DCN 914

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic, NAS Jacksonville, FL*
Acronym(s) used in correspondence	NAVHOSPBMC NAS JAX
Commonly accepted short title(s)	*BMC JAX*

- Complete Mailing Address

Branch Medical Clinic
Naval Air Station
Jacksonville, FL 32212-5000

- PLAD
  BRMEDCLINIC JACKSONVILLE FL

- PRIMARY UIC: 32573 (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): NA PURPOSE: _____

2. PLANT ACCOUNT HOLDER:

- Yes ____ No X (check one)

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

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

• Yes ____ No __X__ (check one)

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

• Yes __X__ No ____ (check one)

• Primary Host (current) UIC: 00207__

• Primary Host (as of 01 Oct 1995) UIC: 00207

• Primary Host (as of 01 Oct 2001) UIC: 00207

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
NA		

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

Name	UIC	Location	Host name	Host UIC
NA				

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

Not effected by previous BRACs.

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

Current Missions

- Provide outpatient clinical services and ambulance support to active duty personnel assignedto NAS Jacksonville and it's tenant commands.

- Provide preventive medicine services and occupational health services.

-

Projected Missions for FY 2001

- No expected changes in mission.

-

-

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

Current Unique Missions

- NA
-
-

Projected Unique Missions for FY 2001

- NA
-
-

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
Naval Hospital, Jacksonville	00232

• Funding Source	UIC
Naval Hospital, Jacksonville	00232

UIC 32573

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~11~~ 0 11 OIC	59	11
• Tenants (total)	0 SRW 2/8/94	0	0

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	~~12~~ 0 SRW	~~30~~ 0 SRW	~~10~~ 0 SRW 2/8/94
• Tenants (total)	0	0	0

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

Title/Name	Office	Fax	Home
• CO/OIC Head, BMC JAX			
CAPT S. R. Sewell, MC, USN	(904) 772-3502	(904) 777-1120	(904) 264-7940
• Duty Officer			[N/A]
• HMC J. S. Bartholomew, USN	(904) 772-3501	(904) 777-1120	
• _____			

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NA				

• 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
NA					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NA					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
Naval Air Reserve	*NAS Jacksonville*	*Space and material support - MOU.*

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

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

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

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

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

UIC 32573

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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

D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

28 Jan 94
Date

Naval Hospital, Jacksonville, FL
Activity

41C 32573

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x D D Hagen
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-9-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

J B Greene Jr.
Signature

ACTING
Title

16 FEB 1994
Date

Document Separator

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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:Branch Medical Clinic, Jacksonville, FL
ACTIVITY UIC: 32573

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

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

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MISSION REQUIREMENTS

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

Provides outpatient clinical services and ambulance support to active duty personnel assigned to NAS Jacksonvile and its tenant commands.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAS JAX	00207	NAS JAX	479
NAVHOSP JAX	00232	"	899
AIMD	44319	"	340
NAVCOMSTA	68734	"	183
VP-30	09047	"	983
NAMTD	66051	"	173
HS-1	09371	"	537
FASO	0349A	"	6
PSD	43043	"	72
NAVRESSFSO	39225	"	5
CPW11	09461	"	39
Additional UICs **	various	"	5,244

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

**See hospital data call for other local tenants served.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	43,460	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	1,344	N/A	N/A
TOTAL ACTIVE DUTY	N/A	44,804		N/A
FAMILY OF AD	N/A	2,435	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	1,461**	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	**	N/A	N/A
OTHER	N/A		N/A	N/A
TOTAL	N/A	3,896		N/A

BUMED-822 MJB, 3 Jun 94 N/A

**Includes retiree information under and over 65, no data available to break out by age.

What is your occupancy rate for FY 1994 to date? N/A

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	51,030	56,133	61,746	67,920	74,712	82,183	90,401
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

**Assume base closures in area causing influx of assigned base personnel and an increase in the number of ships at Mayport, FL, there will be a 10% increase in patient visits per year.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Ceremonial standby	36 hrs	2
Blount Island coverage	48 hrs	6
Rifle and Pistol Range	24 hrs	1
Annual Air Shows	48 hrs/yr	20
Annual Scout World	48 hrs/yr	20
Sea Bees Field Training	96hrs/yr	2
MWR(runs, annual crime night)	8 hrs	2

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

1

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code

number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic): **N/A, inventory record maintained by NAS JAX.

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

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

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

7a. 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?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to**

BUMED 822 mD
3 Jan 94

1994. Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Branch Medical Clinic, Jacksonville, FL					
2. UIC 32573	3. CATEGORY CODE		4. NO. OF BUILDINGS 1		
5. SIZE 34,925 sq ft	A. GSF		B. NORMAL BEDS N/A		C.DTRS
6. LOCATION Bldg 964, NAS JAX	A. CITY Jacksonville			B.STATE FL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80			BOQ	
(2) ADMINISTRATION	70			BOQ	
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/a				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	60				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC		25			
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: OCT 1991

FULL ACCREDITATION: Yes

LIFE SAFETY MANAGEMENT SCORE: _1__ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? We are centralized on NAS JAX, and easilyaccessible by the active duty community.

b. What are the nearest air, rail, sea and ground transportation nodes? Refer to hospital's data call.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): __1__

d. What is the importance of your location given your mobilization requirements? N/A

e. On the average, how long does it take your current clients/customers to reach your facility? 5 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? Refer to hospital's data call.

FEATURES AND CAPABILITIES

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

This facility provides first line triage and sickcall for the active duty on base, providing emergency ambulance response for accidents and injuries on base, and flightline standby. If this facility were lost, all patient care and patient transport operations would have to be provided by the Naval Hospital.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes, there are sufficient civilian medical facilities disbursed throughout the local community to support our beneficiaries, but the active duty personnel would require more time off from the job to seek care not provided on base.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, there are sufficient medical facilities disbursed throughout the local community.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A

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

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

***Refer to hospital's data call.

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

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

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

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: N/A

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

N/A

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: **N/A, members are referred to Naval Hospital.

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	3,765,845	4,356,567	2,178,284
TOTAL OUTPATIENT VISITS	40,002	385,727	24,383
AVERAGE COST PER VISIT	$94	$112	$89

N/A: pp. 24-25 BUMED-822
MRS, 3 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A: N/A

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life.

a. Military Housing *** Refer to Naval Air Station Data Call #38, POC is Butch Collins.

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

CAPT D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

Date 3 May 94

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) Signature

CHIEF BUMED/SURGEON GENERAL

6-3-94

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)

J.B. Greene, Jr.

NAME (Please type or print) Signature

Acting

Title

10 Jun 1994

Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name: **Naval Branch Medical Clinic, NAS Jacksonville**

UIC: **32573**

Host Activity Name (if response is for a tenant activity): 00207

BUMED-822 MAS, 19 Jul 97

Host Activity UIC: NAS Jacksonville

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: Naval Branch Medical Clinic, NAS JAX UIC: 32573

Category	FY 1996 BOS Costs ($000)		
1. Real Property Maintenance Costs:	**Non Labor**	**Labor**	**Total**
1a. Maintenance and Repair	18	0	18
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	18	0	18
2. Other Base Operating Support Costs:			
2a. Utilities	127	0	127
2b. Transportation	0	0	0
2c. Environmental	0	0	0
2d. Facility Leases	0	0	0
2e. Morale, Welfare & Recreation	0	0	0
2f. Bachelor Quarters	0	0	0
2g. Child Care Centers	0	0	0
2h. Family Service Centers	0	0	0
2i. Administration	0	0	0
2j. Other (Specify)	0	0	0
2k. Sub-total 2a. through 2j:	127	0	127
3. Grand Total (sum of 1c. and 2k.):	145	0	145

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

Appropriation	Amount ($000)

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: Naval Branch Medical Clinic, NAS JAX **UIC: 32573**

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

3. **Depreciation**

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: Naval Branch Medical Clinic, NAS JAX **UIC: 23573**

Cost Category	FY 1996 Projected Costs ($000)
Travel:	8
Material and Supplies (including equipment):	212
Industrial Fund Purchases (other DBOF purchases):	35
Transportation:	0
Other Purchases (Contract support, etc.):	16
Total:	271

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: **UIC:**

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

BUMED-822
Ø MAS, 19 Jul 94

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

2) Estimated number of workyears which would be eliminated:

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

No. of Additional Contract Workyears Which Would Be Eliminated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
Ø	BUMED 822 mxl, 19 Jul 94

No. of Additional Contract Workyears Which Would Be Relocated	General Type of Work Performed on Contract (e.g., engineering support, technical services, etc.)
1	**X-Ray reading**

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 D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

Commanding Officer
Title

Date 13 Jul 94

Naval Hospital, Jacksonville
Activity

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-20-94

~~BUREAU OF MEDICINE AND SURGERY~~
Activity

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

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

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

Signature

Title

Date 04 AUG 1994

Document Separator

327

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, Jacksonville, FL

UIC: 32273

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

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

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD						
FAMILY OF AD						
SUBTOTAL						
RETIRED AND FAMILY MEMBERS UNDER 65						
RETIRED AND FAMILY MEMBERS OVER 65[4]						
OTHER						
TOTAL						

***Refer to hospital's data call for information.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	__N/A_____
Set Up Beds[1]:	__N/A_____
Expanded Bed Capacity[2]:	__N/A_____

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	35,347	2,018	1,092	38,457
ADMISSIONS N/A	N/A			
LABORATORY TESTS (WEIGHTED)[1]	396,676	22,659	12,257	431,592
RADIOLOGY PROCEDURES (WEIGHTED)[1]	13,264	757	410	14,431
PHARMACY UNITS (WEIGHTED)[1]	25,346	1,448	783	27,577
OTHER (SPECIFY)	N/A			270

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

BUMED-827
3 Jun 94

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	44,804	2,435	1,461	48,700
ADMISSIONS N/A	N/A			
LABORATORY TESTS (WEIGHTED)[1]	425,855	23,144	13,887	462,886
RADIOLOGY PROCEDURES (WEIGHTED)[1]	9,809	533	320	10,662
PHARMACY UNITS (WEIGHTED)[1]	28,402	1,544	926	30,872
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

**Estimated capacity based on FY94 workload year to date, which has increased about 10% from FY93.

CFW BUMED-823
3 Jun 94

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	44,804	2,435	1,461	48,700
ADMISSIONS N/A	N			
LABORATORY TESTS (WEIGHTED)[1]	425,855	23,144	13,887	462,886
RADIOLOGY PROCEDURES. (WEIGHTED)[1]	9,809	533	320	10,662
PHARMACY UNITS (WEIGHTED)[1]	28,402	1,544	926	30,872
OTHER (SPECIFY)	N/A			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

***Information same as 3a. Any demand above current operation would be provided by Naval Hospital.

GPCU BUMED-823
3 Jun 94

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	12*	12*	12*	12*	12*	12*	12*	12*
SPECIALTY CARE[2]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDERS[3]	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	18	18	18	18	18	18	18	18

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

* Includes borrowed labor of 9 squadron medical officers. No known changes for staffing.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	
SPECIALTY CARE[2]	
PHYSICIAN EXTENDER[3]	
TOTAL	

1

***Refer to hospital's data call for this information.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: ***Refer to hospital's data call for this information.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

***Refer to hospital's data call for this information.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

***Refer to hospital's data call for this information.

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

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

32573 - Bmc Jacksonville

(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	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

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

32573 - BMC Jacksonville

[1] 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.

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 D. V. HOLLINGSWORTH, MC, USN
NAME (Please type or print)

D. V. Hollingsworth
Signature

COMMANDING OFFICER
Title

24 May 94
Date

NAVAL HOSPITAL, JACKSONVILLE
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

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

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

J.B. Greene, Jr.
NAME (Please type or print)

Signature

Acting
Title

10 JUN 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC NAS MERIDIAN
UIC:	39167
Host Activity Name (if response is for a tenant activity):	NAS MERIDIAN
Host Activity UIC:	63043

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)
Activity Name: BRMEDCL MERIDIAN **UIC:** 39167

Category	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total

DATA CALL 66
INSTALLATION RESOURCES

1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	0	0	0
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	48	0	48
2b. Transportation	0	0	0
2c. Environmental	3	0	3
2d. Facility Leases	N/A	N/A	
2e. Morale, Welfare & Recreation	N/A	N/A	
2f. Bachelor Quarters	N/A	N/A	
2g. Child Care Centers	N/A	N/A	
2h. Family Service Centers	N/A	N/A	
2i. Administration	0	0	0
2j. Other (Specify) TELEPHONE	6	0	6
2k. Sub-total 2a. through 2j:	57	0	57
3. Grand Total (sum of 1c. and 2k.):	57	0	57

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

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

Activity Name: BRMEDCL MERIDIAN **UIC:** 39167

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

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

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

Table 2 - Services/Supplies Cost Data
Activity Name: BRMEDCL MERIDIAN **UIC:** 39167

Cost Category	FY 1996 Projected Costs ($000)
Travel:	7
Material and Supplies (including equipment):	725
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	44
Total:	776

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: BRMEDCL MERIDIAN **UIC:** 39167

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 8-1-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

Date 8/25/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M Balsa
Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #66 FOR BRMEDCLINIC NAS MERIDIAN (UIC: 39167) - INSTALLATION RESOURCES

Document Separator

3-1

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:

Naval Branch Medical Clinic, 1801 Fuller Road, Suite A-01, Meridian, MS 39309-5107

ACTIVITY UIC: 39167

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

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

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MISSION REQUIREMENTS

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

Provide outpatient ambulatory care services for eligible active duty beneficiaries and their family members of all federal and state uniformed services. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies that might arise. Provide as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces to ensure the highest possible degree of operational readiness of these forces and activities. Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, to include the Joint Commission and Accreditation of Hospitals Organization.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVAL AIR STATION	63043	NAS, MERIDIAN, MS	1079
NAVAL RESERVE CENTER	61955	JACKSON, MS	281
172 MILITARY AIR LIFT COMMAND, ANG	F61LFMD4	JACKSON, MS	277
238 COMBAT COMM SQ, ANG	F71CFMCK	MERIDIAN, MS	170
NAVAL TECHNICAL TRAINING CENTER	42141	NAS, MERIDIAN, MS	121
NAVAL RESALE ACTIVITY DETACHMENT	63352	NAS, MERIDIAN, MS	91

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VT-7	0398A	NAS, MERIDIAN, MS	63
VT-19	09177	NAS, MERIDIAN, MS	54
NAVAL BRANCH MEDICAL CLINIC	39167	NAS, MERIDIAN, MS	51
MATSG	06115	NAS, MERIDIAN, MS	43
186TH AIR REFUELING GROUP, ANG	F71LFMCC	MERIDIAN, MS	36
TRAINING AIR WING ONE	09251	NAS, MERIDIAN,MS	32

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VT-7	0398A	NAS, MERIDIAN, MS	63
VT-19	09177	NAS, MERIDIAN, MS	54
NAVAL BRANCH MEDICAL CLINIC	39167	NAS, MERIDIAN, MS	51
MILITARY ENT PROCESSING CENTER	66872	JACKSON, MS	30
BRANCH DENTAL CLINIC	41785	NAS, MERIDIAN, MS	16
UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
PERSONNEL SUPPORT DETACHMENT	43324	NAS, MERIDIAN, MS	16
HQ, 4TH BN, 114 FA	WP3MAA	NEWTON, MS	16
NAVAL OCEANOGRAPHIC COMMAND DET	65777	NAS, MERIDIAN, MS	11
134TH CBT SPT HOSP	WP9VAA	JACKSON, MS	11
TRAINING AIR WING ONE-STUDENT	30458	NAS, MERIDIAN, MS	10
HQ 150 QUARTERMASTER BN	WVNHAA	MERIDIAN, MS	9
HQ 185TH AVN GP	WTBBAA	JACKSON, MS	9
HQ 184TH TRANSPORTATION BDE	WXE5AA	LAUREL, MS	8
134TH ENGR CO	WTRBAA	CARTHAGE, MS	8

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
HQ 2ND SF BN, 20TH SFGP	WTPDAA	JACKSON, MS	7
HQ STARC ANG	W8AGA1	JACKSON, MS	7
367TH MAINT CO	WXFCAA	PHILADELPHIA, MS	4
TRPA, 98TH CAV	WTRCAA	LOUISVILLE, MS	4
DET 1 TROOP, STARC, ANG	W8AGA1	JACKSON, MS	3
210TH FIN SEC	WP86AA	JACKSON, MS	3
1255 MED CO AIR AMBULANCE	WYUYAA	JACKSON, MS	3
DET 1, 134TH ENGR CO	WTRBA1	UNION, MS	3
946TH SERVICE & SUPPORT CO	WTZGAA	REFORM, AL	3
750TH PSC	WYH1AA	JACKSON, MS	2
232ND ATC DET	WV6ZAA	JACKSON, MS	2
DET 1, HHC, 1ST BN, 185TH AVN	WTGSTT	JACKSON, MS	2
DET 1, 786 TRANS CO	WQH9A1	QUITMAN, MS	2
972ND MET DET	WGAGAA	JACKSON, MS	2
624 QUARTERMASTER CO	WVOGAA	WAYNESBORO, MS	2
CO A, 1ST BN, 185TH AVN	WTOGAD	JACKSON, MS	1

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
DET 1, 624TH QM CO	WVOGA1	LAUREL, MS	1
NAVY RECRUITING STATION	43322	MERIDIAN, MS	**
NAVAL RESERVE CENTER	61952	TUSCALOOSA, AL	**
NAVY RECRUITING STATION	43322	LAUREL, MS	**
HQ, 213TH MED, BN	WP9FAA	JACKSON, MS	**
1155TH MP CO	WTM4AA	BUTLER, AL	**
644TH ORDINANCE CO	WVRXAA	BESSEMER, AL	**
DET 1, 638 ORDINANCE CO	WVRZA1	LIVINGSTON, AL	**

NOTE: ** DENOTES THOSE UNITS WHO DID NOT RESPOND TO THE DATA REQUEST. INFORMATION OBTAINED BY HM1 SPEIGHTS, NAVAL BRANCH MEDICAL CLINIC, NAS, MERIDIAN, MS

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

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	8,672	N/A	
ACTIVE DUTY NON N/MC	N/A	329	N/A	
TOTAL ACTIVE DUTY	N/A	9,001		
FAMILY OF AD	N/A	4,768	N/A	
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	2,049 **	N/A	
RETIRED AND FAMILY MEMBERS OVER 65	N/A	**	N/A	
OTHER	N/A	389	N/A	
TOTAL	N/A	16,207		

Note: ** Total retired and family members over and under 65 were not separated. Information provided by Naval Hospital, Pensacola.

What is your occupancy rate for FY 1994 to date? N/A

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	33,633	33,633	27,393	23,393	27,393	27,393	27,393
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

AVERAGE PATIENT WORKLOAD FY-93 PER MONTH TIMES TWELVE MONTHS.
FOR FY-95 AND FY-96: THREE PATIENTS PER HOUR TIMES 2080 HOURS FOR ONE EXTRA GMO ONBOARD FOR FY-95 AND FY-96

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Crash Call Coverage	15 Hours	2
Command PRT Coverage	14 Hours	2
Change Of Command/Personnel Insp	3 Hours	2
Rifle Range	72 Hours	1
Air Show	5 Hours	2
MWR Sporting Events	9 Hours	2
Reserve Center Support	9 Hours	2
Emergency Vehicle Operator Familiarization Runs	1 Hour	2
Food Service Sanitaion Inspections	372 Hours	2

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Habitability/Sanitation Inspection	47 Hours	2
Pest Control Operations	90 Hours	2
Water Sanitation	24 Hours	2
Health Benefit Lectures/Briefs	5 Hours	1
Exceptional Family Member Program Briefs	5 Hours	1
Base Indoc	5 Hours	1
Base Safety Stand-down lectures	1 Hour	1
Check-in/Check-out/Health Record Verification	1508 Hours	1
Pass Liaison Representative	375 Hours	1

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

N/A

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Not Applicable to this command								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

N/A

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):
**** INFO PROVIDED BY NAVAL AIR STATION, MERIDIAN, UIC:63043 ON BRAC DATA CALL 2.**

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

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

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

7a. 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?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL BRANCH MEDICAL CLINIC, NAS, MERIDIAN				
2. UIC: 39167	3. CATEGORY CODE	4. NO. OF BUILDINGS		
5. SIZE	A. GSF	B. NORMAL BEDS		C. DTRS
6. LOCATION: NAVAL AIR STATION	A. CITY: MERIDIAN		B. STATE: MS	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL		100		CO4	
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

** INFORMATION PROVIDED BY PUBLIC WORKS DEPARTMENT, NAS, MERIDIAN.

T. A. MAVRIDOGLOU
LCDR, MSC, USN
OFFICER IN CHARGE

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the

facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character

A - Physical Condition
B - Functional or Space Criteria
C - Design Criteria
D - Location or Siting Criteria
E - Nonexistence
F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters

01 - Heating, Ventilating and Air Conditioning (HVAC)
02 - Plumbing Fixtures
03 - Fire Protection/Life Safety Code
04 - Medical Gases
05 - Lighting Fixtures
06 - Power Capacity
07 - Emergency Generators
08 - Communications
09 - Building or Structure (total)
10 - Seismic Design
11 - Roof/Ceiling
12 - Building Interior/Configuration
13 - Sound Proofing/Excessive Noise
14 - Compliance of Installation with Master Plan
15 - OSHA Deficiency
16 - JCAH Deficiency
17 - Functionality
18 - Site Location
19 - Mission of the Base
20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: _N/A_____
FULL ACCREDITATION: Yes/No
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

** **N/A**

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

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

This Branch Medical Clinic is centrally located in East Central Mississippi and is easily accessable for our beneficiaries.

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

Base Air Operations is located 2 miles from the Clinic.
Meridian Airport located 21 miles from base.
Amtrac Rail and Greyhound Bus Service located 16 miles from base.
Closet sea transportation located New Orleans 225 miles from base.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): Base Airfield 2 miles.
Meridian Airport 21 miles

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

None, other than being centrally located in the east central portion of Mississippi.

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

On base customers 10 minutes. Off base customers any where from 10 minutes to one and one half hours.

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

Local Meridian area provides an adequate work force for civilian positions onboard Naval Air Station, Meridian. This includes a moderate sized military retiree population which skilled labor can be drawn.

FEATURES AND CAPABILITIES

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

If the services of this Branch Medical Clinic were lost their would be no close medical support to take care of the active duty population. Closest military base is Columbus AFB located 90 miles away. We currently also treat active duty personnel and their family members from the National Guard units located at Key Field as well as recruiters located as far away as 125 miles. No aviation medicine would be available in this area for our aviators.

This base also provides medevac missions under humanitarian care for seriously burned or injured patients in the surrounding community.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The local health care infrastructure would be able to take care of the additional workload except for the aviation physical exam requirements and up and down chits on aviation personnel.

The local hospitals are only running about 60 per cent occupancy rate at the present time. The impact on out patient care could become a burden during some seasons.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes. This draw down would leave only the retired population and a few active duty family members.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

No inpatient care capabilities at this facility.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-31 BEAUFORT	09131	1
MAB-27, JACKSONVILLE, NC	09167	1
FLEET HOSP #8	45392	3
FLEET HOSP #15	45399	7
MAB-29, JACKSONVILLE	52841	1
1ST MAW	57079	1
NAVHOSP ROOSEVELT ROADS	65428	2
UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVHOSP ROTA	66101	5
1ST MARINE BRIG, KANEUHE BAY	67339	8
FLEET HOSP #4	68684	6
FLEET HOSP #5	68685	3

Information provided by POMI, Naval Hospital, Pensacola.
**** If the above mobilization requirements were to be met, this Branch Medical Clinic would be unable to provide any medical care to our beneficiaries.**

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

Workload would remain the same.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in

wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition. N/A

Number of "stubbed" expanded beds[1]: N/A

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	0	0	0
OUTPATIENT	0	0	0

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	152	$204K	109	$113K	71	$61K
AD FAMILY	0	0	0	0	0	0
OTHER	1(Ret)		0	0	0	0
TOTAL	153	204K	109	$113K	71	$61K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$2,241,823	$2,907,801	$737,392
TOTAL OUTPATIENT VISITS	23,777	24,847	7,076
AVERAGE COST PER VISIT	$94.29	$117.03	$104.21

Info provided by Naval Hospital, Pensacola.

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A: **N/A**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life. **INFORMATION PROVIDED BY NAVAL AIR STATION, MERIDIAN, MISSISSIPPI, UIC:63043, ON BRAC-95 DATA CALLS 2, 3, AND 20.**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

Off Base Personnel - military			
Off Base Personnel - civilian			

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR DAVID G. PUTT, MSC, USN
NAME (Please type or print)

David G. Putt
Signature

OFFICER IN CHARGE
Title

7 JUNE 1994
Date

NAVAL BRANCH MEDICAL CLINIC
NAVAL AIR STATION, MERIDIAN, MS
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)

M. BALSAM
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

21 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
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

7-24-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

04 AUG 1994
Date

Document Separator

329

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Branch Medical Clinic, Naval Air Station, Meridian, Mississippi (UIC: 39167)

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

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

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 (RAPS doesn't project beyond this year.)		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	1919	1919	N/A	1725	1725	N/A
FAMILY OF AD	2107	2107	N/A	1886	1886	N/A
SUBTOTAL	4026	4026	N/A	3611	3611	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	1914	1914	N/A	1869	1869	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	508	508	N/A	645	645	N/A
OTHER (includes Survivors,med elg NG, RES and their dependents	756	756	N/A	787	787	N/A
TOTAL	7204	7204	N/A	6912	6912	N/A

Source: RAPS POPULATION PROJECTION REPORT FY93 AND FY 99 BASED UPON FY92 BASELINE

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES. (additive: PROJECTION DOES NOT INCLUDE BRAC CHANGES)
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	___N/A____
Set Up Beds[1]:	___N/A____
Expanded Bed Capacity[2]:	___N/A____

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	14,258	7,476	2508/605	24,847
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] (See note)				141,446
RADIOLOGY PROCEDURES (WEIGHTED)[1] (see note)				11,259
PHARMACY UNITS (WEIGHTED)[1] (See note)				73,018
OTHER (SPECIFY) (See note				N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Note: Laboratory, Radiology and Pharmacy do not report work by beneficiary group.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

Projected outpatient visits distributed among beneficiary groups in same proportion as reported in FY'93 workload. Distribution of workload for Laboratory, Radiology and Pharmacy not retrievable.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	18,718	9,816	4,087	32,621
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]				338,492
RADIOLOGY PROCEDURES (WEIGHTED)[1]				23,064
PHARMACY UNITS (WEIGHTED)[1]				78,451
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Assumptions: Equipment, space and supplies are adequate to support full capacity.

Methodology: **OUTPATIENT VISITS AND PHARMACY UNITS** - Full capacity workload projection developed through regressive analysis of Joint Healthcare Manpower Standards (JHMS) using upper breakpoint limit of .49 for staffing.

LABORATORY TESTS - No known standard exists to determine maximum capacity for Laboratory Test. To project annual weighted laboratory tests, locally developed formula took the assigned billets/positions plus upper limit of .49 multiplied by the MAF (145.136) less 7% allowance for Personal, Fatigue and Delay time (per College of American Pathology) converted to minutes and then multiplied by 12.

Laboratory weighted unit = minute

.0167 is factor to convert hours to minutes

BILLETS/POSITIONS ONBOARD: 3

Y = BILLETS/POSITIONS ONBOARD + .49 X 145.136 = AVAILABLE MONTHLY HOURS

[Y - (Y X .07)] / .0167 = MONTHLY WEIGHTED LABORATORY UNITS x 12= ANNUAL WEIGHTED LABORATORY UNITS

RADIOLOGY PROCEDURES - Monthly procedures equal onboard staff times Joint Healthcare Manpower Standard upper breakpoint range of Weighted Work Units(WWU)/Relative Value Scale (RVS).

Upper range WWU/RVS for 1 staff equals 961

BILLETS/POSITIONS ONBOARD: 2

1.00 billet/position X 961 X 12 months = 11,532 procedures annually

LEGEND: Upper break point limit = .49 billets/positions
Y = manhours=(number of personnel + upper break point limit) x Manpower Allowance Factor (MAF=145.136)
X = monthly workload
$X^{(1)}$ = percent flight physicals of FY93 flight medicine workload
$X^{(2)}$ = percent aerospace medicine visits of FY93 flight medicine workload

SERVICE	ONBOARD PERSONNEL (PROVIDER/ SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PRIMARY CARE	4/8	12.49	1812.7486	Y = 311.9 + .8783X	1708.8	20506
PHYSICAL EXAM	0/3	3.49	506.52464	Y = 418.6 + .9714X	90.51332	1087
FLIGHT MEDICINE	2/4	6.49	941.93264	$Y = 378.8 + 8.348(.10X^{(1)}) + .3297(.90X^{(2)})$	497.67362	5973
OPTOMETRY	1/2	3.49	506.52464	Y = 197.9 + .8381X	368.24321	4419
MENTAL HEALTH	1/2	3.49	506.52464	Y = 405.2 + 1.912X	52.994058	636
TOTAL						32621

SERVICE	ONBOARD PERSONNEL (PROVIDER/ SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PHARMACY	0/4	4.49	651.66064	Y = 92.90 + .08547X	6537.5060	78451

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	15,564	8,337	4,103	28,004
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

ABOVE IS FY'94 PROJECTED WORKLOAD DEMAND FOR CLINIC AS REPORTED IN MY DATA CALL 27. THE NEEDS OF THE SUPPORTED POPULATION ARE MEET THROUGH COMBINATION OF DIRECT CARE SERVICES AND CHAMPUS. DIRECT CARE INCLUDES LOCAL TREATMENT AND REFERRAL TO OTHER DOD MEDICAL TREATMENT FACILITIES AS APPROPRIATE. MORE DETAILED INFORMATION IS NOT AVAILABLE.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	4	4	4	4	4	4	4	4
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	8	8	8	8	8	8	8	8

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	55
SPECIALTY CARE[2]	58
PHYSICIAN EXTENDER[3]	0 PA/23 NP**
TOTAL	136

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

**** INFORMATION PROVIDED BY MISSISSIPPI STATE BOARD OF NURSING**

6. Regional Population. Please provide the U. S. Census population for you 40
mile catchment area. If you are required to use another boundary please de
the geographical region and the reason for its use. Also list the source o
this information. This value should include your beneficiary population.

Region Population: 85,911

INFORMATION RECEIVED FROM MERIDIAN CHAMBER OF COMMERCE WHICH IS 1990 CENSUS
LAUDERDALE COUNTY: 75,555
KEMPER COUNTY: 10,356

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Rush Foundation Hospital	Rush Medical Foundation	16 miles	25 minutes	none
Riley Memorial Hospital	Riley Benevolent Association	16 miles	25 minutes	none
Anderson Regional	Anderson Infirmary Benevolent Assoc.	16 miles	25 minutes	none
Laurel Wood Center	Investor Owned	12 miles	15 minutes	MOU for AD Inpatient psych care
Kemper County Medical Center	County owned	16 miles	25 minutes	none
East MS State Hospital	State owned	16 miles	22 miles	none

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Rush Foundation Hospital	205	yes	57.4	MED/SURG HOSPITAL LEVEL II ER
Riley Memorial Hospital	180	YES	70.34	MED/SURG HOSPITAL LEVEL II ER
Anderson Regional	262	YES	52.26	MED/SURG HOSPITAL LEVEL II ER
Laurel Wood Center	79	YES	50	MENTAL HEALTH
Kemper County Medical Center	24**	NO	86	NO EMERGENCY ROOM
East MS State Hospital	450	NO	60	State Mental Health

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

** 5 beds are Acute Care, 19 Beds are Nursing Home Beds

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

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	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A	N/A	N/A	N/A

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

[1] 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.

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

NEXT ECHELON LEVEL (if applicable)

M. BALSAM
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

19 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203)
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)
CHIEF BUMED/SURGEON GENERAL

Signature

7-20-94

Title

Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

8/3/94

Title

Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR DAVID G. PUTT, MSC, USN
NAME (Please type or print)

D. G. Putt
Signature

OFFICER IN CHARGE
Title

14 July 1994
Date

NAVAL BRANCH MEDICAL CLINIC
NAVAL AIR STATION, MERIDIAN, MS
Activity

Document Separator

BRAC-95 DC 1/BRMEDCLINIC, NAS MERIDIAN, MS/39167

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Branch Medical Clinic, Naval Air Station, Meridian, Mississippi*
Acronym(s) used in correspondence	*NAVBRMEDCL NAS, Meridian*
Commonly accepted short title(s)	*Branch Medical Clinic, NAS, Meridian*

- Complete Mailing Address

Officer in Charge
Naval Branch Medical Clinic
1801 Fuller Road, Suite A-01
Meridian, MS 39309-5107

- PLAD

BRMEDCLINIC NAS MERIDIAN MS

- PRIMARY UIC: 39167

- ALL OTHER UIC(s): Refer to questions # 3 and 9 PURPOSE: _

2. PLANT ACCOUNT HOLDER:

- Yes ____ No __x__ (check one)

Naval Air Station, Meridian is Class 1 & 2 property holder. Branch Medical Clinic holds minor property only.

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

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

• 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: 63043 - NAS MERIDIAN

• Primary Host (as of 01 Oct 1995) UIC: 63043 - NAS MERIDIAN

• Primary Host (as of 01 Oct 2001) UIC: 63043 - NAS MERIDIAN

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

• Yes ____ No __X__ (check one)

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

Name	Location	UIC
N/A		

BRAC-95 DC 1/BRMEDCLINIC, NAS MERIDIAN, MS/39167

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.

Due to the base closure of NAS Chase Field, TX in BRAC-91, Branch Medical Clinic, NAS, Meridian absorbed 8 billets.

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 outpatient ambulatory care services for eligible active duty beneficiaries of all federal and state uniformed services

- Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies that might arise.

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

- Maintain requisite quality health care standards so as to ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, to include the Joint Commission and Accreditation of Hospitals Organization.

Projected Missions for FY 2001

- Provide quality state of the art health care services to active duty members and other eligible beneficiaries.

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
Naval Hospital, Pensacola, FL	00203

• Funding Source	UIC
Naval Hospital, Pensacola, FL	00203

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	10	39	10
• Contract			0*
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	12	49	~~10~~ 12 SRW
• Contract			0*
• Tenants (total)	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• OIC			
David G. Putt LCDR MSC USN Officer in Charge	(601) 679-2595 DSN 637-2595	(601) 679-2973 DSN 637-2595	(601) 679-7234
• Duty Officer			
_____	(601) 679-2891 DSN 637-2891	(601) 679-2973 DSN 637-2973	N/A N/A
Larry Bell HMCS USN Clinic Senior Enlisted Member	(601) 679-2414 DSN 637-2414	(601) 679-2973 DSN 637-2973	(601) 679-1675

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
N/A				

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

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

- Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
N/A					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
NAS, Meridian	*Meridian, MS*	*Medical Support, Occupational and Preventive Medicine Support - ISSA*
Defense Commissary Agency	*Meridian, MS*	*Medical, Preventive Medicine Support - MOU*
Navy/Marine Corps Relief Society	*Washington D.C.*	*Visiting Nurse-MOU*
Naval Telecommunication Center, Detachment	*Meridian, MS*	*Medical, Occupational Health and Preventive Medicine Support - MOU*

BRAC-95 DC 1/BRMEDCLINIC, NAS MERIDIAN, MS/39167

The following listed commands are provided medical, occupational health and preventive medicine support by this Branch Medical Clinic:

Client/Customer	UIC	Location
Naval Technical Training Center	42141	NAS Meridian, MS
VT-7	0398A	NAS Meridian, MS
VT-19	09177	NAS Meridian, MS
Training Air Wing ONE	09251	NAS Meridian, MS
Training Air Wing ONE-Student	30458	NAS Meridian, MS
MATSG	06115	NAS Meridian, MS
NTCC	33280	NAS Meridian, MS
Branch Dental Clinic	41785	NAS Meridian, MS
Personnel Support Detachment	43324	NAS Meridian, MS
Naval Resale Activity Detachment	63352	NAS Meridian, MS
NavOceanographic Command Det	65777	NAS Meridian, MS
186th Air Refueling Group, ANG	F71LFMCC	Meridian, MS
238 Combat Comm Sq, ANG	F71CFMCK	Meridian, MS
172 Military Air Lift Command, ANG	F61LFMD4	Jackson, MS
Navy Recruiting Station	43322	Meridian, MS
Naval Reserve Center	61952	Tuscaloosa, AL
Naval Reserve Center	61955	Jackson, MS
Military Ent Processing Center	66872	Jackson, MS
Nav/MC Reserve Center	61952	Bessemer, AL
Navy Recruiting Station	43322	Laurel, MS
Navy Recruiting Station	43322	Jackson, MS
HQ 150 Quartermaster BN	WVNHAA	Meridian, MS
HQ 185th AVN GP	WTBBAA	Jackson, MS
HQ 184th Transportation BDE	WXE5AA	Laurel, MS
HQ 2nd SF BN, 20th SFGP	WTPDAA	Jackson, MS
HQ STARC ANG	W8AGA1	Jackson, MS
DET 1 Troop, STARC, ANG	W8AGA1	Jackson, MS
210th Fin SEC	WP86AA	Jackson, MS
750th PSC	WYH1AA	Jackson, MS
1255 MED CO Air Ambulance	WYUYAA	Jackson, MS
232nd ATC Det	WV6ZAA	Jackson, MS
DET 1, HHC, 1st BN, 185th AVN	WTGSTT	Jackson, MS
CO A, 1st BN, 185th AVN	WTQGAD	Jackson, MS
HQ, 4th BN, 114 FA	WP3MAA	Newton, MS
624 Quartermaster CO	WV0GAA	Waynesboro, MS
Det 1, 624th QM Co	WV0GA1	Laurel, MS
Det 1, 786 Trans Co	WQH9A1	Quitman, MS
367th Maint Co	WXFCAA	Philadelphia, MS
HQ, 213th Med, BN	WP9FAA	Jackson, MS
134th CBT SPT Hosp	WP9VAA	Jackson, MS
972nd Med Det	WGAGAA	Jackson, MS
TRPA, 98th CAV	WTRCAA	Louisville, MS
134th Engr CO	WTRBAA	Carthage, MS
Det 1, 134th Engr CO	WTRBA1	Union, MS
1155th MP CO	WTM4AA	Butler, Al
644th Ordinance CO	WVRXAA	Bessemer, AL
Det 1, 638th Ordinance CO	WVRZA1	Livingston, AL
946th Service & Support CO	WTZGAA	Reform, AL

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

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

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

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

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

Naval Air Station, Meridian, MS providing Maps and Photos of main station
- UIC 63043

BRAC-95 DC 1/BRMEDCLINIC, NAS, MERIDIAN/39167

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR DAVID G. PUTT, MSC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

25 JANUARY 1994
Date

NAVAL BRANCH MEDICAL CLINIC
NAVAL AIR STATION, MERIDIAN, MS
Activity

BRAC-95 DC 1/BRMEDCLINIC, NAS MERIDIAN, MS/39167

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. LOCKHART

NAME (Please type or print) Signature

COMMANDING OFFICER, ACTING 940208

Title Date

NAVAL HOSPITAL, PENSACOLA, FL

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) Signature

Title Date

Activity

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

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour

NAME (Please type or print) Signature

ACTING CHIEF BUMED 11 FEB 1994

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE, JR	
NAME (Please type or print)	Signature
ACTING	16 FEB 1994
Title	Date

Document Separator

UIC 32647

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Branch Clinic Kingsville

Official name	*Naval Branch Medical Clinic NAS Kingsville, TX*
Acronym(s) used in correspondence	*BRANCH CLINIC KINGSVILLE*
Commonly accepted short title(s)	*BRANCH CLINIC KINGS*

- Complete Mailing Address
  OFFICER IN CHARGE
  BRANCH MEDICAL CLINIC
  Naval Air Station Kingsville
  730 Forrestal St Suite 101
  Kingsville, TX 78363-5116

- PLAD
  BRMEDCLINIC NAS KINGSVILLE TX

- PRIMARY UIC: 32647 (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): 33045 PURPOSE: Naval Auxiliary Landing Field Orange Grove Detachment

2. PLANT ACCOUNT HOLDER:

- Yes _____ No X (check one)

UIC 32647

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: 60241
- Primary Host (as of 01 Oct 1995) UIC: 60241
- Primary Host (as of 01 Oct 2001) UIC: 60241

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

- Yes _____ No __X__ (check one)

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

Name	Location	UIC
N/A		

UIC 32647

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

Name	UIC	Location	Host name	Host UIC
Branch Clinic Naval Auxiliary Field Orange Grove	33045	NALF ORANGE GROVE, TX	NAS KINGSVILLE	60241

6. BRAC IMPACT: Were you affected by previous Base Closure and Realignment decisions (BRAC-88, -91, and/or -93)? If so, please provide a brief narrative. No, N/A.

UIC 32647

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

- The Branch Clinic provides medical support for one training wing, comprised of 3 training squadrons, the naval air station, and other tenant commands.

Projected Missions for FY 2001

- MOMAG-9 (Tenant command aboard NAS Kingsville) is projected to move to NAVSTA Ingleside in FY-96 (1 Officer & 22 Enlisted).

UIC 32647

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

- Ambulance support is provided Monday through Saturday for Naval Auxiliary Landing Field Orange Grove Detachment.

- Provide corpsman support for EOD bomb sweeps of training ranges at the McMullen Training Det & Escondido Ranch.

- Medical support for reserve units located in Brownsville and McAllen, TX; military units assigned to the Border Patrol; Texas A&M Army ROTC staff; and military retirees.

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
Naval Hospital Corpus Christi, TX	00285

• Funding Source	UIC
BUMED	00018

UIC 32647

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

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	4	32	6
• Tenants (total)	2	6	1

Authorized Positions as of 30 September 1994

(Appropriated)	Officers	Enlisted	Civilian
• Reporting Command	~~4~~ 5 GSA	~~38~~ 37 GSA	~~6~~ 0 GSA
• Tenants (total)	2	6	1

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

Title/Name	Office	Fax	Home
• OIC Branch Clinic Kingsville DSN861 LCDR MIKE A. SCHWALM	(512)595-6305	6161	(512)584-2795
• Chief of the Day	(512)595-6160	6161	[N/A]

UIC 32647

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Branch Dental Clinic Kingsville, TX	41791	2	7	1

• 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					

UIC 32647

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

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

FACILITY MAPS: *MAPS PROVIDED BY NAS KINGSVILLE, TX.

32647
6&P

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR Michael A. Schalm
NAME (Please type or print)

Michael A. Schalm
Signature

Officer in Charge
Title

3 FEB 1994
Date

Branch Medical Clinic, Kingsville, TX
Activity

32647
65A

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

328

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRMEDCLINIC NAVAL AIR STATION KINGSVILLE, TX

UIC: 32647

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

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

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD		1061			1000	
FAMILY OF AD		1894			2000	
SUBTOTAL		2955			3000	
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	1303	N/A	N/A	1300	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]		386			400	
OTHER		95			90	
TOTAL		4739			4790	

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

BUMED-823
3 Jun 94

For Catchment and Region columns, see NAVHOSP Corpus Christi Data Call. Not included among above figures are approximately 2,300 military retirees and their dependents (approximately another 2300 beneficiaries) who reside in the Rio Grande Valley (outside our 40 mile catchment area) but who use our services as the closest MTF. The total number of military retirees and dependents who reside as "Winter Texans in the Rio Grande Valley from November to March each year numbers between 10,000 to 15,000. Again, Branch Medical Clinic, Kingsville is the closets MTF to these beneficiaries.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	N/A No Inpatient Beds
Set Up Beds[1]:	_____
Expanded Bed Capacity[2]:	_____

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6490	4013	3870	14,373
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	53,867	62,372	72,769	189,008
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1106	1259	1449	3814
PHARMACY UNITS (WEIGHTED)[1]	19,207	22648	26,768	68,633
OTHER (SPECIFY)	936	N/A	N/A	936

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	7,317	4,503	4,334	16,097
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	60,331	69,857	81,501	211,689
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1,239	1,410	1,623	4,272
PHARMACY UNITS (WEIGHTED)[1]	21,523	25,366	29,980	76,869
OTHER (SPECIFY)	1,048	N/A	N/A	1,048

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Assumption Used: The Clinic operates at approximately 88% capacity due to no-show, last minute cancellations and unused available appointment slots. Therefore, chart 3A represents chart 3 increased by 12%

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	6,533	8,034	7,740	22,307
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	53,867	124,744	145,538	324,149
RADIOLOGY PROCEDURES (WEIGHTED)[1]	1,106	2,518	2,898	6,522
PHARMACY UNITS (WEIGHTED)[1]	19,217	45,296	53,536	118,049
OTHER (SPECIFY)	1,032	N/A	N/A	1,032

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Assumptions: Exclusive of inpatient and specialty care which would continue to be provided by Naval Hospital, Corpus Christ, outpatient visits for active duty should remain unchanged. Exclusive of inpatient and specialty care for dependents or retirees and their dependents which would continue to be provided by Naval Hospital Corpus Christi or disengaged to CHAMPUS, our outpatient visits for retirees and their dependents would increase by approximately 50%.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	5	5	5	5	5	5	5	5
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	5	5	5	5	5	5	5	5
TOTAL	11	11	11	11	11	11	11	11

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	
SPECIALTY CARE[2]	
PHYSICIAN EXTENDER[3]	
TOTAL	

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

Please refer to Naval Hospital Corpus Christ BRAC 95 Data Calls # 26/27.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: _N/A____

See Naval Hospital Corpus Christi BRAC 95 Data Calls # 26/27 submission.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs): N/A

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

See Naval Hospital Corpus Christi BRAC 95 Data Call Submissions # 26/27.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table: N/A

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

See Naval Hospital Corpus Christi BRAC 95 Data Call Submissions # 20/27.

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	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A THIS LOCATION								

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	Total Numbe r	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A THIS LOCATION			

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

[1] 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.

CERTIFICATION FOR 26

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR M. A. SCHWALM, MSC, USN
NAME (Please type or print)

M A Schwalm
Signature

OFFICER IN CHARGE
Title

18 MAY 1994
Date

BRANCH MEDICAL CLINIC, NAS KINGSVILLE, TX, 78363-5116
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)

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

Signature

Commanding Officer
Title

Date 27 May 1994

Naval Hospital Corpus Christi, TX
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 6-3-94

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

J.B. Greene, Jr.
NAME (Please type or print)

Signature

Acting
Title

Date 10 JUN 1994

Document Separator

328

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY:BRMEDCLINIC NAVAL AIR STATION, KINGSVILLE,TX
ACTIVITY UIC:_32647__

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

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

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MISSION REQUIREMENTS

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

Branch Medical Clinic, Kingsville provides outpatient medical care in support of active duty units including Training Air Wing TWO, Training squadrons 21,22,23, and NAS Kingsville; ; and for active duty, dependents, retirees and their dependents on a space available basis. Branch Medical Clinic, Kingsville provides aviation medical support via three 3 assigned ADDU Flight Surgeons of TRAWINGII. In addition to provide aviation medicine DODMERBS physical examination and routine outpatient care and acute care for all local beneficiaries, the clinic is the closest MTF to the Rio Grande Valley where 4,600 military retirees and dependents reside year round and some 15,000 during the "Winter Texan" season from November thru March of each year. The clinic provides as much medical support as possible to these military retirees and their dependents on a space available basis.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STU	30777	NAS Kingsville	317
UPT	42095	NAS Kingsville	167
NAS Kingsville	60241	NAS Kingsville	163
TRARON 23	0402A	NAS Kingsville	63
TRARON 21	0400A	NAS Kingsville	46
TRARON 22	0401A	NAS Kingsville	45
BRMEDCLINIC	32647	NAS Kingsville	43
MATSG	06080	NAS Kingsville	37
TRAWINGTWO	09239	NAS Kingsville	36
NALF Orange Grove	30776	Orange Grove	34
TRAWING TWO ITU	47734	NAS Kingsville	32
MOMAG	55642	NAS Kingsville	24
NAVTRAMETOC	65774	NAS Kingsville	13
PERSSUPDET	43096	NAS Kingsville	10
NATMSACT	49149	NAS Kingsville	9
149TH FIGHTER GP TXANG	FB6432	McMullen TX	7
DECA	49033	McMullen TX	6
BRDENCLINIC	41791	McMullen TX	6
BRCLINIC ORANGE GROVE	33045	Orange Grove	2
MSFBN	MCC272	NAS Kingsville	1
NAVY EXCHANGE	63348	NAS Kingsville	1
ROICC	45974	NAS Kingsville	1
NAS CAA CTR	45765	NAS Kingsville	1

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	4956	N/A	4956
ACTIVE DUTY NON N/MC	N/A	120	N/A	120
TOTAL ACTIVE DUTY	N/A	5076		5076
FAMILY OF AD	N/A	3926	N/A	3926
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	4356	N/A	4356
RETIRED AND FAMILY MEMBERS OVER 65	N/A	1376	N/A	1376
OTHER	N/A	930	N/A	930
TOTAL	N/A	15664		15664

What is your occupancy rate for FY 1994 to date? N/A

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility.
Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	15600	15600	15600	15600	15600	15600	15600
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

NO CHANGE TO FY94 PROJECTED OUTPATIENT VISITS. TRARON VT-23 IS PROJECTED TO MOVE TO MERIDIAN, HOWEVER, NAVSTA KINGSVILLE PROJECTS STUDENT THRU PUT WILL REMAIN STEADY IN THAT TRARON VT-21 AND VT-22 WILL BE INCREASED IN STAFFING AND STUDENT THRUPUT COMMENSURATE WITH THE DECREASE OF VT-23.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
FOOD SERVICE INSPECTIONS	24 HRS	1
NON-FOOD SERVICE-PREVENTIVE MEDICINE INSPECTION	22 HRS	1
VECTOR INSP/INVESTIGATIONS	18 HRS	1
FOOD SERVICE TRAINING	12 HRS	1
PREV MED RECORD SCREENING	50 HRS	1
WATER COLLECTION ANALYSIS	15 HRS	1
HEAT STRESS PROGRAM REVIEW	6 HRS	1
PREV MEDICINE ADMIN	375 HRS	1
HM SUPPORT RIFLE/PISTOL RANGE	30 HRS	1
BASE MWR EVENTS	96 HRS	2
HM SUPPORT EOD BOMB RANGE SWEEPS	240 HRS	3
HARLINGEN HEALTH CARE COUNCIL	24 HRS	3
BASE INDOC MEDICAL BRIEF	14 HRS	2
PRT HM SUPPORT	10 HRS	2
BOY & GIRL SCOUT COMM SUPPORT	180 HRS	2

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] Use F for fully accredited, P for probation, and N for not accredited.

[2] List the percentage of program graduates that achieve board certification.

[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
MED	BRANCH CLINIC (MED/DEN)	26,400	20	2

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

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

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A

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?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
C1-92	Construction of ambulance shelter	93	160K

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME					
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3)CENTRAL STERILE SVCS.					
(4)DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7)LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					
(D) ELECTRICAL SVCS.					

pp 14, 15, 16 are missing but do not contain any questions/answers -- they are the instructions for FORM DD-H(A) 1707.

BUMED 822, mkl
7 Jun 94

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? We are the first MTF North of the Rio Grand Valley where approximately 4600 military retirees and their dependents reside year round and some 15,000 from Nov thru Mar annually (Winter Texans).

b. What are the nearest air, rail, sea and ground transportation nodes? Sea-Port of Corpus Christi - 40 miles. Rail and Bus stations, Kingsville TX (2 miles) air Corpus Christi 30 miles.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 0 C-9 land at NAS Kingsville

d. What is the importance of your location given your mobilization requirements? No Significance

e. On the average, how long does it take your current clients/customers to reach your facility?
10-15 minutes (except for Rio Grand Valley residents - approx 2 hours).

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel? N/A

FEATURES AND CAPABILITIES

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

None in terms of unique capabilities in that we provide only routine outpatient care. Emergency and specialty care provided by Naval Hospital Corpus Christi and/or champused out for non-active duty beneficiaries. Closure of the Branch Medical Clinic without closure of the base would result in lost manhours of active duty personnel traveling to Corpus and increased supplemental care costs for civilian medical coverage for active duty emergencies. Would also create hardship for dependents and retirees required to travel to Corpus (40 mile, 1 hours drive) or obtain civilian care in Kingsville.

Perhaps most critical for active duty impact, though the clinic does not provide emergency room services, we do provide 24 hour ambulance service in order to stabilize and transport victims of aviation mishaps and other emergencies and aboard the station to Naval Hospital, Corpus Christi (1 hour) or Spohn Kleberg Hospital in Kingsville (2-3 minutes) as warranted by patient condition and circumstances. This would create a major deficit in view of the aviation mission on NAS Kingsville to have no on board EMS System.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Remaining local 100 bed facility (Spohn-Kleberg Hospital) and private practitioners could absorb routine outpatient care needs but most specialty care would require transport to Corpus Christ. See BRAC 95 Data Calls #26 and 27 for analysis of local providers.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

YES. The city of Kingsville has a total population of about 26,000. The population of military retirees and their dependents surrounding Kingsville is about 2,000. Assuming that all 2,000 live in Kingsville (an exaggerated assumption in that many live in small surrounding towns with some private practitioners) the increase to the existing local health care system would be less than 10%. See Naval Hospital Corpus Christi BRAC 95 Data Calls # 26 and 27 for analysis of local system and occupancy rates.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A No inpatient care capability

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSPITAL	# 15	3
FLEET HOSPITAL	# 4	1

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

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions. NONE - Insignificant impact on Clinic productivity.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: _N/A_

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS): N/A

All are issued by NAVHOSP Corpus Christ, please refer to their response to BRAC 95 Data Calls #26 and 27.

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: N/A

All are issued by NAVHOSP Corpus Christ, please refer to their response to BRAC 95 Data Calls #26 and 27.

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS			
TOTAL OUTPATIENT VISITS			
AVERAGE COST PER VISIT			

See NAVHOSP Corpus Christi BRAC 95 DATA Calls # 26 and 27.

pg 26-27 are N/A
CPCU DUMAD-823
3 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994. N/A No inpatient care.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M] -F)			
O. TOTAL CATEGORY IJI RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life. Previously submitted by host command, CO NAS Kingsville TX (UIC 60241) BRAC 95 Data Call #3,

a. Military Housing

(1) Family Housing:

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

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

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

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

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

CERTIFICATION FOR 27

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

LCDR M. A. SCHWALM, MSC, USN
NAME (Please type or print)

M A Schwalm
Signature

OFFICER IN CHARGE
Title

18 MAY 1994
Date

BRANCH MEDICAL CLINIC, NAS KINGSVILLE, TX 78363-5116
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)

B. G. UPTON

NAME (Please type or print)

Signature B G Upton

Commanding Officer

Title

Date 27 May 1994

Naval Hospital Corpus Christi, TX

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

VADM D.F. Hagen, MC, USN

NAME (Please type or print)

Signature X D F Hagen 6-7-94

Chief BUMED/Surgeon General

Title

Date

BUMED

Activity

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

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)

DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J B Greene Jr

NAME (Please type or print)

Signature X

J.B. Greene, Jr
Acting
10 Jun 1994

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

BUMED-82L
MSS, 22 Jul 94

Activity Information:

Activity Name:	BRMEDCLINIC KINGSVILLE
UIC:	32647
Host Activity Name (if response is for a tenant activity):	NAS KINGSVILLE
Host Activity UIC:	60241

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

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

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

DATA CALL 66 TABLE 1A
INSTALLATION RESOURCES

Activity Name: Branch Clinic, Kingsville, Texas
UIC: 32647

CATEGORY	FY 1996 BOS Costs ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs			
1a. Maintenance and Repair			0
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	0	0	0
2. Other Base Operating Support Costs:			
2a. Utilities	58		58
2b. Transportation	5		5
2c. Environmental	0		0
2d. Facility Leases	0		0
2e. Morale, Welfare & Recr	0		0
2f. Bachelor Quarters	0		0
2g. Child Care Centers	0		0
2h. Family Service Centers	0		0
2i. Administration	9	164	173
2j. Other Engineering Support	0	0	0
Pastoral Care	0		0
Supply Operations	0	0	0
Security	0		0
2k. Sub-total 2a through 2j:	72	164	236
3. Grand Total (sum of 1c. and 2k.)	72	164	236

DATA CALL 66 TABLE 1A
INSTALLATION RESOURCES

Activity Name: Branch Clinic, Kingsville, Texas
UIC: 32647

Funding Source

Appropriation	Amount ($000)
MPN	138
O&MN	98
TOTAL	236

N/A BUMED822 mss, 22 Jul 94

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66 TABLE 2

Services/Supplies Cost Data

Activity Name: Branch Clinic, Kingsville, Texas

UIC: 32647

COST CATEGORY	FY 1996 Projected Costs ($000)
Travel:	9
Material and Supplies (including equipment):	316
Industrial Fund Purchases (other DBOF purchases)	0
Transportation:	5
Other Purchases (Contract support, etc.):	49
Total:	379

DATA CALL 66
INSTALLATION RESOURCES

3. **Contractor Workyears.**

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

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

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

BUMED-822
22 Jul 94, MM

DATA CALL 66
INSTALLATION RESOURCES

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

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

N/A

2) Estimated number of workyears which would be eliminated:

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MJS, 22 Jul 94

N/A

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

N/A

DATA CALL 66
INSTALLATION RESOURCES

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

N/A

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

BUMED-822
MA, 22 Jul 94

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

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. B. G. Upton	B G Upton
NAME (Please type or print)	Signature
Commanding Officer	07/13/94
Title	Date
Naval Hospital, Corpus Christi, TX	
Activity	

This is the original signature for all Branch clinics of Naval Hospital Corpus Christi.

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

NEXT ECHELON LEVEL (if applicable)

JAMES L. AYERS
NAME (Please type or print)

Signature

COMPTROLLER
Title

Date 18 July 1994

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

NEXT ECHELON LEVEL (if applicable)

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

Signature

OFFICER IN CHARGE
Title

Date 7-18-94

NAVAL HEALTHCARE SUPPORT OFFICE
Activity JACKSONVILLE

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-24-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

Title

Date 8/4/94

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRMEDCL NAS MIRAMAR
ACTIVITY UIC: 32547

3 3C

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

April 4, 1994

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

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MISSION REQUIREMENTS

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

The primary mission of BMC NAS Miramar is to ensure the optimum medical readiness of active duty personnel by providing ambulatory acute and chronic general medical out-patient services to Navy, Marine Corps personnel and other uniformed services. Additionally, limited ambulatory acute care is provided for military dependents and civilian employees on board NAS Miramar. A full service pharmacy is provided for dependents and retirees as well. This mission is accomplished by providing the following services: Acute Care, Primary Care (Military Sick Call), Radiology, audiology, Optometry, Laboratory, Pharmacy, Immunization, Aviation Medicine (Physical Examination), and Health record Maintenance. Our mission is multifaceted and is met through a complex but efficient organization with on purpose ---"service to the Fleet".

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
See Attachment 1, Zip Codes:			
92111, 92117, 92119, 92120,			
92121, 92122, 92123, 92124,			
92126, 92127, 92128, 92129			
92130, 92131, 92145, 92161			

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)

N/A

CTW BUMED-823
7 Jun 94

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

N/A

CPU BUMED-823
7 Jun 94

BUPERS/N813/MIGRATION NAVY A/D E/S BY UNIT LEVEL

UIC	NAME	ZIP	FY93	FY94	FY95	FY96	FY97	FY98	FY99
47526	SWNVFACENGCOM DT	92101	0	2	2	2	2	2	2
63057	NIS WREG SDGO CA	92101	7	4	4	4	4	4	4
68634	MEPS SAN DIEGO	92101	11	8	8	8	8	8	8
05380	ARD 30 SAN ONOFR	92106	101	110	0	0	0	0	0
31712	NAVINTACT CSGRU5	92106	2	0	0	0	0	0	0
31753	SB SDGO TWR 3	92106	17	15	15	15	15	15	15
31954	SUBTRAFAC SDIEGO	92106	170	170	139	139	139	139	139
33175	CSUBGR 5	92106	86	86	2	2	2	2	2
35622	CSDG1 DET BRAVO	92106	14	15	15	15	15	15	15
40823	SUBASE TWR 842	92106	15	15	15	15	15	15	15
41685	DISAJTAC3A EFTHU	92106	9	10	10	10	10	10	10
42474	CSUBGR 5 CBSTT	92106	6	7	0	0	0	0	0
43304	SUBTRAFAC SD BOS	92106	11	9	9	9	9	9	9
43979	JNTMGMTO THTNFOR	92106	0	1	1	1	1	1	1
44430	ARD 30 S ON SRAC	92106	17	21	0	0	0	0	0
44943	SB SDGO WEAP IMA	92106	130	125	125	0	0	0	0
44978	COMSUBGRU 5 SMMS	92106	24	24	0	0	0	0	0
45424	TR 5	92106	6	6	6	6	6	6	6
45425	TR 6	92106	6	6	6	6	6	6	6
45675	SUBASE SD TWR823	92106	12	14	14	12	14	14	14
46132	SUBASE SD TWR771	92106	14	15	15	15	15	15	15
46259	SUBASE SDGO SECD	92106	59	60	60	60	60	60	60
46708	NB SD NADSAP SB	92106	5	4	4	4	4	4	4
47336	SB SDGO S-HELP	92106	12	14	14	14	14	14	14
48655	SB SDIEGO FSC	92106	2	3	3	3	3	3	3
55244	COMSUBRON 11	92106	49	44	44	44	0	0	0
55522	COMSUBDEVGR 1	92106	40	38	38	38	38	37	37
63406	SUBASE SDGO CA	92106	208	146	146	146	145	146	146
65370	CSUBGR 5 SSO	92106	2	1	1	1	1	1	1
66937	CSDG 1 NSCHDVG S	92106	10	11	0	0	0	0	0
68554	PSD PT LOMA SDGO	92106	35	12	12	12	12	12	12
44753	DIR12MCD OSO SD	92108	1	1	1	1	1	1	1
68692	NROTCUUSDSDSUSDC	92110	13	11	11	11	11	11	11
43790	DCMAO S DIEGO	92111	2	3	3	3	3	3	3
43756	DSO DIEGO	92112	1	1	1	1	1	1	1
42039	NUSWCD SDIEGO CA	92123	0	1	0	0	0	0	0
55625	AFTGP SEADU COMP	92126	76	74	74	74	74	74	74
62106	NMCREDCEN SDGO	92131	51	39	38	38	38	37	37
80013	MIUWU 107	92131	10	8	8	8	8	8	8
81176	MIUWU 106	92131	8	8	8	8	8	8	8
00123	NAVREGCONTC SDGO	92132	4	2	2	2	2	2	2
00242	CNAVBASE SDGO	92132	51	33	35	35	35	35	35
00244	FISC SDIEGO CA	92132	22	18	16	16	16	16	16
20036	ARDM 5 ARCO	92132	127	131	130	130	0	0	0
35612	OPNASUPACT HNDCL	92132	8	5	5	5	5	5	5
41875	NRRCREG 19/RPN	92132	6	4	4	4	4	4	4
43406	NTSC FLDOPSD PAC	92132	2	2	2	2	2	2	2
43435	MSCO SAN DIEGO	92132	9	5	5	5	5	5	5
45189	NCIS LE&PSAT SDG	92132	5	6	6	6	6	6	6
45242	CSS 3 TACRED SCO	92132	1	1	0	0	0	0	0
45517	SPCC NACO P SAND	92132	0	1	1	1	1	1	1
46548	COMSUBRON 11 SDC	92132	0	1	1	1	0	0	0

47638	NCTA SAN DIEGO	92132	1	0	0	0	0	0	0
55347	CSUBRON 3	92132	45	45	0	0	0	0	0
60957	DAO-CL SDGO CA	92132	20	23	19	19	19	19	19
63015	NEDTRASUPCEN PAC	92132	52	11	11	10	11	12	12
67796	NMC MARS SDGO	92132	1	1	1	1	1	1	1
68350	NRRCREG19 SDIEGO	92132	29	27	27	30	30	30	30
68553	PSA SAN DIEGO	92132	16	10	10	10	10	10	10
68564	CNAVBASE SDGO CR	92132	6	6	6	6	6	6	6
68711	SOWNFEC SDIEGO	92132	17	20	20	19	18	18	18
00247	NTC SDGO	92133	396	243	220	208	47	9	9
0388A	FITCPAC SDGO	92133	29	33	32	30	32	32	2
0581A	SSC SDGO	92133	637	212	145	11	9	9	9
0753A	CRUITRACOM SDGO	92133	91	0	0	0	0	0	0
30643	S CRU TRCOM SDGO	92133	5112	2372	2097	1716	1631	1550	1550
32553	BRMCL NTC SDGO	92133	112	118	118	118	118	118	118
35109	NJROTC AREA 11	92133	3	3	3	3	3	3	3
35287	SSC SDGO FMSTPRG	92133	6	4	4	0	0	0	0
35405	NBAND DC SDIEGO	92133	40	1	1	1	1	1	1
41453	CO CDRS RTC SDGO	92133	222	0	0	0	0	0	0
42084	RTCSDGENSKILLTNG	92133	50	0	0	0	0	0	0
42132	SSC SDGO BOOSTPG	92133	17	0	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92133	0	0	0	0	0	2	0
42815	PSD RTC SD	92133	44	48	0	0	0	0	0
42816	PSD NTC SD	92133	56	54	43	43	43	43	17
42820	NTC SDGO CAA CTR	92133	7	8	0	0	0	0	0
43298	BUPERS NACU SD	92133	23	0	0	0	0	0	0
43311	SSC SDGO BOS	92133	32	27	17	16	5	5	5
43521	NCPS PHOENIX	92133	11	4	4	4	4	4	4
43542	RQAT SDIEGO	92133	5	4	4	4	4	4	4
43721	S SSC SD BOST PG	92133	248	248	248	248	248	248	248
43907	SSC SDGO SURF	92133	0	87	6	0	0	0	0
43908	SSC SDGO LDG	92133	0	17	16	16	16	0	0
43909	SSC SDGO SUB	92133	0	24	1	1	1	1	1
43910	SSC SDGO EW	92133	0	85	0	0	0	0	0
43914	SSC SDGO INS AIR	92133	0	5	0	0	0	0	0
45032	FITCPAC FMS TRNG	92133	1	1	1	1	1	1	0
46093	CPF MPWRASSTM SD	92133	0	2	2	2	2	2	2
47462	STU MED DEPT OST	92133	1	0	0	0	0	0	0
47775	CNET SUP UN SDGO	92133	1	1	1	1	1	1	1
48390	NAVINTACT FTPC S	92133	16	18	18	18	18	18	18
49203	DECA NTC SDIEGO	92133	11	7	6	6	6	6	6
49274	MOIC EASTPAC FP	92133	23	0	0	0	0	0	0
49756	PSD NTC SDGO F H	92133	0	3	3	3	1	1	1
66283	NECH N SDIEGO CA	92133	1	1	0	0	0	0	0
68401	NAVCRUITDIST SD	92133	232	0	0	0	0	0	0
00228	FISC OAKLAND CA	92134	0	0	0	0	5	5	5
00247	NTC SDGO	92134	0	0	0	0	0	37	36
00259	NMC SDGO CA	92134	2236	2079	2078	2072	2205	2055	1833
00619	NMEDCEN OAKLAND	92134	0	0	0	0	338	338	338
0114A	COMDESRON 5	92134	14	12	12	12	12	12	12
0116A	COMDESRON 7	92134	13	12	12	12	12	12	12
0126A	COMDESRON 17	92134	12	12	0	0	0	0	0
0130A	COMDESRON 21	92134	14	12	12	12	12	12	12

0132A	COMDESRON 23	92134	12	12	12	12	12	12	12
03361	CV 61 RANGER	92134	76	0	0	0	0	0	0
03363	CV 63 KITTY HAWK	92134	2768	2906	2906	2906	2906	2906	2906
03651	CGN 9 LONG BEACH	92134	868	562	14	0	0	0	0
0388A	FITCPAC SDGO	92134	0	0	0	0	0	0	30
05072	AGSS 555 DOLPHIN	92134	58	48	48	48	48	48	48
05134	SSN 647 POGY	92134	152	136	136	136	136	136	100
05139	SSN 652 PUFFER	92134	144	136	136	100	0	0	0
05143	SSN 662 GURNARD	92134	146	100	0	0	0	0	0
05725	SSN 677 DRUM	92134	147	136	100	0	0	0	0
05845	LKA 114 DURHAM	92134	323	0	0	0	0	0	0
0621A	NSHS SDIEGO	92134	202	195	191	191	191	191	191
07177	LPD 6 DULUTH	92134	375	386	386	386	386	386	386
07181	LPD 7 CLEVELAND	92134	387	398	398	398	398	398	397
07183	LPD 9 DENVER	92134	371	398	398	398	398	397	397
07184	LPD 10 JUNEAU	92134	373	398	398	398	398	398	397
07194	AGF 11 CORONADO	92134	459	457	457	457	457	457	457
07198	LPH 10 TRIPOLI	92134	725	701	0	0	0	0	0
07202	LPH 11 NRLNS	92134	663	816	819	819	819	0	0
08810	AR 8 JASON	92134	904	965	0	0	0	0	0
09061	HS 85	92134	0	141	141	140	140	140	140
09108	VF 301	92134	0	0	1	1	1	1	1
09120	VF 302	92134	0	0	1	1	1	1	1
09394	CVWR 30	92134	0	0	3	3	3	3	3
20015	LSD 40 FT FISHER	92134	336	321	321	321	321	321	320
20022	LST1183 PEORIA	92134	231	0	0	0	0	0	0
20023	LST1184 FREDERIC	92134	253	249	0	0	0	0	0
20024	LST1185 SCHENECT	92134	192	0	0	0	0	0	0
20026	LST1187 TUSCALOO	92134	220	0	0	0	0	0	0
20132	AS 37 DIXON	92134	559	620	595	570	0	0	0
20221	LST1195BARBOUR C	92134	251	0	0	0	0	0	0
20224	LST1198 BRISTOL	92134	215	5	0	0	0	0	0
20550	LHA 1 TARAWA	92134	958	1063	1063	1063	1067	1069	1069
20576	DD 965 KINKAID	92134	319	332	332	332	332	332	332
20587	DD 967 ELLIOT	92134	349	351	351	351	351	351	351
20599	DD 973 J YOUNG	92134	342	334	334	334	334	334	334
20602	DD 976 MERRILL	92134	311	339	339	339	339	339	339
20826	SSN 701 LA JOLLA	92134	142	141	141	141	151	151	151
20833	DD 986 H W HILL	92134	319	309	309	309	309	309	309
20967	FFG 14 SIDES	92134	184	163	166	166	166	166	166
20978	FFG 25 COPELAND	92134	181	159	162	162	162	0	0
20994	SSN 713 HOUSTON	92134	142	141	141	141	141	141	151
21023	SSN 716 SLAKE C	92134	143	141	141	141	141	141	141
21047	AD 42 ACADIA	92134	550	626	0	0	0	0	0
21052	FFG 27 MS TISDLE	92134	184	159	162	162	162	0	0
21055	FFG 30 REID	92134	198	211	211	211	0	0	0
21063	AD 43 CAPE COD	92134	562	626	626	626	626	626	626
21100	SSN 721 CHICAGO	92134	151	141	164	164	141	141	141
21118	AS 41 MCKEE	92134	557	620	620	620	620	620	620
21198	FFG 46 RENTZ	92134	194	214	214	214	214	214	214
21295	CG 49 VINCENNES	92134	350	380	380	380	380	380	380
21296	CG 50 VALL FORGE	92134	372	380	380	380	380	380	380
21302	SSN 724 LOUIVILL	92134	144	164	164	141	141	141	141

21400	LSD 43 FT MCHENR	92134	311	312	317	317	317	317	317
21404	MCM 3 SENTRY	92134	84	81	81	81	81	81	81
21405	MCM 4 CHAMPION	92134	72	81	70	70	70	70	70
21413	SSN 752 PASADENA	92134	146	141	141	141	164	164	141
21428	CG 57 LAKE CHAMP	92134	377	387	387	387	387	387	387
21437	DDG 994 CALLAGHA	92134	327	331	331	331	331	331	331
21439	DDG 996 CHANDLER	92134	327	331	331	331	331	331	331
21451	CG 62 CHANCELVIL	92134	377	387	387	387	387	387	387
21452	LSD 45 COMSTOCK	92134	298	322	312	312	312	312	312
21463	SSN 754 TOPEKA	92134	149	141	141	141	141	164	164
21530	LSD 47 RUSHMORE	92134	335	317	317	317	317	317	317
21623	CG 63 COWPENS	92134	392	387	387	387	387	387	387
30276	NEXCH MIRAMAR CA	92134	0	0	0	0	1	1	1
30291	STU COMBAT TRA C	92134	50	0	0	0	0	0	0
30522	NS SDGO BRIG	92134	18	0	0	0	0	0	0
30586	STU FLEASWTRACEN	92134	519	467	420	357	339	322	322
30602	CV 61 RAN DSSGD	92134	10	0	0	0	0	0	0
30604	CV 63 KIT DSSGD	92134	12	11	11	11	11	11	11
30627	STU NAVSERVSCOLC	92134	1113	902	514	174	0	0	0
30639	S NHCORSCH SDGO	92134	1066	959	813	691	656	654	654
30808	STU FLT TRA CEN	92134	266	239	215	183	174	165	165
31045	IST NH SAN DIEGO	92134	1	1	1	1	1	1	1
31401	STU CDP SAN DIEG	92134	1	0	0	0	0	0	0
31558	NMTJ W NW C SFRA	92134	0	2	2	2	0	0	0
31657	DCOUNSELOR SDGO	92134	2	2	2	2	2	2	2
32005	TRANS PERS UNIT	92134	2	0	0	0	0	0	0
32541	BRMCL EL TORO	92134	0	0	0	0	76	76	76
33159	COM3FT NSGDT SIG	92134	0	1	1	1	1	1	1
33168	NAVINTACT COM3DF	92134	9	10	10	10	10	10	10
33207	AESU DT EL TORO	92134	0	0	0	0	2	2	2
35405	NBAND DC SDIEGO	92134	0	39	44	44	44	44	44
35410	STU SSPR SCRIPPS	92134	2	0	0	0	0	0	0
35536	STU PG SAN DIEGO	92134	12	0	0	0	0	0	0
35677	A/C OPR DET NAS	92134	34	0	0	0	0	0	0
39007	STU PG UNIV OF S	92134	1	0	0	0	0	0	0
39247	TU CDP UNIV OF S	92134	3	0	0	0	0	0	0
39288	AS 37 DIXON MSC	92134	820	851	851	851	1	0	0
41301	STU LAW ED PRG S	92134	2	0	0	0	0	0	0
41539	STU ALREHAB TRNG	92134	8	0	0	0	0	0	0
41638	CSSD-14	92134	0	0	0	17	17	17	17
42081	FLETRACEN SAN DI	92134	195	0	0	0	0	0	0
42242	STU CDP NATIONAL	92134	2	0	0	0	0	0	0
43392	STU NAVSERVSCOLC	92134	248	223	201	171	162	154	154
43502	STU AEPR SAN DIE	92134	2	0	0	0	0	0	0
43578	STU TACTRAGRUPAC	92134	23	0	0	0	0	0	0
43617	T-ATF 167 NARRAG	92134	3	4	4	4	4	4	4
43618	T-ATF 169 NAVAJO	92134	4	4	4	4	4	4	4
43662	STU FITCPAC	92134	2	0	0	0	0	0	0
43700	HC 1/STU CRAW/CR	92134	1	0	0	0	0	0	0
43841	FLCBTRC PACGSTSU	92134	0	0	0	0	0	0	1
43851	FASWTCPAC GSTSUR	92134	0	0	0	0	0	0	1
43908	SSC SDGO LDG	92134	0	0	0	0	0	16	16
43988	STU EEAP SDIEGO	92134	17	0	0	0	0	0	0

44143	STU MED DEPT OST	92134	28	0	0	0	0	0	0
44260	WNFED CO VALLEJO	92134	0	3	3	3	3	3	3
44369	NAIR CMPO NPR SD	92134	0	0	1	1	1	1	1
44480	STU COMNAVAIR PA	92134	1	0	0	0	0	0	0
44516	FTCBATSYTRUP NDC	92134	29	0	0	0	0	0	0
44570	13D C1DNBN1 FSSG	92134	0	0	0	54	54	54	54
44654	STU CRAW/CRAG VR	92134	3	0	0	0	0	0	0
45032	FITCPAC FMS TRNG	92134	0	0	0	0	0	0	1
45524	NAVBCSTSVC MOB D	92134	1	0	0	0	0	0	0
45585	NH SD NDU COMP	92134	1	1	1	1	1	1	1
45888	STU MECP NETSCP	92134	8	0	0	0	0	0	0
46333	STU EEAP SAN DIE	92134	13	0	0	0	0	0	0
46334	STU EEAP MIRAMAR	92134	3	0	0	0	0	0	0
46542	STU ECP UNIV OF	92134	13	0	0	0	0	0	0
46620	3FSSG D NH SDGO	92134	3	3	3	3	3	3	3
46791	PACFAST D SDIEGO	92134	2	0	0	0	0	0	0
46859	DMEDS NDC SFRAN	92134	0	0	0	0	4	4	4
46859	DMEDS NDC SFRAN	92134	0	0	0	3	3	3	3
46864	DMEDS NH SDIEGO	92134	68	63	63	63	63	63	63
46868	DMEDS N2 NH PVA	92134	3	3	3	3	3	3	3
46897	NSHS SDGO D OAKL	92134	0	0	17	17	17	17	17
47046	VMFAT 101 NAVDET	92134	0	0	0	113	113	113	113
47386	SUPSHIP SDIEGO D	92134	11	0	0	0	0	0	0
47449	EODMU 9	92134	0	0	48	48	43	43	43
47543	DMED FH6 NH SDGO	92134	53	53	53	53	53	53	53
47546	DM FH6 BRMCL SD	92134	15	16	16	16	16	16	16
47547	DM GH6 NH SDGO	92134	1	1	1	1	1	1	1
47552	DEPMED FH6 NH SD	92134	2	2	2	2	2	2	2
47842	AD 42 ACA REPAIR	92134	796	797	0	0	0	0	0
47843	AD 43 REPAIR COM	92134	867	798	798	798	798	798	798
47852	STU PG #2 UNIV C	92134	1	0	0	0	0	0	0
47997	NMDINFMTCENDT SD	92134	1	1	1	1	1	1	1
48441	STU EEAP #2 SOUT	92134	1	0	0	0	0	0	0
48461	NHTR SAN DIEGO	92134	372	302	302	302	302	302	302
48494	STU EEAP SAN DIE	92134	10	0	0	0	0	0	0
48512	STU EEAP NATIONA	92134	2	0	0	0	0	0	0
48616	COMTRAPAC TQL MT	92134	5	0	0	0	0	0	0
48689	STU EEAP CERRO C	92134	1	0	0	0	0	0	0
49148	HS-10 SEA DUTY C	92134	24	0	0	0	0	0	0
49599	STU EEAP UNIV PH	92134	1	0	0	0	0	0	0
49637	STU EEAP ORANGE	92134	1	0	0	0	0	0	0
49730	STU EEAP CAL COL	92134	1	0	0	0	0	0	0
52687	CG 16 LEAHY	92134	234	0	0	0	0	0	0
52692	CG 21 GRIDLEY	92134	387	0	0	0	0	0	0
52693	CG 22 ENGLAND	92134	397	0	0	0	0	0	0
52698	CG 23 HALSEY	92134	367	0	0	0	0	0	0
52704	CG 29 JOUETT	92134	423	0	0	0	0	0	0
52705	CG 30 HORNE	92134	422	0	0	0	0	0	0
52706	CG 31 STERETT	92134	403	0	0	0	0	0	0
52707	CG 32 STANDLEY	92134	426	0	0	0	0	0	0
52708	CG 33 FOX	92134	441	0	0	0	0	0	0
55269	COMPHIBRON 5	92134	25	29	29	29	29	29	29
55281	COMPHIBRON 3	92134	30	29	29	29	29	29	29

55297	COMPHIBRON 1	92134	30	29	29	29	29	29	29
55306	MOTU 9	92134	0	0	23	23	23	24	24
55501	COMCRUDESGRU 1	92134	58	57	57	57	55	55	55
55630	COMHSLWINGPACSAN	92134	5	0	0	0	0	0	0
55633	COMSEACONTROLWIN	92134	11	0	0	0	0	0	0
55635	COMHELTACWINGPAC	92134	11	0	0	0	0	0	0
55636	COMHSWINGPAC	92134	10	0	0	0	0	0	0
55775	COMCRUDESGRU 5	92134	57	57	0	0	0	0	0
55780	COMCRUDESGRU 3	92134	58	57	57	57	55	55	55
57087	COM THIRD FLEET	92134	144	143	143	143	143	143	143
60050	MCAS EL TORO	92134	0	0	64	64	64	64	64
62361	NPMOD ALAMEDA	92134	0	0	0	0	1	1	1
62361	NPMOD ALAMEDA	92134	0	0	0	2	0	0	0
62361	NPMOD ALAMEDA	92134	0	0	1	1	0	0	0
62474	WNFEC SAN BRUNO	92134	0	0	0	0	7	7	7
62760	NAVAUDSVCWEST SD	92134	1	0	0	0	0	0	0
63387	PWKS CEN SDGO	92134	0	0	0	0	1	1	1
65492	NH ORLANDO FL	92134	0	0	0	81	81	81	81
66626	NCPB DT SDIEGO	92134	3	2	2	2	2	2	2
66704	COM3FT SP DIV	92134	1	1	1	1	1	1	1
66950	PERS/AD ASTTMPA	92134	11	0	0	0	0	0	0
67823	MAG-46 (-)	92134	0	0	0	3	3	3	3
68056	NMC SW REGN	92134	0	1	1	1	1	1	1
68401	NAVCRUITDIST SD	92134	0	163	163	168	168	168	168
68555	PSD BALBOA CA	92134	34	36	36	36	36	36	36
68557	PSD NAS MIRAMAR	92134	0	0	0	0	27	27	27
68780	AS 41 MCKEE MSC	92134	823	989	989	989	851	851	851
68853	NDRUGLAB SDGO	92134	5	5	5	5	5	5	5
68906	HCSO SDIEGO	92134	21	26	25	25	25	25	25
68917	PACFLTCARIT S DG	92134	0	0	0	0	4	4	4
68944	NCCOSC ISE WEST	92134	3	0	0	0	0	0	0
70240	NCTS SD CA/EOB	92134	0	0	0	0	19	19	19
00236	NAS ALAMEDA	92135	0	0	0	0	8	8	8
00236	NAS ALAMEDA	92135	0	0	13	13	1	1	1
00246	NAS NORTH ISLAND	92135	581	463	463	463	463	463	463
09055	HSL 84	92135	42	39	13	14	14	14	14
09061	HS 85	92135	85	0	0	0	0	0	0
09074	VAW 88	92135	0	83	1	1	1	1	1
09138	HSL 33	92135	78	0	0	0	0	0	0
09164	HS 4	92135	205	202	167	167	167	167	167
09191	FASOTRAGRUPAC	92135	169	148	148	148	148	148	148
09192	SEACONRON 38	92135	203	215	215	215	215	215	215
09204	SEACONRON 29	92135	199	195	215	215	215	215	215
09209	HS 14	92135	200	202	167	167	167	167	167
09211	HC 1	92135	347	0	0	0	0	0	0
09263	SEACONRON 33	92135	212	195	195	215	215	215	215
09272	HSL 33 LAMPS	92135	186	0	0	0	0	0	0
09296	NAVAIRES SDIEGO	92135	97	110	90	101	101	101	101
09298	SEACONRON 41	92135	444	640	604	604	604	604	604
09299	HS 10	92135	333	423	326	309	307	307	305
09345	SEACONRON 35	92135	210	195	195	195	215	215	215
09372	HS 2	92135	207	202	167	167	167	167	167
09381	SEACONRON 37	92135	217	195	0	0	0	0	0

09528	FACSFAC SDIEGO	92135	152	142	142	142	142	142	142
09607	VRC 30	92135	319	253	236	236	236	236	236
09721	COMCARGRU ONE	92135	58	57	59	59	59	59	59
09722	COMCARGRU THREE	92135	0	0	0	0	57	57	57
09724	COMCARGRU SEVEN	92135	60	57	57	57	57	57	57
09822	HC 3	92135	278	311	296	310	310	310	310
09950	HS 6	92135	201	202	167	167	167	167	167
09951	HS 8	92135	195	202	167	167	167	167	167
09961	COMASWWPAC	92135	65	135	135	136	136	136	136
09983	COMHELWINGRES	92135	52	50	50	50	50	50	50
20828	DSU DET MYSTIC	92135	20	16	16	16	16	16	16
20829	DSU DET TURTLE	92135	13	11	11	11	11	11	11
20892	DSU DET AVALON	92135	17	16	16	16	16	16	16
20919	DSU DT SEA CLIF	92135	12	11	11	11	11	11	11
20993	CVN 70 VINSON	92135	0	0	0	0	3075	3075	3075
30332	AESU DT SDGO WRO	92135	4	4	4	4	4	4	4
30669	S FASOTRAGRUPAC	92135	21	11	11	11	11	11	11
30901	S CWPNTRAGRUPAC	92135	43	41	41	38	38	38	38
30911	MOB ENV TM SDGO	92135	29	31	31	31	31	31	31
31137	DEFCURSTA SDGO	92135	4	4	4	4	4	4	4
31195	NCTS SDIEGO/DCS	92135	27	17	17	17	17	17	17
31466	NAS NORIS S CLEM	92135	167	174	174	174	174	174	174
31507	CWPTRGP TECHIN D	92135	19	17	17	17	17	17	17
31508	CWPTRGP FDTRN DI	92135	19	8	8	8	8	8	8
31713	NAVINTACT SP CNA	92135	4	2	2	2	2	2	2
32117	DSU SAN DIEGO CA	92135	61	48	48	48	48	48	48
32546	BRMCL NAS NISL	92135	56	47	47	47	47	47	47
32673	CMS TRNG SDIEGO	92135	5	5	5	5	5	5	5
32719	NSGD NCTS SD/CC	92135	47	47	47	47	47	47	47
35455	NSGD NCTS SD/DS	92135	83	73	75	75	75	75	73
35499	NLEGSVCOFDT NORI	92135	4	14	14	14	14	14	14
35623	FACSFAC S CLE CO	92135	17	17	17	17	17	17	17
35705	COMASWWPAC NORIS	92135	64	50	32	32	32	32	32
35734	NDCLBR NAS N ISL	92135	40	45	45	45	45	45	45
35947	FASOPAC DT STRTM	92135	76	78	78	78	78	78	78
41431	BRMCL NUC S CLEM	92135	3	3	3	3	3	3	3
42197	NAIRTECH SF D SD	92135	2	1	1	1	1	1	1
42300	HC 11 SEA COMP	92135	360	443	443	443	443	443	443
42431	S CRAW/CRAG HC 3	92135	69	69	69	89	89	89	89
42500	DSU DET UMV	92135	69	60	60	60	60	60	60
42827	PSD N ISL CA	92135	77	86	86	86	86	86	86
43711	CVN 70 VIN DSSGD	92135	0	0	0	0	11	11	11
44326	NAS NORIS AIMD	92135	689	641	641	641	641	641	641
44597	NSGD NCTS DS/CSS	92135	29	10	9	9	10	10	10
45082	NSGDNCTS SD ECCM	92135	41	15	19	19	19	19	19
45083	NCIS FSD NO ISLD	92135	2	2	2	2	2	2	2
45847	PQMM SPEC SDGO	92135	2	2	2	2	2	2	2
45908	CNARF PAC REP	92135	3	3	3	3	3	3	3
45909	CNARF PACREP/RPN	92135	4	3	3	3	3	3	3
46249	NAS ALAMEDA SECD	92135	0	0	0	0	38	37	36
46250	NAS N ISL SEC DT	92135	92	106	106	106	106	106	106
46501	FTCOMBATCAMGUPAC	92135	36	36	36	36	36	36	36
46732	AMCC 07 SDIEGO	92135	6	6	6	6	6	6	6

46776	NASC DT WSM N IS	92135	1	1	1	1	1	1	1
46815	FASOTRAGRUP EMTT	92135	10	10	10	10	10	10	10
46968	NAS NOIS SEA ODT	92135	184	179	179	179	179	179	179
47181	NAIRTSFAC SDGO N	92135	1	1	1	1	1	1	1
47549	DMED FH6 NBR NIL	92135	1	1	1	1	1	1	1
47679	NSGDNCTS SD/SDTY	92135	22	18	18	18	18	18	18
47721	SWATSCOLPAC NI	92135	24	26	26	26	26	26	26
47736	HELASRON 10 FDPT	92135	50	59	40	39	39	39	45
47908	NSGDNCTSNESEC/DS	92135	20	13	1	1	1	1	1
47916	RIPO AREA 4	92135	5	6	6	6	6	6	6
48161	HC 3 N D CP	92135	2	2	2	2	2	2	2
48176	EODMU 3 D NO ISL	92135	0	6	6	6	6	6	6
48517	CSAW SAN DIEGO	92135	88	77	77	77	77	77	77
48544	ASCOMDET NRTH IS	92135	29	19	19	19	19	19	19
49202	DECA NO ISLAND	92135	11	7	7	7	7	6	6
49390	FAMSERVCEN N IS	92135	1	2	2	2	2	2	2
49755	NVBASE SDGO	92135	0	16	16	16	16	16	16
53910	VR 57	92135	97	88	88	89	89	89	89
53914	HSL 43	92135	61	54	54	54	54	54	54
53915	HSL 45	92135	55	54	54	54	54	54	54
53917	HSL 47	92135	59	54	54	54	54	54	54
53919	HSL 49	92135	58	54	54	54	54	54	56
53920	HC 11	92135	39	42	42	107	107	107	107
55138	HSL 41	92135	325	294	281	291	291	291	291
55139	S C/C HSL 41	92135	112	107	107	107	107	107	107
55146	HSL 43 LAMPS	92135	174	169	169	169	169	169	169
55148	HSL 45 LAMPS	92135	172	169	169	169	169	169	169
55150	HSL 47 LAMPS	92135	167	169	169	169	169	169	169
55152	HSL 49 LAMPS	92135	173	169	169	169	169	169	217
55201	HM 15	92135	0	0	414	423	423	423	423
55230	HSL 84 LAMPS	92135	72	66	66	66	66	66	66
57025	COMNAVAIRPAC	92135	189	188	188	188	188	188	188
57092	CNAVIUWGRU 1	92135	17	14	14	14	14	14	14
57094	FLTIMGCOMPAC SDG	92135	19	15	15	15	15	15	15
63013	CWPNTRAGRUPAC SD	92135	67	40	40	41	47	41	41
63037	NPOF SAN DIEGO	92135	57	41	40	40	40	40	40
63896	NSGDNCTS SDIEGO	92135	79	65	65	65	65	65	65
65557	S C/C HS 10	92135	73	73	73	122	122	122	122
65566	S C/C VS 41	92135	159	159	159	159	159	159	159
65888	NAVNDEPOT NORIS	92135	32	31	16	31	31	31	31
66065	AMTGD NORIS CA	92135	165	148	124	126	127	131	131
66422	NEXCH NO ISLAND	92135	1	1	1	1	1	1	1
66633	DMA CSC EPAC OFF	92135	3	2	2	2	2	2	2
66649	CBU 405	92135	0	0	0	0	45	45	45
68046	NCTS SAN DIEGO	92135	22	22	22	22	22	22	22
68118	NB SD NADSAP N I	92135	5	4	4	4	4	4	4
68451	NARDAC SANFRA C	92135	0	0	0	0	9	9	9
68451	NARDAC SANFRA C	92135	0	0	0	2	2	2	2
68557	PSD NAS MIRAMAR	92135	0	0	0	1	1	1	1
68917	PACFLTCARIT S DG	92135	16	12	12	12	8	8	8
70240	NCTS SD CA/EOB	92135	268	208	202	196	168	168	168
00245	NS SAN DIEGO CA	92136	486	239	239	239	239	239	239
0025A	FLTCOMBATSYSTRUP	92136	9	1	1	1	1	1	1

0122A	COMDESRON 13	92136	37	20	30	30	29	29	29
04648	AD 37 S GOMPERS	92136	0	625	625	0	0	0	0
0546A	ENPVNTMEDU 5 DGO	92136	39	33	33	33	33	33	33
0609A	S DT SDAT SD	92136	314	283	255	217	206	196	196
13871	AFDM 14 STEADFST	92136	118	116	116	116	116	116	116
20807	CGN 41 ARKANSAS	92136	0	554	554	553	553	369	185
21839	AOE 6 SUPPLY	92136	47	584	547	547	536	536	536
21872	AOE 7 RAINIER	92136	3	576	561	536	536	536	536
30034	NFSSO NFTM SDGO	92136	15	15	15	15	15	15	15
30394	NEXCH D S CL IS	92136	4	4	4	4	4	4	4
31557	NMTJ W SW C SDGO	92136	5	7	7	7	7	7	7
32680	CMIO SDIEGO CA	92136	18	16	16	16	16	16	16
33043	CPACFLT PEB	92136	30	19	19	19	18	18	18
35264	AFTG PAC SHDUT	92136	98	70	70	70	67	67	67
39233	NEXCH NS SDIEGO	92136	2	0	0	0	0	0	0
39354	SCH DEN A&T SDGO	92136	1	1	1	1	1	1	1
41228	CBU 427	92136	0	41	45	45	45	45	45
41331	COMDESRON 33 N D	92136	0	9	0	0	0	0	0
41472	FLT TRA CEN SD	92136	10	10	10	10	10	10	10
41966	COMDESRON 13 ND	92136	0	9	0	0	0	0	0
42144	COMDESRON 13 S D	92136	0	8	0	0	0	0	0
42149	FTC SD GST	92136	463	11	11	11	11	11	11
42980	NBS FSD SDGO	92136	15	15	15	15	1	0	0
43891	FTC SD GST SURF	92136	0	266	277	275	276	279	281
44298	NMASSO DTPACNDUC	92136	57	57	57	57	57	62	62
44386	NS SDGO TRPERSUN	92136	124	98	98	98	98	98	98
45020	BRMCL NS SDGO	92136	85	77	77	77	77	77	77
45198	NAVSURFPAC MTEC	92136	9	5	5	5	5	5	5
45870	NIRA DT 5 SDGO	92136	1	1	1	1	1	1	1
45951	AEGIS TR SUPPGRU	92136	26	33	33	33	33	33	33
46120	FTC SDGO NDUTCP	92136	6	6	6	6	6	6	6
46262	NS SDGO SEC DET	92136	111	145	145	145	145	145	145
46276	NAVSURFPAC SDGO	92136	42	42	42	42	42	42	42
46477	CPACFLT PEB SUP	92136	2	3	3	2	2	2	2
46698	COMPHIBRON 9	92136	37	24	0	0	0	0	0
46744	DMA TECH SVC CTR	92136	0	5	5	5	5	6	6
46867	DM BRMCL NS SDGO	92136	11	12	12	12	12	12	12
46870	DMEDS NDC SDIEGO	92136	12	11	11	11	11	11	11
46992	PINSUR SD D SDGO	92136	34	25	25	25	25	25	25
47042	NSP MTEC SHORE	92136	24	11	11	11	11	11	11
47152	EODMU 15	92136	0	0	5	5	5	5	5
47340	NEXCHCEN SDGO ND	92136	1	1	1	1	1	1	1
47418	FLT SURG TEAM 1	92136	18	15	15	15	15	15	15
47420	FLT SURG TEAM 3	92136	16	18	18	18	18	18	18
47548	DMED FH6 NDC SDG	92136	6	6	6	6	6	6	6
47839	AD 37 S GOM REPA	92136	0	799	799	0	0	0	0
47914	RIPO AREA 2	92136	0	4	4	4	4	4	4
48022	NAVINTACT NSDGO	92136	4	2	2	2	2	2	2
48038	CINCPACFLT DENTL	92136	1	1	1	1	1	1	1
48308	DLEA S DIEGO CA	92136	7	3	3	6	6	7	7
48522	SDSA FLESUPSEC	92136	6	6	6	6	6	6	6
48644	NS SAN DIEGO FSC	92136	6	3	3	3	3	3	3
49204	DECA NS SDIEGO	92136	17	10	9	9	7	7	6

49343	FLT SUG TM 5	92136	14	14	14	14	14	14	14
49381	DEFDD SDIEGO	92136	5	5	5	5	5	5	5
49996	COMPHIBRON 7 DET	92136	0	8	8	8	8	8	8
49997	COMPHIBRON 9 DET	92136	0	5	0	0	0	0	0
52725	COMDESRON 33	92136	45	27	30	30	29	29	29
52739	COMPHIBGRU THREE	92136	40	46	46	46	45	45	45
53997	CONSOLIDA DIV UN	92136	48	34	34	34	34	34	34
55236	SURPAC RSGU SDGO	92136	106	62	62	62	62	62	62
55253	HM 19	92136	0	162	156	156	156	156	156
55298	COMPHIBRON 7	92136	41	24	21	21	20	20	19
55304	MOTU 5	92136	90	72	70	70	70	70	70
57062	AFTGP ND COMP	92136	376	311	310	310	309	309	309
61690	FTC SAN DIEGO	92136	32	26	45	46	46	46	46
62791	SUPSHP SDIEGO C	92136	22	24	24	23	24	24	24
62888	INSURVPAC SDGO	92136	5	6	6	6	6	6	6
63139	NAVAIRES ALAMEDA	92136	0	114	112	112	112	112	112
63387	PWKS CEN SDGO	92136	14	14	14	13	12	12	12
65918	SIMA SDGO	92136	2320	3003	2744	2696	2351	2411	2768
66022	NDC SAN DIEGO CA	92136	366	378	368	369	372	365	359
66105	NAVEXCHCN SDGO	92136	2	2	2	2	2	2	2
68107	FLILOT SDIEGO CA	92136	12	7	8	8	8	8	8
68132	NB SD NADSAP NSD	92136	9	12	12	12	12	12	12
68152	NEXCEN SFTM SDGO	92136	12	8	8	8	8	8	8
68370	NLEGSVCOFF SDGO	92136	67	50	50	50	50	55	55
68407	NAVPACEN SDGO	92136	9	9	9	9	9	9	9
68482	BUPERS DET DAPMA	92136	11	10	10	10	10	10	10
68556	PSD NS SDGO	92136	94	96	96	94	94	94	94
68562	NMASSO DTPAC SD	92136	32	35	35	35	35	29	29
68943	NVJUSTSCOL DET	92136	5	4	4	4	4	4	4
68945	NSDAT SDIEGO CA	92136	59	63	63	63	63	63	63
68954	FOSSAC DET SDGO	92136	2	12	12	12	12	12	12
82630	EODMU 7	92136	31	25	25	25	25	25	25
44369	NAIR CMPO NPR SD	92138	1	1	0	0	0	0	0
00243	MC CRUITDEP SDGO	92140	18	13	13	14	14	14	14
32556	BRMCL MCRD SDGO	92140	77	79	79	79	79	79	79
67019	12TH MCD SDIEGO	92140	1	0	0	0	0	0	0
09012	VF 1	92145	50	0	0	0	0	0	0
09048	VAW 110	92145	332	0	0	0	0	0	0
09074	VAW 88	92145	77	0	0	0	0	0	0
09086	VF 211	92145	259	246	246	246	1	1	1
09095	VF 124	92145	695	0	0	0	0	0	0
09108	VF 301	92145	131	146	0	0	0	0	0
09113	VF 2	92145	321	290	290	290	31	31	31
09120	VF 302	92145	146	148	0	0	0	0	0
09143	NARC MIRAMAR	92145	92	87	86	1	0	0	0
09261	COM CVW 14	92145	34	31	29	29	29	29	29
09394	CVWR 30	92145	35	36	24	24	24	24	24
09458	VAW 112	92145	180	153	153	0	0	0	0
09459	VAW 113	92145	175	153	153	0	0	0	0
09462	VAW 114	92145	186	153	0	0	0	0	0
09465	VAW 116	92145	175	153	153	0	0	0	0
09475	VF 51	92145	240	230	0	0	0	0	0
09481	VF 126	92145	213	0	0	0	0	0	0

09603	VF 111	92145	270	246	1	1	0	0	0
09734	COM CVW 11	92145	28	31	29	0	0	0	0
09742	COM CVW 2	92145	29	30	28	0	0	0	0
09747	COM CVW 15	92145	27	27	0	0	0	0	0
09932	VF 24	92145	234	230	230	230	0	0	0
09934	VF 213	92145	300	287	287	287	287	287	287
09985	VAW 117	92145	189	153	153	153	0	0	0
30276	NEXCH MIRAMAR CA	92145	1	1	1	1	0	0	0
30342	AESU DT MIRAMAR	92145	3	4	4	3	0	0	0
30658	S CC VAW 110	92145	92	0	0	0	0	0	0
32547	BRMCL NAS MIRAMA	92145	58	62	62	62	0	0	0
35668	NAS MIRAM A/CODT	92145	142	22	4	0	0	0	0
42343	FMFP SDIEGO CA	92145	33	28	28	0	0	0	0
44322	NAS MIRAMAR AIMD	92145	570	513	513	141	0	0	0
45611	BUPERS C BRIG	92145	146	152	151	151	151	151	151
46253	NAS MIRAMAR SECD	92145	127	109	109	68	0	0	0
46780	4FSSG MLC4SBNDSD	92145	1	3	3	3	3	3	3
46903	F-14D FLT INTROT	92145	12	0	0	0	0	0	0
46962	NAS MIRA SEA ODT	92145	297	287	192	0	0	0	0
47397	CARAEWPNSCOL	92145	19	19	19	0	0	0	0
47464	TW 2 A/C OPS	92145	15	15	15	0	0	0	0
48708	NAS MIRAMAR FSC	92145	0	1	1	1	1	1	1
49120	E-2C FIT	92145	7	0	0	0	0	0	0
49209	DECA MIRAMAR CMS	92145	20	11	10	10	10	9	8
52912	FITWPSCOL MIRAMA	92145	146	2	2	2	2	2	2
52995	VFC 13	92145	121	123	123	0	0	0	0
55188	COM CVW 9 D MIRA	92145	2	2	2	0	0	0	0
55629	COMFITWINGPAC	92145	16	0	0	0	0	0	0
55634	COMAEWWINGPAC	92145	12	0	0	0	0	0	0
60259	NAS MIRAMAR	92145	259	242	242	160	68	66	66
61061	AMTGD EL TORO	92145	0	0	0	0	3	3	3
65563	S C/C VF 124	92145	158	79	71	61	58	55	55
66064	AMTGD MIRAMAR	92145	156	153	153	0	0	0	0
66472	NPMOD MIRAMAR	92145	7	8	8	8	0	0	0
66649	CBU 405	92145	67	45	45	45	0	0	0
66656	FASOTRAGRUP MIR	92145	13	21	21	11	6	6	6
66894	NALREHABCEN MIRA	92145	85	90	88	85	0	0	0
67680	4TH MDVIHSCO4TBN	92145	1	1	1	1	1	1	1
67805	4TH FSSGHSCO4MBN	92145	8	9	9	8	8	8	8
68117	NB SD NADSAP MIR	92145	3	4	4	0	0	0	0
68557	PSD NAS MIRAMAR	92145	65	69	69	33	2	2	2
00948	FLT ASW TRA PAC	92147	82	60	59	59	59	59	59
41443	FASWTCPAC SD FTP	92147	5	5	5	5	5	5	5
41469	FLCBTRC PACFMSTR	92147	1	1	1	1	1	1	1
42496	NCTSI DET 1SD C	92147	7	7	7	7	7	7	7
42498	NCTSI DET 3	92147	0	0	0	0	0	7	7
42817	PSD FLSWTRCEN SD	92147	22	22	22	22	22	22	22
42851	FASWTCPAC GST	92147	627	418	416	417	421	424	425
42852	FLCBTRC PAC GST	92147	490	321	270	255	148	153	153
43852	FASWTCPAC GSTSUB	92147	0	59	54	54	54	53	53
45186	FLCTRCPAC SDIEGO	92147	0	14	12	12	12	12	12
45559	REGLOGSUPOFC L B	92147	0	0	0	0	0	1	1
45605	ASWTC P LBCH	92147	0	1	0	0	0	0	0

46042	COMTRAPAC DSG	92147	3	1	1	1	1	1	1
47143	SSAAC SDGO CA	92147	2	0	0	0	0	0	0
49267	TQLTMPAC	92147	5	9	9	9	9	9	9
49365	AFTG PAC DET	92147	9	9	9	9	9	9	9
53996	TACTRAGRUPAC	92147	56	53	53	53	53	53	53
57022	COMTRAPAC	92147	44	36	35	36	36	36	36
61665	FTCOMBATRCEN PAC	92147	17	18	18	18	12	12	12
66466	NAVO PAC COMP	92147	2	2	2	2	2	2	2
68524	NCTSI SDIEGO CA	92147	26	26	26	26	26	26	26
68772	NLEGSVCOFF LBCH	92147	0	0	0	0	0	11	11
68940	NCCOSC SAN DIEGO	92147	9	9	9	9	9	9	9
39353	NSWC ICST	92152	17	11	9	9	9	9	9
41631	NCCOSC RDTE OSSD	92152	13	14	0	0	0	0	0
42326	NCCOSC RDTE DVNG	92152	13	10	0	0	0	0	0
45772	NAVLIAISON SDGO	92152	1	1	1	1	1	1	1
45782	NCCOSC RDTE D SD	92152	14	24	0	0	0	0	0
47627	NCCOSC S D NON-N	92152	10	18	24	25	25	25	24
63152	FLTCOMBDSSA SDG	92152	99	66	34	34	34	34	34
66001	NCCOSC RDTE DV	92152	88	93	40	40	41	41	41
68221	NPERANDCEN SDGO	92152	19	13	12	11	11	11	11
68951	NUSC DET ASL SDG	92152	0	0	6	6	6	6	6
00074	NAVSPECWARCOM CA	92155	100	98	105	119	120	119	119
08971	SEAL TEAM 5	92155	214	229	229	229	229	229	229
08973	SDVT 1	92155	157	222	222	232	262	262	276
09815	COMTACGRU ONE	92155	12	15	15	15	15	15	15
21928	PC 7 SQUALL	92155	0	28	28	28	28	28	28
21929	PC 8 ZEPHYR	92155	0	28	28	28	28	28	28
31899	PACRCNSRF SDGO	92155	18	16	16	16	16	16	16
32549	BRMCL NAB CORONA	92155	39	40	40	40	40	40	40
35186	CNSRFPAC REP/RPN	92155	1	1	1	1	1	1	1
35431	CNBEACHGR 1 PRTS	92155	13	14	14	14	14	14	14
35624	PHIBCB 1 SEADUCO	92155	124	120	130	130	130	130	130
39037	SWOSCOLPAC SDGO	92155	65	0	0	0	0	0	0
39049	STU SWOSSCOLCOM	92155	111	100	90	77	73	69	69
41608	CNSURPAC SDNSGOP	92155	3	3	3	3	3	3	3
41914	BCHMSTR UN 1 SHO	92155	43	29	29	29	29	29	29
41915	FDGP SEA DUTY	92155	106	72	71	71	71	71	71
42147	NPHIBSCH COR GST	92155	145	131	130	129	129	129	130
42169	NPHIBSCH COR S D	92155	8	7	7	7	7	7	7
42221	SPECBOATU 12	92155	223	232	240	250	265	264	275
42222	SPECBOATU 13	92155	30	0	0	0	0	0	0
42828	PSD CORONADO CA	92155	31	35	35	35	35	35	35
42963	SPECBATU 13 S D	92155	9	0	0	0	0	0	0
43305	NAVINTACT CNSPAC	92155	3	3	3	3	3	3	3
44157	NPHIBS COR FMSTP	92155	12	15	15	15	15	15	15
44884	SEAL TEAM 3	92155	223	229	229	229	229	229	229
44920	BCHMSTR UN 1 D A	92155	17	19	19	19	19	19	19
44921	BCHMSTR UN 1 D B	92155	24	19	19	19	19	19	19
44922	BCHMSTR UN 1 D C	92155	19	19	19	19	19	19	19
44923	BCHMSTR UN 1 D D	92155	17	19	19	19	19	19	19
44924	BCHMSTR UN 1 D E	92155	22	19	19	19	19	19	19
44925	BCHMSTR UN 1 D F	92155	19	19	19	19	19	19	19
44939	CNSWGRU 1 SDUCOM	92155	36	44	44	44	44	44	44

45771	PCFAST D S DGO	92155	1	0	0	0	0	0	0
46257	NPB CORONAD SECD	92155	46	38	38	38	38	38	38
46442	CSWDG DT WEST	92155	3	3	3	3	3	3	3
46462	STU BASUNDDEM/SE	92155	250	225	203	173	164	156	156
46989	NSPECWARCEN NDC	92155	29	43	43	43	43	43	43
47330	FDGP TAC DEV&E	92155	2	2	2	2	2	2	2
48707	NAB CORONADO CDC	92155	2	1	1	1	1	1	1
48902	NPHIBSCH COR TQL	92155	14	13	13	13	13	13	13
49080	PC MST ONE	92155	13	13	13	15	15	15	15
49082	PC MST THREE	92155	7	13	13	15	15	15	15
49440	NSWC D WASH DC	92155	2	4	4	4	4	4	4
49713	PC MST 5	92155	3	13	13	15	15	15	15
49770	NSWC DET N PRCHT	92155	11	13	13	13	13	13	13
49917	NAVINTACT FTPAC	92155	0	1	1	1	1	1	1
53212	BCHMSTR UN 1	92155	12	11	11	11	10	10	10
53257	ASSAULT CFT UN 1	92155	131	62	65	63	62	62	62
53824	COMNAVSURFPAC	92155	216	224	227	227	224	224	224
55104	PHIB CB1	92155	350	274	274	270	270	270	270
55134	TACRON 11	92155	62	79	86	119	119	119	119
55135	TACRON 12	92155	60	79	86	119	119	119	119
55321	EODGR1	92155	23	27	28	28	28	28	28
55446	COMSPECBOATRON 1	92155	31	71	71	71	71	71	71
55447	EOD MOB UN 3	92155	205	207	207	207	206	206	206
55721	FTGP SDGO CA	92155	76	63	62	62	62	62	62
55777	SEAL TEAM 1	92155	222	229	229	229	229	229	229
57066	COMNBEACHGRU 1	92155	15	14	14	14	14	14	14
57100	N SPEC WAR GRU 1	92155	101	117	116	116	116	116	116
62021	NPB CORONADO	92155	303	203	212	212	212	212	212
63018	NPHIBSCH CORONAD	92155	8	6	6	6	6	6	6
67271	LANDFORTRACO PAC	92155	10	8	8	8	8	8	8
68751	FLETACREADGRU SD	92155	9	6	3	0	0	0	0
68794	FDGPD CORONADO	92155	31	30	30	30	30	30	34
68869	NSPECWARCEN CORO	92155	220	215	215	215	215	215	215
41341	BUPERS S/D SD DT	92166	20	19	19	19	19	19	19
43440	BUPERS PG S C	92166	2	2	2	2	2	2	2
44907	BUPERS S/D C H	92166	2	2	2	2	2	2	2
46819	STU EEAP #1 GOLD	92166	2	0	0	0	0	0	0
43791	DCMO SPACE	92186	2	1	1	1	1	1	1
63116	NHLTHRSCHCEN SDG	92186	25	21	20	19	19	19	19
65584	NELEXSYENGC SDEG	92186	6	5	4	3	4	4	4
65913	NSEACENPAC SDIGO	92186	43	40	39	39	39	39	39
			74701	65239	57736	53555	52953	51437	51383

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	0	36,084	0	0
ACTIVE DUTY NON N/MC	0	88	0	0
TOTAL ACTIVE DUTY	0	36,172		0
FAMILY OF AD	0	730	0	0
RETIRED AND FAMILY MEMBERS UNDER 65 *	0	484	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	1,664	0	0
TOTAL	0	39,050		0

*** Data not available by age; all ages included.**

What is your occupancy rate for FY 1994 to date? **N/A**

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	**39,753**	**40,468**	**41,197**	**41,938**	**42,693**	**43,462**	**44,244**
ADMISS.	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Please show all assumptions and calculations in the space below:

- **Total projected population increase of 9% between FY94 and FY99, for 1.8% increase annually.**

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
PFT COVERAGE	**1.0%**	**1**
NAS MIRAMAR AIRSHOW SUPPORT	**3.5%**	**76**
TRAINING REQUEST	**1.0%**	**1**
RETIREMENT SUPPORT	**1.0%**	**1**
CHANGE OF COMMAND SUPPORT	**1.0%**	**1**
FLIGHTLINE OPERATIONAL SUPPORT	**3.0%**	**3**
MWR FUNCTIONS	**1.0%**	**10**
RIFLE	**1.0%**	**1**

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

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

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

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

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: **N/A.**

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?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

N/A
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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME					
2. UIC	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE	A. GSF		B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY			B.STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING					
(2) ADMINISTRATION					
(3) CENTRAL STERILE SVCS.					
(4) DENTAL					
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES					
(7) LABORATORIES					
(8) LOGISTICS					
(9) INPATIENT NURSING UNITS					
(10) LABOR-DEL-NURSERY					
(11) OUTPATIENT CLINICS					
(12) PHARMACY					
(13) RADIOLOGY					
(14) SURGICAL SUITE					
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC					
(C) PLUMBING					
(D) ELECTRICAL SVCS.					
(E) ELECTRICAL DISTRIBUTION					

(F) EMERGENCY POWER					

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous

location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Sitting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: **N/A**

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

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

Centrally located, accessible within 1-5 minutes of any tenant activities that might require immediate medical response and/or ambulance transport to appropriate emergency/trauma facilities.

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

Airport (military) 2 minutes drive, (civ) 25 minutes drive, Rail 25 minutes drive, commercial sea 25 min drive, city bus stops at main gate every 30 to 60 minutes.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): __10__

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

Military air transport is within 2 minutes and Naval Medical Center is 25 minutes away.

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

All activities are within 2-5 minutes from the clinic.

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

None.

FEATURES AND CAPABILITIES

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

Loss of immediate medical coverage/care for NAS Miramar and loss of immediate response to aviation accidents. Civilian alternative medical response would result in an exorbitant amount of contract dollars and excessive military manhours used (about 50 minutes round trip) in transport of patients to the Naval Medical Center whenever clients require less than emergency medical attention.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes. (See Naval Medical Center, SD UIC: 00259)

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes. (See See Naval Medical Center, SD UIC: 00259)

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

N/A.

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

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

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

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

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

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: _____

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS): **N/A.**

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

13. Supplemental Care. Please complete the following table for supplemental care: **N/A.**

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL						

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	**$1,967,334**	**$2,291,786**	**$2,669,747**
TOTAL OUTPATIENT VISITS	**$42,076**	**$42,765**	**$43,465**
AVERAGE COST PER VISIT	~~**$466.76**~~ $46.75	**$53.49**	**$61.42**

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14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

Table A: **N/A.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B: **N/A.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C: **N/A.**

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D: **N/A.**

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life. **N/A. The clinic is a tenant of Naval Air Station Miramar (UIC: 60259).**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

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

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

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

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time (min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

n. Complete the table below to indicate the crime rate for your air station for t 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 o worked at the base; and 2) all reported criminal activity off base.

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

Off Base Personnel - civilian			

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

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

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

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

BRAC-95 CERTIFICATION

UIC-32547 BRAC-27

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

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. NELSON, RADM, MC, USN
NAME (Please type or print)

R. A. Nelson
Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM,MC,USN
NAME (Please type or print)
CHIEF BUMED/SURGEON GENERAL

D F Hagen
Signature

6-7-94
Date

Title

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

10 Jun 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Branch Medical Clinic, Naval Air Station, Miramar, San Diego, CA*
Acronym(s) used in correspondence	*BMC MIRAMAR SD*
Commonly accepted short title(s)	*BRMEDCL NAS MIRAMAR SDIEGO CA*

- Complete Mailing Address

  Branch Medical Clinic
  Miramar San Diego
  19871 Mitscher Way
  San Diego, CA 92145-5197

- PLAD BRMEDCLINIC NAS MIRAMAR CA

- PRIMARY UIC: 32547 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): NONE PURPOSE: N/A

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XX (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 __XX__ (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 __XX__ No ____ (check one)
- Primary Host (current) UIC: __60259__
- 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 __XX__ (check one)

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

Name	Location	UIC
NONE		

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

Name	UIC	Location	Host name	Host UIC
NONE				

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

NONE

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

Current Missions

- Maintains Health Record for NAS Miramar Personnel and Fleet Squadrons.
- Provides clinical laboratory support and reference laboratory services.
- Provides full service pharmacy - collects and fills prescriptions, and distributes medication to all authorized beneficiaries.
- Provides diagnostic Radiology services for patients.
- Provides immunizations for active duty military and allergy shots as required.
- Coordinates Health Care delivery related to the examination, diagnoses, treatment and disposition of patients.
- Coordinates Physical Readiness Training (PRT) screens, STD visits and wart clinic.
- Provides acute care treatment for all beneficiaries.
- Coordinates all aviation and other physical examination requirements and overseas screening examinations.
- Provides audiometric, visual testing and anthoropometric measurement.
- Provides emergency ambulances service and routine patient transport services.
- Provides physical therapy support to active duty.
- Provides active duty women health care.

Projected Missions for FY 2001

- Provide full time Family Practice/Ambulatory Care to all beneficiaries.
- Provide obstetric care to active duty women.

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

Current Unique Missions

- Provides emergency medical support for mass casualty contingency plans during NAS Miramar Airshow.
- Provides Presidential/Vice Presidential emergency medical/ambulance support as required.
- Coordinates annual county wide disaster drill.
- Provides occupational health support to military and civilian employees.
- Provides industrial hygiene support to the host and tenant activities.

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
  Naval Medical Center San Diego 00259
- Funding Source UIC
  Naval Medical Center San Diego 00259

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			
00259/32547	717/7	1564/34	1223/6
Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command			
[redacted]/32547	[redacted] 11	[redacted] 51	[redacted] Ø
• Tenants (total)	N/A	N/A	N/A

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

Title/Name	Office	Fax	Home
• CO/OIC			
P. J. GUERRA,LT, MSC, USN	(619) 537-4634	(619) 537-1538	(619) 486-0611
• Duty Officer			
HMCM(SW) R.S. PAMINTUAN	(619)537-4664	(619) 537-1538	(619) 566-4928

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 home ported 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 (home ported 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.)
NONE		

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

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

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

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

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

UIC: 32547

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR BRANCH CLINIC OPERATIONS
Title

Feb 1, 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

UIC: 32547

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. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

27 Feb 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

ACTING CHIEF BUMED
Title

10 FEB 1994
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 FEB 94
Date

Document Separator

330

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BMC, Naval Air Station, Miramar, San Diego, CA
UIC:	32547
Host Activity Name (if response is for a tenant activity):	Naval Air Station, Miramar, San Diego, CA
Host Activity UIC:	60259

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

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

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

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

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: BRMEDCL, NAS Miramar, San Diego, CA		**UIC:** 32547	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor Civ/Mil***	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	28		28
1b. Minor Construction	6		6
1c. Sub-total 1a. and 1b.	34		34
2. Other Base Operating Support Costs:			
2a. Utilities	60		60
2b. Transportation			
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other Engineer Support	2		2
2k. Supply Operations			
2l. Other Personnel Support			
2m. Base Communications	60		60
2n. Physical Security			

DATA CALL 66
INSTALLATION RESOURCES

2o. Sub-total 2a. through 2n:	122		122
3. Grand Total (sum of 1c. and 2o.):	156		156

*** Note: FY 96 Military Personnel Cost is based on FY 94 8 months actual (NC2171), use 8 months average to project out for the year and straight line for the out years.**

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

Appropriation	Amount ($000)
9760130.188J	$156

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

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

DATA CALL 66
INSTALLATION RESOURCES

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

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: BRMEDCL, NAS Miramar, San Diego, CA	**UIC:** 32547
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	3
Material and Supplies (including equipment):	1,838
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	97
Total:	1,938

DATA CALL 66
INSTALLATION RESOURCES

3. Contractor Workyears.

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

Table 3 - Contract Workyears	
Activity Name: BRMEDCL, NAS Miramar, San Diego, CA	**UIC:** 32547
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	*
Facilities Support:	*
Mission Support:	1
Procurement:	0
Other:*	0
Total Workyears:	1

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

*** All On-Base work/services are being performed/contracted by the Navy Public Works Center and the Southwest Division, Naval Facilities Engineering Command.**

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

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

2) Estimated number of workyears which would be eliminated:

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

1

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): None.**

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D.F. Leonard
Signature

DIRECTOR FOR BRANCH CLINIC OPERATIONS
Title

July 14, 1994
Date

BRMEDCL NAS MIRAMAR
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. K. BURKHARD, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDER, ACTING
Title

Date 7/14/94

NAVAL MEDICAL CENTER, SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

Date 7-19-94

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

Signature

ACTING
Title

16 AUG 1994
Date

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRRMEDCL NAS MIRAMAR SDIEGO CA
32547

330

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

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

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	N/A	29,413	N/A	N/A	32,060	N/A
FAMILY OF AD	N/A	44,752	N/A	N/A	48,780	N/A
SUBTOTAL	N/A	74,165	N/A	N/A	80,840	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	95,168	N/A	N/A	103,733	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	N/A	17,138	N/A	N/A	18,680	N/A
OTHER	N/A	0	N/A	N/A	0	N/A
TOTAL	N/A	186,471	N/A	N/A	203,253	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	**N/A**
Set Up Beds[1]:	**N/A**
Expanded Bed Capacity[2]:	**N/A**

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	**38,665**	**1,016**	**1,585**	**1,499**	**42,765**
ADMISSIONS	**0**	**0**	**0**	**0**	**0**
LABORATORY TESTS (WEIGHTED)[1] *	**410,009**	**10,774**	**16,808**	**15,896**	**453,486**
RADIOLOGY PROCEDURES (WEIGHTED)[1] *	**9,421**	**248**	**386**	**365**	**10,420**
PHARMACY UNITS (WEIGHTED)[1] *	**121,758**	**3,199**	**4,991**	**4,720**	**134,669**
OTHER (SPECIFY)	**0**	**0**	**0**	**0**	**0**

* **Ancillary workload not collected by PatCat, used PatCat % for visits.**

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

N/A. The clinic is performing at maximum capacity based on existing resources.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS				
ADMISSIONS				
LABORATORY TESTS (WEIGHTED)[1]				
RADIOLOGY PROCEDURES (WEIGHTED)[1]				
PHARMACY UNITS (WEIGHTED)[1]				
OTHER (SPECIFY)				

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS *	50,265	1,321	2,061	1,949	55,595
ADMISSIONS *	0	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1] *, **	533,012	14,006	21,850	20,664	589,532
RADIOLOGY PROCEDURES (WEIGHTED)[1] *, **	12,247	322	502	475	13,546
PHARMACY UNITS (WEIGHTED)[1] *, **	158,285	4,159	6,489	6,137	175,070
OTHER (SPECIFY)	0	0	0	0	0

* **Actual plus 30% (provided by Champus).**
** **Ancillary workload not collected by PatCat; used PatCat % for visits.**

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	**18**	**18**	**18**	**18**	**18**	**18**	**18**	**18**
SPECIALTY CARE[2]	**16**	**16**	**16**	**16**	**16**	**16**	**16**	**16**
PHYSICIAN EXTENDERS[3]	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
INDEPENDENT DUTY CORPSMEN	**10**	**10**	**10**	**10**	**10**	**10**	**10**	**10**
TOTAL	**44**	**44**	**44**	**44**	**44**	**44**	**44**	**44**

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

(See Core Hospital N00259)

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	
SPECIALTY CARE[2]	
PHYSICIAN EXTENDER[3]	
TOTAL	

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

(See Core Hospital N00259)

Region Population: _____

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

(See Core Hospital N00259)

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

(See Core Hospital N00259)

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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

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	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A			

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

[1] 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.

BRAC-95 CERTIFICATION

UIC-32547 BRAC-26

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

D. F. LEONARD, CAPT, MC, USN
NAME (Please type or print)

D. F. Leonard
Signature

DIRECTOR, BRANCH CLINIC OPERATIONS
Title

23 May 1994
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

R. A. NELSON, RADM, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

23 May 94
Date

NAVAL MEDICAL CENTER SAN DIEGO
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-7-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

J. B. Greene, Jr
NAME (Please type or print)

Signature

Acting
Title

10 JUN 1994
Date

331

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Air Station Branch Naval Medical Clinic, New Orleans, LA.

ACTIVITY UIC: 46143

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

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

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001 *1		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	3,397	3,397*2	N/A	3,112	3,112	N/A
FAMILY OF AD	4,907	4,907	N/A	4,449	4,449	N/A
SUBTOTAL	8,304	8,304	N/A	7,561	7,561	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	7,194	7,194	N/A	7,017	7,017	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,733	2,733	N/A	3,478	3,478	N/A
OTHER	6,163	6,163	N/A	6,152	6,152	N/A
TOTAL	24,394	24,394	N/A	24,208	24,208	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

*1 Projected FY data is valid to FY 1999. RAPS projections do not go beyond this time frame.
*2 There is only 1 small area of overlap (consists of only a few square miles) with Keesler AFB in our catchment area. Therefore catchment and assigned population figures are the same.

This data represents the population within a 20 mile vs 40 mile radius. 40 mile radius figures are not available for medical clinics.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

This Command is an outpatient clinic with no inpatient beds.

Operating Beds[1]:	N/A
Set Up Beds[1]:	N/A
Expanded Bed Capacity[2]:	N/A

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER*	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,412	91	6	1,151	10,660
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] **	140,009	1,348	95	17,126	158,578
RADIOLOGY PROCEDURES (WEIGHTED)[1] **	3,950	38	3	48	4,474
PHARMACY UNITS (WEIGHTED)[1] **	7,468	72	5	914	8,459
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* "OTHER" category consists of civilians and foreign service members.
** Ancillary data is not kept by patient categories. The total figures are correct but the category breakdown is an estimate based upon percentage of outpatient visits.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	16,740	N/A	N/A	1,860	18,600
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	144,000	N/A	N/A	16,000	160,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	39,758	N/A	N/A	4,418	44,176
PHARMACY UNITS (WEIGHTED)[1]	15,800	N/A	N/A	N/A	15,800
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Outpatient visit calculations:
3 physicians x 3 patients per hour x 7 hours x 4 days x 46 weeks= 11,592 annual visits
1 IDC x 8 patients per day x 5 days x 46 weeks= 1,840 annual visits
1 Physician Assistant x 25 patients per day x 4.5 days x 46 weeks= 5,175 annual visits

Laboratory calculations:
Based on current staffing and budgetary considerations, only an anticipated 1% increase in services could be anticipated.

Radiology calculations:
  Based on 1 full time technician averaging 39 exams per day

Pharmacy calculations:
  Based on an estimate of 60 Rx's/day

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	OTHER*	TOTAL OF EACH ROW
OUTPATIENT VISITS	9,412	91	6	1,151	10,660
ADMISSIONS	N/A	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1] **	140,009	1,348	95	17,126	158,578
RADIOLOGY PROCEDURES (WEIGHTED)[1] **	3,950	38	3	48	4,474
PHARMACY UNITS (WEIGHTED)[1] **	7,468	72	5	914	8,459
OTHER (SPECIFY)	N/A	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

NOTE: These figures are the same as those noted on question 3. Family of active duty and retired/family would be reflected on main clinic figures.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	3	3	3	3	3	3	3	3
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	5	5	5	5	5	5	5	5

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	1,462
SPECIALTY CARE[2]	3,023
PHYSICIAN EXTENDER[3]	106
TOTAL	4,591

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 1,370,979

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Mercy & Baptist Medical Ctr	Christian Health Ministries	10	20 minutes	MOU for mammography is pending signature
Charity Hosp Medical Ctr of LA	LA Health Care Authority	10	20 minutes	
Touro Infirmary	Touro Infimary	18	20 minutes	
E.Jefferson General	Jefferson Parish	16	30 minutes	
Ochsner Foundation	Alton Ochsner Medical Foundation	16	20 minutes	
W. Jefferson Medical Ctr	Jefferson Parish	10	25 minutes	
VA Medical Ctr	U.S. Department of Veterans Affairs	6	20 minutes	VA/Department of Defense sharing agreement
University Hosp	State of La	6	20 minutes	
Pendleton Memorial Methodist	Methodist Health System Foundation Inc.	16	30 minutes	

St. Jude Medical Ctr.	Life Mark Hospitals of LA	16	35 minutes	
Tulane University Medical Ctr.	Tulane University	10	20 minutes	
Chalmette Medical Ctr.	Universal Health Service Inc.	15	45 minutes	
Meadowcrest	National Medical Enterprises Inc.	10	15 minutes	
St. Tammany Parish	*	44	90 minutes	
Slidell Memorial	St. Tammany Parish	34	45 minutes	
Children's Hospital	Children's Hospital Inc.	10	20 minutes	
NorthShore Regional	National Medical Enterprises Inc.	34	50 minutes	MOU pending
St. Charles General	National Medical Enterprises Inc.	10	15 minutes	MOU pending
JoEllen Smith Medical Ctr.	National Medical Enterprises Inc.	4	6 minutes	MOU with JoEllen Smith Psychiatric Hospital
Lakeland Medical Ctr.	Columbia Healthcare Corp.	12	30 minutes	
Doctors Hospital of Jefferson	Medical Enterprises	12	30 minutes	MOU pending
United Medical Ctr.	United Medical Corp.	10	20 minutes	
Elmwood Medical Ctr.	Paracelsus Healthcare Corp.	18	45 minutes	
Lakeside Hospital	HealthcareTrust Inc.	15	30 minutes	

Highland Park Medical Ctr.	EPIC Healthcare Group	44	90 minutes	
St. Charles Parish	St. Charles Parish Hospital Service District #1	50	60 minutes	
River Parishes	Universal Health Services Inc.	50	60 minutes	
Tulane Hospital for Children	Tulane University	10	20 minutes	
St. James Parish	*	50	60 minutes	

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

* Information not available.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Mercy & Baptist Medical Ctr	631	Yes	383	
Charity Hosp Medical Ctr of LA	597	Yes	478	GME
Touro Infirmary	350	Yes	232	
E.Jefferson General	484	Yes	340	
Ochsner Foundation	409	Yes	305	
W. Jefferson Medical Ctr	382	Yes	209	
VA Medical Ctr	333	Yes	263	GME
University Hosp	272	Yes	142	GME
Pendleton Memorial Methodist	212	Yes	154	
St. Jude Medical Ctr.	149	Yes	*	

Tulane University Medical Ctr.	269	Yes	185	GME
Chalmette Medical Ctr.	145	Yes	*	
Meadowcrest	169	Yes	104	
St. Tammany Parish	110	Yes	62	
Slidell Memorial	182	Yes	108	
Children's Hospital	160	Yes	113	
NorthShore Regional	139	Yes	85	
St. Charles General	92	Yes	56	
JoEllen Smith Medical Ctr.	110	Yes	*	
Lakeland Medical Ctr.	150	Yes	*	
Doctors Hospital of Jefferson	74	Yes	50	
United Medical Ctr.	136	Yes	*	
Elmwood Medical Ctr.	108	Yes	*	

Lakeside Hospital	105	Yes	40	
Highland Park Medical Ctr.	104	Yes	53	
St. Charles Parish	50	Yes	*	
River Parishes	102	Yes	37	
Tulane Hospital for Children	85	Yes	*	
St. James Parish	15	Yes	*	

* Hospital does not report occupancy statistics.

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Catagory 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.

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

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 Catagory 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 or 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 the student hours per year would be 600,000.

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Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity Student HRS/YR
N/A			

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

[1] 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.

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 L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/24/94
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

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)

J. B. GREENE JR | J B Greene Jr

NAME (Please type or print) | Signature

ACTING | 3 JUNE 1994

Title | Date

Document Separator

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DATA CALL 1: GENERAL INSTALLATION INFORMATION

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

- Name

Official name	*Naval Air Station Branch* *Naval Medical Clinic* *New Orleans, La.*
Acronym(s) used in correspondence	*NAS BRANCH CLINIC* *New Orleans, La.*
Commonly accepted short title(s)	*BRMEDCL NAS NEW ORLEANS*

- Complete Mailing Address

NAS Branch Medical Clinic
Naval Air Station
Belle Chase, La. 70143-5000

- PLAD: NAVMEDCLINIC NEW ORLEANS LA

- PRIMARY UIC: 46143 (Plant Account UIC for Plant Account Holders)

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

- ALL OTHER UIC(s): NONE

PURPOSE: N/A

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2. PLANT ACCOUNT HOLDER:

• Yes ____ No XXXXX (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 XXXXX (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 XXXXX No ____ (check one)

• Primary Host (current) UIC: 00206

• Primary Host (as of 01 Oct 1995) UIC: 00206

• Primary Host (as of 01 Oct 2001) UIC: 00206

NOTE: THIS BRANCH CLINIC IS COUNTED AS A TENANT COMMAND BY NAVAL AIR STATION, NEW ORLEANS (UIC 00206). IN ADDITION, IT HAS BEEN COUNTED AS A DETACHMENT OF OUR MAIN CLINIC (UIC 66898).

• 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 XXXXX (check one)

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

Name	Location	UIC
NONE		

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

Name	UIC	Location	Host name	Host UIC
NONE				

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

No.

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

Current Missions

. Provide outpatient services primarily to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

• Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

• Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

• Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational readiness.

Projected Missions for FY 2001

• We do not anticipate any significant changes in our current mission through 2001.

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

• Our mission is somewhat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographically separated from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, Fl. As a result, a major focus of mission accomplishment is to reduce lost manhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

• The goal of our recently established managed care department is to specifically address this issue. We are currently developing a managed care network of local inpatient as well as outpatient specialty healthcare providers and negotiating to obtain reduced rates for these services.

• We are currently involved in the planning phase of the DOD TRICARE/Lead Agent Concept. We will fall within Region 4. Keesler Medical Center is our assigned lead agent.

NOTE: THE MANAGED CARE ASPECT OF OUR MISSION IS PRIMARILY ACCOMPLISHED VIA OUR MAIN CLINIC.

* This Command has no National Command Authority or classified mission responsibilities.

Projected Unique Missions for FY 2001

• With the exception of the ongoing TRICARE/Lead Agent initiative, we anticipate no additional unique missions through FY 2001.

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

• Operational name	UIC
COMNAVRESFOR	00072

• Funding Source	UIC
BUMED	00018

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

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	04	15	07
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	NONE	NONE	NONE
• Tenants (total)	N/A	N/A	N/A

NOTE: NO BILLETS ARE DIRECTLY DETAILED TO THE AIR STATION CLINIC. AUTHORIZED POSITIONS ARE ASSIGNED TO THE MAIN CLINIC.

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

Title/Name	Office	Fax	
• CO/OIC			
CAPT L. S. WATTS	(504) 361-2401 H.P.: (504) 641-1593	(504) 361-2402	
• Duty Officer	(504) 361-2401	(504) 361-2402	{N/A}
• Director For Administration LT C. Lucas	(504) 361-2401	(504) 361-2402	

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

• Tenants residing on main complex (shore commands)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
NONE				

• 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
NONE					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
NONE					

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

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.) See "Healthcare Services Provided" below
Naval Reserve Force	*UNLESS OTHERWISE NOTED, ALL ACTIVITIES ARE LOCATED IN NEW ORLEANS, LA*	*A-X*
Naval Surface Reserve Force		*A-X*
Naval Air Reserve Force		*A-X*
Marine Reserve Force		*A-X*
Naval AIR STATION		*A-X*
VFA 204		*A-X*
VP 94		*A-X*
VR 54		*A-X*
MAG 42 - DET C		*A-X*
Naval Reserve Recruiting Command		*A-X*
Marine Corps Recruiting Station		*A-X*

Army Recruiting Battalion		*A-X*
Naval Reserve Readiness Command Region Ten		*A-X*
Navy Recruiting District		*A-X*
Naval Air Logistics Office		*A-X*
Eighth Marine Corps District		*A-X*
Personnel Support Detachment		*A-X*
Military Entrance Processing Station		*A-X*
Branch Dental Clinic		*A-X*
Naval Legal Service Office Detachment		*A-X, EE*
NJROTC Area Manager		*A-W*
4th Marine Air Wing		*A-X*
4th Marine Division		*A-X*
Naval Medical Clinic Staff		*A-X*

Healthcare Services Provided

NOTE: MANY OF THESE SERVICES ARE PROVIDED VIA REFERRAL TO THE MAIN CLINIC

a. Screening, examination, diagnosis, primary care treatment, and referral of patients for a wide range of general medical conditions on an outpatient basis.

b. Optometry Services

c. Management of military patients requiring specialty care.

d. Pharmacy and Laboratory outpatient services (includes pharmacy over-the-counter program).

e. Medical Evacuation services.

f. Decedent affairs services.

g. Overseas/remote assignment screenings and examinations.

h. Exceptional Family Member Program

i. Physical Readiness Training Screens.

j. Identification and management of fitness for duty cases.

k. HIV testing.

l. Competency and fitness for duty examinations.

m. Confinement physicals.

n. Substance abuse interviews.

o. Health record maintenance.

p. Ambulance/Corpsmen support to area military functions e.g., Change of Command Ceremonies and FMF forced-march exercises.

q. Public Health Services (Pest control, food service sanitation inspections, immunization programs, disease awareness training etc.)

r. Occupational Health Services

s. Industrial Hygiene Services

t. CPR instructor training.

u. Patient education and public relations programs to promote customer awareness and satisfaction.

v. Health Promotion services.

Healthcare Services Provided (cont.)

w. Family Advocacy Services (Child and Spouse Abuse)

x. First aid and stabilization of civilians injured on-the-job.

y. Emergent medical logistic support to ships and operational units.

z. Independent Duty Corpsmen support to new construction and overhauled ships conducting shakedown cruises.

aa. Fleet Liaison to visiting/shipyard vessels.

bb. Preventive Medicine Technician (PMT) aid to operational units with mass immunization requirements.

cc. Radiology and laboratory technician technical support to ships undergoing radiology and/or laboratory equipment refit.

dd. Provide information regarding Third Party Liability Program.

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".)

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

NOTE: MAPS AND AERIAL PHOTOGRAPHS ARE BEING PROVIDED BY THE HOST COMMANDS.

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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 L.S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

DATE 4 Feb 1994

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
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

46143

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

X [signature]
Signature

SURGEON GENERAL/CHIEF BUMED
Title

2-8-94
Date

BUREAU OF MEDICINE & SURGERY
Activity

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

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

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

[signature]
Signature

ACTING
Title

16 FEB 94
Date

Document Separator

331

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL
FACILITY: Naval Air Station Branch Naval Medical Clinic, New Orleans, LA.
ACTIVITY UIC: 46143

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

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

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MISSION REQUIREMENTS

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

* Our mission is somehwat unique in that we have no inpatient capability and no in-house specialty care providers. This is significant as we are geographicallly separate from military inpatient facilities - 90 miles away from Keesler Air Force Base Medical Center, Biloxi MS, and 200 hundred miles from Naval Hospital, Pensacola, FL. As a result, a major focus of mission accomplishment is to reduce lost hanhours/TAD costs to area commands by increasing access to local specialty care and inpatient services.

* Provide ourpatient services primarily to active duty Navy and Marine Corps personnel in the New Orleans Metropolitan area.

* Ensure all military personnel are properly trained for the performance of assigned contingency and wartime duties.

* Provide Occupational Health, Industrial Hygiene and Preventive Medicine Services.

* Provide healthcare services in support of the operation of the Navy and Marine Corps Shore activities and units of the operating forces to ensure the highest degree of operational readiness.

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAS NEW ORLEANS	00206	Unless otherwise noted, all activities are located in New Orleans, LA.	505
RAIMD NEW ORLEANS	44490		182
MAG42 DET C	89443		144
VR-54	52895		141
VP-94	09148		124
VFA-204	09032		115
COAST GUARD	20250		113
LAANG 159TH	FLLVO		96
NAVMEDBRCL NOLA	67248		22
COMFLELOGSUP DET	48520		18
PSAD NAS NOLA	43104		18
NTCC DET	33292		16
NTOMD	65778		10
AFRES 926 FG			6
RESPATWINGLANT DET	55594		5
RIPO 7	47919		3
CUSTOMS	N/A		0

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	N/A	6,984	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	540	N/A	N/A
TOTAL ACTIVE DUTY	N/A	7,524		N/A
FAMILY OF AD	N/A	94	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	144	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	1,200	N/A	N/A
TOTAL	N/A	8,964		N/A

What is your occupancy rate for FY 1994 to date? N/A

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	9,000	9,000	9,000	9,000	9,000	9,000	9,000
ADMISS.	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Please show all assumptions and calculations in the space below:

To the best of our knowledge, we anticipate FY 1995-2001 projected workload will be consistent with FY 1994 projections. No significant BRAC activity or force reductions are currently scheduled for our catchment area and RAPS data reveals no significant population changes during this time frame.

We have an ongoing Champus Reform Initiative operating in our catchment area and as a result the transition to TRICARE should have minimal impact on our projected workload.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
CPR Classes	96 Hrs	2
PRT Standby's	50 Hrs	2
Air Show Planning	6 Hrs	1
Air Show (Only 1 Quarter)	50 Hrs	45
Crash Calls (Ambulance standby)*	40 Hrs	2
Food Service Inspections	200 Hrs	1
Food Service Training	30 Hrs	1
Mosquito Counts/Identification	50 Hrs	1
Heat Stress Assessment May/Sep	30 Hrs	1
Facility Inspection (BEQ,CDC,GYM,Barber)	100 Hrs	1
Portable Water/Ice Testing	8 Hrs	1
Food Acceptance Inspections	60 Hrs	1
Health Promotion	30 Hrs	1
NAVOSH Promotion	100 Hrs	4
Boy Scout Camp Support (6 week period)	1700 Hrs	2
Fleet Support (IDC's,EMT's)	200 Hrs	1

NOTE 1: Actual ambulance calls are not listed as they are considered to be patient care support.

NOTE 2: We also have 1 full time industrial hygienist and 1 full time industrial hygienist technician who provides support to all Navy and Marine Corps commands in the state of Louisiana. This includes shipyard workers as well as fleet support for incoming vessels.

NOTE 3: This data represents the combined support rendered by our main clinic and 2 branch clinics. It would be impossible to categorize this data by individual clinics.

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

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

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
550-10	Branch Medical Clinic	22,000	37	C-2

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

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

7a. 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?

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAS Branch Medical Clinic					
2. UIC 46143	3. CATEGORY CODE 550-10		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 22,000		B. NORMAL BEDS N/A		C.DTRS 4
6. LOCATION	A. CITY Belle Chase			B.STATE LA	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	N/A				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES		100		B-12	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY		100		B-12	
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC		100		A-11	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION		100		F-06	
(F) EMERGENCY POWER					

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: _____

FULL ACCREDITATION: Yes/No

LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

JCAHO surveys are not conducted at this facility.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

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

The Clinic is conveniently located to Naval Air Station customers. 17 Commands are provided direct support at this facility.

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

All transportation nodes are within the New Orleans metropolitan area.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): less than 1

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

Given our easy access to all forms of transportation, our location facilitates deploying staff members assigned.

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

Westbank customers can reach facility in an average of 10 minutes.

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

There are no Physician Assistant training programs in the state of Louisiana. This has hindered Physician Assistant recruiting in the past.

FEATURES AND CAPABILITIES

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

The healthcare services this clinic prvides in support of the Navy, Marine Corps, and other service shore activities significantly contributes to their operational readiness. Direct patient care could be provided by civilian providers via contract or fee for service. However, as noted in question 5, a large part of our mission consists of providing non-patient care support. In addition, we identify and manage fitness for duty cases, perform overseas/remote assignment screenings and administer the exceptional family member program.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Yes. As noted in questions 5 and 7 of Data Call 26, we have a large compliment of health care providers and hospitals in the area. Excess capacity exists and they could easily absorb the additional workload.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes. Refer to question 10a.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

We have no inpatient care capability. Inpatient services are provided at Keesler AFB, Pensacola Naval Hospital, or civilian hospitals.

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

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

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
MAG-27	09167	01
FLT HOSP#8	45392	05
#15	45399	05
#4	68684	06
#5	68685	05
NH,ROOS. ROADS	65428	01
NH, ROTA	66101	02
1STMAR BRIG,KANEOCHE	67339	10
3RD FSSG	67436	01

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

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

NONE. These mobilization requirements have had minimal impact on our Command mission.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: __0__

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	N/A	N/A	N/A
OUTPATIENT	N/A	N/A	N/A

No inpatient services are provided at this facility.

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	1497	$663.40	1622	$509.50	1224	$495.10
AD FAMILY	3	.20	0	0	0	0
OTHER	25	7.20	22	9.90	0	0
TOTAL	1525	$670.80	1644	$519.40	1224	$495.10

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

This data represents the combined total for our main clinic and 2 branch clinics.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	$1,391,806	$1,682,940	$1,552,332
TOTAL OUTPATIENT VISITS	11,286	10,660	8,964
AVERAGE COST PER VISIT	$105	$132	$150

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). FY 1994 should be completed through the First Quarter FY 1994.

This information is not applicable. This Command is an outpatient clinic and does not incur inpatient costs.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE			

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. SUPPLEMENTAL CARE COSTS IN MEPRS-A[1]			
C. SAME DAY SURGERY EXPENSES IN MEPRS-A (DGA)[1]			
D. OCCUPATIONAL/PHYSICAL THERAPY EXPENSES IN MEPRS-A (DHB/DHD)[1]			
E. HYPERBARIC MEDICINE EXPENSES IN MEPRS-A (DGC)[1]			
F. TOTAL (B+C+D+E)			

[1] These costs are actual or estimated. If other than actual please provide assumptions and calculations.

Table C:

CATEGORY (SPECIAL PROGRAM EXPENSES)	FY 1992	FY 1993	FY 1994
G. AREA REFERENCE LABORATORY (FAA)			
H. CLINIC INVESTIGATION PROGRAM (FAH)			
I. CONTINUING HEALTH PROGRAM (FAL)			
J. DECEDENT AFFAIRS (FDD)			
K. INITIAL OUTFITTING (FDE)			
L. URGENT MINOR CONSTRUCTION (FDF)			
M. TOTAL (G+H+I+J+K+L)			

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
N. ADJUSTED MEPRS-A EXPENSE ([A+M]-F)			
O. TOTAL CATEGORY III RWPS			
P. UNIT COST (N÷O)			

15. Quality of Life.

These questions will be answered by our host Command, Naval Air Station, New Orleans, LA., (UIC 00206) in Data Call Number 31.

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 L. S. WATTS
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5/24/04
Date

NAVAL MEDICAL CLINIC NEW ORLEANS, LA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

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

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

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

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

J. B. GREENE JR.

NAME (Please type or print) | Signature

ACTING

Title | Date