

CSF	FY94	FY95	FY96	FY97
Human Systems	2.2	2.2	2.2	2.2

**3.3.2.2 Other Obligation Authority:** For each applicable CSF, identify reimbursable and direct-cite funding (other obligation authority expected) from FY94 to FY97. Funding allocation must be traceable to FY95 PBS. (BRAC Criteria I) NA

CSF	FY94	FY95	FY96	FY97

**3.4 Facilities and Equipment**

**3.4.1 Major Equipment and Facilities:** Describe major facilities and equipment necessary to support each Common Support Function (include SCIFs). If the facilities and equipment are shared with other functions, identify those functions and the percentage of total time used by each of the functions. Provide labeled photographs that picture the breadth and scope of the equipment and facilities described. If it is unique to DOD, to the Federal Government, or to the US, describe why it is unique. Insert the replacement cost. For this exercise, Replacement cost = (Initial cost + capital investment) multiplied by the inflation factor for the original year of construction. (BRAC Criteria II)

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Common Support Function	Major Facility or Equipment Description	Unique To			Replacement Cost (\$K)
		DOD	Federal Gov't	U. S.	
<b>Human Systems</b>	<b>Naval Dental Research Institute</b>	X			*Over \$10M (estimated)
	Cage Washer				48K
	Atomic Absorption				13K
	SMART System				59K
	Spectrophotometer				24K
	Dental Delivery System				12K
	Oscilloscope				14K
	Ultracentrifuge				55K
	Refrigerated Centrifuge				27K
	Photomicroscope				24K
	ELISA Processor				29K
	Ultralow Chest Freezer				14K
	Gas Chromatograph				27K
	Analyzer				19K
	Electro Cell Manipulator				15K
	Scintillation Counter				22K
	Storz Microscope				21K
	Iris Computer				45K
	Dental Vision System				21K
	Opelco Microscope				23K
	Exakt Machine				21K
	Scanning Electron Microscope				62K

**3.5 Expansion Potential**

**3.5.1 Laboratory Facilities:** Use facilities records as of fourth-quarter FY93 in answering the following (in sq ft) for each CSF: (BRAC Criteria II)

Common Support Function	Facility or Equipment Description	Type of Space*	Space Capacity (KSF)		
			Current	Used	Excess
Human Systems	Naval Dental Research Institute	Administrative	4778	4778	0
Human Systems	Naval Dental Research Institute	Technical	19970	19970	0
Human Systems	Naval Dental Research Institute	Utility	5992	5992	0
Human Systems	Naval Dental Research Institute	Storage	2058	2058	0

\* Administrative, Technical, Storage, Utility

3.5.1.1 Describe the capacity of your activity to absorb additional similar workyears categorized in the same common support function with minor facility modification. If major modification is required, describe to what extent the facilities would have to be modified. (Use FY97 workyears as your requirement) (BRAC Criteria III)

**The Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569) includes renovation to the current building currently occupied by this command. The Army will be moving into the top two floors of this facility (Building 1-H) currently occupied by NTC HRO and OMDA.**

3.5.1.2 If there is capacity to absorb additional workyears, how many additional workyears can be supported? (BRAC Criteria III)

**60 (with renovations planned by BRAC MILCON P569).**

3.5.1.3 For 3.5.1.1 and 3.5.1.2 (above) describe the impact of military construction

programs or other alteration projects programmed in the FY95 PBS. (BRAC Criteria II)

**Continue Collocation of Army/Navy Dental Research specified by BRAC (MILCON P569).**

**3.5.2 Land Use:** Provide number of buildable acres for additional laboratory/administrative support construction at your installation. (BRAC Criteria II)

**90 acres**

**3.5.3 Utilities:** Provide an estimate of your installation's capability to expand or procure additional utility services (electric, gas, water). Estimates should be provided in appropriate units -- e.g. KWH of electricity. (BRAC Criteria II)

**Unlimited capability to expand additional utility services.**

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.

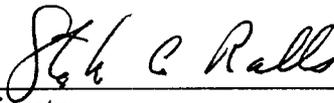
Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes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

\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

Commanding Officer  
Title

4 May 94  
Date

Naval Dental Research Institute  
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 E. T. FLYNN, MC, USN  
NAME (Please type or print)

*E. T. Flynn*  
Signature

COMMANDING OFFICER  
Title

6 May 94  
Date

NAVAL MEDICAL RESEARCH AND DEVELOPMENT COMMAND  
Activity

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

NEXT ECHELON LEVEL (if applicable)

\_\_\_\_\_  
NAME (Please type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Activity

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

MAJOR CLAIMANT LEVEL

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

*R. I. Ridenour*  
Signature

ACTING CHIEF BUMED  
Title

5-16-94  
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)

*J.B. Greene Jr.*  
Signature

Acting  
Title

19 May 1994  
Date

DC #4

Table 1.1 Historical and Projected Workload for NDRI, Great Lakes, Illinois  
(UIC 65786)

Fiscal Year	Total Funds Budgeted (\$K)	Total Funds Received w/o Direct Cite (\$K)	Direct Cite Funds Received (\$K)	Budgeted Wkys (K's)	Actual In-House Wkys	Actual Onsite Contract Wkys
86	1.4	1.1	0	.035	.035	0
87	1.4	1.2	0	.035	.035	0
88	1.4	1.6	0	.035		0
89	1.6	1.6	0	.035		0
90	1.6	1.6	0	.037		0
91	1.6	1.6	0	.039		0
92	2.0	2.0	0	.047		
93	2.3	2.3	0	.047		
94	2.2			.047		
95	2.2			.047		
96	2.2			.047		
97	2.2			.047		

no cover  
attached

NAV DENRSCHINST

**Table 1.2 Historical and Projected Workload for Detachments of  
MDRI, GREAT LAKES, ILLINOIS  
 (UIC 65786)**

<b>Fiscal Year</b>	<b>Total Funds Budgeted (\$K)</b>	<b>Total Funds Received w/o Direct Cite (\$K)</b>	<b>Direct Cite Funds Received (\$K)</b>	<b>Budgeted Wkys (K's)</b>	<b>Actual In-House Wkys (K's)</b>	<b>Actual Onsite Contract Wkys (K's)</b>
86						
87						
88						
89	180.0	180.0	0	.002	.002	0
90	225.0	225.0	0	.002	.002	0
91	245.0	245.0	0	.0045	.0045	0
92	270.0	270.0	0	.006	.006	.001
93	436.0	436.0	0	.0097	.011	.001
94	425.0			.013		
95	425.0			.011		
96	425.0			.011		
97	425.0			.011		









N/A

**Table 2.1 Main Site Class 2 Assets of \_\_\_\_\_ (UIC \_\_\_\_\_)**

Building type N/A	NAVFAC (P-80) category code	Gross Floor/Building Area (KSF)			
		Adequate	Sub-standard	In-adequate	Total
Operational & Training	100				
Maintenance & Production	200				
Science labs	310				
Aircraft labs	311				
Missile and Space labs	312				
Ship and Marine labs	313				
Ground Transportation labs	314				
Weapon and Weapon Systems labs	315				
Ammunition, Explosives, & Toxics labs	316				
Electrical Equip. labs	317				
Propulsion labs	318				
Miscellaneous labs	319				
Underwater Equip. labs	320				
Technical Services labs	321				
Supply Facilities	400				
Hospital & other Medical	500				
Administrative Facilities	600				
Housing & Community	700				
Utilities & Grounds	800				
Other					

d. 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?

Page \_\_\_\_ of \_\_\_\_  
UIC \_\_\_\_\_



Table 2.3 Class 2 Space Utilized/Leased by \_\_\_\_\_ (UIC \_\_\_\_\_)

Building type	NAVFAC (P-80) category code	GF/BA (KSF)			
		Adequate	Sub-standard	In-adequate	Total
Operational & Training	100				
Maintenance & Production	200				
Science labs	310	19564			19564
Aircraft labs	311				
Missile and Space labs	312				
Ship and Marine labs	313				
Ground Transportation labs	314				
Weapon and Weapon Systems labs	315				
Ammunition, Explosives, and Toxics labs	316				
Electrical Equip. labs	317				
Propulsion labs	318				
Miscellaneous labs	319				
Underwater Equip. labs	320				
Technical Services labs	321				
Supply Facilities	400				
Hospital & other Medical	500				
Administrative Facilities	600				
Housing & Community	700				
Utilities & Grounds	800				
Other					
<b>Totals</b>		19564			19564

For your Detachment sites not receiving this Data Call directly:

e. Use Table 2.4 below to indicate the combined total amount of Class 2 space that is occupied by your Detachments for which you are the plant account holder as of 31 March 1994. Attach a list with the titles and UIC's of these Detachments.

f. Use Table 2.5 below to indicate the total amount of your Class 2 space reported in Table 2.4 that is assigned to tenant commands and/or independent activities as of 31 March 1994. Include numbered notes to indicate the Detachment site that hosts the tenant.

g. Use Table 2.6 below to indicate the combined total amount of Class 2 space utilized/leased by your Detachments for which you are not the plant account holder. Provide numbered notes to indicate the quantity of leased space and their associated rental cost.

Page \_\_\_\_ of \_\_\_\_  
UIC \_\_\_\_\_

N/A

Table 2.4 Class 2 Assets of \_\_\_\_\_ Occupied by Detachments

Building type N/A	NAVFAC (P-80) category code	GF/BA (KSF)			
		Adequate	Sub-standard	In-adequate	Total
Operational & Training	100				
Maintenance & Production	200				
Science labs	310				
Aircraft labs	311				
Missile and Space labs	312				
Ship and Marine labs	313				
Ground Transportation labs	314				
Weapon and Weapon Systems labs	315				
Ammunition, Explosives, and Toxics labs	316				
Electrical Equip. labs	317				
Propulsion labs	318				
Miscellaneous labs	319				
Underwater Equip. labs	320				
Technical Services labs	321				
Supply Facilities	400				
Hospital & other Medical	500				
Administrative Facilities	600				
Housing & Community	700				
Utilities & Grounds	800				
Other					

<b>Totals</b>				
---------------	--	--	--	--

h. 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?

Page \_\_\_\_ of \_\_\_\_  
 UIC \_\_\_\_\_



Table 2.6 Class 2 Space Utilized/Leased by Detachments of \_\_\_\_\_ (UIC \_\_\_\_\_)

Building type	NAVFAC (P-80) category code	GF/BA (KSF)			
		Adequate	Sub-standard	In-adequate	Total-adequateTotal
Operational & Training	100				
Maintenance & Production	200				
Science labs	310				
Aircraft labs	311				
Missile and Space labs	312				
Ship and Marine labs	313				
Ground Transportation labs	314				
Weapon and Weapon Systems labs	315				
Ammunition, Explosives, and Toxics labs	316				
Electrical Equip. labs	317				
Propulsion labs	318				
Miscellaneous labs	319				
Underwater Equip. labs	320				
Technical Services labs	321				
Supply Facilities	400				
Hospital & other Medical	500	3024			3024
Administrative Facilities	600				
Housing & Community	700				
Utilities & Grounds	800				
Other					
<b>Totals</b>		3024			3024

SECTION 3 IS N/A

**3. Class 2 Space Available for Expansion.** An activity's expansion capability is a function of its ability to reconfigure and/or expand existing facilities to accept new or increased roles. Such a reconfiguration may require rehabilitation or buildout of a space to support the new or expanded role. A space expansion could include converting an underutilized storage space into laboratory spaces, or buildout of a high bay area into a multifloor office/laboratory space. All questions refer to Class 2 property for which you are the plant account holder as of 31 March 1994. Do not report any currently programmed changes or additions previously reported in question #2 above. Expansion opportunities must follow the guidance of NAVFAC P-80 for the appropriate facility category code, as well as applicable fire and safety codes. Personnel loading density should not exceed those specified in the P-80. Space is only available if it is currently unoccupied or the current occupants are officially designated for relocation. Report space as Net Floor Area (NFA) as defined in the P-80. Do not include opportunities that are being reported by your Detachments who received this Data Call directly. Reported expansion opportunities must be able to accommodate the necessary ancillary facilities and equipment, such as adequate parking space, required to support the amount of people projected.

a. What is the maximum quantity of space that could be made available for expansion to accommodate other functions and/or increased efforts? Report in terms of the "Current NFA" as shown in Tables 3.1 & 3.2. \_\_\_\_\_ SQFT.

b. How much of the space reported in question 3.a. above is currently available with minimal or no reconfiguration costs? Report in terms of the "Current NFA" as shown in Tables 3.1 & 3.2. \_\_\_\_\_ SQFT.

c. Use Table 3.1 below to indicate the constrained growth opportunities for accepting expanded or new roles. Constrained growth is defined as growth limited to buildings and structures currently on your Class 2 plant account. Add numbered notes to highlight and explain opportunities that require remediation or waiver of a restriction or encumbrance as part of the expansion. Provide lettered notes to clearly identify each opportunity with the title & UIC of the site it refers to. The "Current NFA (KSF)" column total should match the quantity provided in question #3.a. above. Annotate those opportunities that were used to obtain the answer to question #3.b. above. Report space once, do not use the same space for different expansion opportunities. Include in this table space that will become available once planned downsizing (separate from BRAC realignments) has been completed, provide the estimated completion date of the downsizing effort.

d. Use Table 3.2 below to indicate additional unconstrained growth opportunities for accepting expanded or new roles. Unconstrained growth allows for construction of new facilities on existing buildable Class 1 property. The only constraint being that the land must currently be on your plant account holdings as of 31 March 1994 and free of existing land use constraints. Limit new buildings to three stories. Add numbered notes to highlight and explain additional opportunities that would require remediation or waiver of a land use constraint as part of the expansion. Provide lettered notes to clearly identify each opportunity with the title & UIC of the site it refers to. Do not include space that has been reported in Table 3.1.





which you are the plant account holder as of 31 March 1994, or into which, though a tenant, your activity could reasonably expect to expand. Complete a separate table for each individual site ( i.e., main base, outlying airfields, special off-site areas, etc.) and Detachment that did not receive this Data Call directly. The unit of measure is acres. Developed area is defined as land currently with buildings, roads, and utilities where further development is not possible without demolition of existing improvements. Include in "Restricted" acreage that is restricted for future development due to environmental constraints (e.g. wetlands, landfills, archaeological sites), operational restrictions (e.g. ESQD arcs, HERO, HERP, HERF, AICUZ, ranges) or cultural resources restrictions. Identify the reason for the restriction when providing the acreage in the table. Specify any entry in "Other" (e.g. submerged lands).

b. Are there any constraints such as parking, utilities, legal restrictions that limit the potential for using Undeveloped land for expansion?

c. Explain the radio frequency constraints/opportunities within your Class 1 holdings.

Page \_\_\_\_ of \_\_\_\_  
UIC \_\_\_\_\_

Class 1 Resources of \_\_\_\_\_ (UIC: \_\_\_\_\_)

Site Location: \_\_\_\_\_

Land Use N/A	Total Acres	Developed Acreage	Available for Development	
			Restricted	Unrestricted
Maintenance				
Operational				
Training				
R & D				
Supply & Storage				
Admin				
Housing				
Recreational				
Navy Forestry Program				
Navy Agricultural Outlease Program				
Hunting/Fishing Programs				
Other				
Total:				

d. Of the total Unrestricted Acres reported above, how much of it has existing roads and/or utilities that could support expansion efforts? \_\_\_\_\_ Acres. Explain.

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UIC \_\_\_\_\_

SECTION 5 IS N/A

5. **Base Infrastructure Capacity.** Provide base infrastructure data as of 31 March 1994. Provide numbered notes to explain imminent changes, additions & deletions driven by previous BRAC realignments, MILCON (including BRAC related MILCON) & Special Projects that are currently programmed in the FYDP. Give the project number & title, cost, short description, quantity of additional square footage, award date, estimated/actual construction start date and estimated BOD.

a. Utilize Table 5.1 below to provide information on your activity's base infrastructure capacity and load. Do not report this information if you are a tenant activity.

**Table 5.1 Base Infrastructure Capacity & Load**

N/A	On Base Capacity	Off base long term contract	Normal Steady State Load	Peak Demand
Electrical Supply (KWH)				
Natural Gas (CFH)				
Sewage (GPD)				
Potable Water (GPD)				
Steam (PSI & lbm/Hr)				
Long Term Parking				
Short Term Parking				

b. **Maintenance, Repair & Equipment Expenditure Data:** Use Table 5.2 below to provide data on facilities and equipment expenditures at your activity. Project expenditures to FY 1997. Do not include data on Detachments who have received this Data Call directly. Do not report this information if you are a tenant activity. The following definitions apply:

Maintenance of Real Property (MRP) Dollars: MRP is a budgetary term used to gather the expenses or budget requirements for facility work including recurring maintenance, major repairs & minor construction (non-MILCON) inclusive of all Major Claimant funded Special Projects. It is the amount of funds spent on or budgeted for maintenance and repair of real property assets to maintain the facility in satisfactory operating condition. For purposes of this Data Call MRP includes all M1/R1 and M2/R2 expenditures.

Current Plant Value (CPV) of Class 2 Real Property: The hypothetical dollar amount to replace a Class 2 facility in kind with today's dollars. Example: the cost today to replace a wood frame barracks with a wood frame barracks.

Acquisition Cost of Equipment (ACE): The total cumulative acquisition cost of all "personal property" equipment maintained at your activity which includes the cost of installed equipment directly related to mission execution, such as lab test equipment. Class 2 installed capital equipment that is an integral part of the facility will not be reported as ACE.

**Table 5.2 Maintenance, Repair & Equipment Expenditure Data**  
 for \_\_\_\_\_ (UIC: \_\_\_\_\_)

N/A

Fiscal Year	MRP (\$M)	CPV (\$M)	ACE (\$M)
1985			
1986			
1987			
1988			
1989			
1990			
1991			
1992			
1993			
1994			
1995			
1996			
1997			

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN N/A	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C

A = STUDENTS PER YEAR

B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED

C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

**For example:** in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	N/A	Total Number	Design Capacity (PN) <sup>1</sup>	Capacity (Student HRS/YR)

(3) Describe how the Student HRS/YR value in the preceding table was derived.

---

<sup>1</sup> Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

**6. Ship Berthing Capacity.** If your activity has the capacity to berth ships fill out the data sheets provided at TAB A.

N/A

**7. Operational Airfield Capacity.** If your activity owns and operates an operational airfield fill out the data sheets provided at TAB B.

N/A

**8. Depot Level Maintenance Capacity.** Fill out the data sheets provided at TAB C if you or your subordinate activities perform depot level maintenance on a piece of equipment or system.

N/A

**9. Ordnance Storage Capacity.** If your activity has the capability to store or maintain weapons and ordnance fill out the data sheets provided at TAB D.

N/A

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**TAB A**

**SHIP BERTHING CAPACITY**

**Note:** Question numbers in [ ]'s are for internal BSAT purposes.

**SHIP BERTHING CAPACITY**

1. [11.] For each Pier/Wharf at your facility list the following structural characteristics. Indicate the additional controls required if the pier is inside a Controlled Industrial Area or High Security Area. Provide the average number of days per year over the last eight years that the pier was out of service (OOS) because of maintenance, including dredging of the associated slip:

Table 11.1

Pier/Wharf & Age <sup>1</sup>	CCN <sup>2</sup>	Moor Length (ft)	Design Dredge Depth <sup>3</sup> (ft) (MLLW)	Slip Width <sup>4</sup> (ft)	Pier Width (ft) <sup>5</sup>	CIA/Security Area? (Y/N) <sup>6</sup>	ESQD Limit <sup>7</sup>	# Days OOS for maint.

<sup>1</sup>Original age and footnote a list of MILCON improvements in the past 10 years.  
<sup>2</sup>Use NAVFAC P-80 for category code number.  
<sup>3</sup>Comment if unable to maintain design dredge depth  
<sup>4</sup>Water distance between adjacent finger piers.  
<sup>5</sup>Indicate if RO/RO and/or Aircraft access.  
<sup>6</sup>Describe the additional controls for the pier.  
<sup>7</sup>Net explosive weight. List all ESQD waivers that are in effect with expiration date.



3. [13.] For each pier/wharf listed above state today's normal loading, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 13.1

Pier/Wharf	Typical Steady State Loading <sup>1</sup>	Ship Berthing Capacity	Ordnance Handling Pier Capacity <sup>2</sup>	IMA Maintenance Pier Capacity <sup>3</sup>

<sup>1</sup> Typical pier loading by ship class with current facility ship loading.

<sup>2</sup> List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

<sup>3</sup> List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown or access limitations.

4. [14.] For each pier/wharf listed above, based on Presidential Budget 1995 budgeted infrastructure improvements in the Presidential Budget 1995 through FY 1997 and the BRAC-91 and BRAC-93 realignments, state the expected normal loading, the maximum capacity for berthing, maximum capacity for weapons handling evolutions, and maximum capacity to conduct intermediate maintenance.

Table 14.1

Pier/ Wharf	Typical Steady State Loading <sup>1</sup>	Ship Berthing Capacity	Ordnance Handling Pier Capacity <sup>2</sup>	IMA Maintenance Pier Capacity <sup>3</sup>

<sup>1</sup> Typical pier loading by ship class with current facility ship loading.

<sup>2</sup> List the maximum number of ships that can be moored to conduct ordnance handling evolutions at each pier/berth without berth shifts. Consider safety, ESQD and access limitations.

<sup>3</sup> List the maximum number of ships that can be serviced in maintenance availabilities at each pier without berth shifts because of crane, laydown, or access limitations.

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**5. [15.a.]** How much pier space is required to berth and support ancillary craft (tugs, barges, floating cranes, etc.) currently at your facility? Indicate if certain piers are uniquely suited to support these craft.

**6. [15.b.]** What is the average pier loading in ships per day due to visiting ships at your base. Indicate if it varies significantly by season.

**7. [15.c.]** Given no funding or manning limits, what modifications or improvements would you make to the waterfront infrastructure to increase the cold iron ship berthing capacity of your installation? Provide a description , cost estimates, and additional capacity gained.

**8. [15.d.]** Describe any unique limits or enhancements on the berthing of ships at specific piers at your base.

**TAB A**  
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**TAB B**

**OPERATIONAL AIRFIELD CAPACITY**

**Note:** Question numbers in []'s are for internal BSAT purposes.

1. [1a.] For the **main airfield and each auxiliary airfield**, answer the following questions:

Airfield Name \_\_\_\_\_

For each runway, give its designation, length, width, load capacity, lighting configurations, and arresting gear types. For each runway list any approach obstructions or any restrictions on flight patterns.

Runway	Length (ft)	Width (ft)	Max load	Lighting				Arresting Gear Type(s)
				F	P	C	N	

- F -- Full lighting (runway edge, center, and threshold)
- P -- Partial lighting (less than full)
- C -- Carrier deck lighting simulated
- N -- No lighting

2. [1b.] Provide the **composition** (concrete, asphalt) and **load bearing capacity** of your aprons, ramps and taxiway.

Apron/ramp/taxiway Location - ID	SF	Comp.	Load Bearing Capacity	Comments

3. [1c.] Do you have **high speed taxiways**? Discuss number and impact on airfield operations.

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4. [1d.] Are all runways with approved instrument approaches served by hi-speed taxiways?

5. [1e.] List any restrictions to runways with approach obstructions or any restrictions on flight patterns. Explain

6. [1f.] For the main airfield and each auxiliary and outlying field, discuss any runway design features that are specific to particular types of aircraft (i.e., are the airfield facilities designated primarily fixed wing jet, prop, or helo aircraft?)

7. [2a.] List the number of flight operations (take-off, landing, or approach without landing) that the main airfield and all auxiliary fields can support on an hourly basis in both VMC and IMC. Comment on the factors at each field that limit this capacity (e.g., taxiway/runway limitations, airspace, ATC restrictions, environmental restrictions).

Airfield	# Flight Ops/Hr		Comments on Limiting Factors
	IMC	VMC	
Main			
Auxiliary			
Auxiliary			
Auxiliary			

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8. [2b.] Provide the average number of **(historical) flight operations** per month conducted at this station and the total number of days during which these operations were conducted. If data is not normally recorded, include estimates (and how derived). A flight operation is defined as a take-off, landing, or approach without a landing.

FY	Main Airfield		Auxiliary Field		Auxiliary Field		Auxiliary Field	
	# Ops	# Days	# Ops	# Days	# Ops.	# Days	# Ops.	# Days
1991								
1992								
1993								

9. [2c.] What percent of your flight operations are Fleet Carrier Landing Practices (FCLPs)?

10. [2d.] Are you designated as an **authorized divert field** for any non-DoD aircraft? Explain.

11. [2d.] Is your airfield designated as a **joint use airfield** (i.e. civilian/military)? Explain.

12. [2e.] What **percentage of total operations are civilian**?

13. [2f.] Describe the major **civilian air traffic structures** (routes, terminal control areas, approaches, etc.) discuss the present and likely future impact of each on air station operations.

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14. [2g.] Are there any **air traffic control constraints/procedures** that currently, or may in the future, limit air station operations? If yes, fully explain impact.

15. [4.] List all **NAVAIDS** with published approaches that support the main airfield and/or your auxiliary airfields. Note any additions/upgrades to be added between now and FY1997.

NAVAID	DESCRIPTION/LOCATION

16. [5a.] List all **active duty Navy/USMC squadrons/detachments** and the number of aircraft by type, model, and series (T/M/S), that will be permanently stationed/are scheduled to be stationed at this air station at the **end** of the indicated fiscal years.

Squadron/Det	# of Aircraft (PAA)	Aircraft (T/M/S)	FY 1994	FY 1995	FY 1997	FY 1999	FY 2001

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17. [5b.] Summarize average **visiting squadron/det loading** on air station operations(i.e. airwing/wing weapons deployment).

Squadron/Det Size (#A/C)	Apron Space Used	Hangar Space Assigned	Maintenance Support	Ave length of stay

18. [5c.] If a major percent of flight operations at your air station is from other than permanently stationed squadron/detachments, provide explanation.

19. [6a.] List all **reserve Navy/USMC squadrons/detachments** and the number of aircraft by type, model, and series (T/M/S), which will be stationed/are scheduled to be stationed at this air station at the **end** of the indicated fiscal years.

Squadron/Det	# of Aircraft (PAA)	Aircraft (T/M/S)	FY 1994	FY 1995	FY 1997	FY 1999	FY 2001

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20. [7.] List all **Station aircraft** by number, type, model, and series (T/M/S), which will be parked or stationed/are scheduled to be stationed at this air station at the **end** of the indicated fiscal years.

Squadron/ Custodian	# of Aircraft (PAA)	Aircraft (T/M/S)	FY 1994	FY 1995	FY 1997	FY 1999	FY 2001

21. [8.] List all **DoD and non-DoD aircraft** not previously listed, by custodian, including number, type, model, and series (T/M/S) of aircraft, which will be parked or stationed/are scheduled to be stationed at this air station at the **end** of the indicated fiscal years.

Service/ Agency/ Custodian	# of Aircraft (PAA)	Aircraft (T/M/S)	FY 1994	FY 1995	FY 1997	FY 1999	FY 2001

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**22. [9a.]** List other **operational command or support units** (ie. air wing staffs, MWSG, MWSS, MACG, MASS, etc.) stationed at this installation. For each Unit, give the unit identification number/UIC, mission, and facilities required (currently being used) to support the unit (i.e. equipment parking - 2500 SF; maintenance shop-200 SF; etc.).

Support Unit Identification/ UIC	Mission	Facilities Required	Equipment Laydown Requirement (covered/ uncovered in SF)

**23. [9b.]** Due to BRAC or other realignments, what increases/decreases in operational command or support units will occur at your installation. Provide expected gains/losses by year through 2001.

**24. [10a.]** List all other **USN/USNR, USMC/USMCR, and other DoD or non-DoD active and SELRES units** not listed previously, that are scheduled to be stationed at this air station at the **end** of the indicated fiscal years.

Unit	Active or Reserve	FY 1994	FY 1995	FY 1997	FY 1999	FY 2001

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26. [12c.] For each **Special Use Airspace (SUA)** or **airspace-for-special-use** complete the following table:

SUA	Location/ Distance	Types/Uses	Scheduling Authority (UIC)	Fiscal Year	Scheduled	Utilized <sup>1</sup>	Operating Limitations <sup>2</sup>
					# Hours	# Hours	
				1991			
				1992			
				1993			
				1991			
				1992			
				1993			
				1991			
				1992			
				1993			

<sup>1</sup> For the "Utilized" values, provide reasons for hours scheduled, but not utilized (e.g. 40% cancelled due to weather; 10% cancelled for unscheduled range maintenance, etc.).

<sup>2</sup> Provide any comments on operating limitations.

27. [12d.] Assuming that the flight training facility is **not constrained by operational funding** (personnel support, increased overhead costs, etc.), with the present equipment, physical plant, etc. , what **additional use of airspace assets** could be realized? Provide details and assumptions for all calculations.

28. [12h.] In the event that it became necessary to increase base loading at your installation, does the **airspace** overlying and adjacent to your installation have the **capacity** to assume an additional workload? Estimate the percentage of the possible increase. Provide the basis/calculations for these estimates.

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**29. [17a.]** Using the types (and mix) of aircraft currently stationed at your installation, project the additional number of these aircraft (maintain approximate current mix/ratio of A/C) that could be based and parked on your **current parking aprons**.

Provide two estimates:

1. Using NAVFAC P-80 standard measures
2. Using real world planning factors to accomodate a surge demand for space (maintaining safe operating procedures).

Aircraft Type	Current # of Aircraft Parked/Stationed	Maximum Additional Capacity (# of Aircraft)		Total	
		NAVFAC	Surge	NAVFAC	Surge

Provide the **details of your calculations**, including your assumptions on the minimum separation between aircraft, parking angle, folding of aircraft wings and any obstructions that may limit the placement of aircraft on the parking apron spaces. Indicate if taxiway aprons are used in the projection.

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30. [18a.] List the hangars at the air station. Identify by (P-80) type, year built, dimensions.

Hangar ID/#	Type I, II or (O)ther	Year Built	Hangar Deck Dimensions	Limiting Height	Current Usage	In SF			
						Adequate	Substandard	Inadequate	Total

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 describe why the facility is inadequate; indicate how it is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate. Indicate current plans to remove these deficiencies and the amount of any programmed funds. Discuss any material conditions of substandard facilities which have resulted in a C3 or C4 designation on your BASEREP.

31. [18b.] For each hangar provide space allocation information listed in table below. Indicate if OPS/ADMIN space is in a non-contiguous building, Provide subtotal for each hangar.

Hangar #/ID/Type	SQD/Mod# Assignment	Ops + Admin Spaces SF/Module	Maint Shops SF/Module (O Level)	Hangar Deck SF/Module	A/C Line parking spaces <sup>2,3</sup>		
					#/Module	SF	Elec. Pwr.
TOTAL							

<sup>1</sup> Provide which SQD/Det was assigned to the specific module at receipt of this Data Call. (i.e., VFA-15, Hgr 1, Mod C)

<sup>2</sup> Dedicated aircraft parking spaces per Module and total square feet (SF) of A/C line parking spaces

<sup>3</sup> Are there A/C line parking spaces supported by permanently installed electric power? (Y/N)

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32. [18f.] List all **squadrons/detachments** normally homeported at this air station that were deployed and **not assigned** hangar/maintenance spaces at receipt of this data call.

Squadron/Detachment	#/Type Aircraft	Deployed Location

33. [18g.] List all **squadrons/detachments** normally homeported at this air station that were deployed and **were assigned** hangar/maintenance spaces at receipt of this data call.

Squadron/Detachment	#/Type Aircraft	Hanger Module Assignment

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**34. [18h.]** Using the types (and mix) of **aircraft** currently stationed at your installation, project the maximum additional number of these aircraft (maintain approximate current mix/ratio of A/C) that could be housed and maintained in **your current hangars**. Provide two estimates:

1. Using NAVFAC P-80 standard measures
2. Using real world planning factors to accomodate a surge demand for space (maintaining safe operating procedures).

Aircraft Type	Current # of Aircraft Parked/Stationed	Maximum Additional Capacity (# of Aircraft)		Total (Current + Additional)	
		NAVFAC	Surge	NAVFAC	Surge

Provide the **details of your calculations**, including your assumptions on the minimum separation between aircraft, folding of aircraft wings and any obstructions that may limit the placement of aircraft in the hangars.

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35. [19.] Do you have any of the following **special use facilities** at the Air Station?

CCN	Type of Facility	In SF				# of Units	Year Built
		Adequate	Substandard	Inadequate	Total		
211-01	Aircraft Acoustical Enclosure						
211-02	Nose Hangar						
211-03	Corrosion Control Hangar						
211-75	Parachute/Survival Equipment Shop						
211-81	Engine Test Cell						
211-88	Power Check Pad with Sound Suppression						
211-89	Power Check Pad without Sound Suppression						
211-96	Maintenance, Aircraft Spares Storage						
116-10	Airfield Washrack Pavement						
116-15	Aircraft Rinse Facility						
214-30	Refueling Vehicle Shop						
218-60	Aircraft Ground Support Equipment						
	Other						

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 describe why the facility is inadequate; indicate how it is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate. Indicate current plans to remove these deficiencies and the amount of any programmed funds. Discuss any material conditions of substandard facilities which have resulted in a C3 or C4 designation on your BASEREP.

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**36. [21a.]** For the following **aircraft support facility** category codes, provide the amount of adequate substandard, and inadequate facilities.

CCN	Facility Type	Unit of Measure	Adequate	Substandard	Inadequate	Total	Number of Units
111-20	Landing Pads	SF					
121-10	Direct Fueling	OL/GM					
124-30	Fuel Storage	GA					
421-xx	Ammunition Storage	CF/TONS					
425-xx	Open Ammunition Storage	SF					
113-20	Parking Aprons	SF					
113-40	Access Aprons	SF					
116-56	Combat Aircraft Ordnance Loading Area	SF					
	Other						

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 describe why the facility is inadequate; indicate how it is being used and list other possible uses; and specify the costs to remove the deficiencies that make it inadequate. Indicate current plans to remove these deficiencies and the amount of any programmed funds. Discuss any material conditions of substandard facilities which have resulted in a C3 or C4 designation on your BASEREP.

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**TAB C  
DEPOT LEVEL MAINTENANCE CAPACITY**

**Maintenance and Industrial Activities**

Activities that actually perform Depot Level Maintenance should complete **PART I** of this TAB. Warfare Center Headquarters (Owners & Operators) whose subordinate activities actually perform Depot Level Maintenance should complete **PART II** of this TAB. Depot and/or industrial workload capacity is to be reported as a function of the following categories for the period requested.

**JCSG-DM: Maintenance and Industrial Activities**

<b>Commodity Groups List</b>	
1. Aircraft Airframes: Rotary VSTOL Fixed Wing Transport / Tanker / Bomber / Command and Control Light Combat Admin / Training Other	7. Ground and Shipboard Communications and Electronic Equipment Radar Radio Communications Wire Communications Electronic Warfare Navigational Aids Electro-Optics / Night Vision Satellite Control / Space Sensors
2. Aircraft Components Dynamic Components Aircraft Structures Hydraulic/Pneumatic Instruments Landing Gear Aviation Ordnance Avionics/Electronics APUs Other	8. Automotive / Construction Equipment  9. Tactical Vehicles Tactical Automotive Vehicles Components
3. Engines (Gas Turbine) Aircraft Ship Tank Blades / Vanes (Type 2)	10. Ground General Purpose Items Ground Support Equipment (except aircraft) Small Arms / Personal Weapons Munitions / Ordnance Ground Generators Other
4. Missiles and Missile Components Strategic Tactical / MLRS	11. Sea Systems Ships Weapons Systems
5. Amphibians Vehicles Components (less GTE)	12. Software Tactical Systems Support Equipment
6. Ground Combat Vehicles Self-propelled Tanks Towed Combat Vehicles Components (less GTE)	13. Special Interest Items Bearings Refurbishment Calibration (Type I) TMDE
	14. Other

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Refer to the following notes when filling out the tables in this TAB.

*Notes:*

1. "Production" equates to the number of items processed per Fiscal Year (FY), unless otherwise specified.
2. Base your responses for FY 1994 and previous years on executed workload, and for FY 1995 and subsequent years on workload as programmed. Unless otherwise specified, use workload mixes as programmed. In estimating projected workload capabilities, use the Activity's configuration as of completion of implementation of the BRAC-88/91/93 actions.
3. Use single shift operations (1-8-5) as the basis for your calculations. Report in specified units of throughput and Direct Labor Man Hours (DLMHs).
4. If any responses are classified, so annotate the applicable question and include those responses in a separate classified annex.
5. Capacity Index and Utilization Index will be calculated in accordance with the Defense Depot Maintenance Council approved update to Department of Defense Instruction (DoDInst) 4151.15H, "Depot Maintenance Capacity/Utilization Index Measurement."
6. The Major Owner/Operator questions will be answered by the Major Claimant/Systems Commander.
7. Utilize the tables provided to answer each question. Answer the questions for all of the commodity groups that are applicable to your activity. In the Aircraft Airframes and Engines (Gas Turbine) commodity groups break out the information by aircraft type, model, series or by engine type as applicable when filling out the tables.

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**PART I: MAINTENANCE & INDUSTRIAL ACTIVITIES**

**1. Historic and Predicted Workload**

**1.1** Given the current configuration and operation of your activity, provide the depot/industrial level maintenance by commodity group (from the List above) that was executed in and is programmed for the Fiscal Years (FY) requested in units throughput (Tables 1.1.a and 1.1.b) and in Direct Labor Man Hours (DLMHs) (Tables 1.1.c and 1.1.d). Add additional rows as required to report all commodity types serviced at this activity.

**Table 1.1.a: Historic and Predicted Depot/Industrial Workload**

Commodity Type	Throughput (Units)							
	FY 1986	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993
<b>Total:</b>								

**TAB C - PART I**  
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**Table 1.1.b: Historic and Predicted Depot/Industrial Workload**

Commodity Type	Throughput (Units)							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
<b>Total:</b>								

**TAB C - PART I**  
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**Table 1.1.c: Historic and Predicted Depot/Industrial Workload**

Commodity Type	Throughput (DLMHs)							
	FY 1986	FY 1987	FY 1988	FY 1989	FY 1990	FY 1991	FY 1992	FY 1993
<b>Total:</b>								

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**Table 1.1.d: Historic and Predicted Depot/Industrial Workload**

Commodity Type	Throughput (DLMHs)							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
<b>Total:</b>								

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**1.2** For each commodity type reported in Tables 1.1.a through 1.1.d, assume (a) the current projected total depot / industrial workload remains as assigned; (b) that sufficient production demand is available to justify maximum hiring, optimum (repeat order manufacturing lead times) procurement, and maximum equipment support; and (c) no major MILCON additional to that already programmed: what is the maximum extent to which depot / industrial maintenance operations could be expanded at this activity, based on the current and future planned workload mixes, for the requested period? Please provide your response in both the absolute maximum number of units and DLMHs that could be processed at this activity by applicable commodity group. Add additional rows as necessary to accommodate all commodity types serviced at this activity.

**Table 1.2.a: Maximum Potential Depot/Industrial Workload**

Commodity Type	Throughput (Units)						
	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
<b>Total:</b>							

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**Table 1.2.b: Maximum Potential Depot/Industrial Workload**

Commodity Type	Throughput (DLMHs)							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
<b>Total:</b>								

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**1.3** Provide details of your calculations including assumptions on additional space utilized, major equipment required, production rates, and constraints that limit increased workload by commodity group at this activity.

**1.4** Given an environment unconstrained by funds or manning, what Industrial Plant Equipment (IPE) would you change (add, delete, or modify) to increase your activity's capability to perform workload in each of the applicable commodity groups? Describe quantitatively how the changes above would increase your activity's depot/industrial level maintenance capabilities. What would the associated costs be? What would be the payback period and return on investment?

**1.5** Are there any environmental, legal, or otherwise limiting factors that inhibit further the development of depot/industrial level workload and this activity (AICUZ encroachment, pollutant discharge, etc.)?

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**2. Workload Summary**

**2.1** Enter the information from the Predicted and Potential Workload sections of the previous question into the table below and calculate the variance between projected and potential workloads. Again, clearly identify each commodity and include all commodities serviced at this activity.

**Table 2.1.a: PREDICTED WORKLOAD VARIANCE FOR FY 1995**

FY 1995 Commodity Type	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	<b>N / A</b>	<b>N / A</b>	<b>N / A</b>			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.b: **PREDICTED WORKLOAD VARIANCE FOR FY 1996**

Commodity Type <i>FY 1996</i>	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	<b>N / A</b>	<b>N / A</b>	<b>N / A</b>			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.c: **PREDICTED WORKLOAD VARIANCE FOR FY 1997**

FY 1997 Commodity Type	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	<b>N / A</b>	<b>N / A</b>	<b>N / A</b>			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.d: **PREDICTED WORKLOAD VARIANCE FOR FY 1998**

FY 1998 Commodity Type	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	<b>N / A</b>	<b>N / A</b>	<b>N / A</b>			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.e: **PREDICTED WORKLOAD VARIANCE FOR FY 1999**

Commodity Type <i>FY 1999</i>	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	N / A	N / A	N / A			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.f: **PREDICTED WORKLOAD VARIANCE FOR FY 2000**

FY 2000 Commodity Type	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	N / A	N / A	N / A			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

Table 2.1.g: PREDICTED WORKLOAD VARIANCE FOR FY 2001

FY 2001 Commodity Type	Product (units)			DLMHs		
	Predicted Workload	Potential Workload	Variance	Predicted Workload	Potential Workload	Variance
<b>Total</b>	N / A	N / A	N / A			

<sup>1</sup> This workload is not duplicative of any previously reported workload. Detail all production categorized as "other".

**PART II: HEADQUARTERS (MAJOR OWNERS & OPERATORS)**

**1. Interservicing Candidates**

1.1 Specify all depot and/or industrial workload programs, performed by any of your activities, that are possible candidates for interservicing, *both* in to and out from the activity. Provide detailed supporting data for your recommendations.

**2. Core Requirements**

2.1 Given the current programmed configuration and operation for these activities, provide the projected Core Workload, Directed workload, Core "Plus" Workload, and Workload required to be retained to meet the Secretary of the Navy's Title 10 responsibilities. Within each Fiscal Year (FY) requested, provide your response in Units of throughput (where applicable) and Direct Labor Man Hours (DLMHs) for the categories in the following Tables. Core workload includes all Core work performed for other Military Departments (please specify such work within each commodity category).

- Core workload calculations are to be performed in accordance with the Office of the Under Secretary of Defense (Logistics) (OUSD(L)) Memorandum dated 15 November 1993 (subject: "Policy for Maintaining Core Depot Maintenance Capability").
- Directed workload includes: Foreign Military Sales (FMS); Low Quantity Non-Core; Low Quantity Above Core; Best Value; Engineering Support; and Last Source of Repair. Directed workload is tabulated in Section 2.2, following.
- Core-Plus workload is the sum of Core workload and Directed workload.
- Title 10 workload is that portion of Core workload that must be retained within the Department of the Navy in order to meet the Secretary of the Navy's Title 10 responsibilities.

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Table 2.1.a: **Workload Requirements FY 1993**

<i>FY 1993</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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**Table 2.1.b: Workload Requirements FY 1994**

<i>FY 1994</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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**Table 2.1.c: Workload Requirements FY 1995**

<i>FY 1995</i> Commodity Type	Core Workload (DLMHs)			
	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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Table 2.1.d: Workload Requirements FY 1996

<i>FY 1996</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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Table 2.1.e: Workload Requirements FY 1997

<i>FY 1997</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
Total:				

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**Table 2.1.f: Workload Requirements FY 1998**

<i>FY 1998</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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Table 2.1.g: Workload Requirements FY 1999

<i>FY 1999</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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**Table 2.1.h: Workload Requirements FY 2000**

<i>FY 2000</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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**Table 2.1.i: Workload Requirements FY 2001**

<i>FY 2001</i>	Core Workload (DLMHs)			
Commodity Type	Core Workload	Directed Workload	Core "Plus" Workload	Title 10 Workload
<b>Total:</b>				

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**2.2** Given the current programmed configuration and operation of the NADEPs, provide the projected Directed Workload. Within each Fiscal Year (FY) requested, provide your response in units throughput (where available) and Direct Labor Man Hours (DLMHs) for the categories requested.

- Foreign Military Sales (FMS) include airframe, engine and component maintenance and manufacturing support.
- Modifications (Mods) include only those modifications performed concurrently with scheduled depot level work packages constituting Core workload.
- Low Quantity Non-Core (LQNC) is that Non-Core workload with insufficient programmed quantity for competition. This category also includes above threshold Core workload for weapons systems which have a total projected workload greater than the computed core quantity (above core workload).
- Best Value (BV) includes items that have been offered for maintenance under competitive rules and no offerer has provided a bid that is equal to or better than the value provided by a current organic source.
- Engineering Support (Engr) consists of Engineering Support to field, modify, operate, and maintain aviation weapon systems (i.e. RCM analysis, defining maintenance intervals, developing maintenance concepts, modification management, industrial support, investigations, bulletins and flight safety, and environmental issues).
- Last Source of Repair (LSOR) comprises Non-Core workload which has been offered for maintenance under competitive rules and no offerer has provided a bid, and for which a workload requirement exists and the organic depot is the only remaining source of repair.

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**Table 2.2.a: Directed Workloads - FY 1993**

FY 1993 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1993 Total:</b>							

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**Table 2.2.b: Directed Workloads - FY 1994**

FY 1994 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1994 Total:</b>							

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**Table 2.2.c: Directed Workloads - FY 1995**

FY 1995 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1995 Total:</b>							

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**Table 2.2.d: Directed Workloads - FY 1996**

FY 1996 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1996 Total:</b>							

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**Table 2.2.e: Directed Workloads - FY 1997**

FY 1997 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1997 Total:</b>							

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**Table 2.2.f: Directed Workloads - FY 1998**

FY 1993 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1998 Total:</b>							

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**Table 2.2.g: Directed Workloads - FY 1999**

FY 1999 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 1999 Total:</b>							

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**Table 2.2.h: Directed Workloads - FY 2000**

FY 2000 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 2000 Total:</b>							

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**Table 2.2.i: Directed Workloads - FY 2001**

FY 2001 Commodity	Units Throughput						Total
	FMS	Mods	LQNC	BV	Engr	LSOR	
<b>FY 2001 Total:</b>							

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**3. Organization**

**3.1** Can the depot/industrial level workload be transferred to other sources such as other Navy activities, interservice to other DoD entities, or outsourced to commercial activities? Identify all applicable considerations to your recommendations.

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**TAB D  
ORDNANCE STORAGE CAPACITY**

## ORDNANCE STORAGE CAPACITY

Please answer the following questions if your activity performs any stowage or maintenance on any of the following ordnance commodities types:

ORDNANCE COMMODITY TYPES		
Mines	Expendables	LOE: Rockets
Torpedoes	INERT	LOE: Bombs
Air Launched Threat	CADS/PADS	LOE: Gun Ammo (20mm-16")
Surface Launched Threat	Strategic Nuclear	LOE: Small Arms (up to 50 cal.)
Other Threat	Tactical Nuclear	LOE: Pyro/Demo Grenades/Mortars/Projectiles

### 1. Ordnance Stowage and Support

1.1 Provide present and predicted inventories (coordinate with inventory control manager) and maximum rated capability of all stowage facilities at each weapons storage location controlled by this activity. In predicting the out year facility utilization, distribute overall ordnance compliment to the most likely configuration. The maximum rated capability is also an out year projection taking into account any known or programmed upgrades that may increase current stowage capacity. When listing stowage facilities, group by location (e.g. main base, outlying field, special area).

Table 1.1: Total Facility Ordnance Stowage Summary

Facility Number	PRESENT INVENTORY		PREDICTED INVENTORY FY 2001		MAXIMUM RATED CAPABILITY	
	TONS	SQ FT	TONS	SQ FT	TONS	SQ FT
<b>TOTAL</b>						

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**1.4** Identify any restrictions which prevent maximum utilization of your facilities. If restrictions are based on facility conditions, specify reason, the cost to correct the deficiency, and identify any programmed projects that will correct the deficiency and/or increase your capability.

**1.5** Identify if your activity performs any of the following functions on any of the ordnance commodities previously listed. Technical support includes planning, financial, administrative, process engineering and SOP support. Within each related function identify each ordnance commodity type for which you provide these services and the total Direct Labor Man Hours (DLMHs) expended (FY 1994); identify only those DLMHs expended by personnel under your command.

**Table 1.5: Related Ordnance Support**

Related Functions	Performed? (Y / N)	Type of Commodity	DLMHs
Maintenance (specify level)			
Testing			
Manufacturing			
Outload			
Technical Support			

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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

CAPT STEPHEN A. RALLS, DC USN

\_\_\_\_\_  
NAME (Please type or print)

  
\_\_\_\_\_  
Signature

Commanding Officer

Title

4 May 94

Date

Naval Dental Research Institute

Activity