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MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC NAS OCEANA
ACTIVITY UIC: 32528

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

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

Encl (3)

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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 Branch Medical Clinic Oceana provides comprehensive primary care to our beneficiary population of approximately 294,000 in the South Hampton Roads area. We are able to provide the following services as part of our mission:

- RADIOLOGY, LABORATORY, URGENT CARE, AMBULATORY CARE, OPTOMETRY, PREVENTIVE MEDICINE, OCCUPATIONAL HEALTH, PHARMACY, PEDIATRICS, PHYSICAL THERAPY, IMMUNIZATIONS, OBSTETRICS, PHYSICAL EXAMS, AVIATION MEDICINE, MILITARY SICKCALL, EMERGENCY TRANSPORT, HEALTH PROMOTIONS, CHAMPUS, RESERVE LIAISON, FISCAL/SUPPLY, OVERSEAS SCREENING, EDUCATION & TRAINING, AND DERMATOLOGY.

In addition to the above services the Branch Medical Clinic Oceana is involved in the civilian community, such as:

- CPR training for teachers/students at local schools as part of the Adopt-a-School Program.

- The Health Promotions Office assists local schools, associations, and organizations with lectures/training on current health care issues such as: Smoking, Hypertension, Diet Therapy, Cholesterol and Cardiovascular Disease, Breast Cancer, etc...

- The Preventive Medicine Department assists with local disease control measures such as: Sexually Transmitted Disease reporting and control, Tuberculosis control and reporting, Disease Vector control and reporting, Water and Food inspection, treatment and storage, etc...

- The staff at the clinic also assists with numerous community events and programs such as : Shamrock Marathon, Off-Shore Racing events, Emergency Medical and Rescue Services, Disaster Planning and Preparedness, Fund Raisers, etc...

- The City of Virginia Beach has established a Health Advisory Council which has membership from the staff of Branch Medical Clinic, Oceana. This council and its members are committed to addressing such health care issues as: Child and Adult Immunization Programs, Teen Pregnancy, Dental Care, Pest Control, Rabies Control, and a host of other health related issues. The fact that the civilian community has invited one of the

staff from this MTF to be a member, is a prime example of the valued relationship that exists between NAS Oceana and the City of Virginia Beach.

- Projected changes would include increasing services in the areas of Obstetrics and Dermatology.

- The Branch Medical Clinic Oceana plans to go to a Managed Health Care System or HMO in the near future. Currently plans are in place to start an E-1 thru E-4 enrollment with E-5 and above to follow. This system would establish this clinic as the health care delivery site for active duty and their dependents within our catchment area, This Managed Health Care System is known as TRICARE PRIME.

UNIQUE MISSIONS: The Branch Medical Clinic Oceana is a member of the TRICARE System. What this means is that we are linked with other military treatment facilities in the Tidewater Area, (Air Force, Army, and Navy) to deliver quality health care to the beneficiary population we serve. This system provides for more access to patient care provides both general practice and specialist.

- The Branch Medical Clinic Oceana also provides mission support to the Search and Rescue Unit attached to NAS Oceana. We provide Hospital Corpsmen who are aircrew qualified as Inflight Medical Specialist. They provide inflight emergency medical care during rescue operations, both civilian and military.

- The Branch Medical Clinic Oceana provides emergency ambulance service to NAS Oceana and the surrounding housing areas and thoroughfares.

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)
AIMD OCEANA	N44327	OCEANA	715
VF-101	N09067	OCEANA	624
SEAOPDET OCEANA	N46963	OCEANA	511
NAS OCEANA	N00191	OCEANA	463
VA42	N09062	OCEANA	451
VA35	N09728	OCEANA	281
NAS OCE A/C OP	N35672	OCEANA	279
VA85	NO9225	OCEANA	278
VA75	N09628	OCEANA	276
VA34	N09070	OCEANA	266
VF103	N09718	OCEANA	263
VF32	NO9053	OCEANA	256
VF102	N09717	OCEANA	256
VF143	N09281	OCEANA	253

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

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

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VF74	N09060	OCEANA	253
VF14	N09084	OCEANA	250
VF142	N09097	OCEANA	247
VA176	N09940	OCEANA	246
VF84	N09224	OCEANA	244
VA65	N09710	OCEANA	242
VF41	N09774	OCEANA	238
VF43	N09072	OCEANA	238
VF33	N09559	OCEANA	235
VF36	N09941	OCEANA	235
C/C VF 101	N05552	OCEANA	198
NAMTRAGRU DET	N06045	OCEANA	181
NAS OCEANA OTH	N07758	OCEANA	167
VF11	N09560	OCEANA	162
FACSFAC VACAPES	N42239	OCEANA	158

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

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VA 42 STUDENTS	N05549	OCEANA	132
VF31	N09473	OCEANA	131
MEDICAL CLINIC	N32528	OCEANA	95
NAS OCEANA S D	N07213	OCEANA	81
VF101 NEUTDUT	N45950	OCEANA	61
PERSUPP DET	N08550	OCEANA	59
CBU FOUR ONE FIVE	N06923	OCEANA	53
COMFITWING 1	N09216	OCEANA	43
NTCC OCEANA	N33225	OCEANA	29
COMMATWING 1	N09254	OCEANA	28
MATWEPSCOLANT	N07157	OCEANA	28
COMTACWINGSLAN	NO9933	OCEANA	27
CVW3	N09731	OCEANA	26
CVW1	N09732	OCEANA	26

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

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
CVW7	N09736	OCEANA	25
CVW8	N09748	OCEANA	25
DENTAL CLINIC	N35047	OCEANA	24
FASOTRAGRULANT	N09333	OCEANA	20
FLTIMAGCENLANT	N05976	OCEANA	19
DECA OCEANA	N09032	OCEANA	19
NAVOCEANCOM	N05876	OCEANA	14
FASOTRAGRUL ML	N30684	OCEANA	6
NAS OCEANA LSO	N08788	OCEANA	5
NAVLEGSVCOFF	N35494	OCEANA	4
AF ELEMENT OFFICER EXCHANGE PROG	3VFY4K	OCEANA	3
RESALEACT	N06408	OCEANA	3
COM CVW 17 DET	N05197	OCEANA	2
NAESU DET	N30328	OCEANA	2
DEGREE COMP PROG	06011K28	OCEANA	1

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		109,312		
ACTIVE DUTY NON N/MC		769		
TOTAL ACTIVE DUTY		110,081		
FAMILY OF AD		48,418		
RETIRED AND FAMILY MEMBERS UNDER 65 *		11,708		
RETIRED AND FAMILY MEMBERS OVER 65 *				
OTHER		2,362		
TOTAL		172,569		

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

*** Outpatient visits cannot be broken down by "under 65" and "over 65".** R

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SR (9/21/94) UR Burnett 9/29/94

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RETIRED AND FAMILY MEMBERS UNDER 65		11,708		
RETIRED AND FAMILY MEMBERS OVER 65				
OTHER		2,362		
TOTAL		172,569		

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

CLINICS DO NOT HAVE INPATIENT WORKLOAD

BUMED
MED-825
GSA
6/1/94

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	186,168	204,840	229,421	254,658	280,124	305,336	329,763
ADMISS.							

Please show all assumptions and calculations in the space below:

Assumptions:

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*** Increase due to new Pediatric Partnership contract and implementation of the TRICARE Prime Program in FY 95.**

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	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	186,168	204,840	229,421	254,658	280,124	305,336	329,763
ADMISS.	N/A						

BUMED
MED B&S
GSA
6/1/94

Please show all assumptions and calculations in the space below: Increase due to new Pediatric Partnership contract and implementation of the TRICARE Prime Program in FY 95.

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
PREVENTIVE MEDICINE	32	2
RIFLE RANGE	9	1 HM x 8 days/mo
PRT MONITORING	1	4
SHUTTLE LAUNCH MONITORING	1	5
DISASTER DRILL PARTICIPATION	3	51
HEALTH PROMOTIONS	30	2
BLS TRAINING	10	12
FIRST AID TRAINING	1	1
I-DIVISION TRAINING	2	6

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
MEDICAL SUPPORT FOR CEREMONIES	5	2
NJROTC SUPPORT	1	2
ADOPT-A-SCHOOL COMMUNITY	3	3
AIR SHOW SUPPORT	2	15

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

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]

[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.

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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]
	BLDG # 285 BRANCH MEDICAL/DENTAL CLINIC	60,296.4	16	Adequate

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

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[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?

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FACILITIES

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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
3-402	PARKING LOT EXTENSION (NON-BRAC)	1993	27,500
2-189	INSTALL CABLE REELS FOR AMBULANCE	1993	2,678

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
2-783	PAINT ENTIRE INTERIOR & EXTERIOR, REPLACE TILE & BASEBOARDS IN VARIOUS PLACES	1993	50,000
2-947	REMOVAL & INSTALLATION OF SINKS IN ROOMS K-24, AK-25, & K-37	1994	3,500
1-586	INSTALL DOOR LEADING TO PASSAGEWAY SPACE E-01	1993	2,500

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: BRANCH MEDICAL CLINIC, NAVAL AIR STATION OCEANA				
2. UIC: 23528	3. CATEGORY CODE	4. NO. OF BUILDINGS: 1		
5. SIZE	A. GSF	B. NORMAL BEDS: 0		C.DTRS
6. LOCATION	A. CITY: VIRGINIA BEACH		B.STATE: VA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	0	100	0	B-20	
(2) ADMINISTRATION	100	0	0		
(3) CENTRAL STERILE SVCS.	90	10	0		
(4) DENTAL	100	0	0		
(5) EMERGENCY SVCS.	N/A	N/A	N/A		
(6) FOOD SERVICES	N/A	N/A	N/A		
(7) LABORATORIES	80	20	0		
(8) LOGISTICS	N/A	N/A	N/A		
(9) INPATIENT NURSING UNITS	N/A	N/A	N/A		
(10) LABOR-DEL-NURSERY	N/A	N/A	N/A		
(11) OUTPATIENT CLINICS	70	30	0		
(12) PHARMACY	70	30	0		
(13) RADIOLOGY	100	0	0		
(14) SURGICAL SUITE	N/A	N/A	N/A		
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC	95	5	0		
(C) PLUMBING	100	0	0		
(D) ELECTRICAL SVCS.	100	0	0		
(E) ELECTRICAL DISTRIBUTION	100	0	0		
(F) EMERGENCY POWER	100	0	0		

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 91

FULL ACCREDITATION: YES

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

SCORED UNDER NAVMEDCEN PORTSMOUTH

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?

Out of an eligible beneficiary population of 294,000 in the South Hampton Roads Area, Branch Medical Clinic, Naval Air Station, Ocean is situated on the Naval Air Reservation at the approximate center servicing over 75,000 customers.

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

Norfolk International Airport
Norfolk International Maritime Terminal
Naval Air Station, Norfolk
Located: Junction of I-64 and I-44

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?

Proximity to major transportation terminals both civilian and military; can mobilize within 72 hours of alert notice; proximity to Naval Base Norfolk.

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

15 minutes average

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?

Yes, the extensive population living within the radius of the MTF provides for a large qualified pool of applicants.

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 would directly impact on our service population of over 75,000 active duty military personnel, their dependents, retirees, civil service, and other military designees.

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.

Inpatient care could probably be absorbed by the local facilities based on the level of occupancy of the other 20 community hospitals in the Tidewater area (see the 1993 AHA Guide for occupancy levels).
Ambulatory care capacity probably could not be absorbed due to the large military population in the city Virginia Beach.

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.

> It would be difficult to determine the effect of the departure of active duty personnel and their dependents, however, it is unknown the number of active duty spouses that are employed by the local community health care system and the departure of these providers would more than likely have an adverse impact on the delivery of health care in this area.

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.

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
USNS COMFORT	46246	8
2ND MARDIV	08321	5
2ND FSSG	68408	1
FLEET HOSPITAL	68685	6
FLEET HOSPITAL	68683	5
FLEET HOSPITAL	46977	3
1ST MAR DIV	MPS2D	3
USS GUADALCANAL	LPH 7	2
1ST FSSG		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.

34 personnel at a rate of approximately 5712 manhours equates to a loss of time and manpower

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.

BUMED-822, MRS 2 Jun 94

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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: *

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	511	217K	530	403K	113	128K
AD FAMILY						
OTHER	6	6K	1	* 1K	1	5K
TOTAL	517	223K	531	404K	114	133K

R

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

[2] The total cost in thousands of dollars.

Note:

*** Actual cost $119.57**

Timeframe for FY 1994 October 93 - April 94. R

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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: *

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	511	217K	530	403K	113	128K
AD FAMILY						
OTHER	6	6K	1	1K	1	5K
TOTAL	517	223K	531	404K	114	133K

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

[2] The total cost in thousands of dollars.

R

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	$6,462,348	$8,780,613	$3,185,216	R
TOTAL OUTPATIENT VISITS	147,820	166,415	62,305	R
AVERAGE COST PER VISIT	$43.72	$52.76	$51.12	R

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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	$6,462,348	$8,777,252	$3,185,216
TOTAL OUTPATIENT VISITS	147,820	166,415	62,305
AVERAGE COST PER VISIT	$43.72	$52.74	$51.12

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. **Information being provided by Naval Air Station, Oceana - UIC N00191 in BSAT Data Call #38**

See QOL at end

Total Revision

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			

Total QOL Revision

15. Quality of Life. **Information being provided by Naval Air Station, Oceana - UIC N00191 in BSAT Data Call #38**

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capacity.

39. Give the average level of SELRES drill participation for the past three years (i.e. percentage attending regular and make-up drills). These numbers should reflect the participation of the SELRES population reported in your Capacity Data Call.

	FY-1991	FY-1992	FY-1993
OFFICER	100	100	100
ENLISTED	100	100	100

40. Does the local area provide a skilled work force that is essential for air station operations? Are these skills unique to the area or readily duplicated or available elsewhere?

Yes. Critical skills required by civilian employees for essential air station operations are available in abundance in the local work force due to the large number of military retirees and other skilled defense industry civilians. While these skills are not necessarily unique to the Hampton Roads area, they are more readily available than elsewhere.

Quality of Life

41. Military Housing

41.a. Family Housing:

(1) Do you have mandatory assignment to on-base housing? NO

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

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+	6	6	0	0
Officer	3	20	20	0	0
Officer	1 or 2	0	0	0	0

R

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Enlisted	4+	232	196	36	0
Enlisted	3	492	404	88	0
Enlisted	1 or 2	379	0	379	0
Mobile Homes	0	0	0	0	0
Mobile Home lots	0	96	96	0	0

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

N/A

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

(4) 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	0	N/A
	2	0	N/A
	3	0	N/A
	4+	0	N/A

R

O-4/5	1	0	N/A
	2	0	N/A
	3	8	5-9 MONTHS
	4+	7	9-12 MONTHS
O-1/2/3/CWO	1	0	N/A
	2	0	N/A
	3	9	5-9 MONTHS
	4+	15	9-12 MONTHS
E7-E9	1	0	N/A
	2	0	3-5 MONTHS
	3	13	6-9 MONTHS
	4+	15	10-12 MONTHS
E1-E6	1	0	N/A
	2	133	3-5 MONTHS
	3	170	6-9 MONTHS
	4+	120	10-12 MONTHS

[1]As of 31 March 1994

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

	Top Five Factors Driving the Demand for Base Housing
1	**Economics**
2	**Security (for families during deployments)**
3	**Social (living with other military families)**
4	**Convenience to work and services**
5	**Recreation and morale**

R

The above list does not vary by grade category.

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

51%

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

Type of Quarters	Utilization Rate
Adequate	**98.93%**
Substandard	**98.37%**
Inadequate	N/A

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

No, there has been no significant change since FY93.

41.b. BEQ:

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

Type of Quarters	Utilization Rate
Adequate	97.5%
Substandard	NA
Inadequate	NA

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

Utilization has decreased due to squadrons decommissioning/ disestablishing - 3 squadrons from January 1994 to March 1994 and a projected 2 more in September 1994. Space vacated by these squadrons is slated to be filled by 6 S-3 squadrons moving to NAS Oceana from NAS Cecil Field as a result of BRAC III.

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

AOB = (# Geographic Bachelors x average number of days in barracks).....365

AOB = 80

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	8	9.4%	
Spouse Employment (non-military)	25	31.3%	
Other	47	59.3%	NOTE (1)
TOTAL	80	100	

NOTE (1): SEPERATED PENDING DIVORCE MOST FREQUENTLY OCCURING REASON (24).

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

According to the definition for geographic bachelors in NAVPERS Manual, NAS Oceana has none.

41.c. BOQ:

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

R

Type of Quarters	Utilization Rate
Adequate	69%
Substandard	NA
Inadequate	NA

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

Utilization has increased to 75 percent during FY94 due largely to increased transient activity during the normally slow winter months. NAS Oceana hosted several major naval and joint exercises increasing utilization. In addition, the Central Reservation System automatically sends overflow residents from nearby Dam Neck to Oceana's BOQ. During the months of March through October, the utilization rate per month is between 95 and 100 percent.

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

AOB = (# Geographic Bachelors x average number of days in barracks).....365

AOB = 10

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

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	3	30%	
Spouse Employment (non-military)	2	20%	
Other	5	50%	Note (1)
TOTAL	10	100	

Note (1): Difficulty in selling house a previous duty station most frequently cited reason

R

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

According to the definition for geographic bachelors in NAVPERS Manual, NAS Oceana has none.

On Base MWR Facilities

42. For on-base MWR facilities[1] 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 NAS OCEANA DISTANCE N/A

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	**Indoor Bays**	**24**	Y
	Outdoor Bays	**0**	
Arts/Crafts	SF	N/A	N/A
Wood Hobby	SF	N/A	N/A
Bowling	**Lanes**	**24**	Y
Enlisted Club	SF	**45600**	Y
Officer's Club	SF	**28800**	Y
Library	SF	**6100**	N/A
Library	**Books**	**15155**	N/A
Theater	**Seats**	**983**	N/A
ITT	SF	**648**	N
Museum/Memorial	SF	**4**	N/A
Pool (indoor)	**Lanes**	N/A	N/A
Pool (outdoor)	**Lanes**	**6 E; 4 O**	N

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Beach	LF	N/A	N/A
Swimming Ponds	Each	N/A	N/A
Tennis CT	Each	11	N/A
Boat, Camper, Auto & RV Outdoor Storage	SF	342650	N
Maintenance & Warehouse	SF	15071	N/A
Support Offices (Director, Accounting, Personnel)	SF	4471	N/A
Single Sailors Program	SF	750	N/A
Outdoor Rec Issue	SF	18939	N
Fitness Trail	Miles	1.3	N/A
Jogging Trails	Miles	3	N/A
Batting Cages	Each	6	Y
SATO Travel	SF	450	Y
Picnic Areas	Acres	20/ 4,800 SF Shelters	N
Hunting Areas	Acres	2800	N/A
Skeet and Trap	SF	2832	Y
Archery Ranges on Base	Targets	9	N/A
Volleyball CT(outdoor)	Each	3	N/A
Basketball CT (outdoor)	Each	3	N/A
Racquetball CT	Each	6	N/A
Golf Course	Holes	18/9*	Y
Driving Range	Person Capacity	100	Y
Gymnasium	SF	14300	N/A
Fitness Center	SF	18300	N/A

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Marina	Berths	N/A	N/A
Stables	Stalls	65	Y
Softball Fld	Each	11	N/A
Football Fld	Each	2	N/A
Soccer Fld	Each	1	N/A
Youth Center	SF	4645	N/A

[1]Spaces designated for a particular use. A single building might contain several facilities, each of which should be listed separately.
***These 9 holes are currently under construction.**

LOCATION NALF FENTRESS DISTANCE 8.5 MILES

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Baseball Field	Each	1	N/A
Outdoor Volleyball CT	Each	1	N/A
Outdoor Basketball CT	Each	1	N/A
Weight Room	SF	1302	N/A
Rec Room	SF	289	N/A
Swimming Pool	Lanes	3	N/A
Hunting	Acres	2000	N/A

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

YES, While there is no special regional inter-library loan program supporting military station libraries, NAS Oceana is on a national system named Online Computer Library Center. This system is comprised of academic, public, and technical libraries throughout the nation. The public libraries in the region are on this system allowing NAS Oceana access to their collection.

44. Base Family Support Facilities and Programs

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

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos*	6	650			44	180
6-12 Mos*	6	650			23	180
12-24Mos	15	1,300			61	365
24-36Mos	14	750			37	240
3-5 Yrs	64	2,800			88	240

***Infant care space can accommodate 12 children between the ages of 0 - 12 months in 1,300 SF**

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

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

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

The Virginia Beach area has an abundance of child care available to its residents. In Virginia Beach there are 71 child care facilities with a capacity of 8101, with 29 having infant care. There are also 47 nursery schools and 11 church based facilities.

d. How many "certified home care providers" are registered at your base? **34**

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

Other programs sponsored by NAS Oceana:
Navy Family Home Care Program: This program averages between 210-220 children. Active Duty, retired and reservists on active duty children are eligible. All care providers are background checked and CPR/1st AID certified.

Youth Activities Program: This program handles 150 children per day, ages 7-14, during the summer and 90 children per day, ages 4-14, during the school months.

Other military child care centers within 30 minutes.
Naval Station Norfolk - 318 children/6wks-6yrs
Naval Amphibious Base Little Creek - 250 children/6wks-6yrs
- both have waiting lists also

45. 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	99,746
Gas Station	SF	64,675[1]
Auto Repair	SF	4,180
Auto Parts Store	SF	3,500
Commissary	SF	68,610
Mini-Mart	SF	25,609
Package Store	SF	6,498
Fast Food Restaurants	Each	5[2]
Bank/Credit Union	Each	2
Family Service Center	SF	4,581
Laundromat	SF	1,296
Dry Cleaners	Each	1
ARC	PN	0

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Chapel	PN	600
FSC Classrm/Auditorium	PN	40
Religious Education Bldg	SF	3,002
Post Office	SF	1,128
Amusement Center	SF	9,488
Car Wash	Bays	4
Thrift Shop	SF	960
Auto Hobby Shop	SF	10,200
Bowling Alley	LA	24
Gymnasium	SF	17,002
Field House	SF	32,472
Skeet Range	EA	1
Theater	SE	1,000
Child Care Center	SF	8,082
Library	SF	4,141
Riding Stable	SF	13,874
Golf Course	HOLES	18/9[3]
Educational Services Off.	SF	938
Educational Services Classroom	PN	140
Swimming Pools	EACH	2
Medical Clinic	SF	41,770
Dental Clinic	SF	17,430
Photo Lab	SF	7,942

Source - P-164, Base Maps, Building Plans.
[1]Two NEX operated gas stations.
[2]McDonald's, Chicken Loft, Casa de Amigos, Pizza Gallery, and Vie de France.
[3]These 9 holes currently under construction.

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

City	Distance (Miles)
Norfolk, VA	20
Richmond, VA	110
Washington, DC	206

47. Standard Rate VHA Data for Cost of Living

Pay grade	With Dependents	Without Dependents
E1	127.43	71.30
E2	116.47	73.25
E3	111.47	82.10
E4	139.18	97.14
E5	155.24	108.39
E6	175.73	119.62
E7	191.50	133.03
E8	176.39	133.35
E9	165.28	125.47
W1	281.03	213.43
W2	247.26	193.94
W3	240.16	195.22
W4	176.30	156.31
O1E	306.00	226.98
O2E	251.41	200.45
O3E	238.87	202.08

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O1	181.59	133.81
O2	186.47	145.75
O3	228.14	192.08
O4	205.30	178.53
O5	222.77	184.23
O6	228.47	189.11
O7	158.54	128.81

48.a. Off-base housing rental and purchase

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

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency	$500	$360	**Included in rent**
Apartment (1-2 Bedroom)	425	380	$106
Apartment (3+ Bedroom)	490	380	201
Single Family Home (3 Bedroom)	525	445	213
Single Family Home (4+ Bedroom)	650	577	260
Town House (2 Bedroom)	420	415	130
Town House (3+ Bedroom)	500	425	180
Condominium (2 Bedroom)	416	475	123
Condominium (3+ Bedroom)	500	417	192

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48.b. What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	92.16
Apartment (1-2 Bedroom)	96.00
Apartment (3+ Bedroom)	96.00
Single Family Home (3 Bedroom)	96.00
Single Family Home (4+ Bedroom)	99.00
Town House (2 Bedroom)	92.00
Town House (3+ Bedroom)	92.00
Condominium (2 Bedroom)	88.00
Condominium (3+ Bedroom)	88.00

48.c. What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	$ 94,884
Single Family Home (4+ Bedroom)	117,786
Town House (2 Bedroom)	67.018
Town House (3+ Bedroom)	80.438
Condominium (2 Bedroom)	59,400
Condominium (3+ Bedroom)	96.990

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

Month	Number of Bedrooms

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	2	3	4+
January	14	27	4
February	17	26	5
March	20	45	4
April	28	53	9
May	25	49	6
June	49	58	13
July	48	62	8
August	32	69	16
September	56	51	18
October	38	54	12
November	40	61	10
December	37	11	16

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

The main housing cost driver in our area is the same as every place in the country.

1. National long-term interest rates.

2. Economic growth in the regional economy. As population increases, the demand for housing in the regional economy also increases. This has the effect of increasing average home prices.

3. Local regulations or ordinances which curtail or slow the growth in the supply of housing in the regional economy. Any new regulation or moratorium which limits the amount of new home construction or increases the cost of building new homes will cause a subsequent increase in housing prices.

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

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Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area
AM	692	278
AO	334	129
AE	323	169
AT	639	338
AD	326	252

50. 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)
Virginia Beach, VA	**90.4**	**10**	**15**
Norfolk, VA	**4.1**	**22**	**25**
Chesapeake, VA	**3.4**	**27**	**35**
Portsmouth, VA	**0.7**	**22**	**30**
Suffolk, VA	**0.2**	**27**	**35**
Other VA/NC	**1.2**	**35**	**45**

51. 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:

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

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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
Chesapeake Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Chesapeake Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Chesapeake High	Public	High	Yes	N/A	831	0.71	HRPDC
Norfolk Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Norfolk Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Norfolk High	Public	High	Yes	N/A	769	0.66	HRPDC
Portsmouth Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Portsmouth Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Portsmouth High	Public	High	Yes	N/A	744	0.71	HRPDC
VA Beach Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
VA Beach Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
VA Beach High	Public	High	Yes	N/A	889	0.77	HRPDC
Suffolk Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Suffolk Middle	Public	Middle	Yes	N/A	N/A	N/A	HPRDC
Suffolk High	Public	High	Yes	N/A	742	0.44	HRPDC
Hampton Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC

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Hampton Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Hampton High	Public	High	Yes	N/A	833	0.74	HRPDC
Newport News Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Newport News Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Newport News High	Public	High	Yes	N/A	862	0.78	HRPDC
Poquoson Elem	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Poquoson Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Poquoson High	Public	High	Yes	N/A	916	0.85	HRPDC
Williamsburg & James City County Elementary	Public	Elem	Yes	N/A	N/A	N/A	HRPDC
Williamsburg & James City County Middle	Public	Middle	Yes	N/A	N/A	N/A	HRPDC
Williamsburg & James City County High	Public	High	Yes	N/A	911	0.77	HPRDC
York County Elementary	Public	Elem	Yes	N/A	N/A	N/A	HPRDC
York County Middle	Public	Middle	Yes	N/A	N/A	N/A	HPRDC
York County High	Public	High	Yes	N/A	899	0.88	HRPDC
Academy of Early Learning	Private	Pre K-K	None	$3536	N/A	N/A	HRPDC

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Alliance Christian Schools, Inc	Private						HRPDC
Atlantic Shores Christian School	Private						HRPDC
Azalea Garden Christian School	Private	K-12	None	$925-$1570	1000	0.31	HRPDC
Baylake Pines Private School	Private						HRPDC
Bayview Christian School	Private						HRPDC
Bethel Christian School	Private	K-12	None	$1100 -$1900	1000	0.75	HRPDC
Brentwood Forest Day School	Private	Pre K-K	None				HRPDC
Cape Henry Collegiate School	Private	Pre K-12	None	$6500 - $7500	1000	1	HRPDC
Cathedral of Faith Christian School	Private	K-First	None	$2182	N/A	N/A	HRPDC
Central Baptist Church Schools	Private						HRPDC
Central Baptist Church School	Private	K-6	None	$700 - $1300	N/A	N/A	HRPDC
Chesapeake Bay Academy	Private	None	Handicap	$6900			HRPDC

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Christ the King School	Private	Pre K-8	None	$1550 - $1925			HRPDC
Collinswood Church School	Private						HRPDC
Cornerstone Christian School	Private	K-6	None	$1350 - $2580	N/A	N/A	HRPDC
Court Street Academy	Private						HRPDC
Denbigh Christian Academy	Private						HRPDC
Denby Park Day Care Center, Inc	Private						HRPDC
Gateway Christian School	Private						HRPDC
Gloria Dei Lutheran School	Private	K-5	None	NA	N/A	N/A	HRPDC
Greenbriar Christian Academy	Private	K-12	Wheelchair	$2400 - $3600	1000	0.89	HRPDC
Hampton Roads Seventh Day Adventist School	Private	K-8	None	$1780	N/A	N/A	HRPDC
Hampton University Laboratory School	Private	3yr-5	Special Programs	$1250	N/A	N/A	HRPDC

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Hebrew Academy of Tidewater	Private						HRPDC
Holy Trinity Elementary & Jr. High School	Private	3yr-8	None	$1300 - $2310	N/A	N/A	HRPDC
Hunterdale Baptist School	Private	K-12	None	$650 - $1440	N/A	0.5	HRPDC
Indian Creek-Welcome Baptist Church School	Private	K-12	None	$1075 - $1300	N/A	N/A	HRPDC
Isle of Wight Academy	Private	3yr-12	None	$2200 - $3100	842	0.9	HRPDC
McLea School	Private	2.5yr-3	None	$3300 - $4800	N/A	0.9	HRPDC
Montessori Laboratory School	Private	1-3	Depends on child	$1900 - $4000	N/A	N/A	HRPDC
Mt Pleasant Christian School	Private	K-8	Learning disabled	$1950	N/A	N/A	HRPDC
Nansemond Suffolk Academy	Private	3yr-12	None	$3300 - $4800	950	1	HRPDC
Norfolk Academy	Private	1-2	None	$6450 - $7440	1160	1	HRPDC
Norfolk Catholic High School	Private	9-12	Wheelchair Access	$3700 - $4700	947	0.95	HRPDC

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Norfolk Christian Schools	Private	8-12	Learning & Physical Disabled	$4855	1030	0.92	HRPDC
Norfolk Christian Schools	Private	4yr-7	Learning & Physical Disabled	$999 - $4195	N/A	N/A	HRPDC
Norfolk Collegiate School	Private	7-12	Learning Disabled	$5600	1104	1	HRPDC
Open Door Christian Academy	Private	K-12	None	$1765	N/A	0.5	HRPDC
Our Lady of Mt. Cammel School	Private	K-7	Minor Disabilities	$1690 - $2420	N/A	N/A	HRPDC
Welsingham Academy Lower School	Private	K-7	None	$3600	N/A	N/A	HRPDC
Welsingham Academy Upper School	Private	8-12	Wheelchair Access	$4000 - $4400	1030	1	HRPDC
Parkview Christian Academy	Private	K-3	None	NA	N/A	N/A	HRPDC
Peninsula Catholic High School	Private	8-12	Learning Disabled	$3100 - $3350	1033	0.95	HRPDC
Peninsula Christian School	Private	K-12	Learning Disabled	$900 - $1650	N/A	0.85	HRPDC
Portsmouth Catholic Elementary School	Private	K-8	Attention Deficiency	$2000 - $2385	N/A	N/A	HRPDC

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Portsmouth Christian Schools	Private	K-12	Learning Disabled	$1386 - $4150	900	0.94	HRPDC
Providence Christian School	Private	K-12	None	$1120 - $1440	N/A	N/A	HRPDC
Ryan Academy of Norfolk	Private	K-12	Attention Deficit	Mail info			HRPDC
Southhampton Academy	Private	3yr-12	None	$3100 - $3450	N/A	0.89	HRPDC
St. Andrew's Episcopal Day School	Private	K-5	None	$1720 - $2680	N/A	N/A	HRPDC
St. Christopher School	Private	Pre K-3	None	$3120 - $2080	N/A	N/A	HRPDC
St. Mary's	Private	Pre K-8	None	$1600 - $2270	N/A	N/A	HRPDC
St. Mary's Academy	Private	Pre K-5	None	$230 - $1575	N/A	N/A	HRPDC
St. Matthew' s School	Private	Pre K-8	Emotionally Disturbed	$1530	N/A	N/A	HRPDC
St. Pius X School	Private	Pre K-8	None	$850 - $2050	N/A	N/A	HRPDC
Star of the Sea Catholic School	Private	Pre K-8	None	$1300 - $2500	N/A	N/A	HRPDC
Stonebridge School	Private						HRPDC
Sweethaven Christian School	Private	Pre K-6	None	$170 - $1750	N/A	N/A	HRPDC

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Tabernacle Baptist School of Va Beach	Private	Pre K-12	None	$1795 - $2380	1100	0.75	HRPDC
Tidewater Jr. Academy	Private	K-10	None	NA	NA	NA	HRPDC
Town and Country Day School	Private	K-5	None	$50/ WK	N/A	N/A	HRPDC
Trinity Lutheran School	Private	K-8	Handicap	$1380 - $2680	N/A	N/A	HRPDC
Twin Oaks School	Private	K-3	None	$2700	N/A	N/A	HRPDC
Virginia Beach Country Day School	Private	K-5	None	$4360	N/A	N/A	HRPDC
Warwick River Christian School	Private	K-5	Handicap	$2015	N/A	N/A	HRPDC
Williams School	Private	K-12	None	$5200	1115		HRPDC
Williamsburg Christian Academy	Private	K-12	None	$1000 - $3000	N/A	N/A	HRPDC

HRPDC - Hampton Roads Planning District Commission

Schools without information would not participate in data collection. All schools were contacted.

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

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Tidewater Community College	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
University of Virginia	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	Yes
Virginia Polytechnical University	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	Yes
Virginia Wesleyan College	Day Yes	No	No	No	Yes	No
	Night Yes	No	No	No	Yes	No
Norfolk State University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
Old Dominion University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
Regents University	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	No
Thomas Nelson Community College	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No

Christopher Newport University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
George Washington University	Day Yes	No	No	No	No	Yes
	Night Yes	No	No	No	No	Yes
Hampton University	Day Yes	No	No	No	Yes	Yes
	Night Yes	No	No	No	Yes	Yes
Norfolk Adult Education Center	Day Yes	No	Yes	No	No	No
	Night Yes	Yes	Yes	No	No	No
Virginia Beach Adult Education Center	Day Yes	No	Yes	No	No	No
	Night Yes	Yes	Yes	No	No	No
Chesapeake Adult Education Center	Day Yes	No	Yes	No	No	No
	Night Yes	Yes	Yes	No	No	No
Electronic Computer Programming Institute	Day Yes	No	Yes	No	Yes	No
	Night Yes	Yes	Yes	No	Yes	No
ITT Electronics Technology	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
Johnson and Wales University	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
Common-wealth College	Day Yes	No	Yes	No	Yes	No
	Night Yes	No	Yes	No	Yes	No
Tidewater Technical University	Day Yes	No	Yes	No	No	No
	Night Yes	No	Yes	No	No	No

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Court Reporting Institute of Virginia	Day Yes	No	Yes	No	No	No
	Night Yes	No	Yes	No	No	No
Computer Dynamics Institute	Day Yes	No	Yes	No	No	No
	Night Yes	No	Yes	No	No	No
Advanced Technology Institute (Automotive)	Day Yes	No	Yes	No	No	No
	Night Yes	No	Yes	No	No	No

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

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
Saint Leo College*	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	No
	Corres-pondence No	No	No	No	No	No
Embry-Riddle Aeronautical University*	Day No	No	No	No	No	No
	Night Yes	No	No	No	Yes	Yes
	Corres-pondence No	No	No	No	No	No
Troy State University*	Day No	No	No	No	No	No
	Night Yes	No	No	No	No	Yes

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	Corres-pondence	No	No	No	No	No	No
Old Dominion University**1	Day	No	No	No	No	No	No
	Night	Yes	No	No	No	No	Yes
	Corres-pondence	No	No	No	No	No	No
Norfolk State University**2	Day	No	No	No	No	No	No
	Night	Yes	No	No	No	Yes	No
	Corres-pondence	No	No	No	No	No	No
Norfolk State University**3	Day	No	No	No	No	No	No
	Night	Yes	No	No	Yes	No	Yes
	Corres-pondence	No	No	No	No	No	No
Tidewater Community College**4	Day	No	No	No	No	No	No
	Night	No	No	No	No	No	No
	Corres-pondence	No	No	No	No	No	No
Florida Institute of Technology**5	Day	No	No	No	No	No	No
	Night	Yes	No	No	No	No	Yes
	Corres-pondence	No	No	No	No	No	No
Southern Illinois University**6	Day	No	No	No	No	No	No
	Night	Yes	No	No	No	Yes	No
	Corres-pondence	No	No	No	No	No	No

* Available at NAS Oceana
**1 Available at NAS Norfolk and FCTCL Dam Neck
**2 Available at NAS Norfolk
**3 Available at Naval Station Norfolk

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**4 Available at Naval Station Norfolk and Naval Medical Center Portsmouth
**5 Available at Naval Station Norfolk
**6 Available only to active duty personnel. Program is offered at FCTCL, Dam Neck

52. 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*	85	641	1780	5.3%

***Total. FSC Oceana helps spouses find jobs in all skill levels listed and keeps totals for people served by FSC spouse employment representatives, but does not break down those statistics by skill level.**

53. 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.

Appointments in either the military or civilian health care system for both active duty personnel and their dependents are obtained through the Tricare Service Center (TSC). The staff at the TSC provide expanded hours, seven days per week, for booking appointments. In the past year, TSC received a total of 564,174 calls from members, dependents and retirees requesting both same day and specialized care appointments. TSC cannot breakout number of active duty, dependents and retirees who requested appointments. The total number of calls includes numerous multiple calls for an appointment and appointments which were offered but declined and includes the entire Tri-service catchment area. Of the total appointments made, 290,419 were made at a military treatment facility and 13,670 were made at a civilian treatment facility. Access to daily medical care for active duty, dependents and retirees is good at Oceana. Where accessibility of appointments for specialized care is hindered it is largely due to the need for additional providers. Because there is a limited number of uniform and contract providers, there are sometimes not enough appointments available for

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specialized care.
Access to dental care is limited to active duty personnel because there is not enough preventive medicine dentistry support to treat family members.

54. 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.

For dependents it's difficult if the dependent is sponsored by an active duty member returning from overseas with less than two years left to their EAOS, as they are not covered under the Delta Dental Plan and there is no space "A" dental care provided.

55. 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.

NOTE: Crime statistics for NAS Oceana and Virginia Beach are not available in the format requested. These statistics are normally maintained by calendar year vice fiscal year and are not categorized by on base military/civilian or off base military/civilian involvement. Additionally, Virginia Beach statistics are not maintained or necessarily correspond to the NCIS case category definitions utilized in the data call.

"Not available" entry in table indicates that data is unavailable for category.

Crime Definitions	CY 1991	CY 1992	CY 1993
1. Arson (6A)			
On-Base	2	0	0
Off Base	219	211	200
2. Blackmarket (6C)			

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On-Base	0	0	0
Off Base	0	0	0
3. Counterfeiting (6G)			
On-Base	0	0	0
Off Base	446	432	298
4. Postal (6L)			
On-Base	1	2	0
Off Base	Not available	Not available	Not available

Crime Definitions	CY 1991	CY 1992	CY 1993
5. Customs (6M)			
On-Base	0	0	0
Off Base	Not available	Not available	Not available
6. Burglary (6N)			
On- Base	13	25	21
Off Base	4,379	3,930	3,609

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7. Larceny - Ordnance (6R)			
On-Base	0	0	0
Off Base	Not available	Not available	Not available
8. Larceny - Government (6S)			
On-Base	54	61	29
Off Base	Not available	Not available	Not available

Crime Definitions	CY 1991	CY 1992	CY 1993
9. Larceny - Personal (6T)			
On-Base	237	250	137
Off Base	16,824	15,108	14,812
10. Wrongful Destruction (6U)			
On-Base	161	228	45
Off Base	6,314	5,882	5,247
11. Larceny - Vehicle (6V)			
On-Base	1	1	1
Off Base	1,325	1,160	1,195

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12. Bomb Threat (7B)			
On-Base	4	1	2
Off Base	119	81	104

Crime Definitions	CY 1991	CY 1992	CY 1993
13. Extortion (7E)			
On Base	1	0	0
Off Base	Not available	Not available	Not available
14. Assault (7G)			
On Base	32	69	25
Off Base	2,903	3,471	3,242
15. Death (7H)			
On Base	1	0	1
Off Base	111	91	110
16. Kidnapping (7K)			
On Base	0	0	0

Off Base	Not available	Not available	Not available

Crime Definitions	CY 1991	CY 1992	CY 1993
18. Narcotics (7N)			
On Base	4	6	6
Off Base	984	938	1,139
19. Perjury (7P)			
On Base	0	0	0
Off Base	Not available	Not available	Not available
20. Robbery (7R)			
On Base	0	1	0
Off Base	512	612	631
21. Traffic Accident (7T)			
On Base	215	281	243
Off Base	8,964	9,212	8,820

Crime Definitions	CY 1991	CY 1992	CY 1993

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22. Sex Abuse - Child (8B)			
On Base	0	3	2
Off Base	Not available	Not available	Not available
23. Indecent Assault (8D)			
On Base	2	4	7
Off Base	Not available	Not available	Not available
24. Rape (8F)			
On Base	5	1	1
Off Base	127	153	181
25. Sodomy (8G)			
On Base	1	0	0
Off Base	53	84	94

BRAC-95 CERTIFICATION

BRAC DATA CALL #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

V. M. WILSON, CDR, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

18 May 94
Date

Officer in Charge
Branch Medical Clinic, NAS Oceana
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. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

Date

NAVAL MEDICAL CENTER, PORTSMOUTH
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

6-2-94
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

6/9/94
Date

BRAC-95 CERTIFICATION

BRAC DATA CALL #27

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

V. M. WILSON, CDR, MSC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

21 Sep 94
Date

BRANCH MEDICAL CLINIC, NAS OCEANA
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)

RADM W. J. MCDANIEL
NAME (Please type or print)

Signature

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

26 Sep 94
Date

NAVMEDCEN PORTSMOUTH, VA
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

9-29-94
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

13 OCT 1994
Date

Document Separator

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CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAS OCEANA
ACTIVITY UIC: 32528

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

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

Encl (3)

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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	104,889	9,399		94,403	8,459	
FAMILY OF AD	115,679	53,918		104,078	48,503	
SUBTOTAL	220,568	63,317		198,481	56,962	
RETIRED AND FAMILY MEMBERS UNDER 65	56,313	24,485		54,932	23,895	
RETIRED AND FAMILY MEMBERS OVER 65[4]	15,428	4,723		20,115	6,126	
OTHER	7,901	2,190		7,522	2,106	
TOTAL	300,210 196	94,715 100		281,050 178	89,089 90	

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]:	0
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	0

[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	90,116	62,857	9,910	3,532	166,415
ADMISSIONS					
LABORATORY TESTS * (WEIGHTED)[1]					1,275,875
RADIOLOGY PROCEDURES * (WEIGHTED)[1]					33,849
PHARMACY UNITS * (WEIGHTED)[1]					404,802
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.

* ANCILLARY WORKLOAD IS NOT REPORTED BY PATIENT CATEGORY. TOTAL FIGURE IS REPORTED.

SOURCE: MICRO-WORS FY93

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	128,889			128,889*
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	1,127,369			1,127,369
RADIOLOGY PROCEDURES (WEIGHTED)[1]	38,757			38,757
PHARMACY UNITS (WEIGHTED)[1]	440,095			440,095
OTHER (SPECIFY)				

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[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.

*** The total beneficiary population is not broken into categories of dependents and retirees.**

Assumptions:

Currently, the clinic is operating with two less providers than in FY 93. Because the question asks to assume the same amount of facility, staff, equipment and supplies we currently have, the maximum capacity rate is lower than 1993; therefore, FY 1992 workload was used. Additionally, the Pediatric Partnership/Contract is under revision which eliminates 25,861 patients seen.

Calculations: **(FY 1992 visits 154,750 - 25,861 = 128,889)**

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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	128,665			128,665*
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	1,127,369			1,127,369
RADIOLOGY PROCEDURES (WEIGHTED)[1]	38,757			38,757
PHARMACY UNITS (WEIGHTED)[1]	440,095			440,095
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.

The information provided is the total beneficiary population and is not broken into catagories of dependents and retirees. Because the question asks to assume the same amount of facility, staff, equipment and supplies we currently have, this makes the our maximum capacity rate lower than expected in the years to come. At present, our Pediatric Partnership/Contract is under revision which eliminates 25,861 patients seen.

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	90,116	62,857	9.910	3,532	166,415
ADMISSIONS					
LABORATORY TESTS (WEIGHTED)[1]					1,275,875
RADIOLOGY PROCEDURES (WEIGHTED)[1]					33,849
PHARMACY UNITS (WEIGHTED)[1]					404,802
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.

UNABLE TO BREAK OUT CHAMPUS AND SUPPLEMENTAL CARE FOR CLINICS. INFORMATION IS INCLUDED IN NAVMEDCEN PORTSMOUTH SUBMISSION.

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]	6	6	6	6	6	6	6	6
SPECIALTY CARE[2]								
PHYSICIAN EXTENDERS[3]	10	10	10	10	10	10	10	10
ALLIED SCIENCE MED	2	2	2	2	2	2	2	2
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	21	21	21	21	21	21	21	21

[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]	749
SPECIALTY CARE[2]	1,169
PHYSICIAN EXTENDER[3]	*
TOTAL	1,918**

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[1] This includes General Practitioners, 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.

Note: Source for a and b: Blue Cross/Blue Shield from State of Va
*** Physician Extenders total not broken down for the Tidewater Area, State of Virginia**
**** Total does not include Physician Extenders**

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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]	237
SPECIALTY CARE[2]	1,246
PHYSICIAN EXTENDER[3]	*
TOTAL	1,483**

Note: Source for a and b: Blue Cross/Blue Shield from State of Va
* Physician Extenders total not broken down for the Tidewater Area, State of Virginia
** Total does not include Physician Extenders

[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: (1990) 1,417,907
Source: Hampton Roads Planning District Commission (9/92)

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]	
CHESAPEAKE GENERAL HOSP	DISTRICT	18	32	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES	R
MCDONALD ARMY COMMUNITY HOSP	ARMY	48	70		R
PPH PENINSULA HOSP	CORPORATION	32	51		R
SENTARA HAMPTON GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	31	47		R
VETERANS AFFAIRS MEDICAL CENTER	VA	25	40	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL	R
US AIR FORCE HOSPITAL	AIR FORCE	33	50	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS	R
MARY IMMACULATE HOSPITAL	CHURCH OPER	43	64		R
NEWPORT NEWS GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	34	53		R
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNMENT NOT-FOR-PROFIT	40	59	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES	R
CHILDREN'S HOSP OF THE KING'S DAUGHTERS	NON-GOVERNMENT NOT-FOR-PROFIT	20	32	INTEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS	R

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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]
CHESAPEAKE HOSP GENERAL HOSP	DISTRICT	8	16	INTEGRAL PARTS; NEUROPSYCHIATRY TRAINEES
MCDONALD ARMY COMMUNITY HOSP	ARMY	26	52	
HCA PENINSULA HOSP	CORPORATION	17	34	
SENTARA HAMPTON GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	15	30	
VETERANS AFFAIRS MEDICAL CENTER	VA	13	26	INTEGRAL PARTS; UROLOGY, NURSING, ANESTHESIA, PSYCHIATRY & DENTAL
US AIR FORCE HOSPTIAL	AIR FORCE	22	44	ISA: ENT STAFF LOCATED AT NMC PORTSMOUTH, LAFB CLINICAL LABORATORY STUDENT TRAINING IN BLOOD BANK, NMC & LAFB EXCHANGE BLOOD PRODUCTS
MARY IMMACULATE HOSPITAL	CHURCH OPER	24	48	
NEWPORT NEWS GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	15	30	
RIVERSIDE REGION MEDICAL CENTER	NON-GOVERNT NOT-FOR-PROFIT	18	36	CLINICAL PASTORAL EDUCATION PROGRAM, INTEGRAL PARTS; HEAD/NECK SURGERY TRAINEES
CHILDREN'S HOSP OF THE KING'S DAU	NON-GOVERNT NOT-FOR-PROFIT	3	6	INEGRAL PARTS; ANESTHETISTS AND GASTROENTEROLOGISTS

DEPAUL MEDICAL CENTER	CHURCH OPER	20	34	NON FEDERAL; NURSE ANESTHETISTS	R
LAKE TAYLOR HOSP	HOSP DISTRICT	15	26		R
NORFOLK COMM HOSP	CHURCH OPER	17	28		R
SENTARA LEIGH HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	13	22		R
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNMENT NOT-FOR-PROFIT	20	32	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING	R
MARYVIEW MEDICAL CENTER	CHURCH OPER	23	47	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY	R
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	20	43	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES	R
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	39	64		R
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	12	22		R
VIRGINIA BEACH HOSP	VA	6	12		R

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

Note:

These distances and times were computed using the Hampton Roads Transportation Network and submitted by the Hampton Roads Planning District Commission. Some treatment facilities are most easily reached by using tunnels, often adding significant time to a commute.

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DEPAUL MEDICAL CENTER	CHURCH OPER	6	12	NON FEDERAL; NURSE ANESTHETISTS
LAKE TAYLOR HOSP	HOSP DISTRICT	6	12	
NORFOLK COMM HOSP	CHURCH OPER	3	6	
SENTARA LEIGH HOSP	NON-GOVERNT NOT-FOR-PROFIT	6	12	
SENTARA NORFOLK GENERAL HOSP	NON-GOVERNT NOT-FOR-PROFIT	3	6	INTEGRAL PARTS, NURSE ANESTHETISTS, STAFF TRAUMA TRAINING
MARYVIEW MEDICAL CENTER	CHURCH OPER	2	4	INTEGRAL PARTS; PSYCHIATRY & RADIOLOGIC TECHNOLOGY
PORTSMOUTH GEN HOSP	NON-GOVERN NOT-FOR-PROFIT	1	2	EXTERNAL PARTNERSHIP; OB/GYN, ENT, GENERAL SURGERY, ORAL SURGERY, ORTHOPEDICS AND PLASTIC SURGERY SERVICES
LOUISE OBICI MEMORIAL HOSP	NON-GOVERN NOT-FOR-PROFIT	18	36	
SENTARA BAYSIDE HOSP	NON-GOVERN NOT-FOR-PROFIT	10	20	
VIRGINIA BEACH HOSP	VA	16	32	

Note:
***Source: 1993 AHA Guide**
****Source: AHA 1991 - Strategic Mapping, Inc (in nautical miles)**
*****Calculations based on a 30 mph average speed which may not be accurate in city driving, all hospitals except Portsmouth General and Maryview require driving through a tunnel often adding significant time to a commute**

[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]
CHESAPEAKE GENRAL HOSP	260	YES	75.3%	
MCDONALD ARMY COMM HOSP	58	YES	58.6%	
HCA PENINSULA HOSP	125	YES	50.4%	
SENTARA HAMPTON GENERAL HOSP	211	YES	74.9%	
VETERANS AFFIRS MEDICAL CENTER	312	YES	71.1%	
US AIR FORCE HOSP	53	YES	61.4%	
MARY IMMACULATE HOSP	110	YES	69.1%	
NEWPORT NEWS GENERAL HOSP	35	YES	N/R	
RIVERSIDE REGION MEDICAL CENTER	576	YES	N/R	
CHILDREN'S HOSP OF THE KING'S DAUGHTER	156	YES	84.8%	
DEPAUL MEDICAL CENTER	274	YES	68%	
LAKE TAYLOR HOSPITAL	104	YES	41.3%	

NORFOLK COMM HOSPITAL	96	YES	28.1%	
SENTARA LEIGH HOSP	224	YES	63.2%	
SENTARA NORFOLK GENERAL HOSP	641	YES	76.3%	TRAUMA CENTER/GME
MARYVIEW MEDICAL CENTER	321	YES	59.8%	
PORTSMOUTH GENERAL HOSP	184	YES	55.4%	
LOUISE OBICI MEMORIAL HOSP	191	YES	63.4%	
SENTARA BAYSIDE HOSP	150	YES	N/R	
VIRGINIA BEACH GENERAL HOSP	280	YES	63.2%	

N/R = Not reporting
Source: 1993 AHA Guide

[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. N/A

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

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

Oceana - 32528

(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. N/A

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)

(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
BRAC DATA CALL #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

V. M. WILSON, CDR, MSC, USN
NAME (Please type or print)

Signature

Commanding Officer
Title

18 May 94
Date

Officer in Charge
Branch Medical Clinic, NAS Oceana
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. B. POTTER
NAME (Please type or print)

Signature

ACTING
Title

25 MAY 1994
Date

NAVAL MEDICAL CENTER, PORTSMOUTH
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

6-2-94
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

8 JUNE 1994
Date

BRAC-95 CERTIFICATION

BRAC DATA CALL #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."

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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

V. M. WILSON, CDR, MSC, USN
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

21 Sep 94
Date

BRANCH MEDICAL CLINIC, NAS OCEANA
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)

RADM W. J. MCDANIEL
NAME (Please type or print)

Signature

COMMANDER, NAVAL MEDICAL CENTER PORTSMOUTH, VA
Title

26 Sep 94
Date

NAVMEDCEN PORTSMOUTH, VA
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

9-29-94
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

13 OCT 1994
Date

Document Separator

Branch Medical Clinic, Naval Air Station Oceana UIC: 32528

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 Oceana, Virginia Beach VA*
Acronym(s) used in correspondence	*BMC NAS Oceana* *BRMEDCLNASOEANA*
Commonly accepted short title(s)	*Oceana Branch Clinic*

- Complete Mailing Address
  Officer in Charge
  Branch Medical Clinic, Naval Air Station Oceana
  Virginia Beach, VA 23460-5140

- PLAD: BRMEDCLINIC NAS OCEANA

- PRIMARY UIC: 32528 (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

2. PLANT ACCOUNT HOLDER:

- Yes ____ No XXXX (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 XXXX (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 XXXX No ____ (check one)

• Primary Host (current) UIC: 60691

• Primary Host (as of 01 Oct 1995) UIC: 60691

• Primary Host (as of 01 Oct 2001) UIC: 60691

• 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 XXXX (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		

Branch Medical Clinic, Naval Air Station Oceana UIC: 32528

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.

BRAC-88 AND BRAC-91: No impact on this command.

BRAC-93: Forced the accelerated decommissionings of certain fighter and attack squadrons onboard NAS Oceana. Due to these actions, medical assets were lost in the form of one (1) Flight Surgeon and four(4) Aviation Medical Technicians who support this Military Treatment Facility in it's mission to provide comprehensive primary care to our beneficiaries.

Branch Medical Clinic, Naval Air Station Oceana UIC: 32528

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 mission of the Branch Medical Clinic Oceana is to provide comprehensive primary care to our beneficiary population of approximately 294,000 in the Hampton Roads area. We are able to provide the following services as part of our mission:

- RADIOLOGY, LABORATOUR, URGENT CARE, AMBULATORY CARE, OPTOMETRY, PREVENTIVE MEDICINE, OCCUPATIONAL HEALTH, PHARMACY, PEDIATRICS, PHYSICAL THERAPY, IMMUNIZATIONS, OBSTETRICS, PHYSICAL EXAMS, AVIATION MEDICINE, MILITARY SICKCALL, EMERGENCY TRANSPORT, HEALTH PROMOTIONS, CHAMPUS, RESERVE LIAISON, FISCAL/SUPPLY OVERSEAS SCREENING, EDUCATION & TRAINING, AND DERMATOLOGY.

- In addition to the above services, the Branch Medical Clinic Oceana is involved in the civilian community in the following way:

- CPR training for teachers/students at local schools as part of the Adopt-a-School Program.

- The Health Promotions Office assists with local schools, associations, and organizations with lectures/training on current health care issues such as; Smoking, Hypertension, Diet Therapy, Cholestrol and Cardiovascular Disease, Breast Cancer and others.

- The Preventive Medicine Department assists with local disease control measures such as; Sexually Transmitted Disease reporting and control, Tuberculosis control and reporting, Disease Vector control and reporting, Water and Food inspection, treatment and storage, and others.

* The staff at the clinic also assists with numerous community events and programs such as; Shamrock Marathon, Off Shore Racing events, Emergency Medical Rescue Service, Disaster Planning and Preparedness, Fund Raisers, and others.

* The City of Virginia Beach has established a Health Advisory Council which has membership from the staff of the Branch Medical Clinic Oceana. This council and its members are committed to addressing such health care issues as; Child and Adult Immunization Programs,Teen Pregnancy, Dental Care, Pest Control, Rabies Control, and a host of other health related issues. The fact that the civilian community has included

the staff from this MTF in its' membership, is a prime example of the valued relationship that exists between NAS Oceana and the City of Virginia Beach.

Projected Missions for FY 2001

- Increase services in the areas of Obstetrics and Dermatology.

- The Branch Medical Clinic Oceana plans to go to a Managed Health Care System of HMO in the near future. Currently plans are in place to start E-1 thru E-4 enrollment with E-5 and above to follow. This system would establish this clinic as the health care delivery site for active duty and their dependents within out catchment area. This Managed Care system is known as TRICARE PRIME.

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

- The Branch medical Clinic Oceana is a member of the TRICARE System. What this means is that we are linked with other military treatment facilities in the Tidewater Area, (Army, Air Force, and Navy) to deliver quality health care to the beneficiary population we serve. This system provides for more access to patient care providers both general practice and specialist.

- The Branch medical Clinic also provides mission support to the Search and Rescue Unit attached to NAS Oceana. We provide hospital corpsman who are aircrew qualified as Inflight Medical Specialist. They provide inflight emergency medical care during rescue operations, both civilian and military.

* The Branch Medical Clinic Oceana provides emergency ambulance services to NAS Oceana and the surrounding housing area and thoroughfares.

Projected Unique Missions for FY 2001

- NONE
-
-

Branch Medical Clinic, Naval Air Station Oceana UIC: 32528

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, Portsmouth	00183

• Funding Source	UIC
Naval Medical Center, Portsmouth	00183

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	19	76	31 ~~1~~ KEEP GSA
• Tenants (total)	N/A	N/A	N/A

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	19	76	~~31~~ 1 GSA
• Tenants (total)	N/A	N/A	N/A

Branch Medical Clinic, Naval Air Station Oceana UIC: 32528

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
• Officer in Charge			
CAPT E. J. WOLSKI, MC,USNR	(804)677-7101	(804)433-2956	(804)453-3750
• Duty Officer	(804)677-7012		[N/A]
•Administrative Officer			
LTJG C. Chargois, MSC, USNR	(804)677-7109	(804)433-2956 Ext 131	(804)433-0500
•			

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
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 attached list		

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.)

N/A

ACTIVITY: 32528

BRAC 95 Data Call

Item #13.

Branch Medical Clinic, NAS Oceana, Virginia Beach, VA

This Clinic provides primary and occupational health services to the attached activities.

UIC ASSIGNMENT BY CINCLANTFLT
BASED ON LTR DTD 22 MARCH 1993
INDEX=CINPCMS.NDX,SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES
REPORT FORMAT=PCMSCINC

ACTIVITY: 32528

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
33225	NTCC OCEANA VA	OCEANA	23460-5120	O	29
35672	NAS OCE A/C OP	OCEANA	23460-5120	O	279
42551	NAVSEA DET VA BCH	OCEANA	23452	O	0
45809	LNTNVFCEGDIV 0	OCEANA	23460-5121	O	4
45950	VF 101 NEUTDUT	OCEANA	23460-5220	O	61
46963	NAS OCNA SEA 0	OCEANA	23460-5120	O	511
47530	A-6G FIT	OCEANA	23460-5170	O	0
48064	STU CDP #2 S ILL U-VA BCH	VIRGINIA BEACH INCOMPLETE INFO ON MLS	23460-5170	O	0
48674	NAS OCEANA FSC	OCEANA	23460-5170 (PSD)	O	0
55185	COM CVW 6 DET OCEANA	OCEANA	23460-5170 (PSD)	O	0
55197	COM CVW 17 DET OCEANA	OCEANA	34099-4411 FPO AA	O	2
62761	NAVAUDSVCSE NORFOLK VA	VIRGINIA BEACH (THURSTON AVE)	23455-3385	O	0
79085	NVSEADET SNSPO	VIRGINIA BEACH (468 VIKING RD)	23452-5000	O	0
** Subtotal **					8584
** CINCLANTFLT O					
09053	VF 32	OCEANA	09504-6107 FPO AE	O	256
09060	VF 74	OCEANA	09504-6113 FPO AE	O	253
09062	VA 42	OCEANA	23460-5210	O	451
09067	VF 101 (DET 5-11)	OCEANA	23460-5220	O	624
09070	VA 34	OCEANA	09504-6205 FPO AE	O	266
09072	VF 43	OCEANA	23460-5215	O	238
09084	VF 14	OCEANA	09084-6103 FPO AE	O	250
09097	VF 142	OCEANA	09504-6120 FPO AE	O	247
09216	COMFITWING 1	OCEANA	23460-5200	O	43
09224	VF 84	OCEANA	09504-6114 FPO AE	O	244
09225	VA 85	OCEANA	09504-6219 FPO AE	O	278
09254	COMMATWING 1	OCEANA	23460-5205	O	28
09281	VF 143	OCEANA	09504-6121 FPO AE	O	253
09559	VF 33	OCEANA	09504-6109 FPO AE	O	235

UIC ASSIGNMENT BY CINCLANTFLT
BASED ON LTR DTD 22 MARCH 1993
INDEX=CINPCMS.NDX,SEARCHED ON BRANCH=NAVY OR BRANCH=MARINES
REPORT FORMAT=PCMSCINC

ACTIVITY: 32528

UIC	ACTIVITY	LOCATION	ZIP CODE	CINCLANTFLT	TOTAL AD
09628	VA 75	OCEANA	09504-6215 FPO AE	O	276
09717	VF 102	OCEANA	09504-6116 FPO AE	O	256
09718	VF 103	OCEANA	09504-6117 FPO AE	O	263
09728	VA 35	OCEANA	09504-6206 FPO AE	O	281
09731	CVW 3	OCEANA	09504-4402 FPO AE	O	26
09732	CVW 1	OCEANA	09504-4400 FPO AE	O	26
09736	CVW 7	OCEANA	09504-4405 FPO AE	O	25
09748	CVW 8	OCEANA	09504-4406 FPO AE	O	25
09774	VF 41	OCEANA	09504-6111 FPO AE	O	238
09941	VA 36	OCEANA	09504-6242 FPO AE	O	235
30328	NAESU DET OCEANCA VA	OCEANA	23460-5161	O	2
30774	NAS OCE FENT	CHESAPEAKE	23322-1213	O	56
35047	NDCLBR NAS	OCEANA	23460-5141	O	24
35494	NAVLEGSVCOFF DET OCEANA VA	OCEANA	23460-5120	O	4
42239	FACSFAC VACAPES	OCEANA	23460-5105	O	158
44327	NAS OCEANA AIMD	OCEANA	23460-5120	O	715
45976	FLTIMAGCENLANT OCEANA	OCEANA	23460-5273	O	19
47157	MATKWEPSCOLANT	OCEANA	23460-5206	O	28
47213	NAS OCEANA S D	OCEANA	23460-5120	O	81
47758	NAS OCEANA OTH	OCEANA	23460-5170 (PSD)	O	167
49032	DECA OCEANA	OCEANA	23460-5170 (PSD)	O	19
52994	VFC 12	OCEANA	23460-5190	O	0
60191	NAS OCEANA VA	OCEANA (NAS)	23460-5120	O	463
65549	VA 42 STUDENTS	OCEANA	23460-5210	O	132
65552	C/C VF 101	OCEANA	23460-5220	O	198
65876	NAVOCEANCOM DET OCEANA	OCEANA	23460-5233	O	14
66045	NAMTRAGRU DET OCEANA VA	OCEANA	23460-5165	O	181
66408	RESALEACT OCEANA VA	OCEANA	23460-5195	O	3
66923	CBU FOUR ONE FIVE VIRGINIA BEACH VA	OCEANA	23460-5325	O	53
68550	PERSUPP DET OCEANCA VA	OCEANA	23460-5170 (PSD)	O	59
68788	NAS OCEA LSO	OCEANA	23460-5129	O	5
42888	ACU 2 BOAT COMPONENT	OCEANA	23460	O	0
09273	COMTACWINGSLANT	OCEANA	23460-5125	Z	27
09333	FASOTRAGRULANT DET OCEANA	OCEANA	23460-5175	Z	20
09560	VF 11	OCEANA	09601-6102 FPO AP	Z	162
09710	VA 65	OCEANA	09504-6212 FPO AE	Z	242
09940	VA 176	OCEANA	09504-6325 FPO AE	Z	246

ACTIVITY: 32528

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

E. J. WOLSKI, CAPT, MC, USNR
NAME (Please type or print)

Signature

OFFICER IN CHARGE
Title

28 JAN 94
Date

BRANCH MEDICAL CLINIC OCEANA
Activity

ACTIVITY: 32528

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

NEXT ECHELON LEVEL (if applicable)

RADM W.J. MCDANIEL, MC, USN
NAME (Please type or print)

Signature

COMMANDER
Title

3 FEB 94
Date

NAVAL MEDICAL CENTER, PORTSMOUTH VA
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 1994
Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Oceana Branch Medical Clinic
UIC:	32528
Host Activity Name (if response is for a tenant activity):	Naval Air Station, Oeana
Host Activity UIC:	00191

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: Oceana Branch Medical Clinic		**UIC:** 32528	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	7	0	7
1b. Minor Construction			
1c. Sub-total 1a. and 1b.	7	0	7
2. Other Base Operating Support Costs:			
2a. Utilities	101	0	101
2b. Transportation	9	0	9
2c. Environmental			
2d. Facility Leases			
2e. Morale, Welfare & Recreation			
2f. Bachelor Quarters			
2g. Child Care Centers			
2h. Family Service Centers			
2i. Administration			
2j. Other (Specify) SAG FN	5	0	5
2k. Sub-total 2a. through 2j:	115	0	115
3. Grand Total (sum of 1c. and 2k.):	122	0	122

DATA CALL 66
INSTALLATION RESOURCES

Table 1B - Base Operating Support Costs (DBOF Overhead)			
Activity Name: Oceana Branch Medical Clinic		UIC: 32528	
TABLE IS "N/A" 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: Oceana Branch Medical Clinic	**UIC: 32528**
Cost Category	FY 1996 Projected Costs ($000)
Travel: E	25
Material and Supplies (including equipment): T&W	4067
Industrial Fund Purchases (other DBOF purchases):	
Transportation: L	9
Other Purchases (Contract support, etc.):	7892
Total:	11993

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: Oceana Branch Medical Clinic	**UIC: 32528**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	
Facilities Support:	
Mission Support:	26
Procurement:	
Other:*	
Total Workyears:	26

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

BUMED-822
MJL, 18 Jul 94

Construction and facility support contracts are provided under a MOU with Public Works Center and are not direct contract services. Janitorial and Guard Service are also provided through PWC and are not included on this exhibit.

BRAC-95 CERTIFICATION

Data Call 66

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

ACTIVITY COMMANDER

W. J. MCDANIEL

NAME (Please type or print)

Signature

COMMANDER

Title

7/14/94

Date

NAVAL MEDICAL CENTER, PORTSMOUTH, VA

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 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)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 04 AUG 1994

Document Separator

333

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	BRANCH MEDICAL CLINIC WHITING FIELD
UIC:	32558
Host Activity Name (if response is for a tenant activity):	NAS WHITING FIELD
Host Activity UIC:	60508

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 WHITING FIELD **UIC:** 32558

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	55	0	55
2b. Transportation	3	0	3
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	15	0	15
2k. Sub-total 2a. through 2j:	76	0	76
3. Grand Total (sum of 1c. and 2k.):	76	0	76

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 WHITING FIELD **UIC:** 32558

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 WHITING FIELD **UIC:** 32558

Cost Category	FY 1996 Projected Costs ($000)
Travel:	1
Material and Supplies (including equipment):	772
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	0
Other Purchases (Contract support, etc.):	23
Total:	796

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 WHITING FIELD **UIC:** 32558

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.

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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

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

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

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 8/26/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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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

M. BALSAM
NAME (Please type or print)

M Balsam
Signature

COMMANDING OFFICER
Title

14 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #66 FOR BRMEDCLINIC WHITING FIELD (UIC: 32558) - INSTALLATION RESOURCES

Document Separator

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAS WHITING FIELD
ACTIVITY UIC: 32558

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 primary outpatient medical care services for active duty personnel and their dependents at Naval Air Station Whiting Field in direct support of the primary mission of training Naval, Marine Corps and Coast Guard Aviators, and flight students of allied nations.

* Provide aviation medicine services in support of flight training programs.

* Provide crash/aircraft mishap support.

* Provide 24-hour base ambulance support.

* Provide clinical social work services in area of domestic violence, child abuse, child sexual abuse and other family dysfunctions.

* Provide specialty referrals to military treatment facilities or CHAMPUS when required.

* Provide Occupational Health/Preventive Medicine services for Naval Air Station Whiting Field.

* Provide primary outpatient medical care services for retirees and their dependents on a space available basis.

* Provide wellness/health promotion programs.

* Provide Physical Therapy services.

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 WHITING FIELD	60508*	MILTON, FL	530
HT-8	0411A	MILTON, FL	119
HT-18	52838	MILTON, FL	119
VT-2	0393A	MILTON, FL	113
VT-6	0397A	MILTON, FL	113
VT-3	0394A	MILTON, FL	112
BRANCH MEDICAL CLINIC	32558	MILTON, FL	52
NAVAL RESERVE DET. 282	88246	MILTON, FL	40
PERSONNEL SUPPORT DET.	43083	MILTON, FL	16
BRANCH DENTAL CLINIC	39069	MILTON, FL	13
NAVAL TNG. METEOROLOGY AND OCEANOGRAPHY DET.	65782	MILTON, FL	11
DEFENSE COMMISSARY	49224	MILTON, FL	6
NATMSACTDET	49155	MILTON, FL	5
TRARON 6 FMS	43720	MILTON, FL	5
TRARON 2 FMS	41612	MILTON, FL	4
TRARON 3 FMS	43719	MILTON, FL	4
HELTRARON 18 FMS	42482	MILTON, FL	4
HELTRARON 8 FMS	42481	MILTON, FL	3
NETSAFA	48575	MILTON, FL	2
MARINE ADMINISTRATION DET. (MATSG)	67389	MILTON, FL	1
TAW-5 STUDENTS**	44988	MILTON, FL	793

* Following UICs are included under Primary UIC 60508: 30784, 30875, 41996, 42096, 60234, 60237 and 66412.

** No actual authorizations. Number of students based on Aviation Training Requirement. Student numbers as of 01 January 1994 are not reflective of true AOB or peak loading and numbers may be artificially low due to the holiday season.

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). METHODOLOGY: Workload is FY94 workload to date projected out in proportion to utilization rates for identical periods in FY93.

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/NC	N/A	13,569	N/A	N/A
ACTIVE DUTY NON N/NC	N/A	621	N/A	N/A
TOTAL ACTIVE DUTY	N/A	14,190		N/A
FAMILY OF AD	N/A	11,381	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	1,900	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	0	N/A	N/A
OTHER	N/A	756	N/A	N/A
TOTAL	N/A	28,227		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							
ADMISS.							

Please show all assumptions and calculations in the space below:

* Refer to Naval Hospital, Pensacola, UIC: 00203, Data Call 27.

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 OFFICER/ENLISTED
FLIGHT OPERATIONS	1396 HRS*	1/5
FOOD SERVICE INSPECTIONS	30 HRS	0/2
RIFLE RANGE (MEDICAL STANDBY)	9 HRS	0/1-2
PRT (MEDICAL STANDBY)	10 HRS	0/2
FAMILY HOME CARE INSPECTION	12 HRS	0/2
FOOD SERVICE SANITATION TRAINING	15 HRS	0/2
EFM PROGRAM	5 HRS	1/0
MWR EVENTS (MEDICAL STANDBY)	5 HRS	0/1-3
HEALTH RECORDS REVIEW	35 HRS	0/4
SCHOOL PHYSICAL EXAMS	21 HRS	1/7
CHANGE OF COMMAND (MEDICAL STANDBY)	9 HRS	0/1-3
SAFETY STANDDOWN CLASSES	5 HRS	1-3/1-3
BASE INDOCTRINATION	30 MINS	0/1

* **Scheduled Flight Hours.**

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	N/A	N/A	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	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/PATIENT CARE	22,970	18	ADEQUATE

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

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

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.

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)1701	DMIS ID NO
1. FACILITY NAME: BRANCH MEDICAL CLINIC, NAS WHITING FIELD				
2. UIC 32558	3. CATEGORY CODE 550-10		4. NO. OF BUILDINGS 1	
5. SIZE 22,970	A. GSF		B. NORMAL BEDS 0	C.DTRS
6. LOCATION NASWF	A. CITY MILTON		B.STATE FL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(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				

M. Mathieu

M. MATHIEU, LCDR, MSC, USN
Officer in Charge
Branch Medical Clinic, NAS Whiting Field

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)

[*] **Refer to Naval Hospital, Pensacola, UIC: 00203, Data Call 27.**

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?

Location is important to primary mission of direct healthcare support of active duty beneficiary population onboard Naval Air Station Whiting Field. Location of Branch Medical Clinic onboard Naval Air Station Whiting Field allows for timely evaluation and support for Training Air Wing FIVE aviation personnel and support staff, and NAS Whiting Field and its tenant commands personnel.

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

The nearest air transportation node is Pensacola Regional Airport, Pensacola, FL. The nearest rail transportation node are depots located in Pensacola, FL and Brewton, AL. The nearest sea transportation node is the Port of Pensacola, Pensacola, FL. The nearest ground transportation node is the Greyhound Bus Depot, Milton, FL.

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__. **Capability exists onboard Naval Air Station Whiting Field.**

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

Location is not important for mobilization requirements.

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

Naval Air Station Whiting Field and Training Air Wing FIVE personnel have access to care within 5-10 minutes. Family members in base housing have access within 15 minutes. Access from local community is less than 30 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?

The rural location limits availability of some qualified civilian personnel.

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 has the unique capability to provide the following services in one location: Aviation Medicine, clinical social work, Occupational Health/Preventive Medicine, and Physical Therapy.

If this facility were to be lost, active duty beneficiaries would travel approximately 1 hour each way to the closest military medical treatment facility resulting in an anticipated minimum of one-half work day lost for each individual seeking even routine medical treatment. Approximately 14,000 active duty patient treatments were provided in 1993, which equates to a significantly high lost time/lost productivity cost. Extremely negative impact would result, with the loss of aviation medicine services provided to Training Air Wing FIVE, due to the increased time to train student aviators and the resultant vastly increased associated training costs. Only routine health care services could be provided onboard the Naval Air Station by a squadron flight surgeon in a hangar sick call setting.

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.

Refer to Naval Hospital, Pensacola, UIC 00203, Data Call 26, Questions 5 & 7. Branch Medical Clinic, Naval Air Station Whiting Field is located within Naval Hospital, Pensacola catchment area.

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.

This facility currently provides services to retirees and their family members on a space available basis only. Availability is extremely limited; therefore, the local community health care system is already providing the majority of care for this eligible population.

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
FLEET HOSPITAL EIGHT	45392	4
FLEET HOSPITAL FIFTEEN	45399	3
USNS MERCY	46245	1
NAVHOSP ROTA, SP	66101	4
NAVHOSP ROOSEVELT ROADS, PR	65428	1
1ST MARINE BRIGADE KANEHOE BAY, HI	67339	7
3D FSSG, OKINAWA, JAPAN	67436	1
FLEET HOSPITAL FIVE	68685	2
FLEET HOSPITAL FOUR	68684	5

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

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

No training accomplished.

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):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT			
OUTPATIENT			

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						
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.

* **Refer to Naval Hospital, Pensacola, UIC: 00203, Data Call 27.**

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	2,536,950	2,883,856	682,158
TOTAL OUTPATIENT VISITS	26,320	26,060	7,164
AVERAGE COST PER VISIT	96.39	110.66	95.22

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. **(For the answers to this section, refer to Naval Air Station Whiting Field, UIC: 60508, Data Call 3 of 18 Apr 94.)**

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

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

[1]As of 31 March 1994.

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

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

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

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

(2) BEQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

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

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

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

(3) BOQ:

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

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

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

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

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

(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 (out-door)	Each		
Basketball CT (out-door)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

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

d. Base Family Support Facilities and Programs

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

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

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

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

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

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

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

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

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

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

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

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

g. Off-base housing rental and purchase

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

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

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

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

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

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

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

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

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

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

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

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

Location	% Employees	Distance (mi)	Time(min)

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

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

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

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

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

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

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

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

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

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

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

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

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

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

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

M. MATHIEU, LCDR, MSC, USN

NAME (Please type or print)

M. Mathieu

Signature

OFFICER IN CHARGE

Title

21 JULY 1994

Date

BRANCH MEDICAL CLINC
NAVAL AIR STATION WHITING FIELD
7119 LANGLEY ST., SUITE 101
MILTON, FL 32570-6146

Activity

DATA CALL 27

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

22 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

7-26-94
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)

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

Signature

Title

04 AUG 1994
Date

Document Separator

1

333

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAVAL AIR STATION, WHITING FIELD, FL (UIC: 32558)

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	6,620	1,732	N/A	5,966	1,577	N/A
FAMILY OF AD	10,374	2,516	N/A	9,322	2,281	N/A
SUBTOTAL	16,994	4,248	N/A	15,288	3,858	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	15,196	4,217	N/A	14,802	4,103	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	4,217	802	N/A	5,359	1,019	N/A
OTHER	2,350	448	N/A	2,638	488	N/A
TOTAL	38,757	9,715	N/A	38,087	9,468	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. **NO INPATIENT BEDS IN THIS FACILITY.**

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	14,032	10,220	1,088/720	26,060
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]				198,730
RADIOLOGY PROCEDURES (WEIGHTED)[1]				8,882
PHARMACY UNITS (WEIGHTED)[1]				90,043
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.

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 1993 workload.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	17,464	12,719	2,248	32,431
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]				241,503
RADIOLOGY PROCEDURES (WEIGHTED)[1]				23,064
PHARMACY UNITS (WEIGHTED)[1]				98,828
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.

NOTE: Distribution of workload for Laboratory, Radiology and Pharmacy are not retrievable.

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: 2

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

2.00 billet/position X 961 X 12 months = 23,064 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	3/7	10.49	1522.4766	Y = 311.9 + .8783X	1378.3178	16540
PHYSICAL EXAM	0/3	3.49	506.52464	Y = 418.6 + .9714X	90.51332	1087
PHYSICAL THERAPY	0/1	1.49	216.25264	Y= -128.8 + 1.006x	342.99467	4116
FLIGHT MEDICINE	4/9	13.49	1957.8846	$Y = 378.8 + 8.348(.18X^{(1)}) + .3297(.82X^{(2)})$	890.63166	10688
TOTAL						32431

SERVICE	ONBOARD PERSONNEL (PROVIDER/ SUPPORT)	ONBOARD PERSONNEL + UPPER BREAK POINT LIMIT	MONTHLY MANHOURS	JHMS FORMULA	MONTHLY WORKLOAD (X)	TOTAL YEARLY WORKLOAD
PHARMACY	0/5	5.49	796.79664	Y = 92.90 + .08547X	8235.5989	98828

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.**

NOTE: BRMEDCLINIC LOCATED IN NAVAL HOSPITAL PENSACOLA CATCHMENT AREA. Refer to Naval Hospital, Pensacola (UIC: 00203) Data Call 26 for current workload demand of population.

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS				**SEE NOTE ABOVE**
ADMISSIONS	N/A	N/A	N/A	N/A
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.

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]	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	4	4	4	4	4	4	4	4
TOTAL	10	10	10	10	10	10	10	10

[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. **REFER TO NAVAL HOSPITAL, PENSACOLA, FL (UIC: 00203) DATA CALL 26, BRANCH MEDICAL CLINIC LOCATED WITHIN NAVAL HOSPITAL, PENSACOLA CATCHMENT AREA.**

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

[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: **REFER TO NAVAL HOSPITAL, PENSACOLA (UIC: 00203) DATA CALL 26. BRANCH MEDICAL CLINIC LOCATED WITHIN SAME GEOGRAPHIC BOUNDRY.**

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]
West Florida Regional Medical Center	Northwest Florida Columbia/HCA Network	23 miles	40 minutes	MOU FOR TRANSFER OF PATIENTS
Baptist Hospital	Baptist Health Care Network	29 miles	1 hour	MOU FOR LIFEFLIGHT SUPPORT AND SUPPORT FOR INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Sacred Heart Hospital	Daughters of Charity	26 miles	55 minutes	MOU FOR SUPPORT OF INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Santa Rosa Medical Center	HCA - Health Corporation of America	07 miles	10-12 minutes	N/A
Thomas Hospital	Baldwin County Eastern Shore Care Authority	52 miles	1 hour	N/A
Gulf Breeze Hosptial	Baptist Health Network	37 miles	1 hour	N/A
Naval Hospital Pensacola	U.S. Navy	35 miles	45 minutes	N/A
South Baldwin Foley	Affiliate of the South Baldwin County Hospital Association	47 miles	50-55 minutes	N/A
Jay	Baptist Health Care Network	26 miles	30 minutes	N/A

[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]
West Florida Regional Medical Center	577	yes	51%	Provides the most comprehensive services of all NW Florida Hospitals. They also have only Rehabilitation Services in a 40 mile radius.
Baptist Hospital	562	yes	55.2%	Provides the only specialized trauma center within 50 mile radius. Not able to do Cardiothoracic Surgery.
Sacred Heart Hospital	411	yes	74.4%	Regional Center for high-risk pregnancies, neonatal and pediatric care.
Santa Rosa Medical Center	149	yes	45%	
Thomas Hospital	164	yes	50%	
Gulf Breeze Hospital	60	yes	36.8%	
Naval Hospital Pensacola	104**	yes	51.9%	Family Practice GME program.
South Baldwin	92	yes	53%	8 million dollar expansion project for new labor/delivery/postpartum unit, Radiology Suite, etc.
Jay	55	yes	45.2%	Provides extended nursing care - swing bed system.

[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.

* Civilian institutions provided information concerning their institutions. NAVHOSP Pensacola cannot validate data accuracy.

** Operating Beds as defined by BUMEDINST 6320.69 and 6321.3. Does not include 20 bassinets. The occupancy rate of 51.9%, is occupancy of 104 operating beds and does not include an average census of 5 newborns.

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.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

D. E. DEAKINS, CAPT, MC(FS), USN

NAME (Please type or print)

Dennis E. Deakins

Signature

OFFICER IN CHARGE, ACTING

Title

12 JULY 1994

Date

BRANCH MEDICAL CLINC
NAVAL AIR STATION WHITING FIELD
7119 LANGLEY ST., SUITE 101
MILTON, FL 32570-6146

Activity

DATA CALL 26

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
Title

940715
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

July 19, 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

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

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

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

Signature

Title

8/3/94
Date

Document Separator

BRAC-95 DC 1/BRMEDCLINIC, NAS WHITING FIELD/32558

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 Whiting Field*
Acronym(s) used in correspondence	*BRMEDCLINIC, NAS Whiting Field and BRMEDCLNASWF*
Commonly accepted short title(s)	*Medical*

- Complete Mailing Address

Officer in Charge
Branch Medical Clinic
Naval Air Station Whiting Field
7119 Langley St., Suite 101
Milton, FL 32570-6146

- PLAD

BRMEDCLINIC NAS WHITING FIELD FL//MED-043//
NAVHOSP BRCLINIC NAS WHITING FIELD FL//MED-043//

- PRIMARY UIC: *32558* (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): *Refer to questions # 3 and 9.* PURPOSE: __

2. PLANT ACCOUNT HOLDER:

- Yes ____ No ___✓___ (check one)

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

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

• Yes ____ No ✓ (check one)

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

• Yes ✓ No ____ (check one)

• Primary Host (current) UIC: 60508

• Primary Host (as of 01 Oct 1995) UIC: 60508

• Primary Host (as of 01 Oct 2001) UIC: 60508

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

• Yes ____ No ✓ (check one)

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

Name	Location	UIC
N/A		

BRAC-95 DC 1/BRMEDCLINIC, NAS WHITING FIELD/32558

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.

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 primary outpatient medical care services for active duty personnel and their dependents at Naval Air Station Whiting Field in direct support of the primary mission of training Naval, Marine Corps and Coast Guard Aviators, and flight students of allied nations.*
- *Provide aviation medicine services in support of flight training programs.*
- *Provide crash/aircraft mishap support.*
- *Provide 24-hour base ambulance support.*
- *Provide clinical social work services in area of domestic violence, child abuse, child sexual abuse and other family dysfunctions.*
- *Provide specialty referrals to military treatment facilities or CHAMPUS when required.*
- *Provide Occupational Health/Preventive Medicine services for Naval Air Station Whiting Field.*
- *Provide primary outpatient medial care services for retirees and their dependents on a space available basis.*
- *Provide wellness/health promotion programs.*
- *Provide Physical Therapy services.*

BRAC-95 DC 1/BRMEDCLINIC, NAS WHITING FIELD/32558

Projected Missions for FY 2001

- *No additional missions projected for FY 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

- *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	
NAVHOSP Pensacola FL		*00203*
• Funding Source	UIC	
NAVHOSP 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	*09*	*42*	*06*
• Contracted			*01**
• Tenants (total)	*N/A*	*N/A*	*N/A*

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	*09*	*47*	*06*
• Contracted			*01**
• 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			
	M. MATHIEU, LCDR, MSC, USN	(904)623-7173	(904)623-7538	(904)968-3435
•	Duty Officer	(904)623-7508	(904)623-7538	[N/A]

12. TENANT ACTIVITY LIST: This list must be all-inclusive. Tenant activities are to ensure that their host is aware of their existence and any "subleasing" of space. This list should include the name and UIC(s) of all organizations, shore commands and homeported units, active or reserve, DOD or non-DOD (include commercial entities). The tenant listing should be reported in the format provide below, listed in numerical order by UIC, separated into the categories listed below. Host activities are responsible for including authorized personnel numbers (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 WHITING FIELD	*MILTON, FL*	*Branch medical clinic provides medical support to all tenants of NAS Whiting Field (UIC 60508)*

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.)

** Maps and Photos requested in item 14 above, are being provided by NAS Whiting Field UIC: 60508, as part of BRAC-95 Data Call 1.*

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

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

M. Mathieu
Signature

Officer in Charge
Title

31 January 1994
Date

Branch Medical Clinic, NAS Whiting Field
Activity

UIC: 32558

BRAC-95 DC 1/BRMEDCLINIC, NAS WHITING FIELD/32558

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
Title

940208
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)

x Signature

ACTING CHIEF BUMED
Title

11 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	16 FEB 1[illegible]
Title	Date

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic Willow Grove
UIC:	32631
Host Activity Name (if response is for a tenant activity):	Naval Air Station Willow Grove PA 19090
Host Activity UIC:	00158

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

(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: Branch Medical Clinic Willow Grove		**UIC:** 32631	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	4	0	4
1b. Minor Construction	0	0	0
1c. Sub-total 1a. and 1b.	4	0	4
2. Other Base Operating Support Costs:			
2a. Utilities	30	0	30
2b. Transportation	32	0	32
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	176	90	266
2j. Other (Specify) Communication	41	216	257
2k. Sub-total 2a. through 2j:	279	306	585
3. Grand Total (sum of 1c. and 2k.):	283	306	589

MILITARY PERSONNEL COSTS 2794

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

N/A BUMED MED-825 GSA 7/25/94

Table 1B – Base Operating Support Costs (DBOF Overhead)			
Activity Name: Branch Medical Clinic Willow Grove		UIC: 32631	
Category	FY 1996 Net Cost From UC/FUND-4 ($000)		
	Non-Labor	Labor	Total
1. Real Property Maintenance Costs:			
1a. Real Property Maintenance (>$15K)	0	0	0
1b. Real Property Maintenance (<$15K)	0	0	0
1c. Minor Construction (Expensed)	0	0	0
1d. Minor Construction (Capital Budget)	0	0	0
1c. Sub-total 1a. through 1d.	0	0	0
2. Other Base Operating Support Costs:			
2a. Command Office	0	0	0
2b. ADP Support	0	0	0
2c. Equipment Maintenance	0	0	0
2d. Civilian Personnel Services	0	0	0
2e. Accounting/Finance	0	0	0
2f. Utilities	0	0	0
2g. Environmental Compliance	0	0	0
2h. Police and Fire	0	0	0
2i. Safety	0	0	0
2j. Supply and Storage Operations	0	0	0
2k. Major Range Test Facility Base Costs	0	0	0
2l. Other (Specify)	0	0	0
2m. Sub-total 2a. through 2l:	0	0	0

3. Depreciation	0	0	0
4. Grand Total (sum of 1c., 2m., and 3.) :	0	0	0

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

Table 2 - Services/Supplies Cost Data

Activity Name: Branch Medical Clinic Willow Grove	UIC: 32631
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	135
Material and Supplies (including equipment):	676
Industrial Fund Purchases (other DBOF purchases):	0
Transportation:	24
Other Purchases (Contract support, etc.):	893
Total:	1728

3. Contractor Workyears.

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

Table 3 - Contract Workyears

Activity Name: Branch Medical Clinic Willow Grove	**UIC:** 32631
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	0
Facilities Support:	2
Mission Support:	2
Procurement:	1
Other:*	0
Total Workyears:	5

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

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

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

3

2) Estimated number of workyears which would be eliminated:

2

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

0

DATA CALL 66
INSTALLATION RESOURCES

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

F. T. SCOTT
NAME (Please type or print)

Signature F T Scott

COMMANDING OFFICER
Title

Date 19 July 94

NAVAL MEDICAL CLINIC, PHILADELPHIA
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: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 7-25-94

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: W A Earner

Title — Date: 04 AUG 1994

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334

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: BRANCH MEDICAL CLINIC, NAVAL AIR STATION, WILLOW GROVE, PA 19090 ACTIVITY UIC: 32631

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 quality health care and promote wellness to our beneficiaries assigned to Naval Air Station, Willow Grove, Naval Air Warfare Center, Warminster and Naval Air Warfare Center, Trenton. We will maintain the highest levels of medical readiness and provide training and administrative support to all assigned Medical/Dental reserve units.

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 WILLOW GROVE	00158	WILLOW GROVE	517
NAWC WARMINSTER	62269	WARMINSTER	137
NAWC TRENTON	62376	TRENTON, NJ	7
BRANCH DENTAL		WILLOW GROVE	8
BRANCH MEDICAL CLINIC	32631	WILLOW GROVE	25
VR-52	08981	WILLOW GROVE	79
HSL-94	55231	WILLOW GROVE	142
NAMTRAGRUDET	66068	WILLOW GROVE	8
NAV OCEANOGRAPHY COMMAND DET	66471	WILLOW GROVE	11
VP-64	09172	WILLOW GROVE	107
VP-66	09174	WILLOW GROVE	97
PSD	43315	WILLOW GROVE	45
RESERVE ASW TRAINING CTR	68819	WILLOW GROVE	108
MAG-49	03026	WILLOW GROVE	245
PA ANG	K61CF57Q	WILLOW GROVE	67
913TH (AF)	S50MFLH2	WILLOW GROVE	166
79TH ARMY	NA012	WILLOW GROVE	73
97TH ARCOM		WILLOW GROVE	21

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	0	13,000	0	36
ACTIVE DUTY NON N/MC	0	700	0	2
TOTAL ACTIVE DUTY	0	13,700		38
FAMILY OF AD	0	0	0	0
RETIRED AND FAMILY MEMBERS UNDER 65	0	0	0	0
RETIRED AND FAMILY MEMBERS OVER 65	0	0	0	0
OTHER	0	0	0	0
TOTAL	0	0		0

What is your occupancy rate for FY 1994 to date? 0

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	17,000	25,500	26,400	29,000	31,900	31,900	31,900
ADMISS.	0	0	0	0	0	0	0

Please show all assumptions and calculations in the space below:

- Commencing with FY-96, 50% increase anticipated due to closure of PNSY Branch Clinic.

- 10% anticipated increase per FY commencing FY-97.

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 Sanitation Inspections	31.5hrs	1
Sanitary Inspections	7.5hrs	1
Safety Inspections	12.0hrs	1
Flight Operations Standby	588hrs	3
Ceremonial Standbys	18hrs	2
Physical Readiness Testing Standby	15hrs	2
Airshow Preparation and Support	13hrs	60
MWR Sport Events Support	1hr	3
Rifle Range Standby	4hrs	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
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): 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):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
500-XX	BMC, Patient Care	8738	34	Substandard

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

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

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
90-C-0407	RENOVATION/ADDITION	92/93	1.2 MIL

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. N/A

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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

PROJECT	DESCRIPTION	FUND YEAR	VALUE

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 WILLOW GROVE					
2. UIC 32631	3. CATEGORY CODE 8738		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF		B. NORMAL BEDS N/A		C. DTRS
6. LOCATION	A. CITY WILLOW GROVE			B. STATE	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100%				
(2) ADMINISTRATION	70%	30%		B12	
(3)CENTRAL STERILE SVCS.		100%		E09, E16	
(4)DENTAL	100%				
(5) EMERGENCY SVCS.					
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	50%			C06, C01	
(8) LOGISTICS				E09	
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS					
(12) PHARMACY	60%	40%		B09, C01	
(13) RADIOLOGY	60%	40%		C01, C02, C06	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC					
(B) HVAC	70%			C01	
(C) PLUMBING	80%			C02	
(D) ELECTRICAL SVCS.	80%	20%		C12	

(E) ELECTRICAL DISTRIBUTION	80%	20%		C12	
(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)

N/A per NMC Philadelphia QA Coordinator (LCDR Schenker)

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 most important factor of our location is our minimal distance from the majority those customers we support. Branch clinic Willow Grove is located onboard Naval Air Station Willow Grove. The majority of the customers supported are Tenant commands of the air station and are located within 3 miles of this facility. This close proximaty assures immediate access to care which causes improved morale and minimal lost manhours for our customer commands and units. These things together result in increased productivity and overall increased mission readiness.

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

Air transportation: Military Air, Naval Air Station
Civilian Air, Philadelphia Int. (45 miles)

Rail transportation: Amtrack and connecting local rail (5 miles)

Sea transportation: The Port of Philadelphia. (45 miles)

Ground transportation: Major Interstate Highway. (3 miles)
Major Local Highway Rt 611 (.2 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): 1 C-9 aircraft can be accommodated aboard NAS Willow Grove.

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

Clinic location is crucial with the requirements to process several operational active and reserve units. NAS can be utilized as point of debarkation.

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

Active duty: 10 minutes
Dependents/Retirees: 30 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?

Proximity to large population base helps in the hiring of qualified civilian personnel.

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 medical and operational readiness of the Navy and Marine Corp Reserve aviation units assigned would be severely impacted due to the unavailability of Aviation Medical Support.

Branch Clinic Willow Grove provides direct medical support for 1800 active duty Navy and Marine Corp personnel and medical and administrative support for in nearly 6000 selected reservists. The clinic performs an average of 350 physical exams per month 50 per cent of which are flight exams. These exams are not available at any other of our MTFs within a reasonable distance.

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.

With the exception of the specific Aviation Medicine and administrative functions of this facility it is felt that the existing infrastructure would be able to absorb the additional workload.

There are currently 65 hospitals within a 40 mile radius of this facility. There are also 3,475 primary care physicians, 8,950 specialty care physicians and 700 physician extenders.

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. We provide minimal health care for retirees at this facility. Pharmacy service is however provided to retirees but with coordination these services could be obtained from the remaining civilian and military facilities.

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
MARDIV	2D	1
MAW FMFLANT	2D	1
NAVHOSP GTMO	N/A	1
FLT HOSP	#5	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. It would not have an impact on this clinic.

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]: __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	

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	290	N/A	239	192038.18	106	58041.66
AD FAMILY	N/A		N/A		N/A	
OTHER	N/A		N/A		N/A	
TOTAL	290		239	192038.18	106	58041.66

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

[2] The total cost in thousands of dollars.

NOTE: FY 1992 & FY 1993 were controlled by Supplemental Medicine Coordinator out of Naval Hospital, Philadelphia, PA.

FY 1992 & FY 1993 cost reflects amount for both Warminster and Willow Grove, PA.

Amount shown was provided by Fiscal Department, Naval Base, Philadelphia, PA.

NOTE: Willow Grove provides medical care to Active Duty only.

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	3,074,116	2,472,637	N/A
TOTAL OUTPATIENT VISITS	15,162	14,063	N/A
AVERAGE COST PER VISIT	165.27	159.63	N/A

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:

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. Completed by Host Command: Naval Air Station, Willow Grove, UIC 00158 (Data Call # 38)

a. Military Housing

(1) Family Housing:

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

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

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

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

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

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

John L. Saunders

NAME (PLEASE TYPE OR PRINT)

Officer in Charge

TITLE

Division

Department

BRMEDCL NAS Willow Grove PA.

ADDRESS

SIGNATURE

DATE 25 MAY 94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-95
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
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) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-6-94 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 10 Jun 1994 Date

Document Separator

4

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:BRANCH MEDICAL CLINIC,
NAVAL AIR STATION, WILLOW GROVE, PA
19090

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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....16,17,18,19,20

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	7,128	423		6,414	376	
FAMILY OF AD	8,208	421		7,326	373	
SUBTOTAL	15,336	844		13,740	749	
RETIRED AND FAMILY MEMBERS UNDER 65	20,814	1,597		21,888	1,554	
RETIRED AND FAMILY MEMBERS OVER 65[4]	2,758	1,084		3,450	1,379	
OTHER	8,868	1,834		9,054	1,809	
TOTAL	47,776	5,359		48,132	5,491	

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.

NOTE: 1. Projection to 1999 is as far as we can project into future.
2. 20 mile circle and PRISM concept clinic were used.

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

Operating Beds[1]:	___0___
Set Up Beds[1]:	___0___
Expanded Bed Capacity[2]:	___0___

[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	13,354	181	40	13,575
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	513,002
RADIOLOGY PROCEDURES (WEIGHTED)[1]				8,305
PHARMACY UNITS (WEIGHTED)[1]				9,764
OTHER (SPECIFY)				0

[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: Ancillary data not available by patient category.

BUMED-822
mss, 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	15,360	N/A	N/A	15,360
ADMISSIONS	N/A			N/A
LABORATORY TESTS (WEIGHTED)[1]				580,458
RADIOLOGY PROCEDURES (WEIGHTED)[1]				9,397
PHARMACY UNITS (WEIGHTED)[1]				11,048
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.

NOTE: Ancillary data not available by patient category.
Maximum patients seen by 4 doctors per day is 64 X 5 days/week = 320 X 4 weeks =1,280 X 12 months = 15,360 patients per year.
Using FY 93 data calculated % of AD and family of AD for ancillary assumptions.

BUMED 822
MLA, 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	15,030	2,322	707	18,059
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	693,610
RADIOLOGY PROCEDURES (WEIGHTED)[1]				8,305
PHARMACY UNITS (WEIGHTED)[1]				60,233
OTHER (SPECIFY)				0

[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: Ancillary data not available by patient category. Assumption is that Willow Grove would assume Branch Clinics Warminster and Aviation Supply Office total workload.

BUMED-822
MAH, 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]	4	4	4	4	4	4	4	4
SPECIALTY CARE[2]	N/A							
PHYSICIAN EXTENDERS[3]	1	1	1	1	1	1	1	1
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	5	5	5	5	5	5	5	5

BUMED-822
MSI
3 Jun 94

[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]	3,475
SPECIALTY CARE[2]	8,950
PHYSICIAN EXTENDER[3]	700
TOTAL	13,125

[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: 5,206,441

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]
ABINGTON MEMORIAL	N/A	10	20-30	NONE
ALBERT EINSTEIN	N/A	20	30-45	NONE
BRYN MAWR	N/A	15	20-30	NONE
CHESTER COUNTY	N/A	40	45-60	NONE
CHESTNUT HILL	N/A	15	20-30	NONE
CROZER CHESTER	N/A	40	45-60	NONE
DOYLESTOWN	N/A	5	10-20	NONE
EPISCOPAL	N/A	20	30-45	NONE
FRANKFORD	N/A	20	30-45	NONE
GERMANTOWN	N/A	20	30-45	NONE

GRADUATE	N/A	30	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
GRANDVIEW	N/A	40	45-60	NONE
HOLY REDEEMER	N/A	15	20-30	NONE
JEANES	N/A	15	20-30	NONE
JOHN F. KENNEDY	N/A	15	20-30	NONE
KENSINGTON	N/A	15	20-30	NONE
LANKENAU	N/A	15	20-30	NONE
LOWER BUCKS	N/A	5	10-20	NONE
MCH BUCKS COUNTY	N/A	5	10-20	NONE
MCH ELKINS PARK	N/A	10	20-30	NONE
MCHC FITZGERALD	N/A	15	20-30	NONE
MCHC HAVERFORD	N/A	20	30-45	NONE
MCHC MISERICORDIA	N/A	20	30-45	NONE
METHODIST	N/A	25	45-60	NONE
MONTGOMERY	N/A	15	20-30	NONE
MOUNT SINAI	N/A	20	30-45	NONE

NAZARETH	N/A	20	30-45	NONE
NORTH PENN	N/A	15	20-30	NONE
N. PHILA HEALTH SYSTEMS	N/A	15	20-30	NONE
PENNSYLVANIA	N/A	20	30-45	NONE
PRESBYTERIAN	N/A	25	45-60	NONE
QUAKERTOWN	N/A	15	20-30	NONE
ROXBOROUGH MEMORIAL	N/A	15	20-30	NONE
ST. AGNES	N/A	30	45-60	NONE
ST. MARY LANGHORNE	N/A	20	30-45	NONE
VALLEY FORGE	N/A	25	45-60	NONE
VETERAN'S ADMINISTRATION	N/A	35	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
HAHNEMANN	N/A	30	45-60	NONE

UNIVERSITY OF PA	N/A	30	45-60	NONE
MCH MAIN CLINIC	N/A	25	45-60	NONE
TEMPLE	N/A	25	45-60	NONE
THOMAS JEFFERSON	N/A	30	45-60	NONE
CHILDREN'S	N/A	30	45-60	NONE
FOX CHASE CANCER CENTER	N/A	15	20-30	NONE
HOME FOR JEWISH AGED	N/A	15	20-30	NONE
ST. CHRISTOPHER'S	N/A	30	45-60	NONE
WILLS EYE	N/A	30	45-60	NONE
EAGLEVILLE	N/A	15	20-30	NONE
FRIENDS	N/A	15	20-30	NONE

NORTH WESTERN	N/A	15	20-30	NONE
HORSHAM	N/A	5	10-20	NONE
BRYN MAWR REHAB	N/A	20	30-45	NONE
CHESTNUT HILL REHAB	N/A	15	20-30	NONE
CHILDREN'S REHAB	N/A	30	45-60	NONE
CHILDREN'S SEASHORE	N/A	30	45-60	NONE
MAGEE	N/A	30	45-60	NONE
MOSS REHAB	N/A	30	45-60	NONE
SHRINERS	N/A	30	45-60	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]
ABINGTON MEMORIAL	465	YES	76.8%	T/GME
ALBERT EINSTEIN	524	YES	73.5%	T/GME
BRYN MAWR	276	YES	78.5%	GME
CHESTER COUNTY	250	YES	62.0%	GME
CHESTNUT HILL	196	YES	66.5%	GME
CROZER CHESTER	432	YES	75.3%	BURN/GME
DOYLESTOWN	213	YES	62.9%	GME
EPISCOPAL	201	YES	79.9%	GME
FRANKFORD	370	YES	84.7%	GME
GERMANTOWN	178	YES	77.0%	GME

GRADUATE	320	YES	75.6%	GME
GRADUATE HEALTH SYSTEMS	181	YES	51.6%	
GRANDVIEW	225	YES	55.6%	
HOLY REDEEMER	237	YES	76.3%	
JEANES	217	YES	77.6%	
JOHN F. KENNEDY	144	YES	44.5%	
KENSINGTON	45	YES	72.0%	
LANKENAU	475	YES	58.7%	GME
LOWER BUCKS	194	YES	76.4%	
MCH BUCKS COUNTY	176	YES	60.9%	
MCH ELKINS PARK	173	YES	74.0%	
MCHC FITZGERALD	330	YES	71.8%	GME
MCHC HAVERFORD	91	YES	54.7%	
MCHC MISERICORDIA	238	YES	82.5%	GME
METHODIST	204	YES	77.6%	GME
MONTGOMERY	221	YES	55.3%	
MOUNT SINAI	123	YES	89.1%	

NAZARETH	290	YES	75.2%	
NORTH PENN	150	YES	56.7%	
N. PHILA HEALTH SYSTEMS	409	YES	66.4%	
PENNSYLVANIA	495	YES	68.1%	GME
PRESBYTERIAN	327	YES	85.6%	GME
QUAKERTOWN	89	YES	48.2%	
ROXBOROUGH MEMORIAL	150	YES	61.2%	
ST. AGNES	230	YES	62.8%	BURN/GME
ST. MARY LANGHORNE	287	YES	64.9%	T
VALLEY FORGE	70	YES	87.4%	
VETERAN'S ADMINISTRATION	346	YES	71.1%	GME
GRADUATE HEALTH SYSTEMS	190	YES	61.6%	GME
HAHNEMANN	581	YES	70.9%	T

UNIVERSITY OF PA	703	YES	80.9%	T
MCH MAIN CLINIC	387	YES	74.2%	
TEMPLE	450	YES	84.0%	T
THOMAS JEFFERSON	664	YES	76.4%	
CHILDREN'S	294	YES	79.4%	T/GME
FOX CHASE CANCER CENTER	100	YES	64.4%	
HOME FOR JEWISH AGED	28	YES	61.1%	
ST. CHRISTOPHER'S	175	YES	84.4%	CHILDREN'S T/BURN
WILLS EYE	115	YES	33.6%	EYES
EAGLEVILLE	159	YES	90.9%	PSYCHIATRIC
FRIENDS	192	YES	77.1%	PSYCHIATRIC

NORTH WESTERN	140	YES	83.5%	PSYCHIATRIC
HORSHAM	0		0%	PSYCHIATRIC
BRYN MAWR REHAB	131	YES	78.8%	REHABILITATION
CHESTNUT HILL REHAB	52	YES	90.4%	REHABILITATION
CHILDREN'S REHAB	40	YES	74.8%	REHABILITATION
CHILDREN'S SEASHORE	70	YES	95.2%	REHABILITATION
MAGEE	96	YES	88.7%	REHABILITATION
MOSS REHAB	152	YES	78.1%	REHABILITATION
SHRINERS	64	YES	57.7%	CHILDREN'S REHABILITATION

[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.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

John L. Saunders

NAME (PLEASE TYPE OR PRINT)

SIGNATURE

Officer-in-Charge

TITLE

DATE 25 May 94

BRCLANNEX NAWC WARMINSTER, PA

BRCLANNEX ASO PHILA, PA

BRMEDCL NAS Willow Grove PA

RECEIVED

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
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 _____ Date 8 JUNE 1994

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

1. ACTIVITY:

* Name

Official name	*Branch Medical Clinic* *Naval Air Station* *Willow Grove, PA*
Acronym(s) used in correspondence	*Branch Medical Clinic* *NAS Willow Grove, PA*
Commonly accepted short title(s)	*Branch Clinic, Willow Grove*

* Complete Mailing Address

Officer In Charge
Branch Medical Clinic
Naval Air Station
Box 23
Willow Grove PA 19090-5023

* PLAD

BRMEDCLINIC NAS WILLOW GROVE PA

* PRIMARY UIC: 32631

* ALL OTHER UIC(s): PURPOSE:

32627 Branch Medical Clinic, NAWC Warminster, PA

42279 Branch Medical Clinic, NAWC Trenton, NJ

2. PLANT ACCOUNT HOLDER:

* Yes _____ No X

Encl (1)

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

3. ACTIVITY TYPE:

* HOST COMMAND

  - Yes _____ No X

* TENANT COMMAND:

  - Yes X No _____

Primary Host UIC: 00158

- Primary Host (as of 01 Oct 1995) UIC: 00158
- Primary Host (as of 01 Oct 2001) UIC: 00158

* INDEPENDENT ACTIVITY:

  - Yes _____ No X

4. SPECIAL AREAS:

Name	Location	UIC
Not Applicable		

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
Branch Medical Clinic, NAWC Warminster, PA	32627	Warminster, PA	Naval Air Warfare Center Warminster, PA	62269
Branch Medical Clinic, NAWC Trenton, NJ	42279	Trenton, NJ	Naval Air Warfare Center Trenton,NJ	62376
Branch Medical Clinic, DPSC Philadelphia,PA	68101	Philadelphia, PA	Defense Personnel Support Center	
Branch Medical Clinic, ASO Philadelphia,PA	68101	Philadelphia, PA	Aviation Supply Office Philadelphia, PA	00383

6. BRAC IMPACT:

BRAC-91

* Disestablishment of Naval Medial Clinic, Philadelphia will result in the realignment of Branch Medical Clinic Willow Grove to National Naval Medical Center, Bethesda in FY-95.

* Planned closure of Naval Station Philadelphia and Branch Medical Clinic Philadelphia resulted in the realignment of medical annexes at Aviation Supply Office, Philadelphia and Defense Personnel Support Center Philadelphia to Branch Medical Clinic, Willow Grove.

* Realignment of Naval Air Warfare Center, Warminster, PA in FY-95 will result in the closure of the Branch Medical Clinic, Warminster, PA.

* Closure of Naval Air Warfare Center, Trenton, NJ in FY-95 will result in the closure of the Branch Medical Clinic, Trenton, NJ.

7. MISSION:

Current Missions

* Provide medical support for 10 squadrons with over 8000 personnel from Regular and Reserve forces of the U.S. Navy, Marine Corps, Army, Air Force and Pennsylvania Air National Guard.

* Provide Occupational Health and Industrial Hygiene support to more than 12,400 civilians assigned to NAS Willow Grove, NAWC Warminster, DPSC Philadelphia, ASO Philadelphia, and NAWC Trenton. Anticipate civilians supported to decline by approximately 3,500 with FY-95 realignments of NAWC Warminster, DPSC Philadelphia and closure of NAWC Trenton.

* Provide Training and administrative support to Medical/Dental Reserve Units.

* Provide Medical care to dependents and retirees on a resources and space available basis.

Projected Missions for FY 2001

* Continue to provide medical support for the squadrons and 8000 personnel from regular and reserve forces of the U.S. Navy, Marine Corp, Army, Air Force and Pennsylvania Air National Guard

* Provision of manpower and facilities to support the Occupational Health and Industrial Hygiene requirements of NAS Willow Grove and ASO Philadelphia.

* Provision of dependent and retired health care or coordinator for legitimate options for dependent and retiree care.

* Continue the support and training of assigned medical and dental reserve units.

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

8. UNIQUE MISSIONS:

Current Unique Missions

* Provision of medical support to 32 Reserve Augment Units

Projected Unique Missions for FY 2001

* Projected increase of Naval Reservist assigned to host command.

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

* Operational name	UIC
Naval Medical Clinic, Philadelphia	68101

* Funding Source	UIC
Naval Medical Clinic, Philadelphia	68101

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian
* Branch Clinic Willow Grove	10 ~~10~~	21 ~~21~~ (32631) 31 (00158)	5 ~~5~~
	TOTAL	52	
* Branch Clinic Warminster	0	8 ~~8~~ (32627)	2
* Branch Clinic Trenton	0	1 (42279)	1
* Branch Clinic ASO Philadelphia	0	1 (~~68101~~ 32628)	3 ~~3~~
* Branch Clinic DPSC Philadelphia	0	2 (68101)	6

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

Authorized Positions as of 30 September 1994

	Officers	Enlisted	Civilian
* Branch Clinic Willow Grove	8	19 (32631) 31 (00158)	7
	TOTAL	50	
* Branch Clinic Warminster	0	10	2
* Branch Clinic Trenton	0	1	1
* Branch Clinic HSO Philadelphia	0	1	40 GSA
* Branch Clinic DPSC Philadelphia	0	2	6

KEY POINT OF CONTACT (POC):

Title/Name	Office	Fax	Home
* OIC			
LCDR J.L. SAUNDERS	COMM (215) 443 6362 DSN 991-6362	(215)443-9692	(215) 584-1367
* Duty Officer	COMM (215) 443-6360 DSN 991-6360	(215)443-9692	N/A

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

12. TENANT ACTIVITY LIST:

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not applicable				

• Tenants residing on main complex (homeported units.)

Tenant Command Name	UIC	Officer	Enlisted	Civilian
Not Applicable				

• Tenants residing in Special Areas:

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

• Tenants (Other than those identified previously)

Tenant Command Name	UIC	Location	Officer	Enlisted	Civilian
Not Applicable					

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

13. REGIONAL SUPPORT:

Activity name	Location	Support function (include mechanism such as ISSA, MOU, etc.)
913th Airlift Group USAF Reserve and Pennysylvania Air National Guard	*Air Reserve Facility adjacent to NASWG*	*Units operate C-130 and A-10 aircraft from NASWG. Provide Sick call support to 64 active duty personnel*
179th ARCOM	*NAS Willow Grove*	*Provide sick call support for 26 Active duty assigned and Physical Exam support for 250 selected reservists assigned. Occupational Health support also provided to assigned civilians.*

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

14. Facility Maps : Submitted by Host Command

BRAC-95 CERTIFICATION

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

ACTIVITY COMMANDER

J. L. SAUNDERS
NAME (Please type or print)

Signature John L. Saunders LCDR MSC USN

Officer In Charge
Title

Date 30 JAN 94

Branch Medical Clinic Willow Grove
Activity

DATA CALL 1: GENERAL INSTALLATION INFORMATION ACTIVITY: 32631

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

MAJOR CLAIMANT LEVEL

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

x R I Ridenour
Signature

ACTING CHIEF BUMED
Title

Date 11 FEB 1994

BUREAU OF MEDICINE & SURGERY
Activity

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

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

J B Greene Jr
NAME (Please type or print)

J. B. GREENE, JR
Signature

16 FEB 94
Title

ACTING
Date

Document Separator

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY:BRANCH CLINIC ANNEX, AVIAITON SUPPLY OFFICE, PHILADELPHIA, PA

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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....16,17,18,19,20

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	7,176	209		6,458	190	
FAMILY OF AD	9,045	951		8,077	856	
SUBTOTAL	16,221	1,160		14,535	1,046	
RETIRED AND FAMILY MEMBERS UNDER 65	26,688 *	2,323		28,648 *	2,257	
RETIRED AND FAMILY MEMBERS OVER 65[4]		1,113			1,415	
OTHER	9.489	884		9,764	920	
TOTAL	52,398	5,480		52,947	5,638	

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.

NOTE: 1. Numbers for retired and family members under and over 65 only available as a group.
2. Projection to 1999 is as far as we can project into future.
3. 20 mile circle and PRISM concept clinic were used.

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

Operating Beds[1]:	___0___
Set Up Beds[1]:	___0___
Expanded Bed Capacity[2]:	___0___

[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	450	13	0	463
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A			845
RADIOLOGY PROCEDURES (WEIGHTED)[1]				0
PHARMACY UNITS (WEIGHTED)[1]				433
OTHER (SPECIFY)				0

[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: Ancillary data not available by patient category.

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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	3,725	115	0	3,840
ADMISSIONS	N/A			0
LABORATORY TESTS (WEIGHTED)[1]				7,008
RADIOLOGY PROCEDURES (WEIGHTED)[1]				0
PHARMACY UNITS (WEIGHTED)[1]				3,951
OTHER (SPECIFY)				0

[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: Ancillary data not available by patient category.
Maximum patients seen by 1 provider per day is 16 x 5 days/week = 80 x 4 weeks = 320 x 12 months = 3,840 patients/year.
Using FY 93 data calculated % of AD and family of AD for ancillary assumptions.

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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	15,030	2,322	707	18,059
ADMISSIONS	0	0	0	0
LABORATORY TESTS (WEIGHTED)[1]	N/A			693,610
RADIOLOGY PROCEDURES (WEIGHTED)[1]				8,305
PHARMACY UNITS (WEIGHTED)[1]				60,233
OTHER (SPECIFY)				0

[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: Ancillary data not available by patient category. Assumption is that ASO would assume Branch Clinics Willow Grove and Warminster total workload.

BUMED-822
MAL, 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]	1	1	2	2	2	2	2	2
SPECIALTY CARE[2]	0	0	0	0	0	0	0	0
PHYSICIAN EXTENDERS[3]	0	0	0	0	0	0	0	0
INDEPENDENT DUTY CORPSMEN	0	0	0	0	0	0	0	0
TOTAL	1	1	2	2	2	2	2	2

[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]	3,475
SPECIALTY CARE[2]	8,950
PHYSICIAN EXTENDER[3]	700
TOTAL	13,125

[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.

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]
ABINGTON MEMORIAL	N/A	10	20-30	NONE
ALBERT EINSTEIN	N/A	20	30-45	NONE
BRYN MAWR	N/A	15	20-30	NONE
CHESTER COUNTY	N/A	40	45-60	NONE
CHESTNUT HILL	N/A	15	20-30	NONE
CROZER CHESTER	N/A	40	45-60	NONE
DOYLESTOWN	N/A	5	10-20	NONE
EPISCOPAL	N/A	20	30-45	NONE
FRANKFORD	N/A	20	30-45	NONE
GERMANTOWN	N/A	20	30-45	NONE

GRADUATE	N/A	30	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
GRANDVIEW	N/A	40	45-60	NONE
HOLY REDEEMER	N/A	15	20-30	NONE
JEANES	N/A	15	20-30	NONE
JOHN F. KENNEDY	N/A	15	20-30	NONE
KENSINGTON	N/A	15	20-30	NONE
LANKENAU	N/A	15	20-30	NONE
LOWER BUCKS	N/A	5	10-20	NONE
MCH BUCKS COUNTY	N/A	5	10-20	NONE
MCH ELKINS PARK	N/A	10	20-30	NONE
MCHC FITZGERALD	N/A	15	20-30	NONE
MCHC HAVERFORD	N/A	20	30-45	NONE
MCHC MISERICORDIA	N/A	20	30-45	NONE
METHODIST	N/A	25	45-60	NONE
MONTGOMERY	N/A	15	20-30	NONE
MOUNT SINAI	N/A	20	30-45	NONE

NAZARETH	N/A	20	30-45	NONE
NORTH PENN	N/A	15	20-30	NONE
N. PHILA HEALTH SYSTEMS	N/A	15	20-30	NONE
PENNSYLVANIA	N/A	20	30-45	NONE
PRESBYTERIAN	N/A	25	45-60	NONE
QUAKERTOWN	N/A	15	20-30	NONE
ROXBOROUGH MEMORIAL	N/A	15	20-30	NONE
ST. AGNES	N/A	30	45-60	NONE
ST. MARY LANGHORNE	N/A	20	30-45	NONE
VALLEY FORGE	N/A	25	45-60	NONE
VETERAN'S ADMINISTRATION	N/A	35	45-60	NONE
GRADUATE HEALTH SYSTEMS	N/A	30	45-60	NONE
HAHNEMANN	N/A	30	45-60	NONE

UNIVERSITY OF PA	N/A	30	45-60	NONE
MCH MAIN CLINIC	N/A	25	45-60	NONE
TEMPLE	N/A	25	45-60	NONE
THOMAS JEFFERSON	N/A	30	45-60	NONE
CHILDREN'S	N/A	30	45-60	NONE
FOX CHASE CANCER CENTER	N/A	15	20-30	NONE
HOME FOR JEWISH AGED	N/A	15	20-30	NONE
ST. CHRISTOPHER'S	N/A	30	45-60	NONE
WILLS EYE	N/A	30	45-60	NONE
EAGLEVILLE	N/A	15	20-30	NONE
FRIENDS	N/A	15	20-30	NONE

NORTH WESTERN	N/A	15	20-30	NONE
HORSHAM	N/A	5	10-20	NONE
BRYN MAWR REHAB	N/A	20	30-45	NONE
CHESTNUT HILL REHAB	N/A	15	20-30	NONE
CHILDREN'S REHAB	N/A	30	45-60	NONE
CHILDREN'S SEASHORE	N/A	30	45-60	NONE
MAGEE	N/A	30	45-60	NONE
MOSS REHAB	N/A	30	45-60	NONE
SHRINERS	N/A	30	45-60	NONE

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

NOTE: Driving time to all locations are in minutes.

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]
ABINGTON MEMORIAL	465	YES	76.8%	T/GME
ALBERT EINSTEIN	524	YES	73.5%	T/GME
BRYN MAWR	276	YES	78.5%	GME
CHESTER COUNTY	250	YES	62.0%	GME
CHESTNUT HILL	196	YES	66.5%	GME
CROZER CHESTER	432	YES	75.3%	BURN/GME
DOYLESTOWN	213	YES	62.9%	GME
EPISCOPAL	201	YES	79.9%	GME
FRANKFORD	370	YES	84.7%	GME
GERMANTOWN	178	YES	77.0%	GME

GRADUATE	320	YES	75.6%	GME
GRADUATE HEALTH SYSTEMS	181	YES	51.6%	
GRANDVIEW	225	YES	55.6%	
HOLY REDEEMER	237	YES	76.3%	
JEANES	217	YES	77.6%	
JOHN F. KENNEDY	144	YES	44.5%	
KENSINGTON	45	YES	72.0%	
LANKENAU	475	YES	58.7%	GME
LOWER BUCKS	194	YES	76.4%	
MCH BUCKS COUNTY	176	YES	60.9%	
MCH ELKINS PARK	173	YES	74.0%	
MCHC FITZGERALD	330	YES	71.8%	GME
MCHC HAVERFORD	91	YES	54.7%	
MCHC MISERICORDIA	238	YES	82.5%	GME
METHODIST	204	YES	77.6%	GME
MONTGOMERY	221	YES	55.3%	
MOUNT SINAI	123	YES	89.1%	

NAZARETH	290	YES	75.2%	
NORTH PENN	150	YES	56.7%	
N. PHILA HEALTH SYSTEMS	409	YES	66.4%	
PENNSYLVANIA	495	YES	68.1%	GME
PRESBYTERIAN	327	YES	85.6%	GME
QUAKERTOWN	89	YES	48.2%	
ROXBOROUGH MEMORIAL	150	YES	61.2%	
ST. AGNES	230	YES	62.8%	BURN/GME
ST. MARY LANGHORNE	287	YES	64.9%	T
VALLEY FORGE	70	YES	87.4%	
VETERAN'S ADMINISTRATION	346	YES	71.1%	GME
GRADUATE HEALTH SYSTEMS	190	YES	61.6%	GME
HAHNEMANN	581	YES	70.9%	T

UNIVERSITY OF PA	703	YES	80.9%	T
MCH MAIN CLINIC	387	YES	74.2%	
TEMPLE	450	YES	84.0%	T
THOMAS JEFFERSON	664	YES	76.4%	
CHILDREN'S	294	YES	79.4%	T/GME
FOX CHASE CANCER CENTER	100	YES	64.4%	
HOME FOR JEWISH AGED	28	YES	61.1%	
ST. CHRISTOPHER'S	175	YES	84.4%	CHILDREN'S T/BURN
WILLS EYE	115	YES	33.6%	EYES
EAGLEVILLE	159	YES	90.9%	PSYCHIATRIC
FRIENDS	192	YES	77.1%	PSYCHIATRIC

NORTH WESTERN	140	YES	83.5%	PSYCHIATRIC
HORSHAM	0		0%	PSYCHIATRIC
BRYN MAWR REHAB	131	YES	78.8%	REHABILITATION
CHESTNUT HILL REHAB	52	YES	90.4%	REHABILITATION
CHILDREN'S REHAB	40	YES	74.8%	REHABILITATION
CHILDREN'S SEASHORE	70	YES	95.2%	REHABILITATION
MAGEE	96	YES	88.7%	REHABILITATION
MOSS REHAB	152	YES	78.1%	REHABILITATION
SHRINERS	64	YES	57.7%	CHILDREN'S REHABILITATION

[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.

T = Trauma Center
GME = General Medical Education Center
Burn = Burn Center

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

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

John L. Saunders

NAME (Please type or print)

Officer-In-Charge

Title

BRMEDCL ANNEX ASO

Division

Department

BRMEDCL NAS Willow Grove PA.

Activity

Signature

Date 25 MAY 94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

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

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

ACTIVITY COMMANDER

R. T. SIZEMORE, III, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-31-94
Date

NAVAL MEDICAL CLINIC, PHILADELPHIA
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

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

Document Separator

DATA CALL 66
INSTALLATION RESOURCES

Activity Information:

Activity Name:	Branch Medical Clinic, Stockton
UIC:	32600
Host Activity Name (if response is for a tenant activity):	~~N/A~~ NAVCOMMSTA STOCKTON BUMED-822
Host Activity UIC:	~~N/A~~ 00886 mm, 15 Jul 94

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

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

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

DATA CALL 66
INSTALLATION RESOURCES

Table 1A - Base Operating Support Costs (Other Than DBOF Overhead)			
Activity Name: Branch Medical Clinic, Stockton		**UIC:** 32600	
Category	**FY 1996 BOS Costs ($000)**		
	Non-Labor	**Labor**	**Total**
1. Real Property Maintenance Costs:			
1a. Maintenance and Repair	N/A	N/A	N/A
1b. Minor Construction	N/A	N/A	N/A
1c. Sub-total 1a. and 1b.	N/A	N/A	N/A
2. Other Base Operating Support Costs:			
2a. Utilities	14	N/A	14
2b. Transportation	1.4	N/A	1.4
2c. Environmental	N/A	N/A	N/A
2d. Facility Leases	N/A	N/A	N/A
2e. Morale, Welfare & Recreation	N/A	N/A	N./A
2f. Bachelor Quarters	N/A	N/A	N/A
2g. Child Care Centers	N/A	N/A	N/A
2h. Family Service Centers	N/A	N/A	N/A
2i. Administration	6	118	124
2j. Other (Specify) cOMMUNICATIONS	7	N/A	7
2k. Sub-total 2a. through 2j:	28.4	118	146.4
3. Grand Total (sum of 1c. and 2k.):	28.4	118	146.4

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: Branch Medical Clinic, Stockton		**UIC: 32600**	
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.	N/A	N/A	N/A
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:	N/A	N/A	N/A
3. Depreciation	N/A	N/A	N/A
4. Grand Total (sum of 1c., 2m., and 3.) :	N/A	N/A	N/A

DATA CALL 66
INSTALLATION RESOURCES

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

Table 2 - Services/Supplies Cost Data

Activity Name: Branch Medical Clinic, Stockton	**UIC: 32600**
Cost Category	**FY 1996 Projected Costs ($000)**
Travel:	4
Material and Supplies (including equipment):	79
Industrial Fund Purchases (other DBOF purchases):	N/A
Transportation:	N/A
Other Purchases (Contract support, etc.):	N/A
Total:	83

3. **Contractor Workyears.**

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

Table 3 - Contract Workyears	
Activity Name: Branch Medical Clinic, Stockton	**UIC: 32600**
Contract Type	**FY 1996 Estimated Number of Workyears On-Base**
Construction:	N/A
Facilities Support:	N/A
Mission Support:	N/A
Procurement:	N/A
Other:*	N/A
Total Workyears:	N/A

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

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

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

N/A

2) Estimated number of workyears which would be eliminated:

N/A

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

N/A

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

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

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

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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

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

ACTIVITY COMMANDER

F. G. Sanford
NAME (Please type or print)

F G Sanford
Signature

Commander
Title

7/14/94
Date

Naval Medical Center, Oakland
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 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)

W. A. EARNER

NAME (Please type or print) | Signature

Title | Date 04 AUG 1994

Document Separator

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL BRANCH MEDIAL CLINIC, STOCKTON, CA

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		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	294	240	N/A	256	209	N/A
FAMILY OF AD	1187	779	N/A	1009	667	N/A
SUBTOTAL	1481	1019	N/A	1265	876	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	4306	2433	N/A	4080	2330	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1409	859	N/A	1810	1100	N/A
OTHER	485	273	N/A	633	350	N/A
TOTAL	7681	4584	N/A	7788	4656	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	TOTAL OF EACH ROW
OUTPATIENT VISITS	1955	513	1063	3531
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	18422	4834	10017	33273
RADIOLOGY PROCEDURES (WEIGHTED)[1]	519	136	282	937
PHARMACY UNITS (WEIGHTED)[1]	5489	1440	2985	9914
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.

PROCEDURE COMPUTATION BASED ON BENEFICIARY RATIO OF TOTAL OUTPATIENT VISITS
TOTAL OUTPT VISITS = 4419, ACDU OPVS = 1955, ACDU % OF TOTAL = 44.24, TOTAL LAB PROCEDURES = 41641, 44.24% OF PROCEDURES = 18422, LAB PROCEDURES FOR ACDU = 18422

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	1955	513	1063	3531
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	18422	4834	10017	33273
RADIOLOGY PROCEDURES (WEIGHTED)[1]	519	136	282	937
PHARMACY UNITS (WEIGHTED)[1]	5489	1440	2985	9914
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.

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	240	779	3292	4311
ADMISSIONS	N/A	N/A	N/A	N/A
LABORATORY TESTS (WEIGHTED)[1]	2160	7011	29628	38799
RADIOLOGY PROCEDURES (WEIGHTED)[1]	64	210	889	1163
PHARMACY UNITS (WEIGHTED)[1]	720	2337	9876	12933
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.

* PRIMS POPULATION (FY92 BASELINE), SEE ATTACHED METHODOLOGY

NAVAL HOSPITAL OAKLAND

SUMMARY OF FY93 WORKLOAD DATA THROUGH SEPTEMBER 1993 BY CLINICAL SERVICE/BENEFICIARY CATEGORY

STOCKTON CLINIC

OUTPATIENT VISITS FY93

MEPR	DESCRIPTION	ACTIVE DUTY	DEP ACTIVE DUTY	RETIRED	DEP RETIRED	OTHER	TOTAL
BHA	PRIMARY CARE CLINICS	1955	513	478	585	888	4419
TOTAL		1955	513	478	585	888	4419
%		44.24%	11.61%	24.06% RET+DRET		20.10%	100.00%

Source: Extracted from WORS DATABASE Maintained by Management Analysis Department

Methodology for current workload demand of supported population (PRISM POPULATION FY92 BASELINE)
BRAC DATA - WORKLOAD 3a & 3b

		ACTIVE DUTY	DEP ACTIVE DUTY	(RET + DEP/RET)	Sub Total	OTHER (NAT CG+SURV)	Grand Total
3b.	FY93 PROJ ASSIGNED POPULATION (20 MI RADIUS) = OPV DEMA	240	779	3292	4311	273	4584
	% OF TOTAL POP	5.2	17.0	71.8	94.0	6.0	
3a.	FY93 OPVS	1955	513	1063	3531	888	4419
	FY93 LAB (BENE CAT BASED ON BENE OPV RATIO OF TOT OPVS)	18422	4834	10017	33273	8368	41641
	LAB PROC PER OPV(LAB PROC divided by OPVS)	9	9	9	9	9	9
3b.	LAB WORKLOAD DEMAND(LAB PROC PER OPV x TOT POP)	2160	7011	29628	38799	2457	41256
3a.	FY93 XRAY(BENE CAT BASED ON BENE OPV RATIO OF TOT OPV	519	136	282	937	236	1173
	XRAY PROC PER OPV(XRAY PROC divided by OPVS)	0.27	0.27	0.27	0.27	0.27	0.27
3b.	XRAY DEMAND(XRAY PER OPV * TOT POP)	64	210	889	1163	74	1237
3a.	FY93 PHARM(BEN CAT BASED ON BEN OPV RATIO OF TOT OPVS	5489	1440	2985	9914	2493	12407
	PHARM PER OPV (PHARM divided by OPVS)	3	3	3	3	3	3
3b.	PHARM WORKLOAD DEMAND(PHARM PER OPV x TOT POP)	720	2337	9876	12933	819	13752

NAVAL MEDICAL CENTER

FY93 MONTHLY OUTPATIENT VISITS WORKLOAD DATA BY CLINICAL SERVICE

STOCKTON CLINIC

UIC 32600

MEPR	CLINICAL SERVICE	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY93 TOTAL	MON AVG	% OF TOTAL	FY92 TOTAL	MON AVG	% OF TOTAL	FY93/92 % DIFF
BHA	PRIMARY CARE CLINICS	437	359	348	354	347	434	356	333	301	427	358	365	4419	368	100	4894	408	100	−10
	TOTAL FY93 OPVS	437	359	348	354	347	434	356	333	301	427	358	365	4419	368		4894	408		−10
	% DIFF OVER PRIOR MONTH	15	−18	−3	2	−2	25	−18	−6	−10	42	−16	2							
	TOTAL FY92 OPVS	411	361	406	422	389	455	365	576	413	467	249	380	4894						
	% DIFF FY93 OVER PRIOR YEAR	6	−1	−14	−16	−11	−5	−2	−42	−27	−9	44	−4	−10						

ANCILLARY SERVICES

WEIGHTED PROCEDURES	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	FY93 CUM TOT	MON AVG	FY92 CUM TOT	MON AVG	FY93/92 % DIFF
PHARMACY	822	985	1012	1144	1054	1183	1227	1104	1048	893	1114	841	12407	1034	10188	849	22
% DIFF OVER PRIOR MONTH	13	20	3	13	−10	14	4	−10	−5	−15	25	−25					
FY92 PHARMACY	570	926	921	915	925	942	915	793	772	849	931	729					
% DIFF FY93 OVER PRIOR YEAR	44	6	10	25	12	26	34	39	36	5	20	15					
LABORATORY	3392	3117	3166	4454	3285	5047	3827	3289	2977	3262	3294	2531	41641	3470	47126	3927	−12
% DIFF OVER PRIOR MONTH	−28	−8	2	41	−26	54	−24	−14	−9	10	1	−23					
FY92 LABORATORY	3658	4161	3048	4823	3534	4677	3085	2890	3865	4665	4034	4686					
% DIFF FY93 OVER PRIOR YEAR	−7	−25	4	−8	−7	8	24	14	−23	−30	−18	−46					
XRAY	258	201	87	54	69	81	102	63	60	84	84	30	1173	98	1711	143	−31
% DIFF OVER PRIOR MONTH	139	−22	−57	−38	28	17	26	−38	−5	40	0	−64					
FY92 XRAY	222	135	123	354	183	0	211	138	75	102	60	108					
% DIFF FY93 OVER PRIOR YEAR	16	49	−29	−85	−62	100	−52	−54	−20	−18	40	−72					

SOURCE: MEDICAL EXPENSE AND PERFORMANCE REPORTING SYSTEM (MEPRS) STEPDOWN ASSIGNMENT STATISTICS REPORT (STAT-ID: 005 & 154) ACQUIRED FROM DATA MANAGEMENT DIV. ISD.

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]	1	1	1	1	1	1	N/A	N/A
SPECIALTY CARE[2]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PHYSICIAN EXTENDERS[3]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	N/A	N/A
TOTAL	2	2	2	2	2	2	N/A	N/A

[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] * see note below	759
SPECIALTY CARE[2] * see note below	*
PHYSICIAN EXTENDER[3]	**22
TOTAL	**781

[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.

* California Board does not break down providers by specialties.

**There are 4,781 registered Nurse Practitioners in the state of California, the state does not break them out by county of practice.

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: _____

STOCKTON	226,300
SAN JOAQUIN COUNTY	514,500

* DATA PROVIDED BY GREATER STOCKTON CAMBER OF COMMERCE

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]
DAMERON HOSPITAL	PRIVATE NON-PROFIT	5	unknow	NONE
DOCTORS HOSPITAL OF MANTECA	NATIONAL MEDICAL ENTERPRISES	15	unknown	NONE
ST. JOSEPH'S MEDICAL CENTER OF STOCKTON	DOMINICAN SISTERS OF SAN RAFEAL	10	unknown	NONE
LODI MEMORIAL	COMMUNITY OWNED	30	unknown	NONE
SAN JOAQUINS GENERAL	SAN JOAQUIN COUNTY	20	unknown	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]
DAMERON	223	YES	62%	BURN CENTER/DOD CONTRACT FOR EMERGENCY SERVICES
DOCTORS HOSPITAL	73	YES	UNKNOWN	NONE
ST JOSEPHS	319	YES	50-80%	TRAUMA/CARDIAC
LODI MEMORIAL	186	YES	60%	NONE
SAN JOAQUIN	225	YES	UNKNOWN	GRAUDATE MEDICAL/TRAUMA

[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	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.

[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

Stanley W. Ford, HM1(SW) USN
NAME (Please type or print)

Signature

IDC
Title

24 MAY 1994
Date

Branch Clinic, Stockton, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

F. G. Sanford, RADM MC USN
NAME (Please type or print)

Signature

Commander
Title

2 MAY 1994
Date

Naval Medical Center, Oakland, CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

X Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
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

8 JUNE 1994
Date

Document Separator

DATA CALL 1: GENERAL INSTALLATION INFORMATION

Branch Medical Clinic, Naval Communications Station, Stockton, CA (UIC 32600)

1. ACTIVITY:

- Name

Official name	*Branch Medical Clinic, Naval Communication Station, Stockton, CA*
Acronym(s) used in correspondence	*BRMEDCL NCS Stockton*
Commonly accepted short title(s)	*BMC Stockton*

- Complete Mailing Address

Naval Branch Medical Clinic
Naval Communication Station
Stockton, CA 95203-5000

- PLAD

BRMEDCLINIC NAVCOMMSTA STOCKTON

- PRIMARY UIC: 32600 (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

2. PLANT ACCOUNT HOLDER:

- Yes X No ____ (check one)

DATA CALL 1: BMC Stockton (UIC 32600)

3. ACTIVITY TYPE:

- HOST COMMAND:

  - Yes ____ No _X_ (check one)

- TENANT COMMAND:

  - Yes _X_ No ____ (check one)
  - Primary Host (current) UIC: _00886_
  - Primary Host (as of 01 Oct 1995) UIC: _00886_
  - Primary Host (as of 01 Oct 2001) UIC: _00886_

- INDEPENDENT ACTIVITY:

  - Yes ____ No _X_ (check one)

4. SPECIAL AREAS:

Name	Location	UIC
No Special Areas		

5. DETACHMENTS:

Name	UIC	Location	Host name	Host UIC
No Detachments				

DATA CALL 1: BMC Stockton (UIC 32600)

6. BRAC IMPACT:

BMC Stockton's parent command, Naval Medical Center (NMC) Oakland, was designated for closure by BRAC 93 and currently anticipates cessation of function by mid-1996. NMC Oakland is currently the source for clinic budget funding, logistics support, labarotory and other ancillary services, and tertiary medical care.

7. MISSION:

Current Missions

- **Primary care outpatient medical support for military personnel of NAVCOMMSTA Stockton and its tenant commands.**
- **Primary care outpatient medical services for other eligible beneficiaries.**
- **Support services for NAVCOMMSTA Stockton personnel in the following areas: Industrial Hygiene, Preventive Medicine, Occupational Health, Medical Surveillance programs, and the Personnel Reliability Program.**

Projected Missions for FY 2001

- **UNCHANGED FROM THE ABOVE**

DATA CALL 1: BMC Stockton (UIC 32600)

8. UNIQUE MISSIONS:

Current Unique Missions

- **NONE**

Projected Unique Missions for FY 2001

- **NONE**

9. IMMEDIATE SUPERIOR IN COMMAND (ISIC):

- Operational name: NAVMEDCEN OAKLAND — UIC: 00619
- Funding Source: SAME AS ABOVE

10. PERSONNEL NUMBERS:

On Board Count as of 01 January 1994

	Officers	Enlisted	Civilian (Appropriated)
• Reporting Command	0	4	4
• Tenants (total)			

Authorized Positions as of 30 September 1994

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

DATA CALL 1: BMC Stockton (UIC 32600)

11. KEY POINTS OF CONTACT (POC):

Title/Name	Office	Fax	Home
• CO/OIC			
HMC Orlando Gasgonia	**(209) 944-0384**	**(209) 944-0265**	**(209) 478-6334**
• Duty Officer			
HM1 Stan Ford	**(209) 944-0445**	**(209) 944-0265**	

12. TENANT ACTIVITY LIST: **NO TENANTS**

13. REGIONAL SUPPORT: **NONE**

14. FACILITY MAPS: **SUBMITTED BY HOST ACTIVITY**

DATA CALL 1: BMC Stockton (UIC 32600)

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

F. G. SANFORD, RADM, MC, USN
NAME (Please type or print)

F G Sanford RADM MC USN
Signature

Commander
Title

2/2/94
Date

Naval Medical Center, Oakland
Activity

DATA CALL 1: BMC Stockton (UIC 32600)

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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

MAJOR CLAIMANT LEVEL

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

x [signature]
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 1994
Date

Document Separator

335

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL BRANCH MEDICAL CLINIC, STOCKTON, CA
ACTIVITY UIC: 32600

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 health care services to active duty Navy and Marine Corps personnel and active duty of other Uniformed Services. Ensure that all assigned military personnel are both aware and properly trained for the performance of their assigned contingency and wartime duties. Ensure that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans. Provide, as directed, health care services in support of the operation of the Navy and Marine Corps shore activities and units of the operational forces. Subject to availabilty of space and resources, provide the maximum range and amount comprehensive health care services possible for other authorized persons as prescribed by Title 10, U.S. Code, and other applicable directives. Conduct appropriate educational programs for assigned military personnel to ensure that both military and health care, standards of conduct and performance are achieved and maintained. Participants as an integral element of the Navy and Tri-service Regional Health Care System. Cooperate with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies. Maintain requisite quality health care standards so as to ensure successful accreditation and recognition appropriate government and civilian agencies and commissions, to include the Joint Commission on the Accreditation of Health Care Organizations.

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)
BRANCH DENTAL CLINIC	35725	STOCKTON, CA	2
NAVRESCEN	62119	STOCKTON, CA	10
HHC & 40TH ARMY BOAT UNIT	UNKNOWN	STOCKTON, CA	14
118TH ARMY BOAT UNIT	UNKNOWN	STOCKTON, CA	12
TRACY VETERINARY SERVICE	UNKNOWN	STOCKTON, CA	26
319TH SIGNAL CORPS	UNKNOWN	LATHROP, CA	12
NAVRECSTATION	UNKNOWN	STOCKTON, CA	5
USMC RESTRACEN	62119	LATHROP, CA	10
USMC RECSTA	UNKNOWN	STOCKTON, CA	4
USAF RECSTA	UNKNOWN	STOCKTON, CA	3

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	1666	N/A	N/A
ACTIVE DUTY NON N/MC	N/A	348	N/A	N/A
TOTAL ACTIVE DUTY	N/A	2014		N/A
FAMILY OF AD	N/A	441	N/A	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	N/A	1574	N/A	N/A
RETIRED AND FAMILY MEMBERS OVER 65	N/A	N/A	N/A	N/A
OTHER	N/A	862	N/A	N/A
TOTAL	N/A	4891		N/A

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

ACTUAL OCT-APR/7 = AVG OCT-APR x REMAINING MAY-SEP = PROJECTED MAY-SEP
PROJECTED MAY-SEP + ACTUAL OCT-APR = PROJECTED FY94

NAVAL HOSPITAL OAKLAND

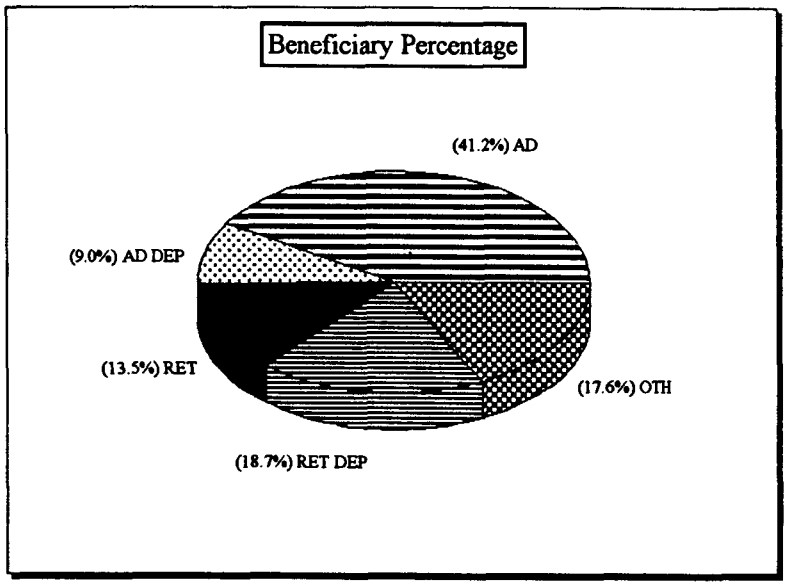
SUMMARY OF FY94 THROUGH APRIL 1994 WORKLOAD DATA BY CLINICAL SERVICE/BENEFICIARY CATEGORY

STOCKTON CLINIC

OUTPATIENT VISITS FY94

MEPR	DESCRIPTION	ACTIVE DUTY	DEP ACTIVE DUTY	RETIRED	DEP RETIRED	OTHER	TOTAL
BHA	PRIMARY CARE CLINICS	1174	256	385	534	502	2851
TOTAL		1174	256	385	534	502	2851

Source: Extracted from WORS DATABASE Maintained by Management Analysis Department



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	4896	4940	4974	5023	5075	N/A	N/A
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:

* RAPS DATA NOT AVAILBALE

PROJECTED FY94 OPVS = 4891 (9% > POPULATION)
FY94 POPULATION 4493, OPVS 4891 = OPVS > RAPS PROJECTED POPUALTION, THEREFORE 9% IS USED TO DETERMINE OPVS FOR EACH FOLLOWING 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
CHAMPUS ASSISTANCE	60 HOURS	1
OVERSEAS SCREENING	40 HOURS	1
MEDCIAL STANDBY / PRT	10 HOURS	1
MEDICAL STANDBY / PISTOL RANGE	2 WEEKS	1
SUPPLEMENTAL CARE PAPERWORK	100 HOURS	1
OCCUPATIONAL HEALTH	540 HOURS	1
SUPPLY	100 HOURS	1
TRAINING	26 HOURS	1
FIELD DAY	27 HOURS	4

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]
	BLDG 417	6298	49	INADEQUATE

[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?

7a. The facility is wood and stucco. The heads do not comply with federal standards for handicapped access. This access is through a back door. Structurally the roof is weak, although no leaks have been noted. There are trip hazards located in the building, in areas not common to patient access. Currentlyall light fixures are not grounded. Cost estimates are not available for repair. There are no funds available for repair or upgrade.

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 NAVAL BRANCH CLINIC STOCKTON					
2. UIC 32600	3. CATEGORY CODE		4. NO. OF BUILDINGS		
5. SIZE 6298 SQ FT	A. GSF		B. NORMAL BEDS 0		C.DTRS
6. LOCATION NAVCOMSTA	A. CITY STOCKTON			B.STATE CA	
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			CLOSING	
(5) EMERGENCY SVCS.	N/A				
(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	N/A				
(12) PHARMACY	100				
(13) RADIOLOGY	70	30		A17	
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC			100	A03	
(B) HVAC	100				
(C) PLUMBING	70	30			
(D) ELECTRICAL SVCS.	70	30			
(E) ELECTRICAL DISTRIBUTION		100		A03	
(F) EMERGENCY POWER			100	E07	

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: MAY 1993

FULL ACCREDITATION: Yes

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

Full Accreditation with Commendation to May 1996

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?

All other facilities are over an hour away.

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

Stockton has an airport, port, Amtrac and buses.

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): 5-10

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

They have no bearing on our location

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

30-45 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?

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.

Active duty and their dependents would be required to drive long distances to the nearest military medical facility or have care assumed by civilian facilities. There is a shortage of providers to give care under the Champus Program in the area.

Currently with treating Army and Air Force personnel we have discovered that their records are not being monitored at their commands for proper medical support (i.e. immunizations). Without our facilities the commands would experince lost manpower hours for their personnel to drive to other facilities to get the proper care.

Local military commands make use of our facilities in spite of our small clinic, to ultilize us for care than to arrange for physican contracts and staffing to ensure payment.

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.

Medical record maintence to ensure readiness, review of members qualifying physical condition and overseas screening all would have to be done by someone familiar with military standards. Contracted physicains would be needed for sick call and physicals. Considering the difficulty in finding providers to accept Champus it would be very difficult for the local facilities to 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.

Reserve centers and recruiters would still require support. The local facilities could probably handle the retirees.

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
3RD FSSG		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.

One of the unassigned staff is new and is expected to be assigned. The 1 assigned staff and IDC constitute all the admin staff and half the patient care.

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]: 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

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	75	153.93	34	15.82	4	.55
AD FAMILY	N/A	N/A	N/A	N/A	N/A	N/A
OTHER	N/A	N/A	N/A	N/A	N/A	N/A
TOTAL	75	153.93	34	15.82	4	.55

[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).

* FORMAT CHANGED SEE NEW FORMAT

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	596,864	727,094	N/A
TOTAL OUTPATIENT VISITS	4894	4419	↓
AVERAGE COST PER VISIT	121.96	164.54	↓

BUMED-822, MMS
1 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:

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

"OLD TABLE"

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)			

"OLD" TABLE

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)			

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). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	N/A	N/A	N/A

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	N/A
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	N/A	N/A	N/A
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	N/A	N/A	N/A
E. TOTAL E EXPENSES (ALL ACCOUNTS)	N/A	N/A	N/A
F. % SELECTED E EXPENSES (D÷E)[1]	N/A	N/A	N/A

[1] Record as a decimal to 6 digits.

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	N/A	N/A	N/A
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	N/A	N/A	N/A
I. AREA REFERENCE LABORATORIES (FAA)	N/A	N/A	N/A
J. CLINICAL INVESTIGATION PROGRAM (FAH)	N/A	N/A	N/A
K. TOTAL SELECTED F (I+J)	N/A	N/A	N/A
L. CONTINUING HEALTH EDUCATION (FAL)	N/A	N/A	N/A
M. DECEDENT AFFAIRS (FDD)	N/A	N/A	N/A
N. INITIAL OUTFITTING (FDE)	N/A	N/A	N/A
O. URGENT MINOR CONSTRUCTION (FDF)	N/A	N/A	N/A
P. TOTAL (L+M+N+O)	N/A	N/A	N/A
Q. E EXPENSES INCLUDED IN ROW P	N/A	N/A	N/A
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	N/A	N/A	N/A
S. OTHER F'S LESS E (P-R)	N/A	N/A	N/A

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	N/A	N/A	N/A
U. TOTAL WORK UNITS (MWU)[2]	N/A	N/A	N/A
V. PERCENT INPATIENT (IWU÷AWU)	N/A	N/A	N/A
W. FINAL OTHER F EXPENSES (S×V)	N/A	N/A	N/A
X. FINAL F EXPENSES (K+W)	N/A	N/A	N/A
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	N/A	N/A	N/A
Z. NUMBER OF BIOMETRICS DISPOSITIONS	N/A	N/A	N/A
AA. TOTAL MEPRS DISPOSITIONS	N/A	N/A	N/A
BB. ADJUSTED DISPOSITIONS (Z÷AA)	N/A	N/A	N/A
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	N/A	N/A	N/A
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	N/A	N/A	N/A
EE. COST PER RWP (CC÷DD)	N/A	N/A	N/A
FF. TOTAL CATEGORY II RWPs[3]	N/A	N/A	N/A
GG. TOTAL CATEGORY II COST (EE×FF)	N/A	N/A	N/A
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	N/A	N/A	N/A
II. TOTAL CATEGORY III RWPs (DD-FF)	N/A	N/A	N/A
JJ. COST PER CATEGORY III RWP (HH÷II)	N/A	N/A	N/A

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	N/A		
LL. CATEGORY II (AS DEFINED IN FF) OBDs	N/A		
MM. CATEGORY III OBDs (KK-LL)	N/A		
NN. AVERAGE DAYS/RWP (MM÷II)	N/A		
OO. ADD ON PER RWP (NN×77)	N/A		
PP. TOTAL COST PER RWP (JJ+OO)	N/A		
QQ. CIVILIAN PAY COST (PP×.15)	N/A		
RR. MILITARY PAY COST (PP×.56)	N/A		
SS. OTHER COSTS (PP×.29)	N/A		
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	N/A		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	N/A		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	N/A		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	N/A		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	N/A		
YY. OTHER ASSET USE CHARGES (SS×1.04)	N/A		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	N/A		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	N/A		

15. Quality of Life. *** see note below**

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?

***Quality of Life issues addressed in BSAT Data Call #34 by UIC 00886 NAVCOMSTA STOCKTON**

(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

Stanley W. Ford, HM1(SW) USN	
NAME (Please type or print)	Signature
IDC	24 MAY 1994
Title	Date
Branch Clinic, Stockton, CA	
Activity	

IDC= Independent Duty Corpsman (Acceptable certification for this size activity -- additionally, Commander of NAVMEDCEN Oakland has certified as NEXT ECHELON)

BUMED-822, mss, 2 Jun 94

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

NEXT ECHELON LEVEL (if applicable)

F. G. Sanford, RADM MC USN
NAME (Please type or print)

Signature

Commander
Title

24 MAY 1994
Date

Naval Medical Center, Oakland CA
Activity

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

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print)

Signature

Title

Date

Activity

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

MAJOR CLAIMANT LEVEL

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

Signature

CHIEF BUMED/SURGEON GENERAL
Title

6-2-94
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

6/9/94
Date